



LEGACIES

Lessons & Legacies

**The Final Report of a Grants Program
for HIV/AIDS Prevention in Africa**

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Published January 1993

**Published by
The Johns Hopkins University
School of Hygiene and Public Health
Institute for International Programs
103 East Mount Royal Avenue
Baltimore, Maryland 21202**

**Sponsored by
The U.S. Agency
for International Development
Bureau for Africa
Washington, D.C.**

**Produced by
The Johns Hopkins University
Design and Publications
Baltimore, Maryland**

**Cover design by Susan Perkins
Cover photo by Mary Anne Mercer
Editorial assistance by Ann Stiller**

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Preface

The authors would like to express appreciation to the many individuals and organizations that made the HAPA grants program, and this report, possible. Our thanks to current and former staff of the Bureau for Africa, United States Agency for International Development, for their foresight in establishing the HAPA grants program, and for their assistance to the HAPA Support Program throughout the grant period. Field staff of the HAPA projects were a joy to know, and their untiring efforts in an immensely challenging field helped to inspire in us a spirit of hopefulness. Headquarters representatives of the PVOs provided support and encouragement to both their field staff and to our own efforts. The chair and members of the HAPA technical advisory group generously contributed intellectual stimulation and supportive counsel for our work. Finally, all of the above individuals helped remind us of the important roles that communities, and the nongovernmental groups that serve them, play in responding to the many challenges of the HIV pandemic.

Although this report focuses on the experience of the HAPA grants program, it was inspired in part by participation in many other health and development efforts over the years. As professionals who previously worked in rural development, health education and primary health care across varied environments, we had ample opportunity to note the importance of applying the lessons and legacies of past experience to current efforts. As the international response to HIV/AIDS developed, and our own understanding of the complexity of the problem deepened, the realization grew that many of the key difficulties experienced in HIV/AIDS prevention represented repetitions of past errors and omissions encountered in other areas of health and development.

There are numerous examples of the "legacy gap" that we noticed between current practices in HIV/AIDS prevention and relevant past experience. Many feel that a key lesson from primary health care is that communities are less likely to adopt disease prevention practices promoted by health educators if their felt needs for basic health services are not addressed. Despite this experience, many HIV/AIDS initiatives today (including our own HAPA project) continue to separate funding for HIV prevention from other efforts to respond to needs arising from the epidemic, such as HIV testing and support to persons with HIV/AIDS and their families.

Other examples abound of lessons learned but not applied in the response to HIV/AIDS. The value of involving communities at the very earliest stages of project planning and implementation has been described in many settings; understanding the sociocultural basis for beliefs and behavior has been found to be critical for many types of endeavors. These two elements are surely crucial in HIV/AIDS prevention because of the need to bring about changes in both individual behavior and social norms — complex challenges that are not likely to succeed without a deep understanding of the culture and local context that can only be supplied by community members. Yet, as in most efforts of the past, genuine involvement of communities in much of the response to HIV/AIDS is still lacking.

Why this "legacy gap" in our current efforts? Very often the experience of completed projects, whether assessed as success or disaster, recedes into unrecorded history unless substantial time is spent reflecting on what was learned, synthesizing important aspects of the experience into a usable form, and disseminating information about the experience. Presently, a global history of HIV/AIDS prevention is accumulating; documentation of the unique lessons and legacies of today's activities will provide an important foundation for future AIDS programs. It is our hope that this brief report of the HAPA experience will be a useful summary of the experiences of one grants program.

Any document that attempts to summarize the results of a major undertaking necessarily includes only selected aspects of what took place. We hope that our attempt to abstract lessons from all the HAPA grants does not minimize the unique and rich experience of the individual field projects. Each was indeed worthy of a full report itself.

Mary Anne Mercer
Cynthia Mariel
Sally J. Scott

Baltimore, January 1993

Experience is the child of Thought, and Thought is the child of Action.

- Benjamin Disraeli



Source: Manuel Pour le Recyclage des Accoucheuses Traditionnelles (1982) by Mali Ministry of Health, Harvard Institute for International Development, and Educational Development Consultants (illustration by Molly Bang)

Section I

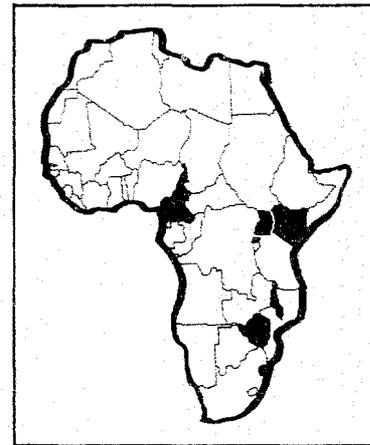
Introduction

The HAPA grants program

As of early 1992, nearly 13 million people worldwide were believed to be infected with HIV, the virus that causes AIDS, with the majority of those infections in Africa. Slowing the spread of HIV/AIDS in Africa has proved to be a difficult undertaking. Effective technological solutions to address the problem have not been developed, and behavior change, a very complex undertaking, remains the major option for prevention of further transmission. It is increasingly clear that all sectors of society, including both governments and nongovernmental organizations (NGOs), must be involved in developing responses to the crisis. Because of their experience in carrying out health and development programs at the community level, enlisting NGOs in the response to the global pandemic is a critically important component of strategies aimed at slowing the spread of this infection.

From 1989 through 1992, the HIV/AIDS Prevention in Africa (HAPA) project of the Bureau for Africa, United States Agency for International Development (A.I.D.), provided grants to five U.S.-based private voluntary nongovernmental organizations, known in the U.S. as PVOs, and one university to conduct nine HIV/AIDS prevention projects in sub-Saharan Africa. The projects were Save the Children, in Zimbabwe and Cameroon; World Vision Relief and Development, in Zimbabwe and Kenya; CARE, in Rwanda; Project HOPE, in Malawi and Swaziland; World Learning (founded as The Experiment in International Living) in Uganda; and The Johns Hopkins University (JHU) School of Hygiene and Public Health Department of Epidemiology, in Malawi. Appendix A summarizes the main strategies and approaches of each of the HAPA grants projects.

The first seven projects listed above represented new activities for the PVO's country program, while the last two were funded to extend (World Learning) or expand (Johns Hopkins) existing efforts. A.I.D. funding averaged \$290,000 per project for the two-year period of the grants. The grants were meant to provide "seed money" to help the recipient groups establish technical expertise in HIV/AIDS prevention, anticipating that local USAID missions or other sources would provide funding for follow-on efforts. The grant recipients focused their projects



The seven African countries having HAPA grants projects

on education and motivation for behavior change. During the course of conducting their programs they were expected to apply the experience they gained through other kinds of health activities, particularly those for child survival, to their new grants.

The HAPA Support Program

The HAPA grants program represented one of A.I.D.'s first efforts at large-scale funding of PVOs to undertake HIV/AIDS prevention. A technical support component to the grants program was seen as an important element of the Africa Bureau's approach to funding of PVOs to carry out HIV/AIDS activities for a number of reasons. Africa Bureau staff recognized the potential for a substantial contribution to HIV/AIDS prevention that could be made by PVOs, yet lacked adequate staff to provide directly the support that would be necessary to maximize the PVO contribution. Because HIV/AIDS prevention was a new programmatic area for the PVOs, as well as for A.I.D., HAPA project staff recognized the need to fund a separate unit to provide both oversight and technical support. A support program would be able to provide a link between A.I.D. and the PVOs that would be otherwise difficult to maintain.

HAPA project staff were familiar with the reported successes of a technical support program that had been developed at JHU to assist the PVO child survival projects funded by A.I.D.'s Bureau for Food and Humanitarian Assistance. Since 1985, the JHU PVO Child Survival Support Program (CSSP) has provided technical support to over 128 PVO child survival projects in 30 countries. The CSSP utilizes a participatory approach to assisting PVOs to recognize the benefits of greater collaboration and networking among themselves, and to make strategic use of external technical resources to improve their child survival programs. The program focuses on setting technical standards and criteria for field projects and on providing feedback to the projects on their adherence to the standards. It relies heavily on workshops for field staff that focus on problems of implementation and on sharing of lessons learned. Two external evaluations have concluded that the CSSP has contributed to a positive shift in technical capabilities of the PVOs in child survival strategies within a relatively short period of time.

The HAPA grants program presented the Africa Bureau with the unique opportunity to test the applicability of the CSSP model to a program dealing with another health issue, HIV/AIDS, and to build on the foundation of PVO strengthening and collaboration that had previously been established. For those purposes the HAPA Support Program (HSP) was established at the Institute for International Programs at The Johns Hopkins University School of Hygiene and Public Health in May 1989.

The primary role of the HAPA Support Program was to work with HAPA grantees to assist them in the development, implementation and evaluation of appropriate and effective community-based activities for HIV/AIDS prevention. Based on past experience with similar programs, it was expected that technical assistance would be required in such areas as

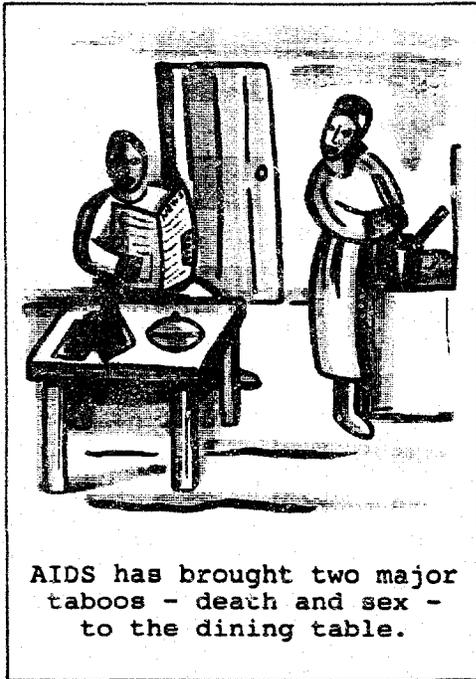
baseline studies, technical aspects of intervention strategies, and monitoring and evaluation. Major functions of the support program were identified as assisting grantees to identify and meet their technical support needs; facilitating communication among HAPA grantees; orienting PVO/NGO staff to the reporting requirements and general technical standards of the HAPA grants program; developing reporting guidelines and arranging for technical review of project reports; serving as a liaison between the PVOs with funded projects and A.I.D.; and analyzing and disseminating the PVO/NGO experience in HIV/AIDS prevention programming. Appendix B provides a full description of the operations and activities of the HAPA Support Program.

The context of HIV/AIDS prevention

Since the HAPA-funded PVOs undertaking HIV/AIDS prevention drew on their previous experience in health promotion and disease prevention, it is important to consider initially how, in the African context, HIV/AIDS dramatically differed from other health problems with which they were familiar. These distinguishing factors underscore the newness and difficulty of the task undertaken by the HAPA grants projects. They also serve as a reminder of the need to review regularly the legacies of past efforts in health and development and, making use of lessons from the past, to update our efforts to respond effectively to new challenges.

The human immunodeficiency virus, HIV, unlike most disease agents which plague the developing world, usually remains inapparent in an individual for many months or years before provoking the decline in the immune system which results in AIDS. The notion that people can look and feel well and still carry HIV in their bodies for many years is a difficult concept to convey in prevention messages for those seeking to motivate behavior change, particularly in a short-term project.

A number of other factors contribute to the challenge of HIV/AIDS prevention for PVOs. HIV transmission is also closely linked to the existence of other sexually transmitted diseases (STDs), which are often undiagnosed and untreated in Africa. Research indicates that prompt treatment of STDs could significantly slow the transmission of HIV, but this poses problems of logistics and resources for groups working at the community level where proper diagnostic or curative facilities are often lacking. Biomedical treatment for STDs is also underutilized when large numbers of people turn to indigenous healers for traditional STD cures. The major mode of HIV transmission is sexual, and the only means of prevention available involves voluntary change in sexual behavior. In most societies sexual behavior is a personal and private matter, and the very discussion of HIV transmission by educators is regarded as a violation of social and religious norms. Furthermore, sexual behavior is not as easily altered as other health-related behaviors such as hygienic behavior or appropriate utilization of health services. To reduce HIV transmission it is critically important to influence the sexual behavior of men, whereas the health programs of PVOs more typically have targeted women and children.



Source: *We Miss You All* (1992) by Noerine Kaleeba of TASO, a subgrantee of World Learning/Uganda HAPA project

As with any health education strategy, the messages disseminated by an HIV/AIDS education project have to contend for attention and credibility with the existing local understanding of the causes and meanings of health and illness. Although AIDS is still a relatively new disease, a variety of competing explanations have developed in many African settings to describe how the infection is transmitted, prevented and, according to some, "cured." In addition, deeply rooted cultural and other factors have created complex sexual dynamics between African men and women that are frequently not obvious to external observers, and complicate the development and dissemination of useful information about prevention of HIV/AIDS. Adding to the complexity of explaining HIV/AIDS is the absence of a cure for AIDS, and lack of access to drugs that may slow progression from HIV to AIDS.

AIDS stands out as a disease in which the success of prevention efforts, to a significant degree, depends on the power and status of the individual and/or his or her primary identity group. Large numbers of people — adolescent, female, poor — operate from a compromised position when attempting to protect themselves from HIV/AIDS. These power differentials are not limited to the realm of sexuality, but penetrate social, educational, economic, political, racial and cultural status as well. Understanding the dynamics and developing practical approaches to prevention which take into account existing differences in power underscore that the issue of HIV/AIDS prevention is far more complicated than that of behavior change related to other kinds of disease prevention.

The growing numbers infected with HIV or ill with AIDS also bring unique challenges. The HIV/AIDS epidemic differs from many other diseases in that it strikes hardest the young adults and middle age groups in the population, people between the ages of 15 and 45. Those infected or ill, as well as their families, are stigmatized, and often report overpowering feelings of guilt and a sense of being punished. As increasing numbers of young and middle-aged Africans become HIV infected and ill with AIDS, HIV/AIDS awareness and prevention programs may be overwhelmed by the obvious need for counseling and care, further taxing local resources. Credibility in a community may be compromised if those attempting to prevent HIV/AIDS are not able or willing to respond to the great suffering caused by the disease.

In conclusion, while standard health interventions tend to focus on improving technical aspects of prevention and/or care, a program responding to HIV/AIDS seems to require not only technical expertise but also the capacity to recognize and work within the cultural and

social contexts influencing patterns of and responses to the disease. This complex set of requirements represents a formidable challenge to groups undertaking work in HIV/AIDS, particularly those charged with developing and implementing programs over a short period of time.

Documenting the lessons learned

An important purpose of the HAPA Support Program was to document and disseminate the lessons learned from the experience of the HAPA grantees to guide future support for PVOs in HIV/AIDS programming. This report, which addresses that purpose, does not attempt an analysis of the "success" of individual projects, but rather documents and analyzes the institutional lessons learned by the PVOs and by the technical support program conducted for the projects. We hope that this report reaches PVOs and NGOs planning programs that respond to AIDS in any part of the world, as well as donors who fund projects in the non-governmental sector. All face a tremendous challenge.

Because only the seven new PVO projects submitted regular reports to the HAPA Support Program, this report focuses heavily on their experience, although occasional reference will be made to lessons learned from the World Learning/Uganda and Johns Hopkins/Malawi projects. The information for the report was derived from several sources: observations, discussions and presentations with and by PVO field staff, PVO headquarters staff and the HAPA technical advisory group (TAG); project documents including final project evaluations and reports of technical advisory group meetings; structured interviews with TAG members and PVO headquarters staff conducted in August 1992; responses of field staff to a brief written questionnaire in October 1992; and discussions among HSP staff.

The following section of the report focuses on lessons from the PVOs' field-level AIDS prevention activities. The next section relates the observations of the PVO headquarters staff about the HAPA grants program, followed by lessons learned in the course of TAG activities. The report concludes with recommendations for PVOs and the donor community for increasing the effectiveness of NGO and PVO HIV/AIDS prevention efforts.

Section II

Lessons & legacies from the field

Introduction

This section will present some of the key lessons learned from the HAPA grants field projects, primarily from the seven projects for which the HAPA grants funded new activities. The specific lessons are the result of several different processes of assessment. The PVO projects' technical reports (particularly their final evaluations), which represent the joint efforts of field and headquarters staff, were valuable sources of reflections and recommendations. Discussions and presentations of PVO staff at field workshops and at other times were also important sources; quotes from the field staff, unless otherwise noted, were taken from discussions among PVO staff that occurred during the end-of-project workshop held in Uganda in March 1992. At the final meeting of the HAPA technical advisory group (TAG), TAG members made a number of recommendations based on their reviews of the HAPA grants projects, from which we drew heavily in formulating the following section. Finally, some of the lessons learned represent the impressions of the HSP staff, who interacted with the projects throughout their funding period and who also reviewed all relevant documents. Field staff from each of the HAPA projects were given the opportunity to comment on and suggest additions or revisions on earlier drafts of this section of the report.

Field lessons learned will focus on four aspects of the project process: planning, management and implementation, interventions, and sustainability. Issues and experiences that were common to many of the HAPA grants projects will be described and illustrated with examples, followed by a more general summary or conclusion of that experience.

Planning a project

Choosing target groups and areas

One of the first decisions to be made in developing project proposals was to choose the target groups, those people with whom the projects would work. Several projects initially planned to reach a large number of diverse target groups, and were advised following proposal reviews to cut back. Many times, the proposed target groups were not among those usually involved in the PVO's programs. There are many constraints to reaching a large



Source: *Training for Transformation*
(1984) by Anne Hope and Sally Timmel

number of different groups, particularly lack of staff time and resources needed to develop the somewhat different approaches required for each population. When groups are chosen with which the PVO is not already familiar, even more time is needed for start-up activities, including rapport building. As an example, one PVO project initially planned to train owners of informal bars, firemen, youth leaders, literacy teachers, traditional healers and health workers. After a year of project implementation, they decided to discontinue targeting two of the groups, the bar owners and firemen, and concentrated on the remaining groups, on whom they could focus their resources more effectively.

