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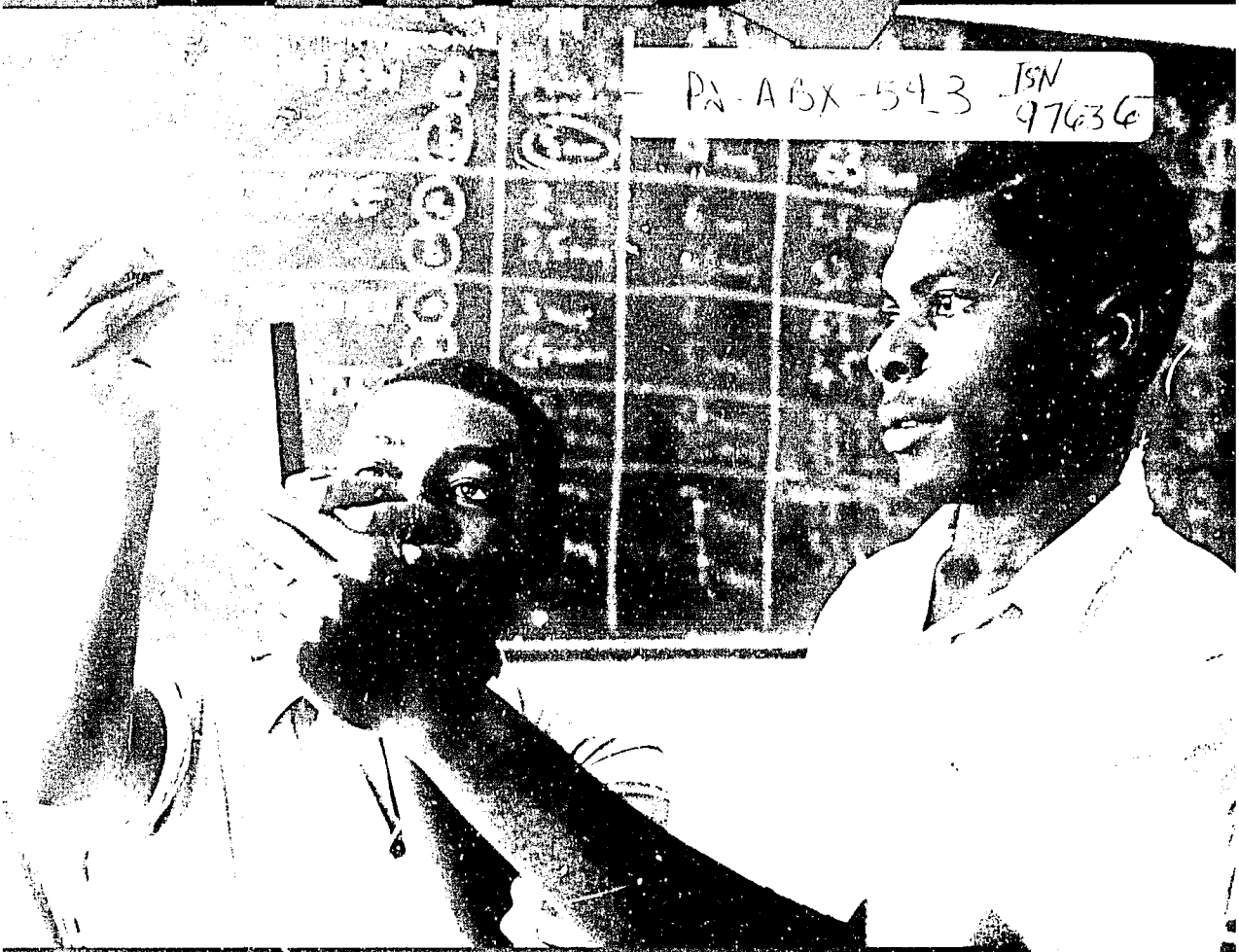

Building Capacity in HIV/AIDS Prevention: Learning from Each Other

USAID
AIDSCAP
THE AIDS CONTROL AND PREVENTION (AIDSCAP) PROJECT
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in the

World AIDS Day 1995

The World Health Organization (WHO) has announced "Shared Rights, Shared Responsibilities" as the theme of the eighth annual World AIDS Day, planned for December 1, 1995. By choosing this focus, WHO hopes to highlight the importance of solidarity and equality in the global response to HIV/AIDS.

"The HIV/AIDS pandemic can be addressed effectively only if rights and responsibilities are shared equally across the globe," said Dr. Hiroshi Nakajima, director general of WHO.

The 1995 theme was inspired in part by the 1994 Paris Declaration, which proclaimed the determination of its 42 signatory nations to fight discrimination and promote the rights of people living with HIV/AIDS.

"People living with HIV/AIDS should have equal access to education, travel, employment, housing, health care and social benefits," said Dr. Peter Piot, director of the United Nations Programme on HIV/AIDS. "Vulnerable groups should suffer no discrimination in the context of HIV/AIDS."

Major Conferences in Asia

Nongovernmental organizations (NGOs) working to prevent the spread of AIDS among women plan a series of major activities at the NGO Forum at the U.N.'s Fourth World Conference on Women, to be held from August 30 to September 8, 1995, in Beijing and Huairou, China.

The AIDS Control and Prevention (AIDSCAP) Project of Family Health International, the Academy for Educational Development and the International Center for Research on Women are among the organizations putting together educational and outreach events for the NGO Forum. On the agenda are panel sessions, a film festival and interactive sessions for youth. Media outreach and information booths are also planned. A proposal to make September 5 "Women and AIDS Day" has been approved by the NGO Forum.

The Chinese government has agreed to allow people infected with HIV to attend the conference, despite laws that prohibit HIV-positive people from entering the country. Chen Jain, senior spokesman for the Foreign Ministry, said, "Nobody will be denied entry just because he is an AIDS patient or infected with the virus." According to the Reuters news service, the government plans to establish specially quarantined accommodations with separate sanitation facilities for HIV-positive participants.

Soon after the Beijing conference ends, experts in the field of HIV/AIDS from around Asia and the Pacific will gather in Chiang Mai, Thailand, for the Third International Conference on AIDS in Asia and the Pacific. The conference takes place from September 17 to 21, 1995, at the Pang Suan Kaew Hotel.

The theme of this year's conference is "Responding to the HIV/AIDS Crisis: Understanding, Commitment and Care." For more information, contact the Congress Secretariat, Third International Conference on AIDS in Asia and the Pacific, Thailand Health Research Institute, 1168 Phaholyothin 22, Phaholyothin Rd. Ladyao, Jatujak, Bangkok 10900, Thailand (tel.: 662-939-2239; fax: 662-939-2122).

Progress in Microbicide Development

The Population Council has begun Phase I clinical trials of a vaginal microbicide that could enable women to protect themselves from HIV and other STDs. The effort is considered critical in the drive to create alternatives to the condom and other male-controlled protection methods, which women often have little power to force their partners to use.

By 1993, Population Council researchers had discovered that sulfated polymers effectively block HIV and chlamydia infection in the test tube. The microbicidal compound developed from these polymers will be used by 25 women volunteers at five study sites to test for vaginal irritation risks. Earlier experiments showed that the formulation remains stable even in the kind of extreme heat found in storage conditions in some tropical countries.

The Population Council is collaborating closely with women's health advocates to incorporate the perspective of women into every stage of product development, from the formulation of products in the laboratory to the design of study protocols and the implementation of field research. This ambitious initiative, funded by the U.S. Agency for International Development and other international donors, could yield a safe, effective vaginal microbicide within the next seven to ten years.

A more distant goal of the Population Council is to create a non-contraceptive, woman-controlled method of deterring HIV. While this is still years away from becoming reality, such a product would allow a woman who wants to become pregnant access to an effective method of HIV and STD prevention. Women in Africa and in other regions where high fertility is culturally important may avoid use of HIV prevention methods that also block conception.

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Cover Photo: In Cameroon, training scientists and doctors is an investment in the country's future health care. J. Mohr/WHO

Capacity Building for HIV/AIDS Prevention

by Lisbeth Loughran

An AIDS hotline in the Philippines, HIV/AIDS education for workers at a Tanzanian electric company, a film on safer sex for street children in Brazil: behind these services stands an unusual mix of institutions, including national AIDS programs, established nongovernmental organizations (NGOs), religious institutions and community groups.

The range of experience and skills among organizations involved in programs to prevent HIV/AIDS is wide. Some organizations consistently deliver services of high quality when and where individuals or communities need them. Others, particularly emerging NGOs, lack the infrastructure or experience to sustain their efforts independently.

NGOs are "enthusiastic but their organizations are often weak," according to Juan Jacobo Hernandez of the Latin America and Caribbean Council of AIDS Service Organizations (LACASO). "There is a need for them to reflect on what their real capacities are. At present, everyone wants to do everything."

The success and quality of HIV/AIDS prevention programs depend on long-term investments to build the technical and organizational capacities of the public, private and nongovernmental institutions delivering services. The purpose of such investments is to enhance the ability of organizations and national programs (and individuals within them) to design, manage, evaluate and sustain their own prevention programs.

What Is Capacity Building?

"Capacity building has been a buzzword in South Africa for the past two years," says Mokheth Moshoeshoe of the Development Resources Center in Johannesburg, which is conducting a study on the subject. "For some, it is defined as strengthening managerial skills. Others view capacity building more broadly as the way an organization is structured and managed and how it functions."

There is a growing trend to link three broad areas under the banner of capacity building for HIV/AIDS prevention: skill building to enhance the technical abilities of individuals within organizations; organizational development to improve organizations' performance in governance, operations and management, finance, planning and external relations; and development of networks among institutions to promote sharing of knowledge and experience.

Skill Building

Technical capacity building for HIV/AIDS prevention refines and upgrades the skills of people delivering services in critical areas such as behavior change communication, management of sexually transmitted diseases (STDs), evaluation, condom distribution and behavioral research.

Until recently, HIV/AIDS programs directed resources almost exclusively at transferring technical skills. The experience gained in this area is evident in the ability of individuals and organizations to manage technical components of projects successfully and in the technical assistance (TA) they request.

Organizational Development

Organizational development is a fairly recent addition to HIV/AIDS prevention efforts. Programs to strengthen organizational capacity offer solutions for improving their efficiency, usually in well-defined areas such as planning, management and finance. They introduce procedures for obtaining, analyzing and using relevant information to develop plans and revise organizational strategies to respond to the changing needs of organizations' constituents.

Capacity building programs often address human resource issues first. Organizations learn how to identify human resource needs and to recruit and retain quality staff. In Brazil, for example, a new NGO received support to draft its human resource policy with the help of a Brazilian lawyer who spe-

cializes in labor law. Capacity building in budgeting, management and financial reporting is also a priority for many HIV/AIDS prevention programs, particularly those that receive donor funds.

The managerial skills of employees are enhanced by training individuals to plan, manage and communicate effectively; to assess an organization's progress in meeting the objectives of a strategic plan; and to solve problems. The African Medical Research Foundation (AMREF) gathers all key staff from its programs in Kenya, Tanzania and Uganda for an annual meeting to review activities and reassess plans.

Organizational capacity building can also involve technology transfer to develop information and management systems. The Tanzania AIDS Project is assisting the country's NGO Technical Advisory Committee in creating databases on all NGOs in the country and training the committee staff to maintain and use such information.

Broadly defined as communication, exchange of information and collaboration at local, regional and international levels, networking is gaining a growing share of capacity building resources worldwide. It can include formal and informal communication, provision of equipment to facilitate such exchanges, participation at regional meetings or international conferences, and study tours to give policy makers and program planners an opportunity to learn first hand about effective approaches to HIV/AIDS in other countries.

Networking is important for HIV/AIDS organizations for three reasons, according to Kate Burns of the World Health Organization's Global Programme on AIDS (WHO/GPA). First, it allows well established NGOs to transfer skills to smaller, emerging community groups. Second, it offers NGOs an opportunity to contribute to a country's policy and planning process by encouraging dialogue among all agencies involved in HIV/AIDS prevention. Finally, a collective voice makes NGOs strong and viable partners in discussions with governments, international organizations and donors.

Participation at regional and international conferences gives HIV/AIDS program staff opportunities to share information and identify potential areas for collaboration. The AIDS Program of the National Council on International Health (NCIH) in Washington, D.C., supports conferences, but Program Manager Mary Guinn Delaney warns that meeting participation alone is not enough to create strong networks.

Council of AIDS Service Organizations (ICASO) to work together to develop two year strategic plans.

A long term objective of networking initiatives is to foster local autonomy in the design, implementation and evaluation of community level HIV/AIDS activities. The International HIV/AIDS Alliance helps create indigenous "linking organizations" to direct allocation of funds and technical support to local groups. WHO/GPA finances an "Umbrella Initiative" to strengthen NGO support mechanisms.

These support mechanisms include international, regional and local net

Staff from the Fundación Iniciativas Frente al SIDA participate in a technical skill development session conducted by the Sistemas de Investigación y Desarrollo Comunitario (COMUNIDEC) in Ecuador with funding from the International HIV/AIDS Alliance.

"NGO networks don't have resources to communicate regularly," Delaney said. "They see each other at conferences, but it's often left to one person to distribute information to a great number of people on issues that are very important."

NCIH offers NGO networks opportunities to participate in small, focused working sessions. A recent meeting enabled members of the International

works of HIV/AIDS organizations. ICASO, with regional networks in Africa, Europe, North America, Asia and the Pacific, and Latin America and the Caribbean, emphasizes strengthening the response to HIV/AIDS in communities with few resources and among people living with HIV/AIDS and their families and friends. In Iringa, a town in southwestern Tanzania, NGOs are forming a strong local HIV/AIDS net-

work and developing a strategic plan that will include collaborative work.

Capacity Building in Action

Capacity building has moved up on the list of priorities in most HIV/AIDS prevention programs. Activities are sometimes woven into the day-to-day work of technically based initiatives. In other cases, programs are designed exclusively to meet capacity building objectives.

The Enabling Private Organizations to Combat HIV/AIDS (EPOCH) Project, a collaboration between Project Concern International, PACT (Private Agencies Cooperating Together) and a number of NGOs in Indonesia, integrates technical, organizational and interorganizational capacity building into the assistance it provides to 10 Indonesian NGOs.

"The technical assistance provided for institutional development and the technical assistance provided for improving HIV/AIDS programmatic capacity cannot be separated neatly," said Tim McKay, who heads the EPOCH Project. "Capacity building involves both and there is a flow between them that needs to be acknowledged."