Projects should limit the number of different groups in their target population, and justify why

the organization has chosen to work with a particular group.

Projects that worked with several geographically separate impact areas also found it difficult to devote adequate staff time and resources to all the areas. Project coordinators, especially those who lived in the capital cities outside the impact areas, spent much time and energy shuttling back and forth between the different areas. Given all the complexities of understanding and working with a given community in AIDS prevention, **PVOs initially should limit impact areas to one or at most two separate sites, and base project staff at each site.**

Finding ways to approach a community

AIDS is perceived in many communities as a moral issue as much as, or more than, a health issue. In response, most of the PVOs carried out their AIDS education and prevention projects with the active involvement of well-respected community leaders. One approach to identifying community leaders was by mapping their communities. One project carried out a census of all community groups and their leaders in the area, and another conducted a "listening and learning" survey, consisting of in-depth interviews with people in the project area. This second project's final evaluation reported that "the project focused mainly on the activities of community leaders and members themselves, their initiative and motivation, and their responsibility in planning, implementing and sustaining the program." **Projects that did not map out community institutions or work with local leaders seemed to have a more difficult time getting their messages out to people in the impact areas.**

A strategy of working only with one type of community leader, however, has potential limitations. One project concentrated on training religious leaders to teach their

congregations about AIDS awareness and prevention; however, the religious leaders were often found to be unwilling to discuss condoms, at least publicly, or train their congregations in condom use. This observation suggests there was a need for that project to also train others from the target communities who were willing to provide public education specifically in condom skills and promotion, while continuing to involve the religious leaders in other aspects of awareness raising and prevention. Thus, although there is a need to keep the number of target groups low, projects may benefit from using more than one approach to community AIDS prevention. As one project reported in their final evaluation:

"VCWs/FHWs [village community workers and family health workers] and community leaders are the two keys to providing effective community-based AIDS education. The VCWs/FHWs are the direct conduit for AIDS information to families...while community leaders play a crucial role in creating awareness of and supporting the efforts of the VCWs/FHWs." After discussing the basic HIV/AIDS problem with a community leader, community members may be more willing to listen to concrete information on condom use from a local health worker. Of course, it is crucial that a PVO/NGO try to bring different sectors of the community to a common understanding of AIDS prevention, so that different groups of educators offer complementary, not contradictory approaches to the problem. In this way, **a limited number of complementary approaches to HIV/AIDS education can have a stronger impact than a single approach.**

Some projects trained as AIDS educators PVO staff or community members who had many other duties in addition to AIDS education, such as being ministers or village community workers. This strategy was generally seen as a successful approach to integrating AIDS education into core community institutions, and widespread resistance from communities and institutions, although anticipated by some, was not encountered. One AIDS project coordinator described their experience: "The first thing we did was to organize a national conference for all the religious leaders and at that conference we explained to them exactly what we have come to do. So, we solicited their support and if there was anything which was not in line with their religious teachings, they should let us know before we start our training activities. So, we involved them right from the word 'go,' and I think that helped us a lot."

In some cases, however, integrating HIV/AIDS educational responsibilities into the roles of existing workers appeared to overburden the staff of these institutions. The projects also found that HIV/AIDS education requires more intensive training and supervision than many other areas of health education with which they were familiar, in part because of the variety and complexity of topics and skills in which training was needed. **The integration of HIV/AIDS education activities into the responsibilities of existing project staff or community members is a useful approach to sustaining wide dissemination of HIV/AIDS prevention messages.** PVO projects should, however, carefully scrutinize the existing workloads of people to be trained as AIDS trainers or educators before adding the demanding and potentially controversial problems of HIV/AIDS to their existing workloads.

Collaborating for HIV/AIDS prevention

Each PVO project developed collaborative relations with local and/or national-level institutions, on both a formal and informal basis. This collaboration consisted of many types of shared activities, such as exchanging up-to-date technical information, coordinating the joint production of educational materials, and jointly participating in conferences and seminars. At a minimum, all the PVO projects collaborated with government health officials in the national AIDS committees and the ministries of health. Collaboration with government efforts to control AIDS helped to facilitate official approval of project activities and to establish a flow of information between the voluntary and governmental sectors. One project manager was even based at the national AIDS program office and also served as a national NGO AIDS coordinator.

On occasion, a considerable amount of time passed before the PVO and the national government developed a strong working relationship. One project commented, "Originally, government at central levels was opposed to the project, saying the rural population is not interested. It doesn't concern them. It's a waste of time. The NACP [National Aids Control Program] is now using the project as a model and encouraging other NGOs to use the same strategy." **Strong collaboration of the PVOs with local governmental or nongovernmental groups is an important approach to building local capacities and sustaining the gains made in HIV/AIDS prevention.** In particular, ongoing dialogue and collaboration with the country's national AIDS control program promotes national and global awareness of NGO involvement in HIV/AIDS prevention, assists in strengthening the work of both NGOs and NACPs, and tends to encourage greater support by NACPs for AIDS prevention activities undertaken by NGOs.



Source: Manuel pour les Hygienistes-Secouristes (1982) by Mali MOH, Harvard Institute for International Development and Educational Development Center (illustration by Molly Bang)

One potential strength of PVO projects is their capacity to establish a strong presence at the community level. Some of the HAPA projects had a more substantial community presence than others. For example, two comparable projects both trained community health workers as AIDS educators. One project had a long-running child survival project in the impact area, and had supplemented government health staff with additional health workers. All the PVO field staff, except for the project coordinator, lived in the project impact areas. In registering families and providing services for the child survival project, the project field staff had developed a strong rapport with the project community.

The second project was asked by the Ministry of Health, after the approval of project funds, to shift to a different impact area, a community where the PVO had minimal prior connections. All of this project's senior field staff lived outside the impact area. They worked primarily through government health workers, and never established strong links with community groups. The final evaluation of this project acknowledged: "There was no explicit strategy to mobilize women's groups, cooperatives...and other community-level institutions for the AIDS awareness program promoted by the project. Instead, attention was primarily focused on the role of health workers within the health structure." This lack of direct contact with the target communities and their leaders seems to have limited the project's ability to reach people in the community. **PVO projects responding to HIV/AIDS need a strong community-level presence, and must gain the trust and collaboration of community leaders. Such projects will be more sensitive to local values and norms, and also have greater rapport and credibility with the target population.**

Of the seven new HAPA projects, two carried out their HIV/AIDS prevention activities in close formal collaboration with local NGOs. In principle, indigenous NGOs offer extensive possibilities for collaboration, but international PVOs need to recognize the challenges of establishing open and cooperative relationships with their NGO counterparts, particularly for short-term projects. One counterpart NGO, for example, was accustomed to receiving funds directly from donors and making their own decisions as to how to manage those funds. Their expectation that the PVO would serve as a mechanism for receipt of funds, not as collaborators on the project, was a source of ongoing tension. One PVO project staff person reflected, "We did not understand how [the collaborating NGO] operated.... In addition, there were a lot of expectations...that [they] would provide everything we needed and when we got there we realized that was not so.... There needs to be an agreement, and in the agreement it has to be stated clearly the responsibilities of the parties whether it is with the government or other NGOs. If there is any part of the agreement that is not clear, anyone can use it to get away." Another NGO counterpart of a HAPA project collaborated with project staff on AIDS-related training sessions, and at the end of the project, the NGO was expected to assume responsibility for extensive HIV/AIDS project activities in the long term. However, following a change of leadership, the NGO expressed reluctance at taking on the ongoing responsibility for extensive HIV/AIDS prevention activities. As a consequence, the PVO collaborators found follow-on funding to work more or less independently of the local NGO. **Collaborative relationships with local NGOs are important potential mechanisms with which international PVOs can work effectively at the community level. Truly collaborative PVO-NGO relationships may be difficult to establish on a short-term basis, however. They require a clear understanding of the capacities, expectations and responsibilities of each group before the start of project activities.**

Understanding the cultural context

In a field workshop held midway through the HAPA grants projects, Zimbabwean anthropologist Jane Mutambirwa discussed the importance of the cultural context with

participants: "It is difficult to understand or respect community perceptions of sexually transmitted diseases, and particularly of HIV/AIDS, without having some knowledge of the religious and moral framework that shapes local responses to these problems." One way in which PVO project staff often attempted to take the cultural context of AIDS prevention into consideration was by correcting persistent misconceptions about HIV/AIDS, many of which were believed to be culturally based. In formal presentations and reports, however, project staff tended not to address this issue directly. One reason for this omission may be that formally taking culture into account involves dealing with qualitative data, an area in which few PVO project staff were experienced.

Acknowledgment of the deeply rooted cultural context of issues related to HIV/AIDS occasionally came out in informal exchanges with project staff. For example, in a response to TAG comments on their final evaluation, one PVO project manager stated clearly: "[The project] recognized early the problem of selective transmission of messages and tried to address it. What has to be understood here is that we were dealing with many years of cultural, traditional and religious practices." At the final field workshop in Uganda in which behavior change was a major theme, one experienced HIV/AIDS prevention worker concluded, "We cannot talk of sexual behavior out of context. It is the person with the sexual behavior that we are dealing with. That person's mind with all the traditional beliefs, his [or her] spirit with all the spiritual beliefs, the environment with the socioeconomic, the traditional practices and the physical. If we take all of that into account, I believe people can change." **Projects responding to HIV/AIDS need to recognize that beliefs and attitudes about AIDS, including misconceptions, are often shaped by deeply rooted notions of disease and morality, as well as by social and economic circumstances. An understanding of the basis for misconceptions needs to be incorporated into meaningful educational efforts.**

Focus group discussions held during one project's final evaluation point to the importance of understanding the local cultural framework. Staff perceived a tendency in this project area for the population's linking of HIV infection and AIDS to illegitimate and immoral sexuality. This belief may have helped explain why a majority of people in this project area stated in a survey that people with AIDS "deserve" their sickness. A substantial proportion also stated that people with AIDS should be quarantined. Thus, the project's message that people should prevent AIDS by limiting the number of sexual partners and using condoms appeared to be countered, in part, by the attitude that isolating persons with AIDS was a safer and more acceptable solution. An earlier recognition of the possibility that these conflicting approaches were competing for credibility in the community might have increased the effectiveness of project efforts.

In another project, staff identified a local belief in a traditionally defined condition known as *runyoka*, which many in the project area believed to be "the same as AIDS." Symptoms of the condition, which included weight loss, weakness and malaise, indeed appeared similar to those of AIDS, and were also said to result from sexual activity. *Runyoka*, however, was

believed to be caused not by sex with an infected person, but by breaking a sexual taboo — having a relationship with a married woman, or under other taboo conditions such as following a miscarriage. Thus, married women who were faithful to their husbands were not susceptible to *runyoka* — although they certainly are vulnerable to HIV infection from an infected husband. Project staff felt that it was important to explain in their educational efforts the differences between AIDS and *runyoka*, emphasizing that anyone who is sexually active, as well as their children, is vulnerable to HIV infection, not only those guilty of sexual misconduct. **All projects working at the community level initially must address existing cultural interpretations of AIDS, and develop their messages about transmission and prevention in response to this cultural context.**



A Maasai mother and child

*Source: Kenya Office of
World Vision International*

Staffing a project

The capabilities of staff to manage project activities effectively seemed to vary widely, depending on the design of the project, the experience and abilities of the project coordinator and the technical assistance that was available. Each project needed at least one full-time, well-qualified coordinator and adequate support staff. The coordinator position was particularly demanding, because the work involved multiple tasks: learning new skills, coordinating with other organizations, managing staff, collecting data, utilizing technical assistance, writing reports, etc. The difference that an effective project coordinator could make became clear for two projects that changed coordinators around midterm in their grants; what had been troubled, stagnant projects turned into dynamic operations. Conversely, another project continued to have significant problems because the project coordinator lacked organizational and management skills. **Technical competence in health education and project management, as well as high levels of motivation and self-directedness, were critical qualities of effective project coordinators.**

Technical assistance

Several of the PVO field projects needed technical assistance during the course of their grants, and it is important to understand why this need arose. When the PVOs received HAPA funding in 1989, it was the first time they had undertaken projects in AIDS prevention. Each PVO faced complex new challenges, for which experience in primary health or development projects had only partially prepared them. In each project impact area, HIV infection and AIDS had stirred up difficult emotional reactions: denial that AIDS was a problem in that area or even an actual disease, fear of people suspected of being infected with HIV, and condemnation of people accused of bringing AIDS into the community. As previously noted, AIDS was perceived from the start as a moral issue as

much or more than a health problem. In this complex and sensitive situation, field project staff had to experiment with new approaches and acquire new skills.

To different degrees, the projects sought technical assistance to develop these new skills and approaches. The staff of some projects seemed initially reluctant to ask for help, while other project staff requested assistance from a wide range of resource people: in-house PVO staff from local, regional and overseas offices; staff of other PVO and NGO projects based in Africa; and local and international consultants. Those projects which had strong in-house support, or were able to identify, request and receive appropriate outside assistance, tended to develop stronger programs. For example, one project early on recognized that field staff needed to develop certain skills, and worked with an outside consultant, staff of the national AIDS program, and other NGOs on several training sessions in the first year of project implementation. These trainings substantially upgraded the AIDS prevention skills of project staff. Conversely, the staff of another project expressed regret in the final evaluation that they had not received more assistance in improving their project planning skills. In the difficult and rapidly evolving field of AIDS prevention, **PVO project staff should receive appropriate training when the project begins, should be encouraged to identify gaps in their own skills and experience, and should have access to additional training as needed throughout the life of the project.**

Managing and implementing a project

Conducting baseline and subsequent KABP surveys

Five of the PVO projects conducted baseline surveys of knowledge, attitudes, beliefs and practices (KABP) of their target populations. Their efforts were hampered by the lack of existing survey tools for PVOs undertaking AIDS prevention, and lack of staff experience with quantitative data gathering. The only available model for a baseline survey related to HIV/AIDS was a massive set of questions developed for national surveys by the World Health Organization's Global Program on AIDS inappropriate for small-scale surveys. Not surprisingly, most projects were unable to carry out and analyze, without assistance, a baseline survey that provided valid and useful data for planning project activities. Acknowledging both the limitations and commitment of the staff, one project coordinator noted, "You will find that



Source: *Partners in Evaluation*
(1986) by Marie-Thérèse Feuerstein

there is a lot of discrepancy in our baseline survey because we did not know the techniques. We were supposed to do the KABP baseline. We were not knowledgeable. Most of us are technically trained in terms of health. We had not conducted surveys before. However, we did what we could."

Several groups contracted with local consultants or institutions to design and conduct, or direct, their surveys. However, even when technically well carried out, other problems with the surveys persisted. At times survey questions were not closely enough related to planned project activities, and analysis of survey data was delayed by the bulky design of surveys and lack of in-house data analysis skills. For one PVO, the survey consultants modified key baseline survey questions to improve their technical acceptability, but the project was then unable to compare baseline and follow-up survey results. In another case over a year elapsed between the baseline survey data collection and the completion of the final report.

Discussing their experience with that survey, one project staff member commented, "I'm not sure if that survey actually helped the project itself, because I do not think that we used the data collected from the survey. A lot of money went into that survey, so I think for other people doing a national survey, you have to think twice if that thing is going to help you or not. But anyway, the national AIDS program was very impressed by the KABP and they sent it all over the world, even to Geneva."

Another significant problem, mentioned in the previous section, was that most projects did not work in only one geographic area. Instead they worked in two or three impact areas, or with specific groups — such as religious congregations or traditional healers — dispersed over a large area. The scattered nature of project target groups made it difficult to undertake a representative survey. One project worked with a local university to produce a national baseline survey, but this survey did not gather specific data on project target groups, and thus was not used in the design or the evaluation of the project.

As a pilot undertaking, the HAPA Support Program assisted in the development, coordination and analysis of a rapid KABP survey for one project's final evaluation. This activity produced sound and useful results, including a preliminary survey report that was available to be shared with project staff and community, after only three weeks of in-country activity. The process required intensive inputs from the project field staff for approximately 10 days, and relatively modest expenditures for food, lodging and compensation of the interviewers and survey supervisors. **PVOs planning to conduct quantitative assessments of HIV/AIDS project outcomes should recognize the specialized technical expertise required to conduct timely, useful and valid field surveys. A technical support package for PVO AIDS prevention projects should make available early assistance in rapid survey methodology, if the PVOs are expected to conduct KABP surveys. If a PVO contracts with another group or individual to carry out all or part of a survey, both parties need to determine an acceptable time frame and agree on the key questions to be asked in the survey, based on the objectives of the project.**

Gathering qualitative data

PVO project staff also have, in general, little experience in formally gathering qualitative data. Staff of one project received early training in focus group discussion techniques, to assist in planning education strategies and materials, but this approach was the exception. Another PVO used a "listening and learning" survey in which interaction with community leaders and members was documented as a part of baseline information. The other projects tended not to use formal qualitative data-gathering techniques at baseline.



Source: *Partners in Evaluation*
(1986) by Marie-Thérèse Feuerstein

At the field workshop for project staff held in Zimbabwe midway through the HAPA grants, the HSP organized several sessions on focus groups that were intended to introduce participants to this technique; they responded enthusiastically to these sessions. Despite the brevity of this introduction, several projects went on without further training to use focus group techniques to assist with the development of interventions and in project evaluations. Even though the field staff's lack of training and experience with these techniques may have limited, to some extent, the usefulness of the data gathered, the hands-on nature of the introductory sessions seemed to generate enthusiasm and confidence in the methodology that were immediately translated into benefits for the projects.