HIV/AIDS adds new dimensions to the constraints one would expect in any capacity building program. Human and financial resource constraints are magnified by the physical and emotional toll HIV/AIDS takes on individuals and by the urgency of the problem.

Most health and development programs are constrained by shortages of skilled staff. With HIV/AIDS, retaining skilled staff is even more difficult because, as Hernandez points out, "the epidemic is so close to the people who are working in the epidemic."

HIV/AIDS creates a poignant human resources problem — a lack of continuity in program staff. According to Delaney, HIV/AIDS prevention "is a very personalized field, and if a person leaves or dies, it takes a program a long time to regain momentum."

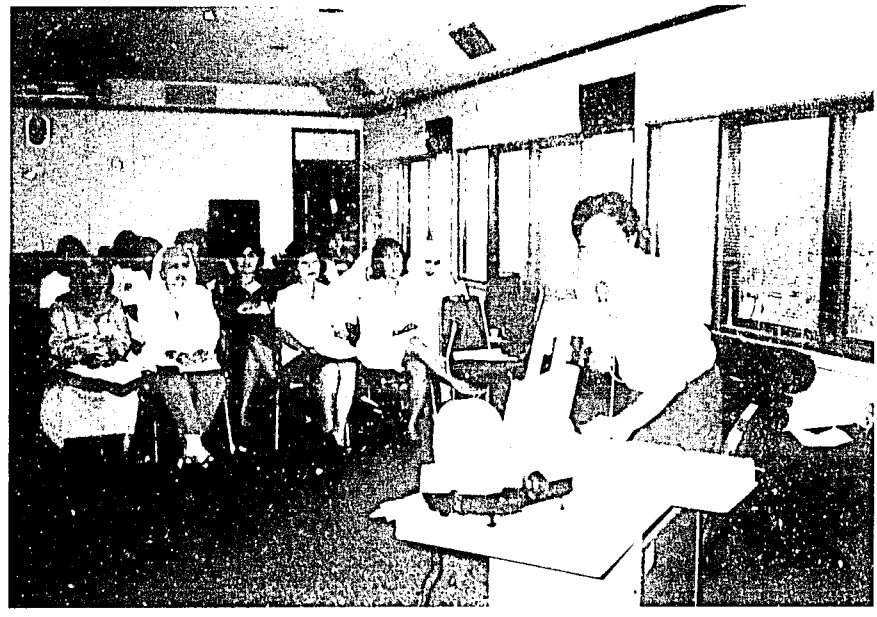
Some of the people who started HIV/AIDS programs have died of AIDS-related illnesses. These programs also lose many staff members to burnout. The pressure to find acceptable solutions quickly can discourage even the most committed individuals. "There is never enough time or money to allow people to work through their own mistakes," Delaney noted.

The demands HIV/AIDS work places on talented individuals are enormous. Hernandez finds that the staff of most national AIDS programs in Latin America and the Caribbean are extremely competent, but "overwhelmed by the demand for their services."

The nature of the epidemic has also affected the evolution of interventions and funding priorities. HIV/AIDS programs were born in a crisis atmosphere, with resources deployed quickly for immediate delivery of services in critical technical areas — controlling blood supplies, epidemiological reporting, and diagnosis and treatment of opportunistic infections. In contrast, capacity building, which HIV/AIDS program managers have begun to address more recently, is a slow, methodical process.

The absence of long-term financial commitment to capacity building is a

Nurse-midwives improve their STD/HIV/AIDS skills through training sessions like this one in Riau, Indonesia, sponsored by the EPOCH Project.



serious constraint to sustaining HIV/AIDS prevention programs. Developing countries caught in the turbulent atmosphere of structural adjustment and internal civil service reform cannot support capacity building initiatives. Local financing is not yet measurable, although in-kind contributions and volunteerism are increasing. The bulk of resources for HIV/AIDS prevention are external funds, which are usually provided for short-term projects, and the proportion of such funding directed at capacity building remains modest.

Controversial Assistance

Capacity building has been an integral but often controversial component of development programs for many years. At the heart of the controversy lies the use of technical assistance, which is often considered expensive, devoted exclusively to the agenda of one donor, or culturally inappropriate.

Most capacity building programs for HIV/AIDS prevention try to rely on local or regional experts for delivery of services. But even costs for technical assistance from local specialists are perceived as taking funds away from prevention activities.

The International HIV/AIDS Alliance uses a mix of local and external sources of technical assistance. "There is a conscious effort to look for skills in training and technical support in-country and to work with those skill providers in each country," said Executive Director Jeffrey O'Malley of the Alliance.

Bangladesh, for example, has experienced trainers in reproductive health, but not in HIV/AIDS. The Alliance provides technical assistance to these trainers in HIV/AIDS, then calls upon them as a resource for NGOs in Bangladesh and other countries.

Program designers resist curtailing all use of external technical assistance for capacity building because the level of expertise varies enormously from country to country. In addition, collaboration among international, regional and national organizations stimulates dialogue across cultural boundaries—a valuable asset that can illustrate how responses to HIV/AIDS can benefit from different perspectives.

Evaluating Capacity Building

Evaluation is perhaps the most difficult question in capacity building for HIV/AIDS prevention. Activities and their outcomes are not always captured in programs' formal reporting systems, and there is a lack of consensus among HIV/AIDS organizations and donors on the appropriate indicators for evaluating capacity building. In addition, many organizations and donors are reluctant to invest in baseline research for capacity building, particularly in projects that are expected to have an impact within a short time.

In some cases, the impact of programs is assessed through the use of quantitative measures such as the number of NGOs involved in specific programs. Most often, however, the success or failure of technical skill building, organizational development and networking is viewed in terms of their impact on prevention programs.

For example, the fact that an NGO has a strategic plan may be considered an indicator of success in organizational development. The question should really be "whether the strategic plan has become a useful tool for management," said Jonathan Otto, a sociologist who has evaluated a number of capacity building efforts.

HIV/AIDS creates a poignant human resources problem—a lack of continuity in program staff.

World Learning, Inc., a U.S. based NGO, evaluates progress in capacity building by assessing six specific functions of NGOs in developing countries—governance, operations and management, human resources, financial resources, service delivery and external relations—on a continuum of development, which ranges from "start-up" to "mature."

Many groups are interested in extending the concept of partnership to the evaluation process by inviting organizations to participate in assessing their own activities. "It's important to promote processes that don't only involve a donor, but also the evaluee, so that evaluation can become a learning tool," said Bonnie Ricci of World Learning.

Accountability

For many, the most important measure of success in building capacity for HIV/AIDS prevention lies in services. Ideally, capacity building should result in access by individuals and communities to a wide range of high-quality services when and where they require them—services that might, in the long term, help turn the tide of infection.

Increasingly, organizations need to address two very different issues: how to attract local and external financial commitment to carry out HIV/AIDS prevention activities and how to find a legitimate place in society by enacting strategies that ally them with the ultimate beneficiaries of their services. To achieve these ends, they must be accountable to all their constituents: donors, organizational patrons and beneficiaries.

Capacity building efforts can help HIV/AIDS organizations achieve this accountability. As Dr. Eric Eisenberg, professor and director of graduate studies of the Department of Communications at the University of South Florida, noted, "Organizational development is synonymous with learning and the ability to manage rapid change in an atmosphere of high accountability."

AIDSCAP Capacity Building for Project Sustainability

by Karen Sai

Since October 1991, the AIDS Control and Prevention (AIDSCAP) Project has established programs in more than 30 developing countries to reduce the sexual transmission of HIV. At the same time, it has built the capacity of more than 240 governmental and non-governmental organizations (NGOs) in those countries to design, manage and evaluate HIV/AIDS prevention programs.

The NGO Capacity Building Project in Nigeria, implemented by Africare, is an example of AIDSCAP's capacity-building approach. Designed collaboratively by Africare, USAID and AIDSCAP, the project has, in two years, trained 96 staff members from 56 NGOs in project design, implementation and evaluation, and has provided nine of them with seed grants totaling $69,000 to start HIV prevention interventions. One of the funded NGOs, the Police Officers' Wives' Association, now has 15 staff members trained as trainers, and they in turn have since trained 41 prison staff as trainers.

"Enhancing the ability of a local organization and then helping them to implement a prevention intervention is by far the most effective way to accomplish a sustainable project," said Alan Alemian, director of Africare.

A recent inventory of AIDSCAP's capacity-building activities reveals that AIDSCAP provides collaborating organizations with skill-building assistance at all stages of project design and implementation. This assistance involves four different kinds of capacity-building activities: technical skill building, organizational and management skill building, organizational systems strengthening and network strengthening.

Technical skill building can take the form of training workshops or technical assistance to improve the ability of project staff to carry out specific program operations. More than 132 organizations have improved their skills in sexually transmitted disease (STD) management, behavior change communication, policy development, evaluation and condom supply management.

Representatives from Kenya's Ministry of Education and other implementing agencies, for example, participated in a workshop on behavior change communication strategies and communication intervention design. AIDSCAP has trained staff from 36 organizations in 15 countries in STD diagnosis, treatment and prevention education.

More than 111 organizations have received AIDSCAP-supported organizational and management training or technical assistance to improve their ability to manage HIV/AIDS prevention and other programs. In the Dominican Republic, for example, 39 representatives from local NGOs have been trained in the use of planning techniques, project design and condom logistics management in AIDSCAP-sponsored workshops.

AIDSCAP has also helped introduce or improve internal organization systems to strengthen management in more than 91 collaborating organizations. As a result of AIDSCAP training, 14 implementing agencies in Thailand have an improved budget system, and all collaborating agencies in Kenya and Cameroon have learned how to develop and use project evaluation forms. Other organizations have received guidance in accounting and financial management, access to computers and other office equipment, and project monitoring and evaluation systems.

Through network strengthening, AIDSCAP enhances relationships between organizations so that large, well-established groups can support smaller, fledgling organizations. In Brazil, for example, AIDSCAP collaborated with Oasis, a local NGO, to provide technical assistance to approximately 20 smaller NGOs in the design and implementation of HIV/AIDS prevention programs.

AIDSCAP has approached capacity building as an integral part of its programs, identifying and addressing training and technical assistance needs as they arise. Recently, AIDSCAP began building on its existing activities to develop a more systematic, project-wide approach to comprehensive organizational capacity development.

"AIDSCAP will help collaborating organizations and implementing agencies determine what they want to do, how to do it and how to find resources to support their interventions," said AIDSCAP Senior Program Officer Wendy Cithens.

Starting in May 1995, all AIDSCAP resident advisors will be trained to use new tools for integrating comprehensive capacity-building efforts into the HIV prevention programs they monitor. The tools include an AIDSCAP-designed strategic planning manual and a self-diagnostic manual to help organizations assess their strengths and weaknesses. AIDSCAP has also developed a mechanism for monitoring and measuring capacity-building efforts in each country.

Additional manuals are being developed that will distill technical and organizational skill-building workshop lessons for use by collaborating organizations that cannot attend particular workshops or seminars.

"AIDSCAP has made enormous efforts to enhance the abilities of its collaborating agencies, but it can do more," said AIDSCAP Deputy Director Tony Schwarzwalder. "This renewed focus on capacity building will ensure the sustainability of AIDSCAP's country programs and give local organizations a uniform capacity to design, implement and monitor HIV/AIDS prevention interventions." ☐

How Big Can Small Become? Building NGO Networks Through Strategic Planning

by Pamela Hartigan, Pan American Health Organization

In October 1993, while conducting a donors' meeting in Costa Rica to support national AIDS programs in Central America, I reflected upon how the relationships among agencies fighting AIDS in Latin America had changed significantly since 1990.

The composition of the participants attending the donors' meeting demonstrated this change, as did the format of the meeting itself. Alongside institutions traditionally present at such gatherings, such as national AIDS programs and bilateral and multilateral agencies, grassroots NGOs were actively collaborating with their governmental counterparts — a dramatic change from the recent past.

What I saw in Costa Rica has since become commonplace: governments, prodded by international development organizations such as my own, increasingly are turning to NGOs to help fight AIDS.

To understand how this has come to be, one must look at two major economic policy shifts that have caused governments and donors to take a greater interest in NGOs.

First, as public health sector budgets continue to shrink, governments are increasingly narrowing their role in the provision of goods and services for meeting basic health needs, and look to NGOs to make up the difference. Second, it has become widely accepted that structural adjustment programs designed by multilateral agencies to reshape the state's role in development have also adversely affected the poor. Multilateral and bilateral agencies now recognize that the social management of economic adjustment programs is a key factor in the implementation of policy reform. These agencies are also turning to NGOs to cope with these people focused aspects of structural adjustment.

A Double Edged Sword

Despite the promise of the new spirit of collaboration I witnessed in Costa Rica, I became concerned about the effect this expanded role might ultimately have upon NGOs. Would the demands upon them for service provision tap their full potential and fulfill their true mission? Or would it exhaust their limited resources and distract them from pursuing broader goals?

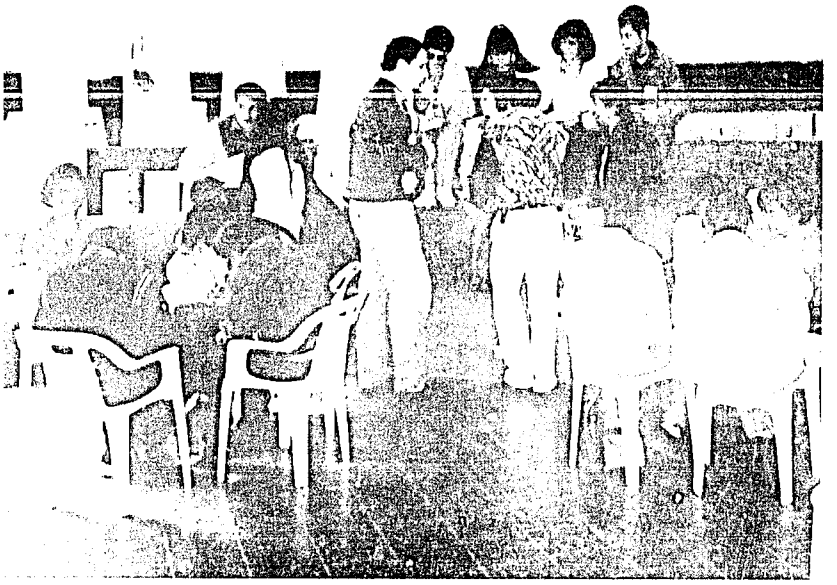
NGOs, by definition, are much more than service providers. At their best, they are development institutions first and foremost, motivated by shared values and visions of a more equitable world. Their objective is to catalyze local community organizations for empowerment and self reliance.