Qualitative data are essential to finding out not *what* happens, but *why*, and thus should play an important role in project planning, monitoring and evaluation. For example, if people in the impact area, in quantitative surveys, consistently misinterpret project messages about the casual transmission of HIV/AIDS, qualitative data-gathering techniques can be used to explore why these misinterpretations are so persistent. It may be, for example, that people are grouping AIDS with another disease that can be transmitted casually. Qualitative data can also be useful in designing KABP survey instruments. At any point in a project, qualitative data gathering can help project staff probe the cultural and social context of AIDS, which (as discussed above) plays a significant role in AIDS prevention activities. The experience of the HAPA projects indicates that in addition to training in rapid survey methodology, **PVO project staff need training in qualitative data-gathering techniques, particularly focus group discussions and in-depth interviews. Data to guide project development and evaluation should be both quantitative and qualitative; the interplay between the two is essential for a balanced portrait of project processes, outcomes and, ultimately, impact.**

Identifying objectives and indicators

In the context of this discussion, an *objective* is a statement of a desired and expected result of project activities, and an *indicator* is the measure used to assess the attainment of each objective. For example, a project which intends to change attitudes about persons with AIDS could choose as an *objective*: "by the end of the project, 30 percent of people in the impact area will be willing to shake hands with a person with AIDS." The *indicator* for this objective, then, is "the percentage of people surveyed who state they are willing to shake hands with a person with AIDS."

The difficulty of identifying appropriate objectives and indicators was clear from the start of the HAPA projects. Because the PVOs were new to AIDS prevention, and AIDS prevention was relatively new to everyone, there was no established set of objectives and indicators to assist the PVOs in project monitoring and evaluation of community-level AIDS prevention projects. The PVOs having past experience with child survival grants were accustomed to working with a well-defined set of child survival indicators; some expressed hope that a similar set of indicators could be determined for the HAPA grants projects. However, an established set of indicators for HIV/AIDS prevention had not been developed at the time the HAPA grants began. Later efforts of the World Health Organization and A.I.D., which focused on countrywide measures for national AIDS prevention programs, were not appropriate, in most cases, for smaller-scale, single or multisite projects. As mentioned in the above discussion of baseline surveys, defining and measuring appropriate objectives and indicators were especially difficult when projects were not working in one geographic area, but in multiple areas and with multiple groups.

The HSP and PVO headquarters staff tried to clarify the selection of appropriate objectives and indicators at a task force meeting held just after the projects were funded. At this meeting, the participants agreed on common definitions of three distinct types of objectives and indicators: 1) **output** objectives and indicators, which refer to numbers of specific "things" accomplished during the course of the project (e.g., number of training sessions held, number of condoms distributed); 2) **outcome** objectives and indicators, which refer to immediate changes in the target population expected to take place by the end of the project (e.g., reported use of condoms); 3) **impact** objectives and indicators, which refer to desired longer-term changes in the target population (e.g., changes in new HIV infection rates). Measurement of impact, it was agreed, is usually not feasible for PVO projects without research capabilities. **Process** measures, while often not stated as formal objectives, refer to the quality of activities undertaken.

Final evaluations of the HAPA grants projects focused primarily on output measures and on process evaluation, particularly that related to project management. The PVO projects that carried out final surveys measured primarily the status of AIDS-related knowledge and attitudes, and focused less on measuring reported behavior because of the short duration of project activities and the sheer difficulty of assessing behavior change.

In order to maximize the extent to which the "success" of future projects can be assessed, PVOs conducting HIV/AIDS prevention projects should emphasize the careful development of measurable and appropriate objectives and indicators, with technical assistance if necessary. **Objectives should include both process and outputs, as well as, whenever possible, outcomes of project activities. Outcome indicators that are amenable to simple measurement, such as reported behavioral intentions, are to be encouraged. The adaptation of existing "standard" indicators, when available and appropriate, is recommended. Project evaluations should be designed to examine key indicators of all major objectives.**

Strengthening information systems

Most of the PVO projects had a fairly small number of staff, who focused their energies more on conducting training and education sessions than on tracking and documenting the outputs and quality of their work. In general, the projects' information systems — which help staff track project activities and accomplishments — were in need of strengthening. Some reasons for the underdevelopment of these systems may include lack of awareness concerning the value of documentation, the lack of appropriate skills and models, and overstretched resources, particularly staff time.

Even projects that were able to put a system into place were not always able to make use of it effectively; as one final evaluation noted, "A system of quarterly action plans for trainers complemented by monthly report forms was developed in the second year of the project to monitor progress, assist in supervision, and provide feedback to the trainers. However, the information collected was not always used effectively." This evaluation went on to recommend, **"All participants in the information system must be adequately trained to understand the necessity for collecting the information/data and how it can be effectively used to influence decision-making and project management."**

The headquarters staff of PVOs, working closely with field staff, play an important role in the development and oversight of the projects' information systems. They need to make early decisions, with external input if necessary, regarding the level and type of monitoring that each project will carry out. **PVOs may need initial technical assistance to help field and headquarters staff set priorities and develop structures for the management and monitoring of HIV/AIDS prevention activities.** The combined efforts of the field, PVO headquarters and support program staff working together can be advantageous, as related by one of the projects. "Some of the things that worked well in our system were the monthly communications involving project staff, the [PVO] country representative and our home office, the reports from the home office to the HAPA Support Program. There was always a direct link of communication. Reports were always going up every month or every quarter. At the same time we received feedback from HSP down to the home office support backup person, who eventually sent it down to us. We kept constantly in touch. Whatever was working was improved upon and whatever was not working we tried to figure out together how to solve those problems."

Monitoring and supervision

A central role of the information systems for the projects was to facilitate monitoring and supervision. The record-keeping systems that were developed were useful in keeping track of project outputs — such as the number of educational talks given or condoms distributed — but appeared to be less effective in monitoring the quality of project interventions. Competent management of staff and activities requires adequate supervision; as one project reported, "Inadequate supervision [of staff members] resulted in breakdowns in communication regarding financial matters and a lack of recognition of the importance of evaluation at all levels of project operation."

Monitoring quality requires that project staff visit project-trained educators and trainers at work, to judge, for example, how well they handle difficult questions about HIV transmission, or whether they appear credible to the groups with whom they interact. Supervising large numbers of people trained by a project can take up significant amounts of project staff time and resources. Several projects trained large numbers of people without providing adequate monitoring or supervision for those trainees. Underscoring the importance of monitoring, the management from a peer education project offered the following lesson, "We would train [people] for 5 days and then ask them to train peer educators. Now, when we evaluated the program we found out that either the expected trainers were not doing the work they were supposed to do or we couldn't follow them up effectively from our center. We had to modify the program." **A system and schedule for monitoring the quality and effectiveness of educational activities should be developed early in the project. Everyone who receives training through the project should receive regular supervision.**

Reports and evaluations

Project staff were asked to submit a detailed implementation plan (DIP) four months after project start-up, quarterly reports, a mid-term progress report and a final evaluation, which were reviewed by the HAPA technical advisory group (TAG). The TAG review process is discussed in more detail in Section IV and Appendix B.

In the DIPs, projects were encouraged to draw on their initial experiences in the field and modify their original project proposals as needed. The TAG's review of the DIP was sent to the corresponding headquarters and field staff, and each project was invited to respond to the TAG's comments. A number of projects did respond in writing, and several made substantial changes in project activities in response to the TAG's suggestions. However, neither the TAG members nor the HSP staff had visited most of the field projects before the DIP review process, and this may have limited the usefulness of some of the comments. **Consultation between PVO field staff and support program staff at an early stage of the projects would increase the usefulness of the preparation and review of DIPs and other project reports.**

For the quarterly reports, the PVO projects were asked to send brief reports on accomplishments and significant constraints encountered in their work. The HSP then edited these reports and circulated them in *The HAPA Grants Program Update*, a newsletter sent to PVO field and headquarters staff and others involved in the HAPA projects. Some of the projects used the quarterly reports as an opportunity to share accomplishments and information, while others gave more quantitative reports on project activities. This range of responses may indicate a need to identify more clearly the best uses and functions of quarterly technical reports. **Early discussions with project field staff would be useful to identify a format for quarterly or occasional reports that would serve both project staff and donor needs.**

The midterm progress reports were written after one year of field experience, and final evaluations were submitted at project end. A mixture of field staff, headquarters staff and external consultants wrote these reports. The midterm reports were intended to give project staff an opportunity to identify and fine-tune effective approaches to project implementation, while the final evaluation provided a chance for full review of the project's accomplishments. Staff found that for both midterm and final reports, it was important to allow sufficient time for a full review of project activities, including time for field visits where evaluators could observe project operations and interview target populations.

The PVOs benefited when the evaluation team consisted of people with a variety of viewpoints and expertise, including at least one person external to the project. For final evaluations, projects were required to include at least one external consultant on the evaluation team. Although it was not required that the external member of the team be from outside the project country, the TAG review of final evaluation reports concluded that it was very important that "external" members of the evaluation teams be truly unaffiliated with the project, because of the broader perspective they could bring to the evaluation. The presence of well-qualified external consultants was also seen as critical for the midterm assessments, when there is still time to identify problems and make mid-course corrections.

The comprehensiveness of final project evaluations varied substantially, presumably according to the mix of people in the evaluation team, and the capabilities and needs of the PVO projects and headquarters staff. **Whether or not project staff were formally members of the team, their active involvement in the evaluation process clearly enhanced the usefulness of the midterm and final evaluations. In all cases, a mix of qualitative and quantitative methods was most effective in painting a clear picture of the quality and effectiveness of the project.**

Designing interventions

Developing educational materials

Developing high-quality AIDS education materials requires substantial expertise, time and other project resources. The HAPA PVOs were encouraged to undertake materials development only where useful materials were not already available in sufficient quantity. After assessing available resources, one project concluded, "[We] had planned to produce materials for distribution on AIDS, but they found out there were lots of materials already available, so [we] dropped that idea." One project successfully produced a wide variety of well-tested written materials, most of which were adaptations of existing pamphlets. The two projects which did put substantial energy and resources into developing materials both drew on external technical assistance. **It is important that projects undertaking materials development are prepared to commit the required levels of expertise and resources to the task, and consider adapting already existing materials that are appropriate for the project population.**

Most field staff reported that visual materials, such as flip charts and videos, appeared to be more useful than written materials; this was probably due at least in part to low levels of functional literacy in most project settings. Several final evaluations mentioned the strong impact of videos, both local and foreign, the latter sometimes dubbed in local languages. For example, one final evaluation states that "use of cinematographic materials, e.g., AIDS video tapes appears to have had [a] longer lasting impression on the target population." **A PVO should take into account local literacy rates and patterns of media use and availability when deciding whether the development of pamphlets is a worthwhile investment of time and resources.**

Educational materials, like other project interventions, should integrate qualitative and quantitative information on the local cultural context, as well as AIDS-related knowledge, attitudes and practices. Pre-testing of materials — analyzing their impact on a small sample of the target population — helped project staff judge whether or not the materials were communicating the desired message in a way that makes sense to that population. Whatever type of educational materials a project decides to develop, pre-testing is absolutely necessary to ensure their effectiveness. In addition, monitoring the distribution and evaluating the effectiveness of the materials produced should be an integral part of the process of materials development.



Source: *Manuel pour les Hygienistes-Secouristes* (1982) by Mali MOH, Harvard Institute for International Development and Educational Development Center (illustration by Molly Bang)

Distinguishing between education and training

In several of the PVO project documents, the training of volunteer "trainers" was used where "educators" or "motivators" appeared to be the actual roles for which the individuals were being prepared. In the DIP and MPR reviews, the TAG urged the projects to use the terms more precisely, referring to "trainers" only when individuals were expected to play a key role in training others in the development of specific skills. For example, one project consistently talked about training second-generation "trainers," when it appeared that those trained were meant to function as community-based educators, expected at most to discuss AIDS informally in their home communities. The activities of these trained individuals were not regularly monitored, and thus their intended "ripple effect" as "trainers" in the community was questionable. However, the confusion persisted, perhaps because the definitions urged by the HSP and TAG did not match definitions long used by the PVO. **The imprecise use of the term "trainer" can lead to misunderstanding of the nature of project activities and an unrealistic assessment by staff of the likely impact of the project.**

Two significant problems related to the training of both trainers and educators for the HAPA projects were evident: insufficient time was devoted to the initial training process and the trainees were not provided with adequate follow-up and supervision. Given the short life span of the projects, staff often felt pressured to train large numbers of people at a rapid pace, instead of training fewer numbers of people, and then providing consistent supervision and monitoring of those already trained. **The training time needed for each type of trainee was generally found to be greater than anticipated**, partially due to the newness of the topic and partially because of the need to address a wide variety of topics and skills, such as biomedical information about HIV/AIDS, communication techniques and the ability to comfortably discuss "safer sex" and other sexual matters. Speaking from experience in HIV/AIDS prevention and training, one project shared the following insight: "Our original model was to train trainers.... Over time we have learnt that turning out somebody to become a trainer is hard. Especially when we are training them for one week. It takes a much, much longer period [of time]."

The need for adequate supervision of those trained is another factor that limits the total numbers that a project should target for training. Field staff may find it useful to decide the numbers of people to be trained after first determining how often project staff will be able to observe, evaluate and provide refresher training to someone trained by the project. **When training is geared toward preparing individuals to spend substantial time training or educating others, a systematic methodology for supervision and monitoring this planned "multiplier effect" needs to be designed into the project.**

Supplying and distributing condoms

All projects advocated the use of condoms as part of their AIDS prevention activities, and gave away condoms at education sessions. Most projects worked to increase the availability

of condoms in project impact areas by setting up or strengthening distribution networks, often through local health clinics. Condom shortages occasionally plagued the PVO projects, usually because of shortages or bottlenecks in the national condom supply. It was feared, although never confirmed, that a lack of condoms could damage project credibility, because it would prevent people in the impact area from putting one of the project's key AIDS prevention messages — to increase condom use — into practice. Poor quality condoms were another problem experienced by projects during their AIDS prevention activities. One project decided not to distribute their stock of condoms because of numerous reports of breakage or other quality problems. **If condom promotion is part of a project's approach, project staff should regularly monitor the availability and quality of condoms, and integrate that information into project strategies and approaches.**

Counseling services and training

Counseling, as defined by the health care systems of most industrialized countries, is a new concept in much of Africa. The provision of counseling services therefore involves not only the actual training of counselors, but establishing a role for the trained counselors within the systems in which they work. Most of the projects did not attempt to set up formal counseling services in their project areas, though in many cases field staff did receive counseling training at some point in the project. Even where projects did not become involved formally with support to persons with AIDS (PWAs) or counseling, they were usually able to refer community members to assistance from other sources.

The two projects that did try to set up counseling services sought technical assistance for this training process. The final evaluation of one project states clearly that, in their opinion, the decision to train counselors was not appropriate for them (although it had been recommended by the TAG in comments on their DIP): to set up an effective counseling network would have required better training, more time and the availability of HIV testing services in the project area. The second project received more extensive and appropriate assistance, and did set up a nationwide counseling network. Many of the counselors trained, however, were trying to integrate counseling into an already busy work schedule, and did not have adequate time or support from their superiors to fully pursue their counseling activities. This project concluded that "full-time counselors are required in order to better meet the need and demand for counseling." **The training and support of counselors is a complex undertaking which demands specialized expertise and substantial resources. Institutional support for the importance of the role of counselors is also necessary for a counseling program to succeed.**

Most projects attempted the related but less complex task of supporting PWAs by encouraging greater tolerance of their condition. One project made a strong effort to provide material support and counseling to a limited number of PWAs, and then involved several of these PWAs as educators in the project area. A project manager commented, "In our project we found that counseling is incomplete without some support [financial/material]. You may

go there and give information and tell them this is how it should be, 'leave your prostitution or drugs,' and you just scratch the problem." Many PVOs believe that creating an atmosphere of tolerance for PWAs eventually may improve the success of HIV/AIDS prevention messages, by lessening the fear and shame associated with AIDS and allowing or encouraging people to acknowledge their vulnerability to HIV infection. **Support for PWAs and their families can be a valuable component of an HIV/AIDS prevention project and does not necessarily need to include the provision of formal counseling, particularly if referral sources for counseling are available.**



Source: *The Illustrated Peer Educator Workbook* (1992) by Tanzania National AIDS Program, AIDSTECH, and AMREF

Unexpected outcomes

HIV/AIDS prevention is a dynamic set of activities because it involves real people and changing situations. Project implementation, regardless of how it is defined in project proposals and detailed implementation plans, is not a linear process but rather requires reflection and revision. Below are two examples of unexpected outcomes that were identified in a HAPA project that trained health personnel in HIV/AIDS prevention:

In one of the hospitals visited, as a result of the demand by nursing staff that patients bring in their own needles and syringes, the evaluation team found the grounds around the hospital complex littered with used disposable needles and syringes.... As patients now bring in their own supplies, many demand that they be given the used syringes and needles. Furthermore, it appears that some people now collect the disposable syringes and needles from garbage cans or other waste disposal sites and then try to sell them.

In one hospital where women in labor now have to bring in a pair of gloves for delivery, it was found that the practice had increased the number of free deliveries performed by the nearby traditional birth attendants since some of the women simply cannot afford to buy gloves.

Unexpected results like these can have important impact on the overall effectiveness of HIV/AIDS prevention activities. **Project staff need to be alert to unexpected outcomes and flexible in adapting the project activities to accommodate new developments in their target groups or areas.**

Sustaining project efforts

Changing sexual behavior

The ultimate goal of the HAPA projects was to prevent the transmission of HIV/AIDS by convincing people to change their sexual behavior. To what extent did the projects accomplish this goal? Unfortunately the short duration of the projects and the difficulty of gathering valid data on sexual behavior make this an extremely difficult question to answer. Many final evaluations commented on the problems they encountered effecting or measuring behavior change. One project stated: "AIDS education programs should be of no less than three, and preferably at least five, years' duration in order to have sufficient time to begin to affect attitudes and behaviors." Even with a five-year project, gathering reliable data on behavior change may be beyond the scope of a nongovernmental, community-level HIV/AIDS prevention project.