And in the field of health, the NGO approach is of paramount importance. To some degree, most health programs, especially those concerned with HIV/AIDS, require the acquisition or modification of particular behaviors; this can only happen when the pressure to change comes from within the individual or the community and is not perceived as being imposed from without. This is what we strive to harness when we talk about health promotion.

NGOs clearly have a unique role to play. Deeply rooted in the communities they serve, they can be both the most sensitive of service providers and also the most clear sighted of policy definers.

The Power of Unity

NGOs working in HIV/AIDS in Latin America and the Caribbean are relatively new, the oldest emerging only a decade ago. Since then, we have witnessed a mushrooming of NGO responses. This proliferation itself represents a threat to NGOs as they find themselves competing for donors



Representatives of several NGOs working in AIDS programming in Guatemala participate in a PAHO sponsored strategic planning seminar in Huehuetenango in 1993.

and clients. It's not uncommon to find several NGOs working in the same neighborhood, attempting to reach the same target group, printing similar material, with little or no interaction. Although heterogeneity nourishes a pluralistic system, there is no doubt that this lack of cooperation restricts NGOs to isolated, small-scale efforts with limited impact, and thus weakens their capacity to influence AIDS policy and programming.

NGOs involved in AIDS work are aware that they have a long way to go in order to play a key role in developing AIDS-related policies and in designing and executing national AIDS program activities. Most have been critical not only of government programs, but also of each other's programs. They initially felt they had little reason to come together to learn from one another's failures and successes, much less begin to develop a broader "NGO AIDS strategy."

But many NGOs have become aware of the threats implicit in this increasing call for their services, and are turning to closer collaboration to strengthen themselves. A number of NGOs have begun building partnerships, hoping to:

1. Broaden the scope of their work from individual, isolated experiences into a coherent and synergistic policy-making network.
2. Strengthen their capacity as individual organizations and as groups of organizations with comparative advantages working alongside governments and complementing public sector efforts.
3. Increase their ability to negotiate with governments and donors to create AIDS interventions that respond to the needs of their communities, and channel resources to those priority areas or populations.

As NGOs work toward attaining these objectives, they will undoubtedly be able to change government and donor attitudes toward critical issues. They are beginning to see the new attention from governments and donors as an opportunity to further involve the civil sector in democratizing development, and not just as a drain on their energies and resources.

The Value of Strategic Planning

Recognizing the pivotal role that NGOs play, in 1990 PAHO began systematically to promote the inclusion of NGOs in the design, planning, implementation and evaluation of health strategies. A major task was getting to know who's who in this exponentially growing NGO universe. Today, at least in the area of AIDS prevention and care, PAHO has accomplished this. We know which NGOs are working actively and with some degree of effectiveness in communities in the Southern Hemisphere.

NGOs are usually formed by like-minded individuals, often friends, who are spurred to action by a shared mission. Their energy and vision can be diluted by a lack of organizational management that impedes effective action toward predetermined and measurable goals. Cognizant of these weaknesses, NGOs have increasingly begun requesting technical assistance in institutional strengthening so they can acquire the management and analytical skills necessary to participate in development programming and in AIDS prevention, education and care.

In fashioning this technical assistance, PAHO identified strategic planning as a tool that helps NGOs translate their mission into results-oriented activities. In order to do this, NGOs must fully understand their strengths and weaknesses, and seek to join forces with other NGOs who have advantages in other areas. This synergy among NGOs enables effective group action.

Strategic planning interests NGOs for the same reasons it has interested private businesses and some public agencies: it helps them clarify and develop a more proactive stance toward attaining their mission, as governments increasingly turn to NGOs to assist the public sector with social programs.

Developing New Skills

PAHO began strategic planning seminars with NGOs working in AIDS in Argentina in 1993. Since then, it has conducted several throughout the region, most recently at the end of 1994 in Colombia with the Latin American AIDS Service Network. To date, all seminars have been highly praised by those attending. Follow-up has been conducted recently with those NGOs that participated in the seminars in Argentina two years ago. Results indicate that after two years, NGOs report greater collaboration among one another as a result of the seminars.

It has been more difficult for them to systematically conduct strategic planning as individual NGOs. One reason for this might be in the time consuming aspects of this disciplined process. NGOs are action-oriented and often staffed by volunteers who have other jobs. They may find it difficult to commit time to an exercise that takes at least several days.

Whether strategic planning is a useful tool for NGO institutional strengthening at an individual level remains questionable. But now that NGOs are more amenable to strategic planning as a group of institutions and to working together in partnership to negotiate with governments and donors from positions of strength, they can influence instead of being influenced, act instead of react. In AIDS prevention work, such partnerships are a matter of life and death.

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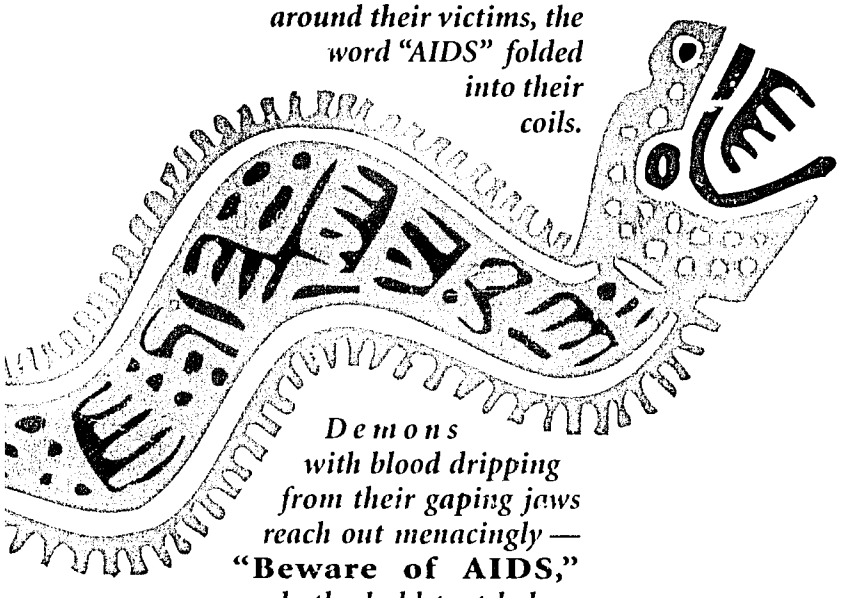
Pamela Hartigan, Ph.D., spearheaded the NGO initiative at PAHO from 1990 to 1993. In 1994 she became program coordinator of the Women, Gender, Health and Development Program at PAHO, where she continues to foster NGO-government relations.

Enhancing NGO Capacity in HIV/AIDS Materials Development: Experiences From Nepal

by Matthew Frey and Navin Pyakuryal, Save the Children, U.S.

Hissing cobras wrap tightly around their victims, the word "AIDS" folded into their coils.

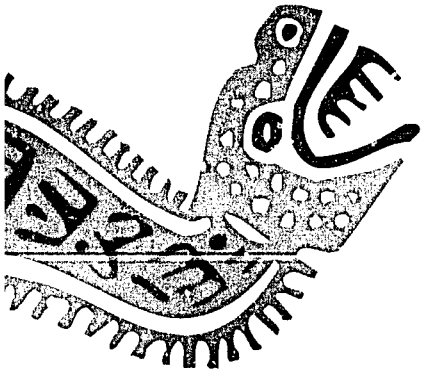


Demons with blood dripping from their gaping jaws reach out menacingly — "Beware of AIDS," reads the bold text below. The inimical Himalayan Yeti, a legendary monster of the snowy peaks, stands atop the globe, his bloody claws digging into a map of South Asia, with "AIDS" scrawled across the page below him.

As Nepal's nongovernmental organizations (NGOs) mobilized their resources in 1993 to assume a prominent place in the country's struggle against HIV/AIDS, these are the kind of images that captured their imaginations. The images appeared on signboards and posters along highways and in cities throughout the country.

Following the irresistible path taken by so many others in countries around the world, Nepali NGOs first confronted the AIDS epidemic by transmitting messages of terror to the public at large. These messages contained no clear information about HIV transmission and prevention and were not targeted to vulnerable segments of society.

As a provider of technical assistance in HIV/AIDS prevention to NGOs, Save the Children, U.S. (SC/US) saw a clear need to enhance communication skills. At that time, well over 20 Nepali NGOs around the country were receiving HIV/AIDS project funds from different sources, and many planned to produce their own information, education and communication (IEC) materials. But how could these resources and the enthusiasm and commitment of the NGOs be harnessed to create ef-



fective HIV/AIDS prevention messages and materials?

As a first step, SC/US invited a dozen leading NGOs in HIV/AIDS prevention to attend an IEC workshop at the end of 1993. In addition to addressing principles of the materials development process, such as audience segmentation and pretesting, the workshop included a session that explored ways for the groups to coordinate their activities and improve the quality of materials developed by NGOs in Nepal. Out of this session was born the Nepal NGO HIV/AIDS IE&C Coordination Committee.

Nearly a year and a half later, the committee has almost doubled in size, bringing the total number of participating organizations to 17. It has reviewed and commented on 60 different draft educational materials developed by member organizations and other NGOs working in more remote areas of the country.

The committee has proved to be an excellent forum for improving materials development and distribution in Nepal and for providing technical assistance to the rapidly expanding NGO community. As a result of committee activities, NGO communication skills have increased markedly. The group has also been an effective vehicle for transfer of technical skills, coordination and sound resource allocation. Moreover, the process seems to empower members. Not only have their skills been enhanced, but the experience itself has built their confidence and promoted solidarity among NGOs.

Beginnings

The NGO IE&C Coordination Committee began with members from eight NGOs, primarily based in Kathmandu, and two international NGOs as resource agencies, as well as a Ministry of Health representative. Almost all the local member groups were formed after the democratization of Nepal in 1991, when new government policies facilitated the establishment of NGOs. Because most groups were so new, the NGO sector as a whole lacked professional experience and technical expertise. The founding committee members are, however, well educated and highly motivated.

From its inception, committee members agreed on a number of shared objectives. Their goal was to form a sustainable working group with representation from major Nepali NGOs involved in HIV/AIDS materials development. This group would create a forum for coordinating materials production, provide technical feedback through peer review, and improve the overall quality and accessibility of HIV/AIDS educational materials in Nepal. It would also allow NGOs to achieve economies of scale by sharing the cost of materials production.

How It Works

For the past 18 months, the committee has been meeting once or twice a month. At the beginning of the year an annual materials production plan is prepared, outlining the types and quantities of educational materials to be produced, target audiences and publication dates. This process enables NGOs to avoid duplication of effort, rechannel their resources to fill gaps in the collective materials production plan, and collaborate for joint production with colleagues who share similar objectives.

During the recent planning process for 1995, for example, three committee members found that each of their groups had independently planned and budgeted funds to develop teaching materials for secondary school teachers. Once this shared objective had been identified, the three groups decided to coordinate their efforts. One group would develop a teacher training manual, another a flip chart for teachers to use as an educational tool, and the third a booklet on reproductive health for students. The three groups have been meeting to ensure that consistent messages are integrated into all of the materials.

After the planning stage, NGOs prepare and submit draft materials to the committee, along with cover sheets describing the intended target and pretest methods and findings. Feedback is provided at regularly scheduled meetings. In addition, before each meeting feedback forms are sent to all members, along with a copy of the draft materials to review. These forms give the NGOs a written record of suggestions for revisions. The NGOs then finalize their materials, incorporating committee suggestions at their discretion.

Through the committee, the NGOs offer other groups working in HIV/AIDS prevention opportunities to purchase the final materials. Before materials are produced, the committee sends photocopies along with an order form to a wide range of NGOs around the country. This ordering system has reduced production costs significantly while increasing Nepali NGOs' access to high-quality educational materials.

With current financial support from the U.S. Agency for International Development's AIDS Control and Pre-

vention (AIDSCAP) Project, SC/US provides targeted training activities for committee members, follow-up technical assistance to help individual NGOs incorporate committee recommendations, and logistical support for committee administration. Workshops and other training sessions provided by SC/US focus on enhancing NGO skills in materials development and strengthening interpersonal communication skills so that materials are used more effectively in the field.

Specific training topics include instructions for designing appropriate messages, methods for field testing materials, and one-on-one communication techniques. SC/US training in interpersonal communication is designed as training of trainers. It emphasizes values clarification to promote non-judgmental interventions as well as general communication skills.

The less glamorous but equally vital aspect of SC/US's support to the committee is logistical backstopping. As the committee has grown, the amount of clerical support needed—including photocopying, designing forms and distributing materials, order forms, invitation letters and committee minutes—has mushroomed. Due to the frequency of committee meetings and the unreliability of the postal service, many of these materials must be delivered by hand.

NGOs initially objected to delays introduced by the review and revision process. They were eager to proceed quickly with their work and to have something concrete to share with their communities.

This resistance, however, has gradually evolved into an enhanced appreciation for the time and effort required to produce quality materials. "We were making materials from our own ideas of the community," noted Kamala Adikhari, committee member and director of the Women's Rehabilitation Center. The use of fear-inducing, threatening and negative messages has also been markedly reduced.

Perhaps most important for the sustainability of the committee, the peer review

Information, education and communication materials produced by NGOs that are members of the Nepal NGO HIV/AIDS IE&C Coordination Committee.

process has evolved in a way that is constructive and has resulted in dissemination of more accurate, consistent and targeted messages.

"Groups are now much better able to direct messages to their specific target groups than before," said Pradeepta Upadya, a committee member and president of the Women's Inspiration Council.

Participation rates are high, in part because of the benefits gained from committee membership, but also because of the positive group dynamic that has emerged and the mutual respect that characterizes member relations. The pride that members take in their collaborative work is illustrated by the recent decision to print the committee's name on all reviewed and approved materials as a form of quality certification.

Politics and Sustainability

Unfortunately, the growth, institutionalization and increased status of the IE&C Committee has politicized decision making to some degree and increased competition for leadership among members.

"Attempts to further institutionalize the committee through the establishment of membership criteria and protocols and by defining the different member roles caused us to deviate from our actual goals and objectives," explained Maneesha Singh of the Life Saving and Life Giving Society (LALS).

While the pull of institutionalization has been great, committee members now realize that establishing formal group rules, norms and structures can create complications. Clearly institutionalization is a process that should evolve gradually to avoid accentuating the divisions that exist within any network. To refocus the group on its true mission, members agreed to table decisions on divisive topics and shift the agenda back to IEC materials development.

In the politically charged climate of Nepal, questions have also been raised about the autonomy of an NGO committee being undermined by the presence of international NGOs, donors and the government.

While these developments could weaken the cohesiveness of the group, they have also advanced important, if difficult, discussions about long-term sustainability and encouraged SC/US to assess carefully its own role on the committee. Options for gradually transferring key committee functions from SC/US to other members are being explored. Members are also discussing the possibility of collectively raising funds to support committee operations. It is hoped that the committee will surmount political challenges and continue to build on its earlier successes. ■

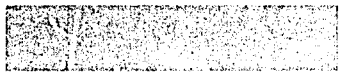
The use of fear-inducing, threatening and negative messages has been markedly reduced.

"Participation has resulted in the indirect benefit of letting NGOs know what others are doing," Upadya said. "It's an excellent networking forum that goes well beyond the IE&C issues that originally brought us all together."

Matthew Frey is the program advisor and Navin Pyakuryal is the project manager for Save the Children, U.S.'s Nepal Field Office.

Centers of Excellence in Asia: A Regional Approach to Capacity Building

by Chalintorn Burian, AIDSCAP



Without effective AIDS prevention programs, 55 million Asians could be infected with HIV by the year 2020. To help individuals and organizations in Asia meet this challenge, the AIDS Control and Prevention (AIDSCAP) Project has entered into unique partnerships with three institutions in Thailand.

The partnerships are part of the Regional AIDS Training and Education (RATE) Program, which is sponsored by the Asia and Near East Bureau of the United States Agency for International Development. Through RATE, AIDSCAP has conducted training courses in HIV/AIDS communication, management of sexually transmitted disease, HIV/AIDS policy, quality news reporting on HIV/AIDS, and training skills for more than 140 people from 10 countries since 1993.

To ensure that these capacity building efforts can continue after the RATE Program ends, AIDSCAP is working with the three Thai organizations to develop regional "centers of excellence" in key areas for HIV/AIDS prevention. The Institute for Population and Social Research of Mahidol University has been chosen as the Center of Excellence in AIDS Policy Training, the Women's Studies Center of Chiang Mai University serves as the Center of Excellence in Women and AIDS, and the Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit

University has been designated the Center of Excellence in Communication and Training Skill Development.

Through these centers of excellence, AIDSCAP aims to simultaneously develop individual, organizational and institutional capacities to enhance the sustainability of HIV/AIDS prevention programs.

ADCC's experience is a case study of this capacity building approach. In 1994 AIDSCAP worked closely with ADCC to organize two workshops on communication development and training of trainers for 33 participants from organizations working in HIV/AIDS prevention in seven Asian countries. AIDSCAP and ADCC staff adapted a curriculum, originally designed by the Program for Appropriate Technology in Health (PATH), to address training needs identified through discussions with managers at participating organizations and questionnaires sent to participants.

Preparations for the workshops included several planning and coaching sessions and a final "dress rehearsal" to synchronize the different sessions, which were led by ADCC staff teamed with trainers from PATH and AIDSCAP or other resource people.

"The team teaching demanded great efficiency in management and coordination skills," said Dr. Cappia Taqueban, deputy director of ADCC.

AIDSCAP and ADCC used a work plan with a systematic check list to monitor all training activities. The

check list indicated the responsible person and deadlines for each task to be accomplished. Using such tools for systematic management is particularly important in a project like this one that involves so many different participants and organizations.

Since "excellence" can be an abstract concept, AIDSCAP and ADCC also worked to ensure that all trainers had a concrete understanding of what was expected of them. Examples of curricula, communication materials and reports were used to set standards for acceptable products.

Careful selection of participants was another key to the success of the workshops. In the past, AIDSCAP had found that many participants were sent to training workshops with no consideration of whether they would have an opportunity to apply what they had learned when they returned to their jobs. Some changed jobs soon after they had completed the training.

To address this problem, AIDSCAP developed guidelines for selecting training participants. These guidelines specify that the immediate supervisors of participants should be responsible for the selection, that they should choose participants whose learning needs can be met by the identified training activities, and that they must provide participants with opportunities to implement what they have learned when they return to their jobs. USAID personnel in each country work closely with trainees' supervisors to ensure that supervisors and trainees understand what is expected of them

and how their performance will be evaluated after the training.

According to Dr. Taqueban, the guidelines made a difference. "Never in my training career have I come across participants with such rich experience who were as motivated to learn," she said. "They made me prepare myself better and work harder to meet their expectations."

Choosing the right collaborating agency is crucial to the success of a capacity building effort. AIDSCAP has found that it is best to work with an organization that is a "rising star" one with great potential, but still lacking capabilities in areas that could be strengthened through technical assistance and training. Such organizations tend to be more open to capacity building than well-established groups accustomed simply to receiving financial support.

ADCC, for example, was already well known in the region for its training courses in development communication, environment, health and family planning, but had not worked in HIV/AIDS prevention before. A trainer with many years of experience, Dr. Taqueban saw the collaboration with AIDSCAP as an excellent opportunity for both professional and organizational development.

AIDSCAP emphasizes that capacity building is a two-way learning process.

Having a dependable collaborator like Dr. Taqueban is also essential to successful capacity building. But finding someone who is open-minded about this process may not be easy. False pride often gets in the way.

The best counterparts help orient other project staff to appreciate the collaboration as an opportunity for self-development. Crises have been averted by the courageous actions of a few individuals who have a genuine understanding of and faith in the capacity building process.

In our work with counterparts, AIDSCAP emphasizes that capacity building is a two-way learning process. We know that we can learn a great deal from our counterparts and their colleagues. Approaching the collaboration as co-learners helps reduce resistance to technical assistance and makes the experience more valuable for all participants.

"This project provides opportunities for individual capacity building for ADCC staff as well as participants," Dr. Taqueban said. "Personally, I have gained so much as a trainer, facilitator and project manager."

Dr. Taqueban added that the collaboration offered opportunities for ADCC to build its organizational capacity as well. "As a center, we are now able to expand our work into a new field," she explained. "Among many other benefits, the quality materials developed and effective methodology used will serve as standards for our future courses."

One problem ADCC faces is a shortage of qualified staff. "I do not yet have enough quality staff to do the kind of meticulous preparation and coordination for each training session that we did with AIDSCAP," Dr. Taqueban said. "Fortunately, with the success of the two workshops, the top management of the university has been convinced to recruit new staff for ADCC immediately."

By the end of the project in 1996, AIDSCAP and ADCC will have established a network of HIV/AIDS communicators and trainers in Asia. AIDSCAP is helping ADCC strengthen its institutional capacity to support this network and to build the communication development and training capacity of other organizations in the region.

As part of this institutional development effort, ADCC is beginning to create a pool of resource people and

Dr. Cappia Taqueban, deputy director of ADCC, leads a discussion at a capacity building training session.

AIDSCAP Asia Regional Office

Asian Centers of Excellence

Lessons Learned in Capacity Building

- ✓ **Choose a collaborating agency that is open to capacity building.**
- ✓ **Choose a dependable counterpart that supports capacity building.**
- ✓ **Recognize that capacity building is a two-way process.**
- ✓ **Select training participants who will have opportunities to use what they have learned.**
- ✓ **Use a clear work plan and check list for systematic management.**
- ✓ **Define excellence to ensure acceptable standards of performance.**
- ✓ **Create a pool of resource people and facilitators.**
- ✓ **Establish indicators for impact evaluation at the beginning.**

facilitators, including workshop "graduates," who can assist in future training efforts. Having a pool of competent resource people who will continue to serve in training and education activities no matter where they work is particularly important in Asia, where increasing employment opportunities in HIV/AIDS work are causing rapid turnover within many organizations.

Although it is too early to assess the impact of the capacity building project with ADCC, AIDSCAP has already begun to plan a participatory evaluation that will be conducted with participants, their supervisors and those affected by participants' learning. AIDSCAP has learned that collaborators must have a clear understanding of what indicators will be used for evaluation from the beginning.

AIDSCAP recommends that training activities be evaluated at the end of a workshop or session through pre- and post-tests of knowledge, an assessment of participants' attitudes before and after training, and an analysis of participants' verbal and written reactions to the training. In addition, during the training sessions participants are given opportunities to demonstrate their new skills and receive feedback. For example, participants are videotaped while conducting mini-training sessions. Trainers and participants then watch the tapes and discuss them, offering constructive suggestions for improvements.

Once trainees are back on the job, the training can also be evaluated through periodic performance evaluations and impact evaluations to determine whether the training problems identified in the initial needs assessment have been solved.

An early indicator of the success of the capacity building partnership between AIDSCAP and ADCC is ADCC's continued use of the curricula from the two workshops. Communication and training of trainers modules from the curricula will be incorporated into two of ADCC's regular training courses beginning this summer. The full curricula will be used in two new training courses, "Communication Strategies and Techniques for Sexual Behavior Change" and "Training of Trainers for HIV/AIDS Communication Programs," that ADCC plans to offer every year.

Chalintorn Burian, Ph.D., is the training officer in AIDSCAP's Asia Regional Office.

Dominican NGOs Move From Competition to Collaboration

by Hally Mahler, AIDSCAP

Building skills is a critical aspect of capacity building, but building bridges — human bridges — is often as important to the success of joint projects.

Three years ago, a partnership between Betania Betances of Coordinadora de Animacion Socio Cultural (CASCO) and Liliana Rocha of the Instituto Dominicano de Desarrollo Integral (IDDI) would have been unlikely. Faced with uncertainty about continued donor funding, their nongovernmental organizations (NGOs) were more likely to compete than cooperate.

Now, the two women meet regularly to coordinate HIV/AIDS prevention projects for youth in the Dominican Republic.

In 1992 the seven NGOs working in HIV/AIDS prevention in the Dominican Republic received most of their support from the U.S. Agency for International Development (USAID). When USAID's AIDSTECH project handed the project over to the newly created AIDS Control and Prevention (AIDSCAP) Project in September 1992, the mechanism for funding the NGOs' HIV/AIDS projects after fiscal year 1993 had not been decided. AIDSCAP's challenge was to prepare the NGOs for the time when USAID would no longer be their primary source of income and technical assistance.

"These NGOs represented nearly the entire core of organizations working in AIDS prevention with primary target groups in the Dominican Republic," said AIDSCAP Resident Advisor Martha Butler de Lister. "We recognized that it takes time for field outreach people to acquire technical and methodological skills, and therefore we were determined to bring them farther along this road before we had to leave them."

AIDSCAP worked with NGO staff to assess the technical, managerial and

Hally Mahler, AIDSCAP

More than 30 young adults ages 13 to 24 join in a guided participatory discussion in the first of IDDI's four peer educator training sessions.

An unsuspecting passerby is getting HIV prevention information from a health messenger dressed as a commercial sex worker acting in COIN's educational street theater.

administrative needs of the NGOs. What they found were creative people who had developed thoughtful, innovative projects. Yet many NGO staff lacked administrative experience and had difficulty managing, evaluating and documenting their activities.

To meet these needs, AIDSCAP developed an institutional strengthening plan, including a series of capacity building workshops, in 1993. Many of the NGOs, however, were not interested in attending workshops with other organizations. Anticipating the need to compete for limited funds, they were reluctant to share ideas and work together.

"These groups weren't being collaborative with us or each other," Dr. Butler said. "They were so concerned with funding that they had forgotten about what they were supposed to be doing — fighting AIDS. We knew that we needed to try something drastic and nontraditional to get them focused, or all our efforts would be lost."

The NGOs recognized the problem as well. "Personality problems, economic problems and professional difficulties were tearing us apart," Elizardo Puello of CASCO recalled. "It was very clear that we were headed in the wrong direction."

Enter Dr. Josefina Romero, subdirector of the Instituto Terapia y Desarrollo Humano, who has been conducting human and institutional development workshops for private and governmental organizations for eight years. Dr. Romero begins by identifying the personal as well as professional needs of people in the workplace.

"I've discovered that people who work with people need first to understand themselves, express their needs, understand how they exchange information, and determine what is most important to them in life," she explained.

Dr. Romero's "STOP" workshop engages participants in a personal review of the actions, beliefs and spiritual values that are often overlooked when people work in large groups. She calls it "STOP" because participants are asked to stop and examine the lessons they learn about themselves and their colleagues during each activity.

Dr. Butler thought this approach could help NGO personnel learn to work together. "I felt that if they were able to identify what motivated them to work in the AIDS field, they would be able to move beyond the difficulties we were experiencing," she said.

Participants received assertiveness training and discussed ways to hold on to strong moral beliefs without imposing them on others. Through role play-

The challenge was to prepare the NGOs for the time when USAID would no longer be their primary source of income and technical assistance.

ing, the cornerstone of the workshop, participants gained a better understanding of how they might react under stressful conditions. They also learned to devise strategies for preventing misunderstandings. Perhaps most important, participants were asked to put themselves in the roles of their target audiences and other NGOs.

Dr. Romero described a "watershed moment" that occurred during one of the workshop activities. Participants were asked to choose a partner from another NGO, and one person in each pair was blindfolded. The person without a blindfold had to guide the other through "the path of life," a set of difficult obstacles. After the activity, participants were asked to discuss their experiences during the exercise.

"Many of the blindfolded participants reported they began the exercise not being able to trust the person who was leading them," said Dr. Romero. However, with each successfully negotiated obstacle, they gained trust in their partners. Several people were able to make a link between their feeling of helplessness during this exercise and the feelings of abandonment they were experiencing as the project was at a turning point."

Those who had served as leaders also drew parallels between the responsibility they felt as they guided their partners and their approach to HIV/AIDS prevention work.

"I understand now the tremendous responsibility I have put on myself by feeling that my way is the only way to help stop the spread of AIDS," recalled one participant. "There are many paths to achieve our objectives, just like there were many ways to approach the obstacle course. I need to be more tolerant and open to the different paths my colleagues have chosen."

After the STOP workshop, NGO project managers and staff participated in AIDSCAP workshops on project design, financial management, and monitoring and evaluation. In addition, AIDSCAP staff gave many NGO personnel individual training in office procedures and writing project proposals as they worked together to develop projects.

"We needed to try something drastic and nontraditional to get the NGOs focused, or all our efforts would be lost."

In late spring 1993, USAID decided to continue funding HIV/AIDS prevention activities in the Dominican Republic. Although this decision was unrelated to the success of STOP and the capacity building workshops, AIDSCAP staff took advantage of the momentum from these efforts and the funding extension to meet with the NGOs and discuss ways they could work together.

One result was Project Acuario, a joint effort of CASCO and IDDI that targets youth ages 13 to 24 in four poor communities in Santo Domingo. The project includes direct educational interventions for an estimated 39,000 youth and training workshops and outreach to encourage youth, parents, teachers and local community-based organizations to reach another 85,000 young people with HIV/AIDS prevention messages.