Three projects conducted end-of-project KABP surveys. Each of these surveys provided data on reported sexual behavior. In one project's final survey "over half of the people interviewed...said they had experience using a condom, compared to 7 percent in the baseline survey.... An overwhelming 97 percent of those who said they had used a condom recently said they would continue to use condoms in the future." In the final KABP survey of a second project, 46 percent of respondents reported that their friends and others in the community had changed the way they live because they were afraid of AIDS. The most common behavior changes cited were condom use and avoiding prostitutes. Full survey results were not available for the third project at the time this report was prepared.

In the analysis of the completed surveys mentioned above, people's reported sexual behavior does seem to have changed, but it is difficult to estimate how much of this change was accurately reported; if accurate, how much was due to project activities; and, if accurate and due to project activities, how well the change will be sustained. Future PVO projects planning to collect quantitative data could contribute to knowledge of HIV/AIDS prevention by considering the use of a quasi-experimental evaluation design. This could include the use of a comparison group or area, in which pre- and post-project data are gathered but the HIV/AIDS intervention is not implemented. In other cases a modified case/control approach, designed to assess attributability of changes to project interventions, may yield useful results. **At a minimum, projects wishing to evaluate the outcomes of project interventions should collect comparable pre- and post-project data from the project population.**

Overburdening project resources

In several cases, the HAPA projects found that their willingness to provide AIDS education services generated a huge demand for those services, stretching and at times overburdening available resources. Refusing requests for increased services proved difficult for project staff; their provision of unanticipated services frequently resulted in overcommitment of their time and energy. "The increased demand for services against resources has presented a

problem. The demand of services compared with my small number of staff is too much," stated one AIDS project manager.

One project manager not only organized and delivered training sessions throughout the country, but also served as the NGO AIDS coordinator for the NACP, a dual burden he fulfilled by consistently working very long days. Another project manager responded to opportunities to work with a number of new groups not anticipated in the DIP: their project activities attracted the attention of several private businesses, who requested assistance in planning and training in HIV/AIDS prevention. This type of unexpected expansion, although indicative of a "successful" project, may also overburden project staff. Even without unanticipated activities, staff of many of the HAPA grants projects noted that the overwhelming need for their services led to overcommitment of their time and resources, and staff burnout. **If PVO projects are encouraged to generate demand for their services, and to respond to unanticipated opportunities that arise, this rapid expansion should be supported with additional human and material resources, to avoid overcommitment and burnout.**

Building skills

The development of a fully self-sustaining set of activities was seen by virtually everyone involved in the HAPA grants program, including PVO staff and the TAG, to be an unrealistic goal for HIV/AIDS prevention projects of only two years' duration. In a number of ways the projects did, however, make important contributions to strengthening local capacities to carry out HIV/AIDS programs. As discussed in the section on technical assistance, most projects utilized technical assistance, both external and from within the country, to improve the skills of local project staff. The majority of project coordinators and staff were local nationals, and the one project with a non-African manager trained local staff to take over the responsibilities for project management by the end of the HAPA grant. The project staff, in turn, used their skills to train others: health workers, teachers, religious leaders and traditional healers.

The HAPA field workshops were seen as an important mechanism for building HIV/AIDS prevention skills. Both workshops had two key purposes: first, to strengthen expertise in one or more specific technical areas and, second, to facilitate networking among staff and counterparts of the various projects. The response of participants to both workshops was enthusiastic. Participants were able to identify in a follow-up survey four months after the midterm workshop in Zimbabwe a number of ways in which the workshop had a positive effect on their work. They identified both greater technical competency with specific interventions and an increased awareness of Africa regional activities and resources — a sense that they were "not alone" in their efforts. Some projects later hired Zimbabwean resource people who participated in the workshop as consultants; another project arranged a training "cross-visit" to a neighboring country for HAPA staff and counterparts to observe a project they had learned about during the workshop.

Staff of local NGOs involved in HIV/AIDS prevention or care were also invited to participate in the end-of-project workshop in Uganda, and the workshop agenda included field visits to observe the operation of several local NGOs. Evaluation comments from both workshops indicated that each component — skills building and networking — was of great interest and importance to the participants. Typical comments from the Uganda workshop evaluations, in response to the question, "What do you like most about the workshop?" were: "Sharing of NGO/AIDS experience. The breadth and depth of operational experience of NGOs...in Africa was a rich feast." "Hearing experiences from different countries — their struggles and difficulties." "Bringing together all those experiences and people being very open in sharing." "Materials based on behavior change, evaluation methods and community-based projects responding to HIV/AIDS. I learnt a lot on how to get my work well done." "The topics of the workshop because they covered most of my particular needs — behavior change, qualitative data gathering, etc." **Workshops for project field staff and their counterparts are a valuable mechanism for enhancing the skills of project staff, both through direct training and by facilitating communication and networking among staff, national counterparts and others involved in the response to HIV/AIDS in the region.**



Participants in the 1990 HAPA field workshop in Harare, Zimbabwe (photo by Mary Anne Mercer)

The extent to which those trained keep practicing the skills they acquired through the project will depend in part, however, on the future availability of funds for HIV/AIDS prevention. Although the costs of carrying out activities once staff have been trained are much lower than start-up costs, PVOs are likely to need external funding for many more years, whether for independent HIV/AIDS projects or for integrating HIV/AIDS prevention into other health and development activities. One of the HAPA projects illustrated this dilemma with the following comments: "The community leaders used to attend refresher courses [on HIV/AIDS prevention] every three months or so, but

at the moment because we don't have the funds, and the nurses who did the training are no longer there, we are not holding the refresher courses. However, these community leaders are still giving health education during their meetings. This is very good. I think this was a very good idea that community leaders were trained and they are still in their areas." **Local skills building should be recognized as an important objective of any PVO HIV/AIDS project. The usefulness of this skills development approach, however, depends in part on the availability of follow-on funding for PVOs and NGOs to carry out HIV/AIDS prevention activities.**

Funding

With the end of the HAPA funding, some of the PVO projects sought follow-on funding from in-country USAID missions and other international organizations. Whether or not a PVO received follow-on funding from the local USAID mission depended, in part, on that mission's particular priorities and resources, as well as the level of communication that had occurred between PVO project staff and mission staff. PVO staff sometimes invited potential donors, including USAID missions, to visit the project and attend events, such as training sessions or workshops, to keep them informed of the PVO's activities. Attending regional and international conferences also helped project staff discuss funding strategies with other PVO and NGO staff, and explore possibilities with various funding agencies.

The continuation of the activities begun under the HAPA grants took many different forms. Three of the nine HAPA projects received follow-on funding from their local USAID missions. Other projects found funding from other sources to support a part of the activities begun under HAPA, and for some projects HIV/AIDS prevention was integrated into other existing health or development activities. In at least one case, however, all of the likely means of continuation of HAPA grant activities were fully explored, and funding was not obtained. This resulted in great frustration for project staff at both field and headquarters levels. Fortunately, in most cases, the field staff who had coordinated the HAPA projects were able to remain employed by the PVO in some capacity, so that their experience and skills are available for future efforts.

The HAPA field projects were an invaluable source of experiential learning for their respective PVOs, as well as for the HAPA grants program. The lessons they learned will continue to have an impact on their respective PVOs, and on the communities in which they worked. **To maximize the impact of the HAPA grants program, however, additional funding will need to be made available in the immediate future to allow PVOs to continue to expand and extend their experience in HIV/AIDS prevention.**

Section III

Lessons from PVO headquarters

Introduction

The PVOs undertaking HAPA grants projects all received limited funding for their U.S.-based headquarters or, for one project, an Africa regional office. PVOs used that money primarily to support staff who provided oversight of the field projects, and to travel to the field offices. The project that made use of regional support staff also designated one staff member at PVO headquarters to be responsible for coordinating the HAPA grant activities.

The HAPA Support Program interacted regularly with headquarters staff, providing a link between the PVOs and A.I.D., and assisting them in their work of supporting the field projects. For this report, HSP staff reviewed relevant documents and conducted telephone interviews with the individual at each PVO headquarters who coordinated HIV/AIDS programs. Though their experience in backstopping the projects varied considerably depending on each organization's structure and level of involvement in HIV/AIDS activities, several lessons emerged which were shared among the PVOs.

AIDS FOCUS
A QUARTERLY NEWSLETTER FOR CARE STAFF CARE'S HIV/AIDS PREVENTION IN AFRICA PROGRAM

CARE's First AIDS Newsletter

CARE has launched an educational program in Africa to assist missions in addressing the problem of AIDS. Through support from CARE USA and the USAID's HIV/AIDS Prevention for Africa (HAPA) program, efforts are now underway to provide technical assistance and information, education and communication (EC) support to missions so that they can adequately address HIV/AIDS in their missions, in projects and in their countries.

Six CARE missions in Africa have been chosen as high priority countries for technical assistance for AIDS programming... yet all of CARE's office workbooks will receive this newsletter so that they are aware of what CARE is doing about AIDS. Besides being a forum for sharing information about what CARE is doing, AIDS Focus will provide highlights on current issues about AIDS and provide resources and references about AIDS prevention and programs in Africa.

For this newsletter to be successful, CARE missions are encouraged to share information about AIDS and copies of educational materials on AIDS from their countries. Clippings from local newspapers and stories of what missions are doing to address AIDS would be highly appreciated. Please send all communications to the RTAT East Africa P.O. Box 42884, Nairobi, Kenya.

Please share this newsletter with all mission staff and other governmental and nongovernmental organizations in your countries. In countries where English is not the commonly spoken language, please feel free to translate any or all of the newsletter so that a wider audience can be reached.

WE CAN CRUSH AIDS TOGETHER

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- CARE'S First AIDS Newsletter
- Field and Activities in Africa
- CARE'S HIV/AIDS Programming Initiatives
- Approved AIDS Cases
- AIDS Information Coordinators (AIC)
- AIDS Update - Africa
- C & I - AIDS Background
- List of Free AIDS Newsletters

IT IS EVERYONE'S RESPONSIBILITY TO FIGHT THE SPREAD OF AIDS. LEARN HOW TO PROTECT YOURSELF, YOUR FAMILY AND FRIENDS.

First issue of CARE's Africa-wide newsletter on HIV/AIDS prevention, now distributed worldwide.

Relating to the field staff

Headquarters (HQ) staff members who had support from the HAPA grant visited the field projects at least annually. The primary goals of these visits were to build effective communications between headquarters and field staff and to provide technical assistance and oversight of the projects. The degree to which HQ staff had actual supervisory responsibility for field staff varied considerably. In some cases, the HQ staff worked as technical advisors and felt significant responsibility for the projects, but had little organizational authority. Their approach was then one of negotiation and persuasion; one HQ staff member described the tension that could result: "I felt placed in a difficult position...my hands were tied."

Other headquarters staff saw their role as primarily that of encouraging field staff in their work. One HQ staff member saw reporting on field visits as a way to publicize the work of the field staff, an opportunity "for them to be heard and to be seen around the world." The U.S.-based headquarters representative for the PVO with regional support staff thought that a field visit from headquarters also would have been useful, to bring a different perspective to the complex new issues involved in implementing and evaluating the field project. **Visits from headquarters staff to the field provided important opportunities for trust building, discussion of technical issues, and oversight of the projects. It is important, however, that PVOs have clear and consistent lines of authority and responsibility between the field staff and headquarters staff.**

Perspectives on the projects

The headquarters staff expressed frustration with the short amount of time available to implement the HAPA grants projects, and the lack of follow-on funding available either from most of the USAID missions or from A.I.D. Washington. Given the technical challenges of developing community-level approaches to HIV/AIDS awareness and prevention, they felt that two years did not allow for the adequate implementation or evaluation of the field projects. Most of the PVOs had previously worked with the A.I.D.-funded PVO Child Survival grants program. Although informed from the beginning that the HAPA grants were not part of an ongoing grants program, they found it frustrating that there were not the same opportunities for follow-on funding as the child survival grants. The burden of looking for other sources of funding occupied both the headquarters and field staff in the later stages of the projects. **Two years was too little time to effectively implement, evaluate and locate follow-on funding for an HIV/AIDS awareness and prevention project.**

Headquarters staff were asked to assess the usefulness of the two field workshops organized by the HSP, held in Zimbabwe in October 1990 following the midterm progress reports and in Uganda after the final evaluations in March 1992. Some headquarters staff had attended the workshops, while others had talked to field staff who had attended. In general, they thought the field workshops were a valuable opportunity to build relations among the field staff of different projects, and between the field staff and the HSP staff. One headquarters staff member thought a shared sense had developed in small group discussions at the workshops, that "we are all in this together — this is a problem common to all of us."

When asked whether, in future PVO grants programs, a workshop on baseline data gathering and project objectives and indicators should be held early in the life of the projects, the headquarters staff agreed that this would be extremely useful. One headquarters staff person commented that initially the field project staff had a sense of inadequacy about carrying out baseline data collection. However, they also warned that the first few months of project implementation are an extremely busy time for field staff; for some, individual technical assistance visits, which do not require staff to leave the project area, might be more appropriate and realistic than a workshop. **Early technical assistance to help field staff**

with baseline data gathering and project objectives and indicators would be of great use to both field and headquarters staff of a new PVO HIV/AIDS prevention project.

Interacting with the HAPA Support Program

Headquarters staff reported good interpersonal and professional relations with the HSP staff. Some headquarters personnel were the only individuals in their PVO involved with HIV/AIDS activities, and tended to rely more on the HSP for feedback and suggestions on such matters as identifying consultants and interpreting reporting guidelines.

Headquarters staff expressed appreciation for the collaborative style of HSP. PVOs were consulted and provided input that was used in making decisions about various aspects of the management of the grants program, such as specific reporting and evaluation requirements. One HQ staff member stated, "What was different about HAPA was the sense of real collaboration, cooperation and appreciation for the experience and contributions of the PVOs in areas of their own expertise — in solving the problems. It's the idea of a participatory management style that makes it possible for everyone involved to have a share and an investment in the success of the project." **Participation of PVO staff in the development and operation of the support program was an important reason that PVOs generally viewed the HSP as helpful, and saw the grants program as successful.**

All the headquarters staff attended meetings and workshops organized by the HSP to discuss technical and logistical issues, clarify A.I.D. policies and strategies, and improve communication among the PVOs. As a result of these meetings, as well as conferences organized by the National Council of International Health (NCIH) AIDS project, collegial relations were reported among PVO headquarters staff. Positive working relationships were developed despite the reality of ongoing competition among PVOs to find funding for HIV/AIDS projects. **PVO headquarters staff found the support program a useful source of technical and organizational information, and valued the opportunity to exchange ideas with their colleagues at meetings organized by the HSP and by NCIH.**

Reporting and feedback

Each PVO developed a process for responding to the comments of the HAPA technical advisory group (TAG) on the detailed implementation plan and midterm progress report. This process usually involved extensive communication between headquarters staff and field staff, in order to review each comment. For example, one headquarters staff person sent the comments out to the field and then visited the field staff a few months later, to decide whether or not a specific action should be taken in response to comments that pointed out weaknesses or recommended changes in the project.

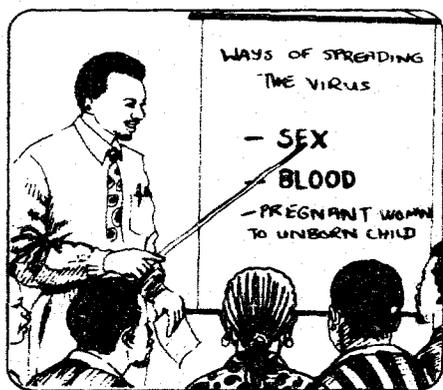
The PVOs made a number of important changes in the projects as a result of the TAG comments, such as reducing the number of target groups, redefining objectives and indicators, lengthening training times and forging links with other local groups. The TAG comments and recommendations were, in general, well received by field and headquarters staff alike. Not all proved to be universally helpful, however. As previously noted, one project, on the recommendation of the TAG, hired a consultant to give counseling training to field staff. By the end of the project, this PVO recognized that given limitations of time and resources, setting up an effective counseling system was not feasible. Thus, although mostly seen as constructive and very useful, some TAG comments reflected a lack of familiarity with the project or with the context in which the project was operating. One HQ staff person thought that the review process would have been more productive if the reviewers had been able to visit the projects prior to reviewing the project documents. **The PVOs, in general, responded very positively to TAG reviews of project documents, making substantial changes in their projects as a result. However, HQ staff also thought that more direct contact with the field projects would have increased the usefulness of some of the TAG's comments.**

Promoting HIV/AIDS prevention among PVOs

Within the PVOs that received HAPA grants, headquarters staff proved to be effective catalysts of new projects responding to HIV/AIDS. Headquarters staff utilized their HAPA experience in a number of ways. They provided technical assistance in the design and implementation of new HIV/AIDS projects, and contributed up-to-date materials for the HIV/AIDS components of other types of projects, such as child survival and nursing training. Headquarters staff also were able to take part in efforts to raise matching funds from the general public for HIV/AIDS projects. Given the increasing difficulty of finding grants for

field projects, this ability to find other sources of funding is essential to PVO HIV/AIDS prevention work. Another major function of headquarters staff in their organizations was to educate their home office and field colleagues about the potential impact of HIV/AIDS on their work; one HQ staff person said she did a lot of "gentle pushing" of field staff to encourage them to look more deeply at the problem in their country.