The strength of Project Acuario lies in the different experiences and backgrounds the staff members of each organization bring to the project's design and implementation. CASCO's greatest contribution is its expertise in working with youth. IDDI's community development approach has made it a credible source of advice and assistance for young adults in the community.

As a result of the collaboration between IDDI and CASCO, HIV/AIDS activities have been integrated into a larger primary prevention system that helps communities address many different health threats. This system involves families, schools, neighbors, sports clubs, churches and other community groups in HIV/AIDS prevention outreach to youth.

In addition to Project Acuario, two other initiatives have teamed NGOs with diverse but complementary backgrounds. The Centro de Orientacion y Investigacion Integral (COIN) and the Comite de Vigilancia y Control del SIDA (COVICOSIDA) are working together to standardize their strategies and methods for reaching the same target audiences in different regions. One project brings together COIN and Amigos Siempre Amigos (ASA) to reach men who have sex with men.

While the NGOs are proud of their joint efforts, they also have learned to be realistic about their expectations.

"It isn't easy to consolidate methodologies and policies that are similar but not the same," said Betances of CASCO.

"Many preconceived ideas have to be abandoned. But the evaluations of our workshops tell us that the results of this unification are successful in terms of quality, organization and effective strategies."

Some organizations found such collaboration difficult. "The most painful thing about capacity building is that you lose some people along the way," Dr. Butler said. "Not everybody is willing to change."

The remaining NGOs, however, are committed to maintaining the spirit of collaboration fostered at the STOP workshop, when they remembered that their overriding goal — preventing HIV/AIDS — was more important than their personal ambitions and conflicts.

Hally Mahler is a program assistant in AIDSCAP's Behavior Change Communication Unit.

Capacity Building and Developing Communication Materials: One Poster's Story

by Pawana Wienrawee, AIDSCAP

This poster, designed in a collaborative effort between AIDSCAP and the Bangkok Metropolitan Administration, encourages condom use by the clients of commercial sex workers.

The poster shows a woman draped in a sheet and a bare-chested man with his pants unzipped, embracing. The man holds a condom, and the text reads, "If you know how to please me, I am sure to please you any way you want."

Posted in hotel and brothel rooms and in the restrooms of "indirect" sex establishments such as cafes and karaoke bars throughout Bangkok, this AIDS education poster was designed to encourage condom use by the clients of commercial sex workers. But when a newspaper printed an article about the poster with a photograph, critics charged that it promoted sex, not AIDS prevention.

After the photo was published, two of Bangkok's daily newspapers ran critical columns about the poster. "This reflects that there are no more ethics left in Thai society," wrote a columnist in the *Thai Financial*. Another columnist urged that AIDS education materials communicate messages about safer sex "with better taste."

The columns also quoted readers who thought it was too explicit. One man lauded the purpose of the poster, but faulted its execution as "promoting sex as fun, which is very inappropriate."

"It's quite on the edge," another reader told the newspaper. "If put in the wrong place, it could be dangerous."

A few people said they would not object to the poster if it were not displayed in public. Only one of the newspapers had mentioned that the posters were to be placed only in brothels and the restrooms of other places known to offer commercial sex services. According to the Bangkok Metropolitan Administration (BMA) AIDS Division, 22 percent of "direct" sex workers (brothel based and street walkers) and 6 percent of the "indirect" prostitutes in Bangkok were infected with HIV as of June 1994.

Officials from the Ministry of Public Health (MOPH) and the BMA, which had produced the posters along with the AIDS Control and Prevention (AIDSCAP) Project, were also asked to comment on the controversial poster.

Instead of becoming defensive, these often conservative officials made a strong case for the need for frank but carefully targeted HIV/AIDS prevention messages. They said that the poster was aimed at a specific audience and that the media had taken it out of context. The directors of the BMA Division of Sexually Transmitted Disease (STD) Control and the MOPH's Department of Communicable Disease Control (CDC) urged the media to be more open-minded.

"These creative ideas should not be harshly attacked," said Dr. Payoon Kunasol, who was director of the CDC

When a newspaper printed an article about the poster with a photograph, critics charged that it promoted sex not AIDS prevention.

at the time. "We need more people to express new ideas in finding solutions to the AIDS problem."

"In the past many AIDS education materials produced by the government never got any attention from the public or the media," Dr. Sompong Phengsri, director of the BMA STD Division, pointed out.

"But when this material came out it drew a lot of attention, particularly from people who live the night life they know right away what we want to communicate to them."

These officials were able and willing to defend the poster because they had been briefed by the people who developed it and understood why it was likely to be effective with the target audiences. A working group made up of staff members from the BMA's AIDS and STD Control Divisions had worked closely with AIDSCAP's Thailand staff to produce the poster and other HIV/AIDS prevention materials for sex workers and their clients.

The materials, which encourage use of STD services as well as consistent condom use, were developed as part of an AIDSCAP-funded project to improve STD diagnosis, treatment and prevention at nine BMA clinics. The project includes outreach education for sex workers and their clients, as well as technical assistance to improve services at the clinics.

The purpose of AIDSCAP's collaboration with the working group was not simply to produce posters and other educational materials. Instead, it was designed to transfer the skills needed to develop effective communication strategies, messages and materials for specific audiences through on-the-job training with AIDSCAP communication staff.

The working group began by conducting focus group discussions to identify gaps in knowledge about STDs and HIV/AIDS and barriers to the use of condoms and STD services. About 20 male clients of the BMA STD clinics participated in the focus groups. A number of sex workers and brothel owners also were interviewed.

Based on these findings, the group came up with three ways of appealing to the target audience to encourage consistent condom use. One used fear as the motivation, showing a couple in bed with the legend, "Use condoms so your love scene won't turn into a sad scene." Another appealed to men's pride in their virility: "A gun man can use up his bullets since he is protected by condoms." The third was the passionate couple, with the woman saying, "I love to please a man who pleases me by wearing a condom."

The next step was to pretest drafts of posters and other materials with these messages with members of the target audiences. BMA staff were not convinced of the need for pretesting, believing that it would be tedious and not very useful, but agreed to be trained in the technique and to pretest all the materials. After they had done the pretesting, however, they were surprised at some of the participants' reactions and felt they had a better understanding of the target audiences.

Focus group participants responded best to the "sexy" approach rather than scare tactics or a "macho" appeal. This finding is consistent with the experience of other projects working with similar target audiences.

The pretesting experience paid off when the controversy over the posters erupted because members of the working group were able to explain to their supervisors exactly why this approach had been chosen and why it was necessary. "I'm glad we did the pretesting," many of them said.

The materials development process, including on-the-job training for the BMA working group, focus group discussions, development of prototype materials, pretesting and production took about eight months. Because of the time they had invested in developing the materials and their close partnership with AIDSCAP staff, members of the working group also defended the poster as their own work rather than something imposed on them by outside technical advisors.

Although administrative authorities were satisfied with the working group's explanation and were able to defend the poster to reporters, a high-level BMA politician was still concerned about its message and asked that the BMA credit be taken off the poster.

Months later, however, the poster was still being used in brothels, hotel rooms, cafe restrooms and other strategic places throughout the city. Even more important, the BMA now has a working group with strong communication skills and a thorough understanding of the materials development process. This group has been assigned to develop communication materials for the BMA's new STD/HIV control program.

Pawana Wiennawee is the resident advisor for AIDSCAP's program in Thailand.

Community-based Capacity Building In Rural Senegal

by Deborah Hall Ventmiglia

When Senegalese community leader Mareme Käiré wanted to begin an HIV/AIDS awareness program in her community, she headed straight to the village mosque.

Kairé knew that the involvement of local marabouts (Islamic teachers) would be critical to the success of any awareness campaign, particularly one dealing with such a sensitive topic. A Muslim woman involved in many development activities in her community, she understood the power and influence religious leaders have in Senegal, where 94 percent of the 7.7 million people embrace Islam.

She was respectful but direct when she described the threat of HIV/AIDS to the Islamic elders. "I explained that AIDS affects everyone, and if they didn't make people aware of the dangers, eventually they would have no *talibes* (followers)," she said.

Kaire, who lives in a village of the same name located 100 kilometers northeast of Dakar, is the wife of a respected farmer whose family links her to one of the region's most important marabouts. She has about 20 years of experience working with small development initiatives for women and is vice president of FONGS, a national consortium of village associations and local nongovernmental organizations (NGOs).

Karen Hunter/AIDSTECH—courtesy Mareme Kaire

Senegalese community leader Mareme Kaire.

A vibrant, dynamic woman who has no formal education, Kaire, 42, founded L'Association Rurale de Lutte Contre le SIDA (ARLS), a community-based association in northern Senegal, in 1992. ARLS' goal is to inform rural people about HIV/AIDS, help them identify and analyze the factors that contribute to the spread of the virus in their communities, and enable them to plan and carry out effective, appropriate prevention interventions.

Kaire and the association's nine other founding volunteer members trained themselves as HIV/AIDS educators by collecting documents about the subject and holding their own study sessions. In less than six months ARLS had launched information, education and communication (IEC) activities in six villages, using its own resources and working through existing community networks and local development associations.

Marabout El Hadji Amadou Sock (extreme left) is introduced to Oxfam Representative Abdou Sam and AIDSCAP Resident Advisor Connie Davis (center) by Mareme Kane.

In August 1994 the AIDS Control and Prevention (AIDSCAP) Project awarded a grant of $2,826 to ARLS through its Rapid Response Program. This grant enabled the 10 volunteers to receive HIV/AIDS training and expand their activities to 23 villages in northern Senegal. The training was provided by Africa Consultants International (ACI), an NGO in Dakar.

The HIV/AIDS Threat

Kaire became concerned about the impact of HIV/AIDS on rural communities after participating in an HIV/AIDS prevention workshop offered to local NGOs by ACI, the United Nations Development Programme and the Arid Lands Information Network in Mbour, Senegal.

"I suddenly saw that all that we had accomplished in our village was at risk because of AIDS," she said.

According to Senegal's National AIDS Control Program (NACP), the national HIV seroprevalence level among adults is about 0.9 percent. However, in trade centers such as Ziguinchor and Kaolack, the rate of HIV infection among those considered at greatest risk of infection is much higher. For example, among sex workers HIV seroprevalence is estimated to be 21.9 percent in Zinguinchor and 33.9 percent in Kaolack.

Although HIV/AIDS is considered to be at "pre-epidemic" levels in Senegal, it could easily follow the same epidemiological pattern seen in neighboring Côte d'Ivoire, where the virus has spread rapidly among the general population and one out of 10 sexually active adults in the capital city may be HIV-positive. The NACP projects that by 1998, 90,944 Senegalese will be infected with HIV and 10,041 will have developed AIDS.

Poverty and the migration associated with it contribute to the spread of HIV. A reported 50 to 80 percent of Senegalese men leave their rural villages to find work in Dakar and other cities in Senegal and abroad. Thousands of young women also head to urban centers every year to seek domestic work. Many, faced with unemployment, become involved in commercial sex work.

Although migration and formal and informal prostitution have always existed in Senegal, both have increased recently, in some part due to the currency devaluation in January 1994. After 45 years of stability, the CFA (currency of francophone Africa) franc used by 14 West African countries was devalued by 50 percent against the French franc.

Recognizing that the populations of Kaire and surrounding villages are increasingly mobile, Kaire says it is critical to inform men and women about AIDS prevention before they leave home and to target their partners who are left behind.

HIV/AIDS and Islam

The message ARLS community workers relay, with the blessing of the marabouts, is one of both fidelity within marriage and abstinence before marriage.

Religious leaders realize that an informed community can change its attitudes and behavior. Several marabouts have become active members of ARLS, and one designed the association's emblem, a small machete. "This machete is not one that inflicts punishment, but one that can help clear the path to behavior change," Marabout El Hadji Amadou Seck said.

Islam, Kairé explained, is not as closed to discussion of sexuality as some Westerners may think. Certain verses of the Koran are quite explicit about male-female relationships within and outside marriage. She uses these verses to begin discussions during meetings with religious leaders and village education sessions.

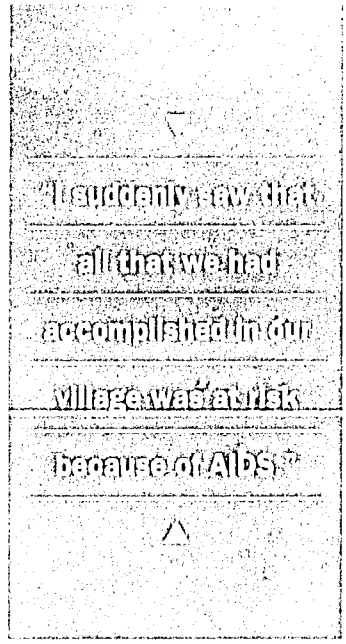
"One's approach is everything," Kairé said, wrapping a translucent veil demurely over her Senegalese head scarf to demonstrate how she dresses to show her respect when meeting with religious leaders. Her status in the religious community, as well as her age, gives her entree to levels of society that many other Senegalese women do not have.

"Mrs. Kairé is a charismatic organizer from the grassroots who is demonstrating what the commitment of one person can accomplish," said Dr. Cornelia Davis, resident advisor for AIDSCAP in Senegal. "When she speaks, she commands attention."

Skills and Method

Kairé organizes AIDS awareness sessions involving entire villages because she firmly believes that HIV/AIDS is a problem that affects everyone in the community and needs to be discussed openly. Gatherings such as baptisms and funerals also offer opportunities for ARLS workers to spread the message.

While fidelity and abstinence are the primary messages, Kairé thinks it is realistic to talk about condom use as well. "I tell them if you go into town and you have to have sex, then use a condom."



Cultural practices such as polygamy and circumcision and how they relate to HIV/AIDS transmission are also discussed. Islam permits a man to have up to four wives if he is able to provide for them. Kairé stresses that infidelity can put all partners at risk.

Information about HIV/AIDS transmission and condom demonstrations using a wooden model are given in large, mixed groups. Skills such as negotiating condom use and talking to partners about sexual issues are practiced in smaller, same-sex groups.

When ARLS volunteers conduct condom demonstrations, the crowd "bursts into laughter when we take out the condoms and show the penis model," Kairé said. "But when the laughing stops, the group is more relaxed and more open to talking about AIDS and prevention."

Capacity Building

The 10 original ARLS volunteers not only disseminate prevention messages, but transfer their knowledge and skills to other village volunteers. These community HIV/AIDS educators are learning to conduct community outreach sessions and to educate people about how to prevent HIV transmission.

In addition to training village volunteers as HIV/AIDS educators, ARLS members work with existing community networks, including youth and women's groups and farmers unions, to encourage them to integrate HIV/AIDS education into their current activities. In the process, they strengthen relationships among community members, link community networks and empower people to better understand community health problems and develop their own solutions.

"Association leaders are members of the same community as the target audience," Dr. Davis said. "They can work with the community to analyze factors that may put them at risk of HIV/AIDS and develop messages and activities to respond to them."

ARLS has also started to strengthen the capacity of other community-based organizations. For example, Kairé visits Zinguinchor in southern Senegal once a month to advise and provide technical assistance to a group that is modeling its program after ARLS.

"She's initiated a rural movement to fight AIDS throughout Senegal," said Abdou Sarr, director of OXFAM/U.K. in Senegal.

Changing Attitudes

Like most women everywhere, Senegalese women find condom use a delicate topic to negotiate. Women are not used to talking about sex with their husbands, and many men tell their partners that they prefer "natural" sex. As one village woman said, "After my husband has been away for two years, my first question is not going to be about condoms!"

The lack of condoms in rural villages also poses a problem. Sometimes the nearest condom outlet is half a day's trip by donkey cart.

Senegalese men, particularly youth, do not consider abstinence an attractive option. Because so few men stay in the villages, women are even more reluctant to delay intercourse or to ask their partners to use condoms.

Despite these obstacles, Kairé has noticed a change in attitudes. More people are approaching ARLS to ask

Community members exchange ideas at an ARLS meeting.

questions about HIV/AIDS. "People are realizing that AIDS kills," she said, "but change takes time."

Kaïré has also seen some evidence of behavior change. Villagers are no longer performing several male circumcisions with the same knife. (Female excision is not widely practiced in Senegal.) They are also more understanding of people with HIV/AIDS.

Sarr has followed the progress of ARLS from its inception. After a recent visit to villages targeted by ARLS, he remarked that "people really understand that HIV and AIDS exist. It's not just something they hear about on the radio." He noted that villagers were seeking out ARLS educators to obtain more information about HIV/AIDS prevention and ask where they could purchase condoms.

These requests highlight the desperate need for educational materials in indigenous languages and for condoms in rural areas in Senegal. In response to community requests, ARLS has begun to translate some IEC materials into Wolof, the major language in northern Senegal, and plans to develop materials for people with low literacy.

Future Directions

Kaïré insists that although education is critical, HIV/AIDS and poverty are inseparable. "As long as we don't have job opportunities in our villages, young men and women will continue to migrate and the threat of AIDS will spread," she cautioned.

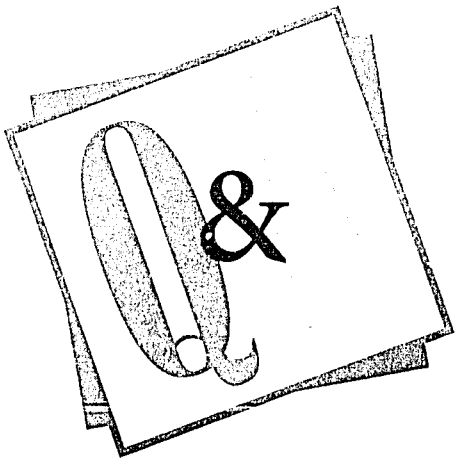
In response to community requests for education and income-generating opportunities, ARLS has begun offering adult literacy training and is seeking funding to introduce more income-generating activities at the village level.

ARLS is also applying for NGO status in Senegal and writing a one-year project proposal to submit to AIDSCAP/Senegal. This project would add prevention counseling and counseling of people with HIV and AIDS to the association's activities.

The experience of ARLS and other indigenous groups in Senegal offers valuable lessons for HIV/AIDS prevention. Their strengths include a profound belief in their communities, recognition of the limitations of external expertise, and a commitment to skill building and to strengthening already existing social networks.

"Little by little, one catches the monkey in the countryside," the Senegalese say, quoting a popular Wolof proverb. Little by little, with the help of community-based associations like ARLS and committed community leaders like Mareme Kaïré, villages are beginning to initiate HIV/AIDS prevention programs that could slow the spread of the epidemic in Senegal.

Deborah Hall Ventimiglia, M.A., MPH, a consultant for NGOs working in HIV/AIDS prevention in Dakar, Senegal, has worked for Africa Consultants International and AIDSCAP/Senegal. Previously she was on the staff of AIDSCAP's Behavior Change Communication Unit at the project's headquarters in Arlington, Virginia.



Reaching Refugees With Early HIV Interventions

In April 1994, hundreds of thousands of Rwandan refugees fled from ethnic violence into northern Tanzania. Emergency camps, created practically overnight, were overwhelmed with as many as 4,000 new refugees each day. As conditions in the camps grew desperate, relief agencies struggled to take care of basic needs: food, clean water, shelter, sanitation and first aid.

But even as camp life stabilized, another crisis loomed: the threat of HIV spreading through the refugee population. Before the exodus, Rwanda had estimated urban HIV infection rates as high as 33 percent, based on seroprevalence studies among selected groups of antenatal clinic attendees in Kigali, the capital. Overcrowding, jobless days full of idle time, a flourishing commercial sex trade, and severe strains on traditional social structure and family life had left camp residents acutely vulnerable to infection.

In August 1994, AIDSCAP initiated a one-year HIV education and prevention pilot project at the huge Benaco Camp, which has a population of about a quarter million refugees. AIDSCAP contracted with CARE, the NGO that has worked in Benaco since the camp's inception, for peer education training and other HIV prevention services, and with Population Services International (PSI) for a condom social marketing and distribution program. Another AIDSCAP subcontractor, John Snow Incorporated (JSI), conducted a baseline knowledge, attitudes and practices survey among camp residents, discovering high levels of HIV awareness and understanding of the importance of condom use but a much lower level of safe sex behavior. Such early HIV interventions in a refugee setting have never before been attempted on this scale.

In the past few months, CARE has moved its operations to the Musulmira Hill Camp adjoining Benaco. Unfortunately, continuing violence in Rwanda has brought more refugees into the region, dashing hopes that refugees may be able to return home soon.

AIDScaptions interviewed Paurvi Bhatt, a senior program officer in the Primary Health Care Unit at CARE, who visited Benaco in March.

With so many concerns about basic survival, was it difficult to get refugees in the camp interested in HIV/AIDS prevention?

Refugees in the camp started asking for family planning services, in particular for condoms, in the first few weeks. Many of them had been exposed to at least five years of HIV education from past programming in Rwanda. So our response was very much demand-driven. It wasn't something that CARE imposed, because we feel strongly that only when refugees' basic needs are met can you begin this kind of programming.

Has early HIV intervention been attempted before in a refugee setting?

I don't know of any other programs that have been done this early. I know this project has stimulated a lot of thought on the timing of reproductive health services in emergency settings, and that includes all reproductive health services — family planning and safe delivery and all the rest — not just HIV. So now the United Nations High Commission on Refugees (UNHCR) is working with the World Health Organization (WHO) and the NGOs who work in relief on guidelines for when

Such early HIV interventions in a refugee setting have never before been attempted on this scale.

it is appropriate to begin these services. Other NGOs became interested, and we provided training and turned over training materials to them so there would be some uniformity in the way HIV services are delivered.

What was CARE's experience with HIV programs in Rwanda before the exodus?

CARE's first AIDS program was in Rwanda. We've been working there since 1989. Before the refugee exodus, we worked with displaced populations — that is, internally displaced, in post-emergency situations. Our USAID-funded program had achieved a 15-fold increase in condom usage in this population. So we have a history with the Rwandans, and it was very logical for us to pick up what we'd already started years before. And now, with the help of AIDSCAP, we're picking up programming in Rwanda again.

Were families able to survive and find each other in the camp?

Many people lost a great deal. Unaccompanied children are a real problem. NGOs are helping to reunite families, particularly the kids, either with parents if possible or with extended family. But there are many people who have no other family members with them.

Is the camp population homogeneous, or does it reflect the spectrum of Rwandan society before the exodus?

There is a great mix of people at Benaco: people who are farmers, professionals, merchants. So many people were forced to flee that they came from many regions, both urban and rural. The main language, Kinyarwanda, is spoken traditionally, but French is the colonial language, and you hear both in the camp.

What remains socially and culturally of the life the refugees left behind?

People organize themselves in communes, similar to the way they were organized in their home communities in Rwanda, and they retain at least some of the identity and culture from the past. The communes have commune leaders, which allows for some continuity with the old political structures. The parents may be missing, the children may be missing, but the community is still there to take care of people who don't have families. And now there are people presenting with symptomatic AIDS, which is a touchy situation in a setting where confidentiality is difficult to maintain.

How is the camp dealing with these cases?

Our project is supporting Disaster Relief Agency (DRA), the NGO that coordinates social services in the camp. So while active involvement in the care of AIDS patients is not our project's main mission, what we've done is to be proactive with the issue, saying, look, there are people who have been in the in-patient clinics for a while, who have symptoms of AIDS and who are going to need long-term care.

How do the peer educators operate in the camp?

We have paid AIDS community educators (ACEs), about 120 of them, who work within their own communes to provide both one-on-one sessions and group sessions. They also organize special events and gatherings. These peer educators work in very creative modes within their communities to try to reach as many people as they can. They also distribute condoms.

How did you select peer educators?

Initially we looked for refugees who had worked in CARE programs in the past in Rwanda. We expected to find more than we actually did, and found we needed to hire more broadly. So staff from CARE and ISI started interviewing people with a health or education background. They had a slew of applications, another indication that

CARE

CARE has implemented HIV/AIDS prevention activities in the Benaco Camp with more than 100 AIDS community educators.

World AIDS Day at Benaco Camp actually lasted a week, with soccer games, parades and different types of educational sessions scheduled. This banner marks the location of one of Population Services International's information booths.

awareness of this issue is very high.

Do peer educators put in long hours?

They do. When I was there the rainy season was kicking in and it was tough to walk around, but they were out and busy. There's something happening every day for them, and often major long-term activities that they need to organize.

How about condom distribution?

Condom distribution is very high, about 150,000 condoms per month. PSI is working on the logistics of condom management and on a mass media type of information, education and communication (IEC) design as well. The project was much more generally focused on the general population of reproductive age up until this point. Now, with a series of focus groups, PSI is going to hone in on some of the vulnerabilities of women, of youth and of men as partners of women.

Are condoms free?

Yes. Because this is a refugee population, a standard social marketing campaign for condoms that required cash was not workable. This is a new challenge for PSI, which usually conducts social marketing for more stable populations in communities with traditional retail structures that can be used for distribution. While PSI's promotion of the free condoms was essentially the same, special incentives had to be offered to the few retail outlets — hair salons and small shops — to convince them to stock a product for which they'd receive no financial compensation. Also, special events, such as soccer games and dances, became opportunities to promote and distribute the free condoms.

What about education and control of sexually transmitted diseases (STDs)?

AMREF (African Medical and Research Foundation), which was the first NGO to begin HIV prevention work at Benaco, began its STD program a couple of months before CARE began HIV programming. Activities included a baseline survey in the camp to determine how serious the problem is and to gather information about sexual practices. AMREF also started an extensive IEC campaign to raise awareness and knowledge of STDs, using

peer counselors in public settings. When CARE began its STD work soon after, we wanted to avoid duplicating AMREF's efforts, so while our peer educators discuss STD prevention as they travel around the camp, we've also focused on STD education within the camp's health clinics.

What is CARE discovering within the notification setting?

We're experiencing real success at getting infected camp members to notify their partners that they may also be infected, which is a critically important aspect of STD prevention and usually one of the hardest things to accomplish. We initially thought it was going to be extremely difficult to do more than raise awareness in one year. We hadn't really figured we'd be at it long enough to change behavior. But when an "infrastructure" — artificial, of course, in a refugee camp — is laid down, you see a rise in health-seeking behavior. People find it easier to go to the camp clinic to be treated, and as a result, partner notification is at 50 percent right now, which we don't see in other development programs. The project may try to target partner notification in the next few months to see if we can raise it even higher.

You used the word "creative" before in describing some of the approaches used to reach camp residents. Can you give some examples?

Our program manager, Judy Benjamin, is planning to use video in the 10 or so maternal/child health clinics where we provide STD services, which is something we think is really going to take off. The camp also had an incredible World AIDS Day that actually lasted about a week, with soccer games, parades and different types of educational sessions. But where the creativity really comes in is during the first six months, when you don't have the materials you need. There were no IEC materials, so they had to create some from scratch. They've used different types of theater, different modes of communication as early as they could. Now they're moving into print media more, with t-shirts and posters and such. They also had a competition to pick an HIV prevention slogan for the camp.

What is the slogan?

It's based on a colloquial expression in Kinyarwanda that loses a lot in the translation, but it goes something like this: "Keep your home and yourself safe from AIDS."

What have CARE and other NGOs learned from this early intervention program that could be applied to other refugee settings in the future?

In the initial stages, when you're trying to get a project like this off the ground, you really need an infrastructure of some sort, and there just isn't one. So much of the early phase of an emergency is laying down that infrastructure. Once that's done, and access to services begins, you can really get started. Our success in the high rates of partner notification and partner referral is partly because they're free services. But a camp is also a controlled environment. And the infrastructure for free health care is relatively tight in the camp, with services physically very accessible, so you have a higher level of control over the environment than you do in a development setting, where people walk miles to get to services.

So, in some ways, the structure of a refugee camp can make it easier to reach people with health messages and treatment?

Yes. When we first designed this project we thought it would be a difficult setting. But we've learned that once all the pieces are in place, people are very receptive. Refugees have a lot of free time to listen, so there's definitely time to do some creative things in HIV education and to access medical services. Unfortunately, idle time can also lead to negative situations. For example, violence toward women is an issue in the camp, and sexual activity is very high.

Explain how women in the camp are particularly vulnerable to violence.

Rape, sexual violence and spousal abuse are on the increase in every refugee setting, not just Benaco. A report by the Women's Commission on Refugees outlines problems in the way camps are designed and constructed that may make some women feel uncomfortable going to latrines or even walking down the street. We're starting to hold some focus group discussions with women, to determine what their perception of risk of violence is and how that affects their perception of their risk for HIV.