Be Informed, About AIDS



Source: Brochure, The AIDS Information and Support Centre (TASC), sponsored by Project HOPE/Swaziland HAPA project

The education of PVO staff at all levels was seen as an important way to ensure that, where relevant, HIV/AIDS components would be included in field programs. These efforts were sometimes hampered by a lack of resources, especially a lack of funds to travel to field offices and organize meetings and workshops on HIV/AIDS. The one project, however,

that made use of regional technical support also held Africa regional meetings for PVO country staff. The PVO reported very positive responses to the meetings, where staff in countries that were involved in HIV/AIDS activities hosted "cross-visits" with PVO staff from countries considering or planning an HIV/AIDS project. Further cross-fertilization between the HAPA projects and among other NGOs and government agencies working in AIDS prevention took place during the two HAPA workshops held in Zimbabwe and Uganda. Via presentations, discussions and visits to project implementation sites, AIDS prevention workers shared information and experiences related to their work. Workshops and visits to project areas proved to be valuable opportunities for people working in AIDS prevention to meet their peers from both within and outside their countries, to dialogue about common problems and to learn from one another. **Building face-to-face exchanges into a grants program can increase the multiplier effects of information, experiences and lessons learned from field-level AIDS prevention.**

It is important to note that the PVOs had virtually no HIV/AIDS prevention projects before the HAPA grants. Three years later, one PVO has seven HIV/AIDS projects funded and seven in search of funding, another has developed 20 new HIV/AIDS projects around the world, and a third PVO has incorporated HIV/AIDS into approximately half of all their health education interventions. Headquarters or regional staff funding enabled PVO staff to have a significant influence on HIV/AIDS programming for their organizations through the development of new non-HAPA funded HIV/AIDS prevention activities. **Expansion of the PVO response to HIV/AIDS was an important outcome of the HAPA grants program, although its potential for long-range effects is limited by the funding available to PVOs to carry out HIV/AIDS prevention.**

Another role of HQ staff within their PVO was that of disseminating the lessons learned from field projects to the rest of the PVO community, as well as to other groups involved in HIV/AIDS prevention. Headquarters staff were often more able than field staff to make presentations at international meetings, although occasionally field staff were also able to do so. However, the HAPA PVOs were only rarely invited to present their experiences with the HAPA grants projects at meetings where A.I.D.'s experiences in HIV/AIDS prevention were to be shared. **PVOs should be encouraged to make use of every opportunity to share their experiences in HIV/AIDS programming with others responding to HIV/AIDS internationally, and donors should support those efforts.**

Given the high level of technical support which headquarters had to provide or find for the field staff of the HAPA projects, it is apparent that a lack of funding for headquarters staff would severely limit the PVOs' capacity to carry out HIV/AIDS prevention projects. Through work with projects in a number of different countries, and formal and informal exchanges with their PVO colleagues based in the United States, the headquarters staff members built up a substantial body of information, experience and contacts that facilitated the development of new projects. The headquarters funding provided through the HAPA grants, one person stated, "has made the difference between doing a project and doing a *quality* project." Another staff person stressed that an end to headquarters funding for her

PVO would "cease our [HIV/AIDS prevention] activities." The absence of funding for headquarters staff of PVO projects would seriously limit the ability of those organizations to plan and implement effective HIV/AIDS prevention projects.

Section IV

Lessons from the HAPA technical advisory group

Introduction

A technical advisory group (TAG) provides an organization with access to technical knowledge and advice from professionals with recognized skills and expertise in areas relevant to the organization's endeavors. Particularly when numbers of staff are limited, a technical advisory group can provide, at minimal expense, high-quality technical support and idea generation. When an organization and/or its area of involvement is new, a technical advisory group may also assist staff by facilitating their access to information and professional networks pertinent to the work of the organization. All the functions described above were important aspects of the role of the technical advisory group for the HAPA Support Program.

The HAPA Support Program first organized a TAG in February 1989 to provide technical review of proposals for the HAPA grants program; the group then continued to work with the HSP during the remainder of the grants period. The main function of the HAPA TAG was to support the HSP in its primary function of providing technical support to the HAPA grantees working in HIV/AIDS prevention, as well as to be available, in some cases, for direct consultation with technical staff of the Bureau for Africa at A.I.D.

Project-specific input from the TAG, provided at TAG meetings and in written reviews, has been incorporated into other sections of this document. The opinions of the HAPA TAG regarding its own functions and operations, as well as other issues related to a PVO grants program, were solicited in individual interviews conducted with eight of the nine HAPA TAG members in August 1992. The structured interviews were conducted by the HSP program assistant by telephone, with the exception of one interview, which was conducted in person. Summarized below is the feedback provided by the TAG members in these interviews.



Source: All Against AIDS: The Copperbelt Health Education Project, Zambia (1992) by Chandra Mouli

Composition of the TAG

The TAG included members with broad expertise in a number of disciplines and programmatic areas (see Appendix C for biographical sketches of TAG members and HAPA Support Program staff). TAG members appreciated the variety and types of expertise represented in the group, as well as the consistency of its membership over time. One TAG participant also underscored the importance of diversity of affiliation in the composition of a TAG, ensuring that a full expression of viewpoints is permitted. "By including on a TAG a few people who do not have close ties to the funding organization or do not have to answer to that organization, a position is made available for someone who can, if necessary, say 'the emperor has no clothes.' In the HAPA TAG it was important to have persons not directly affiliated with A.I.D. who could then serve as a safety valve if necessary. People who are not directly connected to A.I.D. can be more critical, which is important when working with government agencies."

The only TAG meeting participant who is African was the West Africa A.I.D. regional advisor for HIV/AIDS. An *ex officio* member, he was unable to attend most of the TAG meetings because of the time and expense of travel from Africa. When he was able to attend, his presence was seen as useful: "[He] provided a shot in the arm of reality, and this was very important." The TAG generally acknowledged the importance of including an African presence at the TAG meetings, although they also recognized the financial and logistical constraints of having Africa-based individuals as full-time TAG members.

Functions of the TAG

The TAG members saw their role as encompassing two primary functions. One was that of reviewing and providing feedback to field projects on their technical reports, consistently mentioned as their most important responsibility. The second was assisting the HAPA Support Program in the provision of technical support to the field projects, based on the respective areas of expertise of the TAG member.

In addition to technical assistance, one TAG member noted that she served as a link and spokesperson about the HAPA grants program within her home institution. Additional benefits of membership on the TAG were identified as reinforcing professional networking related to HIV/AIDS among TAG members, and providing a forum for creative thinking about many of the problems of HIV/AIDS prevention that were important in their own full-time professional positions. Several stressed the personal and professional satisfaction they gained from membership on the TAG.

Overall, TAG members approved of the way in which the HSP utilized their skills and expertise. One mentioned review of evaluation protocols for the projects as a role for which she thought the TAG was particularly suited. Others mentioned that some TAG members might have appropriately provided direct technical assistance to the projects and would have

been very happy to do so, given the availability of funding and the individual's time. Membership on the projects' evaluation teams, in particular, was seen by many as an activity that would have been appropriate for some TAG members. The TAG saw itself as a potentially important contributor to the technical support of the PVO projects. One commented that "a TAG is important, particularly when PVOs are weak in monitoring and evaluation. A review board can assist projects in these areas."

Another TAG member who disagreed with this view discussed the potential problems related to using the same technical group that reviewed original project proposals to later provide technical reviews of other project documents: "TAGs are useful politically in that they have two roles, that of policy decision making, involving which projects to fund, and that of a working group, providing technical and operational advice. The functions of a TAG need to be clear. Is their function that of policy-making, or that of providing technical assistance and operational advice or management?"

Although there were wide differences in opinion regarding this issue, some TAG members questioned whether there might be mechanisms other than a TAG to fulfill TAG functions. One member questioned the expense of convening the TAG on a regular basis. Another stated, "If the project management team [HSP in this context] is competent, then the TAG might not be necessary. What would happen if there wasn't such a review group? It is true that the TAG comments might give the HSP political backup and support, but if the HSP already has the expertise why add another layer of bureaucracy?" It was his opinion that the HSP director did have the requisite expertise and with adequate numbers of similarly qualified staff, the HAPA Support Program could have handled the report reviews without the TAG.

He went on to say, "[It would be preferable], in a grants program, to have a competent support program which could request technical assistance on an informal basis. Bringing people together for midterm and final evaluation reviews may be less effective than hooking those people up with projects that need help on an ad hoc basis. For example, instead of having someone from the Center for Communication Programs (CCP) on the TAG, if a particular project needs assistance with health communication, the HSP could involve someone from CCP directly in providing assistance to the project. The TAG is too remote. Direct technical assistance may be more useful than an expert panel for project review. A.I.D. should make a long-term commitment to advancing knowledge in the field and fund a 10-year project with competent staff. Then there would be no need for a TAG." He added, "If A.I.D. is going to sponsor this kind of activity [a PVO grants program], they should get serious and hire a support staff with 'x' number of full-time professionals. This expertise is particularly necessary because this work [HIV/AIDS prevention] requires much more than child survival, which involves taking standard interventions to the field."

When asked about the importance of a TAG for a PVO grants program, another member replied yes and no. Based on her experience with several TAGs, this member expressed doubts as to the long-term impact that a TAG can have on the technical capacity of projects.

She suggested that direct project TA might be a better use of resources than bringing people in to attend TAG meetings, organizing the meetings and writing the reports. Reflecting on the influence of the TAG, she questioned the actual application by the projects of recommendations made by the TAG. "The TAG might have been more influential if we [the TAG] had been more involved with project design.... The opinions of the TAG members were listened to and valued. Yet, the system was not flexible enough to translate what the TAG said in meetings into action in the field."

Countering the above arguments one TAG member said, "It would have been good to have more staff to go to Africa, but the TAG would still be needed. In such a rapidly changing, undeveloped field of public health as heterosexual AIDS prevention in developing countries, a TAG is especially needed to keep the project up-to-date on new strategies and developments."

Operations of the TAG

Contact between TAG members and HAPA Support Program staff was described in positive terms. The accessibility and openness of HSP staff were noted, as well as the usefulness of the newsletter published by HSP. One member stated, "The HSP did a good job in the two years' time.... The TAG meetings were very open to people's comments and informal contact was available. What more can be done?"

The HAPA TAG met twice yearly, and this was generally seen to be adequate but not excessive. Although more meetings might have been useful, most TAG members acknowledged that they would have had difficulty contributing more time to TAG meetings than what was requested. Discussions between the TAG and staff from the PVO headquarters involved in HAPA projects occurred only at the final TAG meeting. In retrospect, one PVO staff member said that she liked having the opportunity to talk with TAG members and to talk with other PVO headquarters staff about lessons learned and wishes she "could have been at [a TAG] meeting a year earlier."

Review of field project reports

The individuals on the TAG met initially for technical review of project proposals; projects selected by A.I.D. for funding were sent a summary of the group's comments on the proposals at the time of the funding award. The TAG later reviewed detailed implementation plans, midterm progress reports and final evaluations for all the newly funded projects, and HSP staff compiled and provided summaries of TAG comments to the projects. Every three months the projects also submitted brief quarterly technical reports, which HSP staff summarized in a newsletter, *The HAPA Grants Program Update*, and sent to field staff as well as to the TAG.

HAPA GRANTS PROGRAM UPDATE

Vol 1, No.3 June 1990



Special: Save the Children Cartoon
A Cartoonist who created the cartoon, and the one on page 9, with support from a group of students at Yale University who donated funds to save the Children for AIDS prevention. These cartoons form part of a set, which has already appeared in several editions of a prominent Toronto newspaper, and will be printed in papers and watch distributed.

In This Issue...

- Quarterly Reports from the Field
- Article Abstracts
- HAPA Business
- Recent Trips

The newsletter of the HAPA grants program

One TAG member questioned whether quarterly report writing was the most effective way to monitor projects. She suggested that the best way to monitor project activities might be via a monitoring worksheet unique to each project, containing such information as numbers of contacts and educational sessions carried out; special activities; obstacles faced by the project; and plans for overcoming obstacles. The worksheet could be faxed to HSP on a monthly basis, with information from the forms to be supplemented by written reports every six months.

The difficulty of balancing the need for adequate information about the projects in order to provide useful advice and the time needed to review such materials was commented on by many of the TAG members. The desire for more information about the projects was expressed by several members,

particularly descriptions of contextual information relevant to the projects. One member suggested that during the proposal reviews it would have been helpful to have information on the demographics and local epidemiology of HIV for countries named in the proposals, and another would like to have known the state of the country's HIV/AIDS programming.

However, the TAG recognized that report writing is time consuming for field staff and requires skills in which some field staff may not have extensive training or experience. There was a general consensus that any additional reporting required of the HAPA projects would have been excessive: "If more reporting had been required, the projects would have spent too much of their time preparing documents and not enough time getting their work done." One TAG member summarized the issue by stating that "the reporting requirements [for the HAPA grants] were immense given the monetary value and length of the projects, but I cannot think of an alternative."

An effort was made to assure continuity in document reviews by, whenever possible, assigning the same projects to a given TAG member to review. TAG members supported this idea, stating that when it was successfully carried out the quality of the reviews was improved. In some cases, however, the absence of one or more TAG members from a review meeting necessitated reassigning projects to new reviewers.

Field visits

Several TAG members mentioned the potential benefits that field site visits would have provided for their better understanding of the conditions and constraints of the projects. One pointed out that the inability of TAG members to make field visits limited their effectiveness,

stating, "The TAG was being asked to make decisions in a vacuum." Only two of the TAG members were able to actually visit any of the HAPA projects, carried out in the course of other work-related travel in Africa. They confirmed that visiting the projects was very valuable. One stated, "Although going to a place does not guarantee understanding, site visits allow one to immediately see the constraints under which a project is operating. After making a site visit one is able to hold a mental picture of the project when discussing it during TAG meetings." Another TAG member commented, "No report from the field is ever as good as a site visit."

Although the value of firsthand interactions with the projects through field site visits was not questioned, the costs of the time and field travel of TAG members were acknowledged to be a major barrier, and were generally seen as an inappropriate use of program funds. When project visits could be appended to other field travel, however, they were to be encouraged. Several alternatives to assure current field input into TAG meetings were suggested, including: facilitate the A.I.D. regional HIV/AIDS advisors' attendance at all key meetings, and arrange TAG meetings at times when some field staff of the PVOs or other knowledgeable informants from the field might be able to attend them, such as during the annual meeting of the National Council for International Health or other meetings they might attend in the U.S.

More recommendations from the TAG

TAG members volunteered a number of additional ideas, discussed below, that relate to the operations of a PVO grants program.

Advice for future funding of PVO HIV/AIDS projects

One TAG member reiterated a summary recommendation made by the TAG at its final meeting: "PVOs should be encouraged to develop projects that encompass small target populations, small geographic areas, a few key problems, collaboration with a local counterpart, a realistic project design and objectives relative to the length of the funding period, and a linkage between their HIV prevention activities and STD diagnosis and treatment."

Another individual listed the attributes which she considered to be most important for any AIDS prevention project: raise risk awareness of the target population, as a first step to changing behavior; make use of both mass media and one-to-one interpersonal communication to change risky behaviors; network with local health authorities such as the Ministry of Health; and involve the local health community in the project from the very beginning.

One TAG member advised, "Start up with a pilot project. When a project is given big bucks, it is also necessary to do big accounting and big evaluating, as compared with pilot

projects of \$50,000 or less.... A HAPA grant of a \$100,000 or more...is not pilot project start-up money." From a somewhat different perspective, another stated, "A.I.D. might consider the HAPA projects small change, which is a pity. Some of the PVOs' programs are innovative, pragmatic and not so ambitious as big national programs. In Africa, governments are often given big money for health programs, some of which is siphoned off before it filters down to the villages. Thus, it is rare that the village level is impacted. PVOs tend to choose rural or peri-urban areas in which to work and as a result, you get a lot more bang for your buck."

Another commented, "More TA [technical assistance] needs to be given for the purposes of motivating people, technical content and program planning.... Projects need to know what money is actually available for TA. There is a flaw in giving organizations all the money as compared to reserving some of the money specifically for TA. Technical assistance should be designed to help projects on specific activities as well as to develop staff skills for purposes of institutional building and sustainability."

One TAG member discussed the advantages of PVOs in comparison to government-run programs. "PVOs are able to be innovative and to make changes more rapidly and with more flexibility than governments. Second, PVOs talk to people in the community. Therefore, when I consider projects to fund I look for projects that do these things." She went on to say:

There is no substitute for vision. Where do you want to go? What is it going to take to get there? What can PVOs do to get there? Selecting projects to fund while having a [program] vision in mind is much different from selecting projects to fund on an individual basis. Ask yourself, where do you want to be? Look at the strategies that you have to get there and then make a decision. Do not let strategies be the driving force.

Another TAG member had specific advice regarding future PVO projects that would be best funded. He stated:

Based on the experiences of these PVOs, it is clear that there was a very wide range of success and a great variety of programs. While this was to be expected in such a new area, these programs had much greater difficulty getting started and technical support was very difficult to give because of the wide variety of strategies undertaken....

Future PVO funding should be more restricted in its goals, and should be based on models of successful programs that can be replicated. Only a few defined areas should be targeted for funding, especially those where evaluation strategies have been at least partially worked out. Suggested areas are education of sex workers, education of youth [and] home health care for AIDS patients combined with community-based education.... Evaluation strategies for

the above activities are relatively straightforward...and each one requires only limited, definable areas of expertise.

Duration of grants

The short funding period of the HAPA grants program and lack of follow-on money for the projects after the initial two years was a frustration addressed by the TAG. One TAG member stated, "A.I.D. should have asked the TAG to at least designate one or two types of projects for priority funding for follow-up activities." Another person expressed the problem by saying that "even though the HAPA people at A.I.D. explained that the grant program was just to try out [funding of PVO AIDS prevention projects], the reality is that field staff cannot hustle for additional money during a two-year implementation period. AIDS does not go away in two years, and thus projects need to be funded for a longer period of time. It takes time for projects to set up a network with the MOH. Lack of follow-on funding is a huge disappointment to the field, local NGOs and the local people. Donors are thinking in terms of congressional funding cycles when they design grants programs versus the reality of field implementation."

Another TAG member stated, "I was shocked to learn that A.I.D. felt no responsibility to carry on the HAPA program.... A.I.D. did not see...that by supporting the PVO headquarters the PVOs could have leveraged AIDS prevention components into their hundreds of other PVO projects in Africa.... A.I.D. did not view HAPA as a program. They only envisioned a series of projects to fund and then see what would happen.... Therefore the funding for HAPA quit."

Another said, "One problem with the HAPA projects was that the PVOs were asked to do what they had not done before and in a very short period of time. This was not like child survival, introducing vaccines or oral rehydration therapies, because the AIDS interventions were new. Another problem was that some PVOs were new in the project areas. The more successful projects occurred where the PVOs already had an established structure. [But] all the projects needed more time than they were given."

HIV/AIDS prevention and treatment of sexually transmitted diseases

Some TAG comments were focused on the potential value of more heavily emphasizing the prevention, recognition and treatment of common sexually transmitted diseases (STDs) as a part of HIV/AIDS prevention efforts. They felt that some of the constraints and barriers to AIDS education in Africa might be addressed in future projects by an increased focus on the commonly known, treatable STDs. The rationale given was that since many populations appear to have difficulty responding to information about HIV infection because of the long latency period between HIV and AIDS, projects should also "focus on STD content and linkages to HIV infection — people know them; when they see them, they should be treated; with untreated STDs it is easier to transmit and get HIV. Then, 'practice safe sex' is the common primary prevention message [applicable to prevention of HIV and other STDs]."

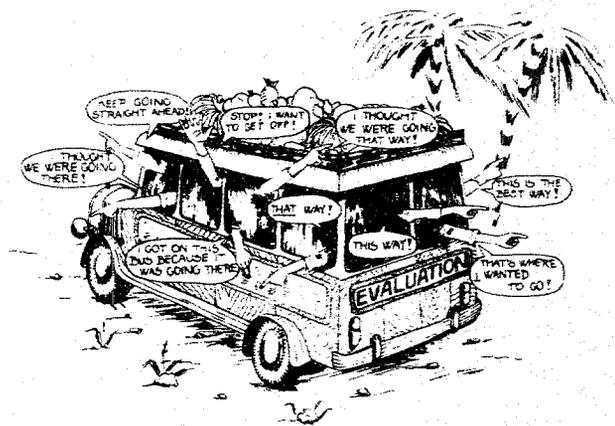
Evaluation

A major emphasis of many of the additional comments of the TAG focused on the need for a PVO grants program to strengthen the evaluation capacities of the PVOs. One TAG member described a need to upgrade field staff skills in evaluation early in the project life, and to encourage their interest in the evaluation process. She recommended that one week of technical assistance be provided to each of the projects at the beginning of the grant, ideally as follow-up to an orientation workshop in which the projects are introduced to basic issues of HIV/AIDS prevention. Working with project staff on evaluation through direct TA, and including project staff who might not otherwise be sent to large workshops, provides a small group setting in which people feel more comfortable to ask questions and in which a sense of ownership and participation in evaluation can be more readily developed. She believed that by training project staff in evaluation and encouraging a process of participatory evaluation, ownership and excitement about evaluation would be stimulated. And in addition, staff members themselves would then possess skills and knowledge in evaluation and "the inherent power" which goes along with the ability to write an evaluation report.

Another TAG member stated, "In general, we should go after projects that are more concrete and easier to evaluate. Many of the [HAPA] projects were overly ambitious." He suggested several examples of appropriate types of projects to fund, including a home care program in association with community education activities on HIV/AIDS, teaching medical personnel and volunteers how to counsel on HIV/AIDS, and promoting safer sex through activities with youth groups.

This TAG member went on to describe the importance of each project's clearly identifying the level of evaluation that it will be able to carry out. Every project should assess the adequacy of its *outputs*, the quantity of each type of service produced. However, it also needs to focus on the *process* of the services, assessing the quality of the services that were provided:

Within HIV/AIDS prevention it is difficult to measure impact. Rather, it is process evaluation that one is more able to measure. There is no way to get around this unless one includes a heavy research component to the project. With a counseling project it is not too complicated to keep track of the number of people counseled, but there also needs to be follow-up undertaken to evaluate the quality of the counseling. One needs to know not only how many services are getting out, but the quality of the services that are being delivered. In the DIPs more attention needs to be paid to developing realistic process



Source: *Partners in Evaluation*
(1986) by Marie-Thérèse Feuerstein

indicators that can be easily measured and evaluated. Project staff need to look ahead and to plan into the projects "what kind of data they will have available" when considering objectives and indicators.... Figuring out clear objectives and indicators for a project is a key factor to evaluation.

He also stated that a few projects would be able to evaluate *outcomes* or *impact*, the immediate or long-term effects of the project on the population:

The youth education project [noted above]...is probably the only project out of those listed in which behavior change can possibly be evaluated. It is the only project with a hard outcome evaluation. Evaluation for this project can be done by assessing if there has been a drop in the rate of teen pregnancies, thus implying an adoption of safer sex practices, including abstinence. Following the rate of teen pregnancies could be done without undertaking a full research activity, because even in developing countries records are kept listing births and the age of the mother. For projects focusing on other groups, indicators could be developed in terms of reported condom use and STD data. These data will not be as directly informative...as that of teen pregnancy. However, this information will offer some assessment of change over time beyond process evaluation.

The TAG generally concurred that there was a need for an ongoing technical support of PVO projects, to allow them to further build the capabilities they were developing in HIV/AIDS programming. The importance of careful evaluation of their efforts was stressed, particularly in the areas of process evaluation and the identification and measurement of objectives and indicators.

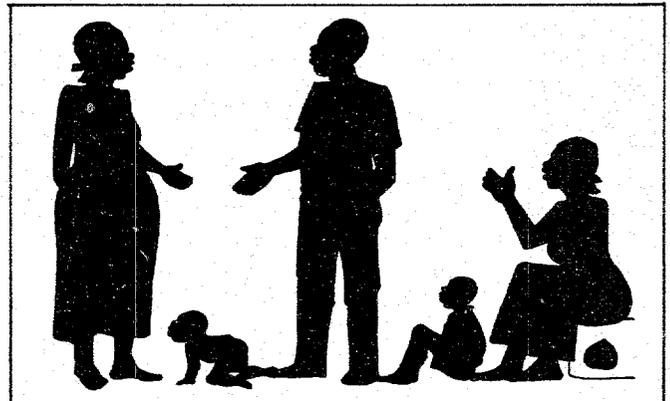
Section V

Conclusions and recommendations

Key lessons of the HAPA grants program

Project field staff working in HIV/AIDS prevention may be called upon to exhibit or develop expertise in a large number of areas. They may need skills or knowledge in basic and updated HIV/AIDS and STD biomedical information; community organization; counseling; materials development; training and adult education; cultural and cross-cultural understanding and communication; project needs identification, including needs for technical assistance; data collection; project design and identification of goals, objectives and indicators; management and implementation; monitoring and evaluation; staff supervision and morale boosting; administration and budgets; report writing; organizational dynamics; developing and maintaining good relations with governmental and other nongovernmental groups; donor/recipient relations; and fund raising. Few people are masters of all of these skills and, given that HIV/AIDS is a relatively new problem, even fewer have accumulated expertise in these areas within the context of AIDS prevention. Given these inherent constraints, what can be recommended that will assist and support PVOs working in AIDS prevention to achieve their goals?

This report is an attempt to synthesize the experiences of a varied group of individuals and organizations that undertook efforts to prevent the further spread of HIV infection in Africa, or supported those efforts. The following section summarizes the major conclusions and recommendations that can be made from an examination of the HAPA experience:



Source: Reaching the People: A Guide for Field Educators (1986) by Muriithi Kinyua, Family Planning Private Sector project of John Snow, Incorporated

1. **The international effort to respond to the HIV/AIDS pandemic needs to enlist and support the active involvement of PVOs.** The HAPA experience has shown that PVOs can be successful in reaching the communities they serve with HIV/AIDS prevention messages, in building up their institutional capacities to conduct effective AIDS programming and in expanding their program efforts to large numbers of beneficiaries.

2. **There is a critical need to maintain funding of PVOs at the headquarters level to promote the institutionalization and dissemination of HIV/AIDS expertise.** An important difference between PVOs and indigenous NGOs is embodied in PVO headquarters staff, who have greater access to technical information and other PVO project experience than do field staff. They provide technical oversight of individual projects, and can also expand and apply lessons learned in one field project to other countries and projects. Headquarters staff involvement can also contribute to the integration of HIV/AIDS with other areas of health and development, since many PVOs have activities in several sectors into which AIDS interventions can be integrated.

3. **A technical support component is an important part of a grants program for PVO HIV/AIDS projects.** As described above, the specialized expertise required by AIDS prevention projects often goes beyond individual PVO capacity. This situation is due less to limitations of the PVOs than to the overwhelming demands of the task of responding to HIV/AIDS, and the relative lack of effective models and experience internationally to deal with the problem.

The model for PVO support activities developed by the JHU PVO Child Survival Support Program appears to have been successfully adapted to meet the needs of the HAPA grants projects. **The active involvement of the PVO recipients in guiding the development of the HAPA Support Program was an important element in its effectiveness as a support mechanism for the PVO grantees.** Further refinements of the model need to be carried out, according to the needs and purposes of future grants programs.

Functions of a PVO support program for HIV/AIDS prevention projects should include at least the following:

- a. **Serving as a technical resource to the projects by providing or arranging individual technical assistance, and by reviewing/condensing/making useful current findings in HIV/AIDS research and programs, and communicating this information to all the field projects.** An important aspect of this function is to be interactive with the field in finding out just what is wanted and needed, and the usefulness of what is provided.

- b. **Facilitating networking and communication of project staff with other projects and individuals working in the field.** Maintaining contact with others involved in the response to HIV/AIDS, both direct contact and by means of the written word, is one of the most important ways that PVO staff can both learn how to maximize the effectiveness of their activities and maintain morale. U.S.-based networking efforts, such as that of the NCIH AIDS project, are important resources for PVO headquarters staff and others working to support PVO efforts in HIV/AIDS prevention.

- c. **Providing intensive guidance in the development of project interventions** very early in project life. Important aspects of the guidance process are for support program staff to 1) develop rapport and trust with field staff, 2) use interactive, participatory approaches to become familiar with the aims, needs and constraints of the project and 3) work with staff to identify the need for changes or modifications. This technical support should *not* be a prescriptive type of assistance; PVOs need the final word on whether or not they act on suggestions. Early guidance might be provided in the form of either individual TA and/or an early-on workshop covering topics of mutual interest.
 - d. **Providing special assistance with monitoring and evaluation** for PVO projects, given the pressure on all HIV/AIDS projects to "show results." Issues related to levels and types of objectives and indicators expected by the grants program need to be discussed and clarified at its inception. Although specific decisions may depend on the overall purpose of the grants program, the HAPA experience indicated that process and output objectives should be stressed, since they represent a realistic level of monitoring for most PVOs. PVOs who are able to do so should also be encouraged to develop direct or indirect measures of project outcomes. The program might also make available standardized indicators from which the projects can select, with or without modification, those most relevant for their own activities (a set of indicators for community-based programs is reportedly under development by the World Health Organization's Global Programme on AIDS, A.I.D. and others).
 - e. **Training staff in the gathering and use of qualitative and quantitative data to assist with planning and evaluation**, an important area of technical assistance needing special emphasis in most new HIV/AIDS projects. Even more than with other health interventions, PVOs planning HIV/AIDS activities need to use both qualitative and quantitative methods of gathering information about the populations they plan to reach. Incorporating an understanding of beliefs about health, illness and sexuality, particularly those related to sexually transmitted diseases, can enhance the effectiveness of educational messages designed to prevent HIV transmission.
4. **PVO projects responding to HIV/AIDS are likely to require more individualized external technical assistance than might be anticipated based on experience with other kinds of health and development issues.** Because the sexual transmission of HIV is a sensitive topic, special training may be needed for project staff to help them become comfortable in discussing issues related to sexuality. The development of skills such as counseling, producing effective educational materials and monitoring/evaluation of these new activities may require specialized assistance often not available within the PVOs.

If a support program is not able to meet all or most of the PVOs' TA needs directly, other arrangements to fund and provide external TA must be made. One approach is to encourage PVOs to build funding for adequate TA into their budgets; another is to identify a separate source of funding from which TA can be provided to projects on request. The development of a network of qualified regional and local consultants is strongly encouraged.

5. **A PVO grants program should develop technical requirements, including those for reporting, with the guidance and collaboration of the grantees. The program should clearly justify the purposes of any required reports, and provide specific, timely feedback on all reports that are submitted. Basic reports suggested are an initial detailed implementation plan, a mid-point evaluation and a final evaluation. The involvement of consultants external to the project is highly recommended for evaluations, including one at midterm.**

6. **A technical advisory group (TAG) for a PVO grants program is potentially very useful. It should be composed of respected and technically competent individuals who are able and willing to take an active role in assisting the support program to provide oversight of the projects and technical reviews of project reports. Diversity of disciplines, experience and affiliations in such a TAG is highly recommended. When possible, TAG members should be encouraged to have field contact with PVO projects, and it is potentially valuable to have each TAG member monitor closely one or two projects.**

The precise role of a TAG depends in part on the level of resources available to the support program itself. If a support program has adequate numbers of appropriately qualified staff, and funding to allow them to maintain contact with the field projects, attend international meetings, etc., **program staff could carry out some of the functions that the TAG fulfilled for the HAPA project.**

7. Much was learned in the course of the HAPA grants projects that can be shared among PVOs carrying out HIV/AIDS programs. Some of the key lessons learned by the HAPA field projects were:
 - a. **Projects responding to HIV/AIDS should confine their initial efforts to a limited number of interventions, target groups and geographic settings. Attempting to do too much, with too many different groups, and in too many different areas often results in inadequate planning, monitoring and follow-up of project activities.**

 - b. **Training staff and volunteers to carry out AIDS education or counseling is a critical step toward project implementation; both the process and expected results of the training need careful definition and follow-up. Training should be of adequate duration to allow the acquisition of the skills**

needed, and must be followed up by careful monitoring and supervision of field activities. Staff should train only as many volunteers as can be regularly supervised, and plan as lengthy an initial training as circumstances will afford, to be supplemented by regular refresher sessions. Realistic training objectives are important: the training of *trainers*, who will have responsibility for the training of other project staff or volunteers, requires more intensive and focused efforts than training *educators*, who primarily conduct educational sessions with the project's target populations.

- c. **PVOs must be prepared to help clients meet the needs that their educational efforts may generate.** Examples of such needs that are likely to arise from successful education efforts are condom distribution, HIV testing, STD services, counseling and supportive care for persons with AIDS. Although most PVOs will not be able to respond directly to all these needs, they must be aware of resources that are available to their project populations.
- d. **Sustainability expectations for PVO HIV/AIDS grants must be carefully defined.** It is not realistic to expect that projects responding to HIV/AIDS in areas with high infection rates become financially self-sustaining, without the need for additional external inputs. Other indicators of sustainability relevant for projects responding to HIV/AIDS are the extent to which local understanding, skills and commitment to continue project activities are built up, and the linkages that are made with community groups and national organizations. **To accomplish these aims, a minimum of three years of funding is needed, preferably with an additional two or three years' extension possible.**
- e. **PVOs should be encouraged to have active and formal links with indigenous organizations,** whether they be nongovernmental or an appropriate unit within local or national government. Such linkages are not easily developed or maintained, but represent an important component of any PVO project sustainability strategy. The specific nature of the collaboration needs to be carefully and jointly defined very early in its development.
- f. **HIV/AIDS projects need to consider carefully the most effective ways that target groups can participate in the design and implementation of activities.** Identifying and involving influential community leaders is an important first step, and one that is not always easy or obvious. The involvement of community leaders, however, is critical, whether the "community" is composed of urban slum dwellers, family planning clinic attendees, clients of commercial sex workers or a rural population. PVOs, together with the community, need to identify the unique needs of each group, as well as the contribution that each group can make to an overall approach to controlling the pandemic. Knowledge of community groups and trusting

relationships with members and leaders develop through approaches which engage communities as active project participants.

- g. **All AIDS projects working at the community level must understand and address the local social and cultural context of HIV and AIDS, developing their messages about transmission and prevention in relation to this context. Two important issues for community-based projects to consider in their programs are the perception that AIDS is a moral as well as a health issue, and the existence of imbalances in gender-based power relations, heavily influenced by socioeconomic conditions, that largely determine the effectiveness of efforts to prevent heterosexual transmission of HIV. Qualitative methods will be needed to gather and interpret relevant information that will be useful for these purposes.**

Making use of the HAPA lessons

HAPA PVO staff, TAG and support program staff had diverse and extensive prior experience in various facets of health and development — family planning, agricultural development, adult education, child survival. All expected to gain, and to contribute, added insight and information that would assist themselves and others to respond more effectively to the challenge of HIV and AIDS in the future. The authors hope that these lessons from the HAPA grants program will make a contribution to the growing body of knowledge regarding how best to assist local communities to bring about the kinds of changes that will protect them from HIV infection.

The HAPA lessons are not meant to be seen as final or prescriptive, however. Clearly there are no definitive and universal answers to the questions that inevitably arise when the complexities of HIV and AIDS are confronted. The very urgency of the HIV pandemic requires that all efforts to strengthen our ability to respond be subjected to discussion, debate and critical assessment. Furthermore, the lessons and legacies of the HAPA grants program are anchored in the initial decade of our awareness of HIV and AIDS; as our experience grows in meeting, or failing to meet, the challenge of the second decade of the pandemic, each set of lessons will certainly be revised further.

In practical terms, the usefulness of this report will lie in the extent to which its findings, however tentative, are implemented. A recurring theme of the contributions from each of the participants in the HAPA grants program — field, headquarters, advisory and support program staff — is the need to further strengthen nongovernmental efforts to respond to the HIV/AIDS pandemic. Our best hope for future containment of the AIDS crisis will be enabling communities to harness their energy and commitment, and direct it toward finding and implementing their own solutions to the problem. The industrialized countries have tremendous resources to contribute to current efforts, but without additional mechanisms and substantial support for nongovernmental groups, including international NGOs, an extremely valuable potential resource for HIV/AIDS prevention and care will be lost.