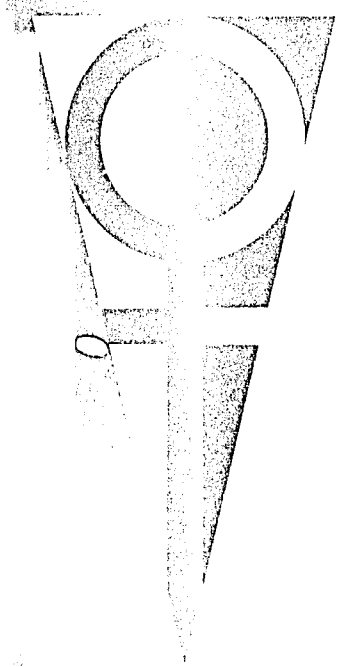
It sounds as if the NGOs working with Rwandan refugees have been able to maintain a high level of collaboration and cooperation among themselves.

It's true, and it's been really good. I think this tends to be the case in a refugee situation, because relief staff are living in the camps, and working with and spending free time with the refugees and other NGO staff. I think we can learn from that outside of the relief setting.

What else have you learned from your time in Benaco that illuminates the refugee experience?

I've already mentioned the importance of a high level of cooperation among NGOs and the value of having an infrastructure in place as soon as possible. But I also learned an emotional lesson: the overwhelming compassion of people. There are people in the camp who have been affected a great deal by this tragedy, who have lost family members. There's a particular ACE who lost his entire family due to ethnic tensions while he was visiting in Zaire. Now he's working in Benaco providing services to people who may have put his family in jeopardy. That level of compassion is phenomenal, something that you don't always see in development programs. ■

Women's Forum



Tanzanian Women's Organizations Respond to HIV/AIDS

by Halima Shariff, AIDSCAP

"If you sent your child to fetch firewood and she was attacked by a tiger, whom would you blame — your child or the tiger?"

The answer to this question, posed by a counselor, became a turning point for a father who could not forgive his 16-year-old daughter for becoming infected with HIV.

The girl, Jasina, had been sent to Mbeya, more than a thousand kilometers from her hometown of Arusha in northern Tanzania, to attend secondary school. Peer pressure did not spare her. Lodging in a room in town, she found herself engaging in unprotected sexual activity with more than one man for fun and cash.

Little did Jasina know that her behavior would land her in deep trouble. She became an outcast from her own family at a time when parental love was the only promising therapy for her ill health.

Severe and regular beating that the girl suffered at the hands of her father drew the attention of Chama cha Wanawake cha Kuznia Ukimwi (CHAWAKUA), or the Women AIDS Control Society of Arusha. "We were informed about Jasina by a concerned neighbor and decided to follow the case up," said CHAWAKUA Chairperson Asha Mruma.

CHAWAKUA representatives found Jasina weak and emaciated. But repeated counseling sessions changed her father's attitude. After learning more about HIV/AIDS, he realized that his daughter needed his love and support, not anger and blame.

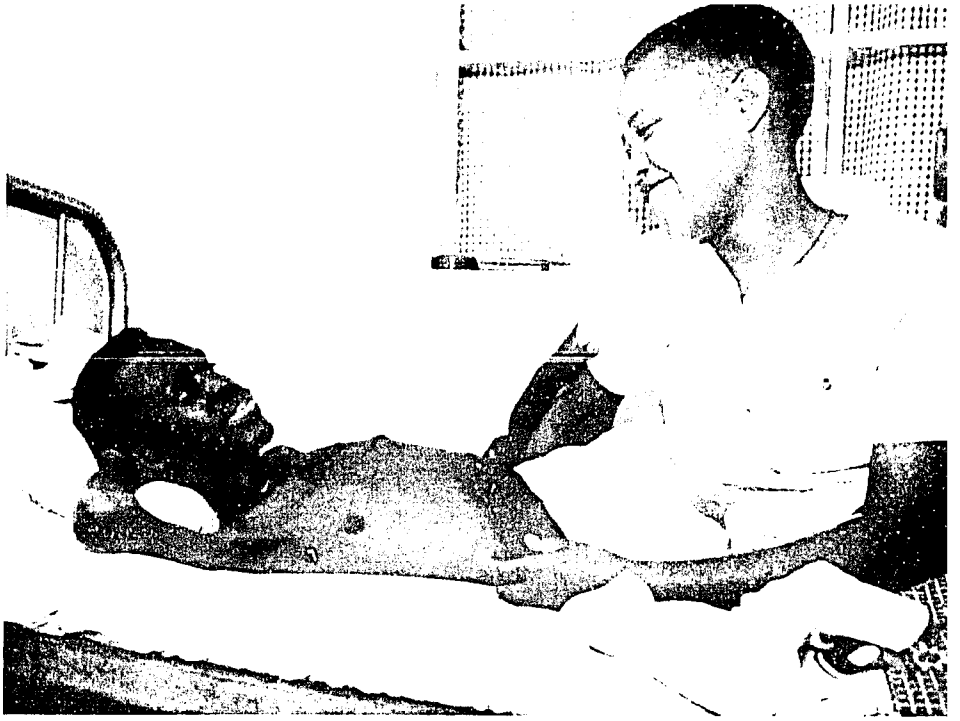
Today Jasina, now 17, is gaining weight and is full of life. She works at the CHAWAKUA offices, providing others with education about HIV/AIDS.

"Jasina is a reliable person, both at home and at CHAWAKUA," Mruma said. "She contributes to family upkeep, and her parents have turned the anger they had against her into endless love and care."

Jasina is one of 17 people living with HIV/AIDS who receive spiritual, moral and medical support from the three-year-old organization. The majority of them are single women who have common problems: loneliness, neglect and isolation from family and relatives.

With a total of 100 members, CHAWAKUA provides a forum for infected people to share experiences and console each other.

"People living with the virus and



This Tanzanian man who has AIDS gets the care and support he needs from his wife.

others who are already nursing opportunistic diseases are able to talk about their lives more openly and freely," CHAWAKUA member Joyce Mwanga said. "They share happy and sad stories, all of which helps them live positively with HIV."

CHAWAKUA has found that many people feel it is a waste of resources to care for HIV-positive relatives because "they are going to die anyway," Mwanga said. But a few concerned people visit the organization to find out how they can support their relatives who have HIV/AIDS.

"I think sometimes it is the infected people themselves who stay away from their relatives," Mruma noted. "They do not want to make their serostatus known to their relatives because they fear stigmatization."

Assistance from relatives and friends is essential because a small organization like CHAWAKUA, with no external support, may not be able to cope with the rising medical expenses and other needs of people with HIV/AIDS. So far the organization depends on members' entry fees (U.S.$2) and annual fees (U.S.$2), as well as their in-kind contributions, such as food, clothing and medicine.

A growing number of the more than 1.6 million people living in the border region served by CHAWAKUA need information and counseling about HIV/AIDS. The cumulative number of AIDS cases reported to the National AIDS Control Program from Arusha rose from 579 in 1990 to 1,599 in 1994.

CHAWAKUA's goal is to empower women to cope with the virus and its effects. The organization educates the public about HIV/AIDS prevention, counsels people who are HIV-positive, distributes condoms and provides child care, including orphan support.

A similar organization in the neighboring region of Kilimanjaro, KIWAKKUKI (Kikundi Cha Wanawake Kilimanjaro Cha Kupambana na Ukimwi, or "a women's group active in AIDS interventions"), strives to educate adolescent girls about human relations, sexuality and the consequences of teenage sexual contacts.

"We visit them at home and some come to our offices, where we talk about assertiveness," said Janet Lefroy, KIWAKKUKI's education coordinator.

KIWAKKUKI educators know that Tanzanian women's low economic and social status, as well as oppressive cultural practices such as wife inheritance, make it difficult for them to say no to unsafe sex or to negotiate condom use with partners. The organization focuses on molding young women to be more assertive so that they can avoid unwanted or unprotected sex and communicate better with their partners and peers.

KIWAKKUKI also works with churches, schools and youth groups, develops educational materials and airs radio programs about HIV/AIDS. It plans to train primary school teachers who will pass on knowledge about HIV/AIDS prevention to their pupils. These teachers and other KIWAKKUKI members will form a core group of women trained to educate others about HIV/AIDS.

KIWAKKUKI has received some donations from local businesspeople, private companies and donor agencies, but the organization's resources cannot meet the increasing need for HIV/AIDS prevention services. The Kilimanjaro region, with a population

About 7 percent of all Tanzanian women are infected with the virus, compared to 5.4 percent of the men.

of 1,262,779, had recorded a total of 3,342 AIDS cases by the end of 1994, up from 834 cases in 1990.

"We are still far from being the answer to this growing problem because most of our members are volunteers and cannot handle big problems," Lefroy said.

Like other anti-AIDS women's groups in Tanzania, KIWAKKUKI and CHAWAKUA were born out of the realization that women are more vulnerable to HIV infection than men and are more likely to be rejected by their families and friends. About 7 percent of all Tanzanian women are infected with the virus, compared to 5.4 percent of the men.

Both organizations are led by women from different backgrounds and professions — doctors, community development workers, administrators and educators — who share their skills with others. They have developed training manuals and are giving members and other volunteers formal and informal training in HIV/AIDS education, counseling and other services. These and other grassroots women's organizations provide networks for capacity building, information exchange, and support for women living with HIV/AIDS in Tanzania.

Halima Shariff is the NGO Program Officer for USAID's Tanzania AIDS Program, which is implemented by AIDSCAP.

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Tanzanian women are at increased risk of HIV infection because of their low social and economic status.

Policy Profile

Ten Steps for HIV/AIDS Advocacy

by Bill Rau, AIDSCAP

Throughout 1993, AIDS prevention activists in the Dominican Republic were frustrated by the lack of attention to HIV/AIDS prevention by political, business and religious policy makers. Late in the year they developed a plan to use current AIDS and HIV prevalence data to project the future course of the epidemic in their country. The projections would illustrate how HIV could spread dramatically unless prevention efforts were adopted.

The projections revealed an emerging epidemic capable of increasing rapidly by the turn of the century. By the year 2000, up to 5 percent of the Dominican Republic's sexually active population could be infected with HIV and more than 15,000 people could die annually of AIDS.

The projections stimulated an active debate among a group of government, business and religious leaders, as the activists had hoped. One outcome was the president's signature on a piece of legislation that forbids discrimination against people living with HIV and provides for various forms of public assistance to those with AIDS and their families. The new law also requires each government ministry to develop a plan to address HIV/AIDS.

Many organizations are working to enhance policy and program responses to HIV/AIDS through advocacy efforts like those of the Dominican activists. At the same time, other organizations are reluctant to become involved in advocacy campaigns. They believe that advocacy is too political or confrontational, or that it compromises their ability to serve their constituents.

Nonetheless, the activities of these organizations are regularly affected by the decisions of policy makers. In fact, many organizations find their efforts to serve their constituents stymied by a lack of resources or supportive policies. Laws and regulations, such as import taxes on condoms or restrictions on the sale of generic drugs for treating sexually transmitted disease, can also erect barriers to HIV/AIDS prevention.

Advocacy involves persuading others of the importance of key issues. It occurs in many ways, such as face-to-face meetings and through the media. Occasionally it may involve organized demonstrations. More often, however, advocacy is a gradual, behind-the-scenes process of informing and sensitizing policy makers to persuade them to adopt or change policies, provide more resources or meet other needs.

Putting a Campaign Together

How does an advocacy campaign come together and move forward? The 10 steps outlined below are based on experiences from campaigns for HIV/AIDS prevention by the AIDS Control and Prevention (AIDSCAP) Project and other groups, as well as campaigns on other public health issues, from many different countries. Although they are called "steps," these 10 components of an advocacy campaign often overlap. Flexibility is an advantage throughout the process.

STEP 1: Defining the Issues

Campaigns that try to address too many issues risk diluting the message and the advocacy effort. Planners of campaigns on development issues, the environment and women's rights from many countries have found that a small set of priority issues yields the most effective results.

Priority issues for a campaign should be identified according to established criteria, such as feasibility, likelihood of success, timing of related events (World AIDS Day or an election, for example), level of support from influential people, and the resources available.

The Brazilian Interdisciplinary AIDS Association (ABIA) influences national policy by elaborating strategies for specific campaigns. During the 1980s, for example, ABIA mounted an

AIDSCAP Asia Regional Office Communication Officer Dr. Chalinton Barnes center helps participants in an Epi model workshop develop HIV/AIDS projection models for use in their own countries.

intensive two-year campaign to demonstrate the deadly consequences of Brazil's illicit blood market. As a result, revisions to the constitution in 1988 prohibited the sale of blood for profit and called for tighter screening of blood for transfusions.

STEP 2: Developing a Strategy

Strategies for policy development follow a pattern found in program or project planning. Objectives need to be defined and clarified, target audiences identified, activities outlined and implemented, resources assessed and gathered, and messages prepared.

The strategy for an advocacy campaign should consider:

- **Objectives:** What results are expected? Objectives should state what advocates hope to accomplish through a campaign. In some cases, advocates might want to break down a long-term goal into a series of incremental objectives.
- **Timing:** How long should the campaign last? The level of effort that can be put into organizing the campaign, the financial resources available, and the number of individuals and organizations involved will influence the length of time given to the campaign.
- **Identifying allies:** Who else can be brought into the campaign? Should other organizations be approached? Are there celebrities known to be sympathetic to the issue who can be asked to speak out? Have sympathetic individuals or organizations already established good relationships with influential decision makers?
- **Targeting key people:** Some policy makers and policy influencers will be supportive of the campaign; others will be interested but uncommitted, and still others opposed. The strategy should include plans for reaching each of those groups.
- **Anticipating problems and obstacles:** Will there be opposition to the campaign and/or issue? If so, what can be done to help defuse the opposition? Can allies be found within organizations likely to oppose the campaign, and can they help moderate opposition? Can criticisms be anticipated and responses prepared?

STEP 3: Refining the Message

An advocacy campaign relies on clear, short, catchy messages. Several advocacy groups stress that the message must be concise enough to be expressed in a three-minute verbal summary. Think of the message as the equivalent of the headline of a newspaper article—it's designed to grab the attention of the reader/listener.

As chairman of the Tourism Authority of Thailand, Mechai Viravaidya won media attention by referring to European sex tourists as engaging in life-threatening "kamikaze tours." Mechai was not terribly popular with officials of Thailand's tourism industry, but his messages and methods were instrumental in making AIDS a public issue in the country.

A campaign message can include: a summary of the issue or problem, reasons why the problem exists, reference to earlier efforts to deal with the issue, two or three recommendations, mention of endorsement by known figures, and a direct appeal for people to become involved.

An accurate analysis of a problem, supported with good documentation, will be an asset to any advocacy effort. However, policy rarely is changed by simply bringing the "facts" to the attention of others. Information and analysis contribute to political interaction, but need to be supported by persuasion and strong arguments.