Appendixes

Appendix A

Summaries of the HAPA grants projects

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CARE/Rwanda
*Headquarters in New York, New York, and
programs in 65 countries*

Overview

The CARE/Rwanda HAPA grant was implemented in five rural communes in the Byumba district of Rwanda, a region approximately 100 km from the capital, Kigali. The project incorporated AIDS education and training activities into existing water and agroforestry development activities sponsored by CARE. Entitled the "AIDS Education and Training Pilot Project" (AETPP), the purpose of the project was to promote changes in attitudes and behavior to decrease personal risk of HIV infection and to help prevent the spread of HIV/AIDS.

Counterpart

The primary counterpart of the project was the National AIDS Control Program (NACP) in the Ministry of Health. The NACP worked closely with CARE in designing the project, training project personnel and in materials development. At the communal level, AETPP coordinated closely with the Bourgmestre and the Communal Center for Development and Permanent Training.

Methods

AETPP was one of the first rural HIV/AIDS prevention projects to be implemented in Africa. The major activities during the start-up year included training project staff, carrying out the baseline KABP survey, conducting focus group discussions and developing educational materials. During four months of this initial period, significant delays in implementing project activities occurred due to rebel activity near the border between Rwanda and Uganda. In its second year, AETPP focused on community training and outreach education activities. Six CARE extensionists hired for the AIDS project received education in HIV/AIDS prevention and training techniques. AETPP's strategy was to use the CARE extensionists to train leaders of community groups to reach the population and serve as local resources on HIV/AIDS prevention.

The key activities planned by the project were: 1) to reach 30 percent of the adult population in the target area through general education and awareness raising about AIDS; 2) to train 36 community groups and 60 group leaders to design, implement and evaluate HIV/AIDS education and training activities; 3) to develop flip charts and distribute 3,000 brochures to the general population in the impact area; and 4) to disseminate lessons learned from the project through an AIDS Education in Africa workshop to be held for CARE personnel from several countries.

Accomplishments

Through the above activities, CARE/Rwanda successfully reached 25 percent of the target population directly with educational sessions and up to 72 percent through its educational materials on HIV/AIDS prevention. The survey results showed the proportion of

respondents who reported an increase in ever-use of condoms increased from 7 percent at baseline to 50 percent at project end, and condom use in the past month from 4 percent at baseline to 44 percent at project end. The project held a workshop and a cross-visit for representatives from other CARE program offices in Africa and Haiti to promote a dialogue and develop a strategy for CARE's HIV/AIDS efforts. The regional CARE office in Nairobi also developed and distributed informational materials regularly to other CARE country offices. These and other activities resulted in the development of 14 additional CARE projects for HIV/AIDS prevention worldwide.

***Project HOPE/Malawi
Headquarters in Millwood, Virginia, and
programs in 37 countries***

Overview

The "HIV/AIDS Prevention in Malawi" project developed by Project HOPE operated from a base at the AIDS Secretariat of the Ministry of Health in Lilongwe. The focus of the project's activities was to train religious leaders throughout the country in HIV/AIDS prevention and counseling.

Counterpart

The Private Hospital Association of Malawi (PHAM) served as the local counterpart. PHAM is the coordinating and advisory body to 145 church-related health units in Malawi, representing 40 percent of the clinical health services provided in the country. Project HOPE and PHAM collaborated in carrying out certain components of the National AIDS Control Program. The project HIV/AIDS educator also functioned as the NGO coordinator of the National AIDS Control Program.

In addition to the training and educational components of this project, one of the main purposes was to provide PHAM with the technical assistance that would expand its institutional capacity to provide HIV/AIDS information, education and communication beyond the duration of Project HOPE's involvement.

Methods

Leaders of Protestant and Catholic organizations affiliated with PHAM, as well as Muslim religious leaders, were trained in three-day training of trainers (TOT) workshops. These workshops concentrated on training in HIV/AIDS education presentations and on skills needed for provision of AIDS-related counseling. Additional groups involved in the TOT programs were youth group leaders from various religious organizations and church-affiliated women's group leaders. People trained by Project HOPE and PHAM were then expected to return to their local affiliates to conduct additional trainings and presentations on HIV/AIDS prevention.

Technical assistance in the area of administration, management, supervision and evaluation was also provided to PHAM in order to further institutionalize the capability for AIDS education and prevention within that organization.

Accomplishments

By the end of the project over 1,500 people from the religious community had been trained, including Protestant ministers; Catholic priests, nuns and village church instructors; youth leaders; Muslim leaders; and leaders from women's guilds. In addition, the project gave HIV/AIDS prevention and control presentations to over 25,000 church and community members. The final evaluation indicated that the project, with support from the national government, was successful in raising awareness and in motivating religious leaders and communities to become involved in HIV/AIDS prevention activities.

Project HOPE/Swaziland

Overview

The HAPA grant activities in Swaziland were initially designed to focus on a large number of target groups, but reduced the number initially targeted at the suggestion of the HAPA technical advisory group. Populations on which the project ultimately focused were non-school-going youth, clinic staff working at three urban family planning clinics, the Sebenta adult literacy program and traditional healers. At the request of USAID/Swaziland, the baseline survey for the project was conducted in all four provinces of the country, which has a total population of 715,000.

Counterpart

Project HOPE developed a counterpart relationship with the Family Life Association of Swaziland (FLAS). The primary activity of FLAS is the promotion and provision of family-planning services through clinics in the main urban areas of the country. Community-based operations including condom distribution also are organized by FLAS for the rural areas.

Methods

One of the first project activities was to conduct a nationwide KABP survey. The interventions implemented by Project HOPE varied according to the specific target group. HOPE staff worked with the Sebenta adult literacy education program to introduce knowledge and information about HIV/AIDS prevention into their literacy materials; promoted HIV/AIDS awareness and understanding among members of the Traditional Healers Organization in Swaziland, including the provision of staff support; worked with leaders of non-school attending youth to train them as peer educators in HIV/AIDS prevention; and educated FLAS clinic staff in HIV/AIDS prevention and counseling skills.

Accomplishments

The final evaluation indicated that the project surpassed its intended objectives. The national KABP survey was completed and submitted to the National AIDS Program for use in

developing countrywide strategies. Training of various groups was completed, as described above. Approximately 200 University of Swaziland students were also reached through class discussions and condom demonstrations and distribution. A number of other activities were undertaken during the course of the project, such as ongoing education on the topic of AIDS prevention for the local print media, and working with local businesses and church groups to train work-based peer educators. Several educational brochures were developed, tested and distributed, many of which were adapted from existing materials from the region, including a South Africa-originated comic book on AIDS. The project also produced the first video on AIDS made in Swaziland.

The work of the project is currently being continued with funding from the Swaziland USAID mission. Project staff are in the process of developing an independent NGO, The AIDS Information and Support Center (TASC), that will take a major role in the nongovernmental response to HIV/AIDS in Swaziland.

Save the Children/Cameroon
Headquarters in Westport, Connecticut, and
programs in 38 countries

Overview

Save the Children/Cameroon, working out of the organization's country office in Maroua, focused most of its HIV/AIDS prevention activities in several divisions of the Far North Province where a child survival project was also in operation. A few additional activities also took place early in the project in Ntui, an area near the city of Yaounde, but on the advice of the midterm assessment team, the project focus was limited to the Far North.

Counterpart

The Save the Children (SC) staff collaborated with various other NGOs and the local Ministry of Health in the Far North Province, although a relationship with one specific local counterpart group was not developed.

Methods

The primary goal of SC's AIDS education program was the training of trainers (TOT) from the community in the skills, facts and attitudes that would limit the spread of AIDS. Their approach was based on the concept that people are more receptive to being educated by someone from their own community, especially when dealing with a sensitive social issue like HIV. Once trained, the individuals then would serve as trainers for their target group population.

The precise target groups to be trained were modified several times over the course of the project. They initially included several categories of community members, but were ultimately reduced to a focus on one primary target group, health personnel (including military health workers).

Accomplishments

The project trained 316 "trainers" including health workers and other community members in 14 TOT workshops. The estimated number of people reached by those trainers was 24,466. The project also distributed 103,000 condoms and developed a number of posters for public display. The project's final evaluation team identified a number of unanticipated effects of the project, such as the changes in hospital and clinic practices related to infection control. Interviews with trainers revealed dramatic changes in their own reported personal behavior, such as increases in condom use, but such effects were not documented projectwide.

Save the Children/Zimbabwe

Overview

SC/Zimbabwe integrated the HAPA HIV/AIDS prevention project into child survival activities already under way in three impact areas with a total population of 38,000 that had been served by Save the Children since the mid-1980s. Two of the regions, Muusha and Mutema, are rural areas inhabited largely by small-scale subsistence farmers. Mupedzanhamo, located 14 km outside of Harare, consists primarily of large commercial farms; the composition of the target group was mostly immigrant labor from Malawi employed on private farms.

Counterpart

SC worked with district Ministry of Health officials, especially the district nursing officers, as the primary counterparts. The project maintained linkages with the local community through the SC impact area manager who was responsible for all SC programming in that area, and an MOH-seconded nurse based in each impact area, in addition to several project support staff and numerous village community workers.

Methods

The project emphasized the training of trainers (TOT) approach to train a cadre of trainers in adult education techniques who, in turn, were responsible for sharing the AIDS education messages with members of their communities. Under the program, village community workers (VCWs) and farm health workers (FHWs) who were already operating in the project areas received training to be educators in AIDS prevention. The VCWs and FHWs went on to educate members of their communities about AIDS through regular family visits and contacts, such as at outreach sessions and other community gatherings and events. Three additional groups — Ministry of Health staff (nurses and environmental health technicians from the rural clinics), officers from the Ministry of Cooperatives and Community Development, and community leaders — received AIDS education and training in order to better support the efforts of the VCWs/FHWs.

Accomplishments

Project objectives were accomplished as follows: 97 percent of rural health center staff and all three officers from the Ministry of Cooperatives and Community Development received

five days of AIDS prevention education; over 500 community leaders received AIDS education of at least two days' duration; 95 percent of village community workers and family health workers attended at least three days of HIV/AIDS prevention training and 93 percent attended at least one day refresher course. Seventy-six percent of the families in the three impact areas were educated in AIDS prevention. The results of a KABP survey conducted at the end of the project indicated substantial increases in knowledge of HIV/AIDS prevention methods, but comparable data that would have indicated behavior change were not available. The survey also suggested that education efforts should place more emphasis on correcting misconceptions regarding transmission by casual contact and mosquitos, and on increasing more tolerant attitudes toward people with AIDS.

World Vision/Kenya
Headquarters in Monrovia, California, and
programs in 93 countries

Overview

World Vision/Kenya implemented their HAPA project in four target areas — two densely populated urban slums in Nairobi (Korogocho and Kibera), a peri-urban area 25 km from Nairobi (Ruiru) and a sparsely inhabited area (Loitokitok) 250 km southwest of Nairobi inhabited by the nomadic Maasai. Community development and/or child health programs sponsored by World Vision were active in these areas prior to the HAPA project.

Counterpart

Collaboration and assistance for many of the activities were obtained from the Ministry of Health, the National AIDS Control Program, University of Nairobi staff, other nongovernmental organizations such as Provide International and Know AIDS Society, and local and regional governmental authorities. No formal counterpart relationship was established.

Methods

The aim of the project was to help reduce the spread of HIV infection using an AIDS education program targeting specific population groups and by training counselors. Major strategies included training of community motivators and volunteers to inform and educate community members; training of peer counselors; planning and organization of local, regional, and national drama and dance competitions to heighten awareness among the public; and counseling of persons with AIDS.

As a part of the strategies mentioned above, World Vision trained traditional birth attendants, community and church leaders, prison wardens, farm workers, commercial sex workers, truck drivers and teachers, among others; distributed educational materials and posters; distributed condoms; supported NGO counseling centers; and provided counseling and support, sometimes through income-generating activities, to a limited number of persons with AIDS, their families and AIDS orphans.

Accomplishments

The project trained more than 400 HIV/AIDS educators and counselors; formed 50 youth drama groups; and held three national drama, song and dance competitions. Nearly 150,000 people either attended HIV/AIDS awareness meetings or groups or were in some other way brought in contact with HIV/AIDS information. The project distributed more than 150,000 condoms and 38,000 pieces of educational material. Focus group discussions with target groups indicated that the project's contributions were of high quality and had greatly enhanced local understanding of the problem of HIV and AIDS. A final KABP survey was undertaken, but results that might have indicated behavior change were not available at the time this report was written.

World Vision/Zimbabwe

Overview

The HAPA project sponsored by World Vision/Zimbabwe was based in the Mashonaland East Province, approximately 70 km from Harare. Within the target area the project identified three specific population groups — farm workers and their families, urban dwellers and communal dwellers. The aims of the project were to improve the knowledge and awareness of HIV/AIDS among the target population, to disseminate appropriate health education information and to set up community-based support structures for people with AIDS and their families.

Counterpart

In order to minimize duplication of efforts and to create a basis for project sustainability, World Vision/Zimbabwe worked to integrate the project with the operations of the Ministry of Health. The National AIDS Control Program and Marondera District Health Team also served as counterparts to the project.

Approaches

Health workers, teachers, women's groups, farm health workers, industrial workers and community leaders were given orientation seminars on HIV/AIDS, and others were trained to become counselors. In raising AIDS awareness, the project supported the education of school children, teachers, traditional midwives and community leaders. The project also promoted HIV/AIDS prevention messages through school, drama, poetry and music presentations. Posters, stickers, T-shirts, booklets and leaflets were distributed by the project staff. In addition, the project used resources to support the work of some health workers in the supervision of health facilities, particularly in the rural areas.

Accomplishments

Approximately 187,000 condoms and 5,500 pieces of educational literature were distributed through project efforts. Project staff trained nearly 2,000 members of the target groups in AIDS education, and another 18,000 community members were provided with AIDS information or training by project-trained district health staff. A number of focus group

discussions, held as a part of the final evaluation, indicated substantial increases in understanding of HIV and AIDS since the beginning of the project, but did not indicate that substantial behavior change had occurred.

World Learning/Uganda
Founded as the Experiment in International Living
Headquarters in Brattleboro, Vermont, and
programs in 79 countries

Overview

One year prior to the HAPA grant, World Learning (WL) in Uganda obtained funding for AIDS prevention activities through the local USAID mission. Following this initial start-up the project, known as the AIDS Education and Control Program (AECP), received two years of additional funding through an extension made possible by the HAPA grant. Because the grant was administered through the USAID mission, the project did not submit to the HAPA Support Program the routine reports provided by the other PVO projects. WL was, however, included with the other HAPA grantees in the provision of materials, attendance at meetings and workshops, etc., organized by the HAPA Support Program.

Counterparts

Counterpart relationships with three groups were developed under the grant: the AIDS Information Centre (AIC), an HIV testing and counseling center that was developed by a consortium of donors in 1990; The AIDS Support Organization (TASO), an NGO that provides counseling, support and care to persons with AIDS or HIV and their families; and the Federation of Ugandan Employers (FUE), which implemented a program for AIDS education in the workplace through the grant. World Learning also worked in close collaboration with the Ministry of Health, the Uganda AIDS Control Program and several nongovernmental groups in implementing the grant.

Methods

The AECP made use of an "umbrella grant" mechanism to assist the counterpart groups in a comprehensive strategy of HIV/AIDS prevention having several distinct components. TASO provided services to persons with AIDS and their families that included group support, counseling, assistance with income-generating activities and improved access to care, with an emphasis on home care. TASO staff included a number of persons who themselves, or members of their families, had AIDS. The need for access to testing for people who were concerned about their HIV status led to the development of the AIC. The Federation of Ugandan Employers component of the grant was part of World Learning's AIDS Peer Education Program, which made use of a peer-education model for AIDS education in the workplace, with technical assistance provided by the AIDSCOM project of the Academy for Educational Development.

Accomplishments

TASO, seen by many governments and nongovernmental organizations as a model group for the provision of appropriate support and care for persons with AIDS, has provided services to over 46,000 HIV-positive clients and their families. Another major accomplishment of the grant was the establishment of the AIDS Information Center, which is believed to be the first anonymous HIV testing and counseling center in sub-Saharan Africa. The FUE peer education model is also being replicated in other settings. In 1991 the USAID mission provided World Learning with substantial additional funds to continue with current activities and expand the umbrella mechanism to include a number of additional groups.

Johns Hopkins University/Malawi Based in Baltimore, Maryland

Overview

The Johns Hopkins University/Malawi HAPA grant provided limited funding to add a service component related to STD/HIV prevention to an ongoing JHU research project. The project was based at the STD and antenatal clinics of Queen Elizabeth Central Hospital in Blantyre.

Counterpart

The counterpart group was the Ministry of Health/Malawi. The staff of Queen Elizabeth Hospital was active in implementing the project.

Methods

The focus of the project was on training staff at Queen Elizabeth Hospital in screening, diagnosis and treatment of STDs, and in counseling women who attended the antenatal clinic the relationship between STDs and risk of HIV infection. The project trained seven nurses working with the research study to perform HIV counseling and to conduct general clinic teaching sessions on HIV infection and AIDS for women attending the antenatal and outpatient clinics. The project staff also tried to reach out with AIDS prevention messages and condom distribution to the male partners of the women enrolled in the study.

Accomplishments

A cohort of women was followed over time to demonstrate the effects of periodic counseling, STD screening and treatment on rates of HIV seroconversion. Because of high dropout rates, no conclusions could be reached as to seroconversion outcomes. However, the project was widely credited with substantially improving the quality of STD and HIV services available in the study hospital.

Appendix B

Operations of the HAPA Support Program

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The HAPA Support Program

The HAPA Grants Program

In November 1988 the Bureau for Africa of A.I.D. issued a request for proposals to selected private voluntary organizations (PVOs) and U.S. universities for projects focusing on HIV/AIDS prevention in Africa. The purpose of the HAPA grants was to assist communities to reduce the spread of HIV infection by strengthening the capacity of U.S. and African PVOs, NGOs and other organizations to provide high-quality, effective, community-based HIV prevention activities.

In February 1989 the Africa Bureau contracted with the Institute for International Programs (IIP) at The Johns Hopkins University School of Hygiene and Public Health to manage the proposal review process for the HAPA grants. Under this contract the IIP was responsible for determining the technical criteria against which to review the proposals submitted to the HAPA grants program; screening proposals for their eligibility; organizing a review committee and overseeing an impartial and technically sound review of the proposals; and preparing a summary report of the comments of the review committee. Following the technical reviews, nine projects were selected by A.I.D. for funding, of which eight were to PVOs and one to a university. The nine grants totaled approximately \$2.4 million covering a two-year project period. All the HAPA grants included funding to support the PVO headquarters or regional office staff, as well as field projects.

Activities of the HAPA Support Program

Technical support to HAPA projects

At the same time as the PVO projects were funded, a technical support program for the grantees, the HAPA Support Program, was established at the IIP. The support program for the HAPA grantees was modeled after the PVO Child Survival Support Program, another IIP program funded by A.I.D.'s Bureau for Food and Humanitarian Assistance, which has provided technical support to over 128 child survival projects since 1985. The responsibilities of HSP were to:

1. Assist grantees to identify their technical support needs for the two-year project period, particularly in the areas of baseline studies, project strategies, monitoring and evaluation.
2. Identify resources and modalities for meeting the technical support needs of the HAPA projects for project implementation and evaluation, by such activities as providing or arranging individual technical assistance visits, arranging special task force meetings, presenting regional workshops or conferences, and developing written materials.

3. Facilitate communication among HAPA grantees to optimize the sharing of resources for HIV/AIDS prevention in Africa and the dissemination of information gained from experience with the HAPA projects.
4. Orient project staff to the reporting requirements and general technical standards of the HAPA grants program.
5. Assist in the development of guidelines for project reporting, including the following:
 - a. detailed implementation plan (DIP), in which HAPA grantees provide a detailed outline of the planned strategies and activities for the project period
 - b. midterm progress report, in which HAPA grantees describe the implementation status of their projects and progress toward accomplishing their output and outcome objectives
 - c. final evaluation report, in which project accomplishments at the end of the two-year project period are reviewed and analyzed
6. Arrange for technical review of DIPs, progress reports and final evaluations submitted by grantees, stressing areas of identified strength and areas that may need modification. Provide timely feedback to the project staff on the comments of the reviewers.
7. Assist the HAPA grantees and the Africa Bureau to analyze the projects' experience in HIV/AIDS prevention programming, so that their "lessons learned" are available to assist in guiding future HIV/AIDS prevention efforts.
8. Identify and liaise with other NGOs and individuals in the Africa region currently or potentially involved with HIV/AIDS prevention activities, facilitating their utilization of available HIV/AIDS control resources for the region.
9. Serve as a liaison between the HAPA grantees and the Africa Bureau of A.I.D., and through the HAPA project liaise with other A.I.D.-funded AIDS prevention and control resources. Report to HAPA project staff regarding the status, needs and progress of the funded projects.

For two of the projects, Johns Hopkins University/Malawi and World Learning/Uganda, HAPA funding was used to expand or extend existing projects rather than initiate new ones. HSP kept field and headquarters staff of those two projects informed of support program activities through regular mailings and by including them in field and HSP workshops. However, JHU/Malawi and World Learning/Uganda did not submit regular technical reports to HSP, so ongoing contact was limited. Over the course of the program, HSP technical support focused on the seven PVO projects that represented new activities: World Vision Relief and Development in Kenya and Zimbabwe, Save the Children Cameroon and Zimbabwe, Project HOPE in Malawi and Swaziland, and CARE in Rwanda.

In two of the PVO headquarters, full-time staff worked exclusively on HIV/AIDS prevention project activities following receipt of the HAPA grants. In the other two PVOs, the designated HAPA grants coordinator divided his or her time among a variety of management responsibilities for other health projects. Besides initiating direct communication with the field projects and linking them with various forms of technical support, the HSP also established working relationships with the PVO headquarters staff, who were in more frequent contact with the field projects.

Support to PVO headquarters staff

The approach of the HSP to providing technical support was closely linked to the relationships that developed among staff of HSP, the PVO headquarters and the PVO field projects. HSP staff stressed the participation of each of these groups in the development of standards, reporting procedures, etc., for the projects. Every effort was made to respond in a timely way to their needs and concerns, and to provide support that was respectful of the skills, knowledge and experience of project staff.

Even before all the project grants had been initiated, the HAPA Support Program held an orientation meeting in which PVO headquarters staff from all the HAPA projects met to become more acquainted with each other and with the HAPA Support Program. Staff from A.I.D. and from A.I.D.'s cooperating agencies, AIDSCOM and AIDSTECH, also attended this meeting to provide the HAPA projects with background information on their HIV/AIDS prevention efforts and resources available to the HAPA grantees.

At the conclusion of the above forum, the HAPA grantees requested an additional follow-up meeting with selected technical resource people to address the issues of objectives and indicators. HSP organized a "task force" on objectives and indicators in September 1989 in which PVO headquarters staff discussed objectives and indicators, as well as methods for monitoring and evaluating project objectives.

HSP later held a special two-day workshop for all the HAPA PVO headquarters staff midway through the grants. Representatives from AIDSTECH, AIDSCOM, the USAID East Africa regional AIDS advisor and the NCIH AIDS coordinator also attended as participants and resource people. The main objectives of the workshop were for headquarters staff to share experiences from the first year of project implementation; improve their ability to recognize and assess the complex community structures that influence health intervention programs; identify their evaluation and sustainability needs; and begin to find resources for meeting those needs. Issues and concerns commonly experienced by the projects and by the headquarters staff, in particular, were identified and discussed during the workshop.

Out of these initial meetings with the PVO headquarters staff grew an informal conduit for sharing information, providing technical assistance, and problem solving among the HAPA grantees and HSP. Points of contact were regular phone calls, attendance at meetings within

the larger international health community and the NCIH PVO AIDS network, and one-to-one briefings between PVO headquarters staff and the staff of HSP.

Support to the HAPA field projects

Technical support was provided to the HAPA field projects, indirectly through assistance given to the PVO headquarters and directly through written, telephone, telex and fax communications; individual meetings with project staff; and site visits and field workshops in Africa.

In October and November of 1989 the HSP staff and one consultant made field visits to four of the new projects. The purposes of these trips were to orient the projects to the goals, approaches and resources of the HSP; to review the detailed implementation plan (DIP) guidelines; to discuss with the field staff technical issues and potential resources, both within and outside the project area; to meet with representatives of the National AIDS Committees, as well as other government and NGOs involved in HIV/AIDS education; and to gain firsthand knowledge of the project's HIV/AIDS implementation activities in the field. During 1990 HSP staff visited four of the field projects that had not been previously visited.

A field-based implementation workshop was organized by the HSP and jointly coordinated with World Vision/Zimbabwe, in Harare, Zimbabwe, from October 21 to 26, 1990. The purpose of the workshop was to build the skills of project staff in several key interventions common to the HAPA grants projects and to facilitate communication among HAPA grants project staff about their experiences. A report consisting of selected presentations given at this workshop was later edited and published by HSP under the title *Tradition and Transition*.

The HSP also provided or arranged technical assistance to the field projects at their request. HSP staff arranged for several technical assistance visits to the PVOs that were funded through existing sources outside the HSP, primarily from HAPA funds in the AIDSCOM project. One project received HAPA funding through AIDSCOM for two visits from an outside consultant to conduct training in baseline data collection and project interventions; another was provided a consultant to conduct a mid-term assessment of activities completed and to assist in planning the final year of activities. Consultants to assist in conducting final evaluations were provided to four projects. Finally, HSP staff provided field training in the planning and execution of a rapid KABP survey for one project's final evaluation.

At the conclusion of the HAPA grants funding cycle, from March 8 to 14, 1992, HSP organized a field workshop in Uganda at which staff from the HAPA projects and their local counterparts discussed lessons learned, evaluation methodology and field experiences. Staff from selected Uganda-based PVOs/NGOs were also invited to attend and to share their experiences in HIV/AIDS prevention. World Learning/Uganda hosted, planned and coordinated this workshop with the HAPA Support Program.

The HAPA technical advisory group (TAG)

The members of the committee that reviewed initial project proposals were invited to continue to serve as members of the HAPA technical advisory group (TAG), and most continued in that capacity. Areas of expertise represented by the nine TAG members included anthropology, evaluation, health education, family planning, communication, epidemiology, child survival, Africa public health programs, PVO support/institutional development and HIV/AIDS prevention programs.

A key function of the group continued to be review of project documents. The TAG participated in three meetings specifically for the purpose of review and discussion of HAPA grants project reports (DIPs, midterm progress reports and final evaluations). HSP staff provided TAG members copies of reports from all the projects, but assigned each TAG member two specific project reports to review in writing and orally during the TAG meetings. Following the meetings, TAG comments were compiled, edited and sent to field and headquarters staff. Follow-up discussions were held with staff of most of the projects regarding the TAG comments.

In addition to meetings for the review of reports, the TAG also met approximately once yearly for briefings by Africa Bureau staff and discussions of topics relevant to the larger HAPA project. At those meetings they also reviewed various documents prepared by HSP staff and provided general feedback on HSP activities. Individual TAG members also provided support to HSP in other ways. One member prepared a set of guidelines for field projects on the gathering and use of qualitative data for evaluation; and two members were able to visit field project in the course of country visits for related purposes.

Management of field reports

The HAPA grantees submitted reports to HSP and A.I.D. as outlined above, as well as brief quarterly technical reports. The HAPA TAG reviewed all reports, except for the quarterly summaries, and the staff of HSP then prepared a written summary of their comments and communicated this feedback to the field. Guidelines for the preparation of all reports were developed by HSP with the assistance and collaboration of PVO staff. In most cases, the PVOs were invited to comment on drafts of the guidelines before they were made final.

Development and provision of information and consultant resources by HSP

One of the support activities undertaken by the HSP was to provide the HAPA project field staff with resource materials relevant to international HIV/AIDS prevention. HSP maintained a file of written materials, including books, articles, educational brochures, posters, training manuals and miscellaneous other materials related to HIV/AIDS. Through periodic mailings to the field and PVO headquarters staff, the HAPA projects were kept abreast of information pertaining to HIV/AIDS prevention. In addition, these materials were also made available to others on request.

HSP also authored a quarterly newsletter, entitled *The HAPA Grants Program Update*, which informed readers of recent activities undertaken by the HAPA projects by including summaries of their quarterly reports. The newsletter kept the field projects, PVO headquarters staff, TAG members and pertinent A.I.D. personnel apprised of both field and HAPA Support Program operations.

Another resource made available by HSP to the PVO headquarters and field staff was a data base of consultants available to provide technical assistance to the HAPA projects. Consultants were considered for the data base if they had expertise and experience in at least two of the following areas: international public health programs in Africa, work with international PVOs and NGOs, and HIV/AIDS prevention. Whenever possible, HSP tried to refer the HAPA projects to Africa-based consultants possessing skills in the above areas.

The HSP shared information about PVO/NGO experiences in HIV/AIDS prevention in Africa with donor agencies and the broader international health community on an ongoing basis, through presenting at professional conferences, writing articles for HIV/AIDS-related publications, editing and publication of the workshop proceedings from the Zimbabwe field conference, and attending numerous meetings, held both domestically and internationally. An especially important source of collaboration and networking with the U.S. PVO community was through the AIDS project of the National Council for International Health. This report represents an effort to summarize the experience of the HAPA grants program, and make available the lessons and legacies of that experience to the international community responding to HIV/AIDS.

Appendix C

***Biographies of the HAPA technical advisory group
and the
HAPA Support Program staff***

Members of the HAPA technical advisory group

Laurie Liskin

In her present position as associate with the Center for Communication Programs, Department of Population Dynamics at The Johns Hopkins University, Ms. Liskin monitors JHU-affiliated AIDS prevention activities in Zambia and Ghana and administers a grant for funding grassroots AIDS prevention activities in several developing countries. In addition, her responsibilities include researching and writing issues of *Population Reports* on the topics of family planning and public health. She holds master's degrees from The Johns Hopkins University School of Hygiene and Public Health and from the University of Virginia.

W. Henry Mosley

Dr. Mosley, chair of the HAPA TAG, has a degree in medicine from the University of Oklahoma and a master's in public health from The Johns Hopkins University School of Hygiene and Public Health. Since 1985 he has served as professor and chairman of the Department of Population Dynamics and director of the Institute for International Programs, both units of The Johns Hopkins University School of Hygiene and Public Health. He has broad experience related to international health issues, particularly in the areas of epidemiology and population dynamics, and has served as a consultant to numerous international health, science and governmental bodies.

Kathleen Parker

Ms. Parker is public health education specialist for the International Health Program Office at the Centers for Disease Control, and Prevention and chief of the Social and Behavioral Sciences Branch of the Technical Support Division. She has experience in providing technical guidance for design, development and evaluation of health education programs in several sub-Saharan African countries in vaccine-preventable diseases, diarrhea, malaria control, STDs and HIV/AIDS prevention. Ms. Parker's educational background includes master's degrees in health education from the University of North Carolina and in French language from Case Western Reserve University.

Michele Shedlin

Dr. Shedlin received her doctorate in sociomedical sciences from Columbia University in 1982 and currently is president of Sociomedical Resource Associates, Inc., located in Westport, Connecticut. She is an adjunct professor of clinical public health at the Center for Population and Family Health at Columbia University. Presently, she is conducting research on ethnic differences in HIV risk behaviors among U.S. immigrants of Dominican and Mexican origin and within U.S.-based Puerto Rican populations. Her areas of expertise are qualitative research, both implementation and training, and program evaluation related to maternal and child health, substance abuse and HIV, with work experience in Latin America, Africa and the United States.

David Sokal

At present Dr. Sokal is associate medical director of clinical trials at Family Health International (FHI) in Durham, North Carolina. While participating in the HAPA TAG, his position was that of medical epidemiologist, chief of epidemiology and STDs for the AIDSTECH project of FHI. Dr. Sokal's responsibilities involved surveillance of HIV and STDs, as well as modeling of the epidemic with direct oversight of activities in Malawi, Burundi, Cameroon and Burkina Faso. In addition to a degree in medicine from the State University of Buffalo, Dr. Sokal has prior experience as a Vista Volunteer, newspaper reporter and later as medical doctor, having worked and lived in Burkina Faso for five years.

Dace Stone

Ms. Stone is a public health educator with extensive background in reproductive health and AIDS prevention. Most recently, she worked internationally on HIV/AIDS prevention with the AIDSCOM project of the Academy for Educational Development. Other positions held by Ms. Stone include director of education and training for Planned Parenthood of Maryland, executive director of the Health Education Resource Organization and membership on the board of directors for the National AIDS Network and the Sex Education Coalition. She holds degrees in psychology and counseling.

Dory Storms

Dr. Storms is a faculty member in The Johns Hopkins University School of Hygiene and Public Health, Department of International Health, and directs the PVO Child Survival Support Program in the Institute for International Programs. For the past six years, Dr. Storms has coordinated a technical program to strengthen the child survival capabilities of private voluntary organizations. Her area of expertise is human resource development in health, including needs assessment, training, management and evaluation of health care personnel. She received her master of public health degree from Yale University and her doctorate in international health from The Johns Hopkins University.

Judith Timyan

Dr. Timyan was trained in anthropology at the City University of New York and in psychology at the State University of New York. Her areas of expertise include African rural societies, traditional health systems research, maternal and child health, and social marketing of condoms. In addition, she has lived and worked in Africa for more than 16 years. Currently, Dr. Timyan is director of health programs for Population Services International in Washington, D.C.

Gary Urquhart

At present, Mr. Urquhart serves as assistant commissioner of health for the Onondaga County Department of Health in Syracuse, New York. He earned his master of public health degree from the University of Hawaii. He has professional experience in health program management, planning and evaluation, immunization activities, epidemiology and microbiology, and has worked in Kenya, Uganda, Haiti, Yemen Arab Republic, the South Pacific and the United States.

Staff of the HAPA Support Program

Cynthia E. Mariel

Ms. Mariel is currently program assistant with the HAPA Support Program at The Johns Hopkins Institute for International Programs. Previously, Ms. Mariel worked in Uganda on issues related to women and development, specifically investigating the need for credit among women involved in microenterprises. She was also part of an A.I.D.-sponsored team that examined aspects of the primary education system and made recommendations for improvement of that system. She is completing a master's degree in health education from the University of Maryland in College Park.

Mary Anne Mercer

Dr. Mercer is a faculty member in the Department of International Health of The Johns Hopkins University School of Hygiene and Public Health. Director of the HAPA Support Program at the JHU Institute for International Programs, Dr. Mercer planned and coordinated technical support activities for the HAPA projects. She holds master's and doctoral degrees in public health from The Johns Hopkins University School of Hygiene and Public Health. Prior to her work in AIDS prevention, Dr. Mercer worked as a staff member or consultant in program planning, implementation and evaluation for a number of NGO projects in Africa and Asia.

Sally J. Scott

Ms. Scott was formerly employed as program assistant with the HAPA Support Program at The Johns Hopkins Institute for International Programs and now serves as a consultant to the program. She has a master's degree from Johns Hopkins' Paul H. Nitze School of Advanced International Studies (SAIS). At present, Ms. Scott is completing a master's degree in anthropology from the University of Pennsylvania and a doctorate at SAIS in the Department of Social Change and Development.

Appendix D

List of Acronyms

List of Acronyms

A.I.D.	Agency for International Development
HAPA	HIV/AIDS Prevention in Africa
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSP	HAPA Support Program
JHU	Johns Hopkins University
KABP	knowledge, attitudes, beliefs and practices
NCIH	National Council for International Health
NGO	nongovernmental organization
PVO	private voluntary organization
PWA	person with AIDS
STD	sexually transmitted disease
TAG	technical advisory group
USAID	United States Agency for International Development