STEP 4: Organizing a Constituency

Most organizations are not large enough or powerful enough to influence policy on their own. Collaboration is one of the recurrent patterns in effective advocacy.

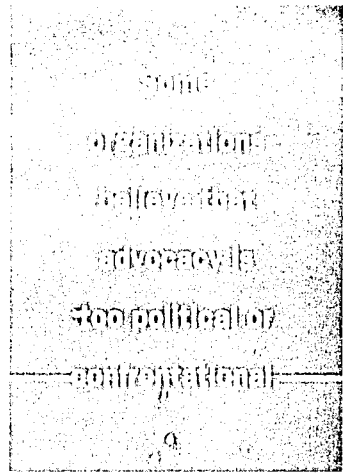
In the early 1990s, for example, South African community, nongovernmental, worker and political groups joined forces to draft a national program of action for HIV/AIDS prevention. This broad based constituency had a high level of credibility with policy makers and grassroots members and demonstrated an understanding of both the human and policy dimensions of HIV/AIDS. Its program was adopted by the democratically elected government in 1994. During 1995, the South African coalition will help refine a set of national policies on HIV/AIDS.

STEP 5: Informing Policy Makers

The campaign strategy should outline how to reach policy makers, the timing of contacts and who should be involved. Scheduled visits by selected people in the campaign, informal contacts through social meetings, mailings of campaign literature with a personal cover letter, letters to the editor and talk show appearances by campaign representatives are all good ways to get messages to policy makers.

STEP 6: Maintaining Momentum

Within short campaigns (several days to several weeks), participants will



remain enthusiastic and commitment will remain high. However, in longer campaigns, maintaining the interest and commitment of activists may become a problem. Expectations for rapid success are likely to be high, particularly when advocacy is new to people. Longer campaigns should include events and activities, such as rallies, celebrity appearances and endorsements, to help maintain people's commitment.

STEP 7: Recovering from Setbacks

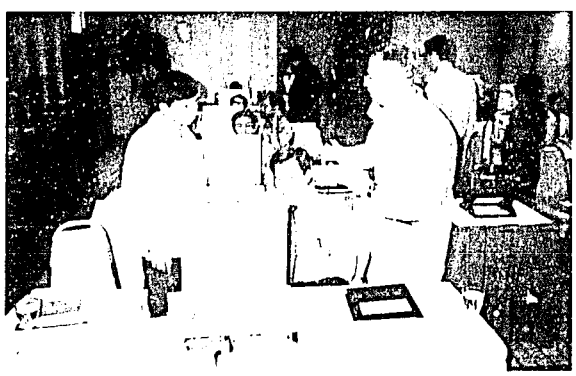
All campaigns are upset by unexpected events. Setbacks can include a printing error on flyers giving the wrong date or location for an event, withdrawal of a supporting organization from the campaign, refusal of authorities to provide a permit for an event, or vocal opposition from an influential policy maker. Expecting setbacks makes it easier to get back on course when they occur. Crises should be approached in a problem-solving mode that makes the problem appear routine.

As difficult as it is to face setbacks, persistence can produce positive results. For example, on three occasions in recent years, religious groups in Kenya persuaded senior government policy makers to discard plans for introducing sex education in schools. However, there is growing frustration with this unproductive debate. Various citizen groups and newspaper writers are urging religious groups to offer viable alternatives to Ministry of Education plans so that young people can learn about HIV/AIDS prevention and reproduction.

STEP 8: Negotiation

Negotiation is itself a multi-step process. It involves presenting positions, listening to the other side(s), suggesting points of common interest or approach, arguing one's case, preparing to compromise, ensuring that others are kept informed and not losing sight of the goals.

A policy maker will usually ask himself or herself, if not the advocates: "What do I gain by supporting this issue?" Given the myths and stigmatization connected with HIV/AIDS, most policy makers are reluctant to become involved. The campaign must offer an answer that appeals to a policy maker's self-interest. For example, AIDSCAP's "Private Sector AIDS Policy Presentation" package includes work sheets for business managers to address the "bottom line" of AIDS and prevention programs. The work sheets enable them to calculate both the costs of and benefits to be gained from a workplace HIV/AIDS prevention program. Self-interest need not mean financial gain. Policy makers are concerned about their position within the power structure, how they are perceived by others, being seen as supportive of public needs and interests without threatening other policy makers and stakeholders, and being upholders of public morality and ethics. The campaign will be strengthened by addressing any of these points of self-interest, providing a policy maker with reasons to support (or oppose) an issue.



AIDSCAP/Asia Regional Office

Participants in a USAID-supported modeling workshop in Thailand discuss initial findings with Dr. Michael Sweat (right), associate director of AIDSCAP's Behavioral Research Unit.

STEP 9: Celebrating Success

Celebration is a way of recognizing that the efforts of each person involved made a difference. It is appropriate to celebrate incremental successes as well as achievement of a campaign goal. Congratulating those who organized an event, prepared the latest newsletter or appeared on a radio talk show helps to maintain high morale and group coherence.

STEP 10: A Continuing Process

The end of a campaign — successful in part or whole — is the last step before the next set of activities in advocacy. In the Dominican Republic, for example, AIDS activists remain frustrated at the government's slow pace in developing prevention interventions and policies. Continued advocacy is needed to ensure that ministry plans for addressing HIV/AIDS are adopted and carried out and to monitor implementation of the new legal protections for people living with HIV/AIDS.

The issues, leaders, constituents and policy makers may change, yet advocacy will still be needed to sustain effective HIV/AIDS prevention programs. As the epidemic continues to evolve, so too will the responses of advocates seeking to strengthen prevention efforts and to offer support for people affected by the epidemic.

Bill Rau, Ph.D., is AIDSCAP's associate director for policy.

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Conference to Focus on Prevention

HIV/AIDS prevention projects in the developing world will be the focus of a conference to be held in Washington, D.C., this summer. "Evolving Responses to an Evolving Epidemic" is the theme of the Third HIV/AIDS Prevention Conference, sponsored by the U.S. Agency for International Development. The gathering will take place August 7 – 9, 1995, at the Renaissance Hotel.

Among the plenary topics to be discussed are "HIV/AIDS Advocacy and Human Rights" and "Sexuality and Gender Relations: Implications for HIV/STD Programs and Policies." Roundtable sessions scheduled during the conference include "Community Participation and Sustainability," "Evaluation and HIV Counseling for Behavior Change" and "Pros and Cons of Merging HIV and/or other STD Services in Other Health and Family Planning Services," among others. Conference organizers have accepted more than 60 abstracts to be presented as oral presentations.

There is no fee for registering for the conference, and anyone involved with HIV/AIDS prevention is encouraged to attend. For information about the conference and hotel accommodations, contact the Conference Organizers, AIDS Control and Prevention Project, 2101 Wilson Boulevard, Suite #700, Mail Stop 731, Arlington, VA 22201 (phone: 703-516-9779; fax 703-516-4489).

Cheaper AIDS Tracking Test Approved

The U.S. Food and Drug Administration (FDA) has approved for marketing an inexpensive test measuring the level of CD4 cells in HIV-positive people. The new test may prove particularly valuable in developing countries with limited equipment and funds to pay for AIDS testing.

CD4 cells, which are used by the body's immune system to fight off infection, are a primary target of HIV, and CD4 counts are a marker for progression of HIV infection. The new TRAx CD4 test, developed by T Cell Sciences, passes killed blood cells over a plate coated with antibodies to the CD4 receptor, a method that uses machines most labs already own. The current testing technique, called flow cytometry, scatters laser light through live blood cells to measure CD4 cell levels, and requires costly equipment to read.

According to *Science* magazine, AIDS researcher Thomas Quinn of the National Institute of Allergy and Infectious Diseases praised the new test as an "excellent method for determining CD4 cell counts," and suggested that it be used in such countries as Uganda and Haiti, which do not have flow cytometry equipment.

A spokesperson for T Cell Sciences said that the TRAx CD4 will be used first in developed countries without a flow cytometer that must pay at least $50 for each test sent abroad to a fully equipped lab. In contrast, processing costs for the new test would be only $18 each.

South Africa Distributes Condoms

South Africa announced in June that it will distribute 97 million male condoms and 90,000 female condoms in response to rising rates of HIV infection within the country. The free condoms represent one phase of South Africa's stepped-up $23.4 million HIV education and prevention campaign for 1995.

"In the near future, 300 billboards with AIDS prevention messages will be in places throughout the country," Health Minister Nkosazana Zuma told parliament. His speech to lawmakers also warned that post-apartheid advances in health care, economic development and public welfare could be stymied by the ever-higher costs of responding to the epidemic.

Antenatal tests on 18,000 South African women in late 1994 revealed a 7.6 percent HIV infection rate, up from 4.25 percent only one year before. Department of Health officials believe that more than 600,000 of South Africa's 39 million people are infected.

New Campaign Against Tuberculosis

The World Health Organization's Global Tuberculosis Programme (GTP) convened a meeting of AIDS and TB research experts in late May to identify new ways to improve TB control in areas where HIV infection is prevalent or increasing. The gathering in Geneva was prompted by recent announcements that TB has become the leading killer of HIV-positive people around the world.

According to GTP estimates, by the end of the century approximately one-third of all deaths among HIV-positive people will have been caused by TB. In Cote d'Ivoire, for example, 32 percent of AIDS deaths are believed to have been caused by tuberculosis. In Asia, where tuberculosis infection is even more widespread than in Africa, HIV is spreading rapidly. The *Bangkok Post* recently reported that in Chiang Mai, Thailand, as many as 40 percent of HIV-positive clinic visitors are also presenting with TB.

"The HIV/TB dual epidemic is undermining efforts to control TB," said Dr. Arata Kochi, director of WHO's Tuberculosis Programme.

The Global Tuberculosis Programme, in cooperation with WHO's Global Programme on AIDS, is mobilizing medical and public health experts from both developed and developing countries to launch this new HIV/TB research effort. Their strategy seeks to improve TB control programs currently being overwhelmed by the growing number of HIV-infected TB patients and to prevent the disintegration of existing TB programs in countries with newly emerging HIV prevalence.

"Health workers are having to deal with ever-increasing caseloads of patients with HIV and TB, and are struggling to manage their programmes while limited by a shortage of manpower and funds," said Dr. Anthony Harries of Queen Elizabeth Central Hospital in Blantyre, Malawi.

The researchers at the meeting outlined the most pressing research needs posed by the HIV/TB co-epidemic:

- Improving diagnosis and treatment of TB in HIV-infected individuals.
- Assessing the need for preventive TB therapy for vulnerable populations.
- Researching coordination and integration of TB services with HIV services at the district level.
- Exploring the barriers impeding TB patients from seeking and continuing care in high HIV prevalence areas.
- Conducting a critical study of current expenditures for TB control in communities badly affected by HIV.

Resources

Managing HIV and AIDS: Notes for Managers.

This booklet outlines for managers how to prepare their companies for HIV/AIDS in the workplace. The booklet explains in simple language what HIV is, how it can be acquired and how to prevent transmission. It discusses the best ways to address fear, prejudice, confidentiality and employee absence, as well as how to balance the needs of the infected employee and those of the company. Available in English for $5.00 plus shipping and handling from the Industrial Society, 18 Bryanston Square, London W1H 7LN, UK.

HIV Prevention and Care: Training Guidelines for Nurses and Midwives.

This manual addresses HIV transmission and HIV related illness, counseling skills, patient education, nursing care of adults and children with HIV, women and AIDS, and education of traditional practitioners in 11 modules. Ask for Document WHO/GPA/CNP/TMD/93.3. Available in English free from the Global Program on AIDS Document Center, World Health Organization, 1211 Geneva, Switzerland.

Learning about AIDS.

This resource book provides social workers and trainers with guidelines on effective training in HIV prevention. Presented in a ring folder, it contains materials on planning, implementing, monitoring and evaluating a basic HIV/AIDS awareness course. The course materials are accompanied by a book on the scientific and social issues of HIV and AIDS treatment and therapy, epidemiology and testing, sexual health, drug use and living with HIV/AIDS. Contact Churchill Livingstone, 55,250 Frontenac Road, Naperville, IL 60563-1711, USA, for information on availability and price.

Sex Health and Communication Skills for African Women.

Published by Family Care International (FCI), this training guide provides a model five-day curriculum to improve the communication and interpersonal skills of health workers in Africa. Through the use of role playing and other exercises, this guide helps build listening skills, information sharing techniques and sensitivity to the needs of clients. Available for $5 from FCI, 588 Broadway, Suite 503, New York, NY 10012, USA.

Developing Health Journalists: A training manual for improving news coverage of reproductive health.

Published by Family Health International (FHI), this 209-page manual is designed to improve news coverage of reproductive health, including AIDS, family planning, maternal and child health, and other related topics. It presents a step-by-step strategy for planning, facilitating and evaluating training workshops. The manual encourages organizations interested in reproductive health issues to support training in the basic concepts of sustainable development. Available free to developing country institutions ($14.95 a copy to developed country institutions) from the Publications Coordinator, FHI, P.O. Box 13950, Research Triangle Park, NC 27709, USA.

Participatory Approach to Rural AIDS Education: A Workshop Manual.

This brief but comprehensive guide illustrates how to conduct workshops and develop educational materials using a participatory approach to teach villagers about the social, cultural and economic dimensions of AIDS. It may also be used by those with little or no formal education to teach themselves about AIDS. The illustrations in the guide are adapted from cartoons, folktales, stories and nature. Available for $19.20 from The International Institute of Rural Reconstruction, 475 Riverside Drive, Room 1270, New York, NY 10115, USA.

Sexually Transmitted Diseases: What you need to know.

This eight-page booklet describes what sexually transmitted diseases (STDs) are, how they are transmitted, how to protect oneself from STDs and how STDs are treated. The booklet emphasizes the need for sexual partners to talk to each other about using condoms for STD protection. It is available for $0.55 from Education Programs Associates, 1 West Campbell Ave., Suite 40, Building D, Campbell, CA 95008-1039, USA.

Free Materials in Reproductive Health.

The 1994 edition of International Training in Health's (INTRAH) list of free materials is available in French and English. The English edition contains 880 entries, organized into chapters on family planning, maternal and child health, primary health care, AIDS, population, development (including environmental and women's issues) and information sources. Available free to people in developing countries ($8 a copy for those in developed countries) from the Publications Program, INTRAH, 208 N. Columbia St., Campus Box 8100, University of North Carolina (UNC), Chapel Hill, NC 27514, USA.