

PN-ACB-966

Meeting the Challenge

of the HIV/AIDS Epidemic

in the Dominican Republic



THE

AIDSCAP

RESPONSE

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1992-1997

The AIDS Control and  
Prevention (AIDSCAP) Project  
was funded by the United States  
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# Acronyms

AIDSCAP	AIDS Control and Prevention (AIDSCAP) Project	IDD	Instituto Dermatológico Dominicano
ALEPH	Agencia Latinoamericana de Expertos en Planificación H.	IDDI	Instituto Dominicano de Desarrollo Integral
ASA	Amigos Siempre Amigos	INDESUI	Instituto de Desarrollo y Salud Integral
BCC	Behavior change communication	INSALUD	Instituto Nacional de Salud
CASCO	Coordinadora de Animación Socio-Cultural	INTEC	Instituto Tecnológico de Santo Domingo
CETS	Centro de Enfermedades de Transmisión Sexual y SIDA	LHI	Latino Health Institute
CMCR	Centro Médico Central Romana	MODEMU	Movimiento de Mujeres Unidas
COIN	Centro de Orientación e Investigación Integral	NGO	nongovernmental organization
COVICOSIDA	Comité de Vigilancia y Control del SIDA	PASO	Patronato de Solidaridad
CBO	community-based organization	PROCETS	Programa de Control de Enfermedades de Transmisión Sexual y SIDA
FARCO	Fábrica de Refrigeradores Comerciales	PUCMM	Pontificia Universidad Católica Madre y Maestra
FHI	Family Health International	STI	sexually transmitted infection
FUNDAVI	Fundación por la Vida	USAID	United States Agency for International Development

# Introduction

**F**unded by the U.S. Agency for International Development (USAID), the AIDS Control and Prevention (AIDSCAP) Project was implemented by Family Health International (FHI) in more than 45 countries around the world. As the AIDSCAP program was getting underway in one of those countries, the Dominican Republic, in 1992, it faced a less “mature” HIV/AIDS epidemic than the ones in some Asian and sub-Saharan nations.

For AIDSCAP, the early stage of the epidemic represented an opportunity to apply lessons learned from other countries’ experiences to help slow the spread of HIV before the virus had dispersed as widely as in some other nations. It also presented a challenge: the need to persuade public officials, other opinion leaders and the general public that the epidemic was serious and that the country needed to take meaningful measures to contain it.

During the five years that AIDSCAP worked in the Dominican Republic, the epidemic evolved and so did the program’s activities. Following a pattern seen in a number of countries, HIV/AIDS in the Dominican Republic moved from affecting mainly persons in such “core groups” as sex workers and men who have sex with men, to reaching a much broader segment of the Dominican population, including adolescents and monogamous women.

AIDSCAP’s response was broad and comprehensive. The AIDSCAP program in the Dominican Republic funded 23 projects, as well as more than a dozen smaller initiatives, carried out by local partner non-governmental organizations (NGOs) and other Dominican institutions. AIDSCAP provided those groups with technical assistance that increased the effectiveness and reach of their interventions. The AIDSCAP program also collaborated with NGOs, government agencies and other institutions in creating national strategies and plans that guided prevention efforts with such key groups as women, teenagers and young adults. And it supported the development of 50 behavior change communications pieces, ranging from comic books for sex workers and their clients to TV and radio ads carried for free thousands of times by local television, radio and cable broadcasters. Throughout the life of the program, AIDSCAP’s efforts were guided—and improved—by ongoing research and evaluation activities.

AIDSCAP and its partners focused on four primary target groups: people in the workplace, adolescents and young adults, family planning clients, and such core group members as sex workers and men who have sex with men. These target groups were chosen because of their epidemiological and social characteristics and because working with them offered the best prospects for slowing the spread of HIV/AIDS.

While women were not specifically identified as a target group in the strategic and implementation plan

Patients wait at a health clinic in the Dominican Republic. AIDSCAP research identified the social and economic factors that make Dominican women increasingly vulnerable to HIV infection.



MARTIN ROGERS

developed in the fall of 1993 to guide the efforts of the Dominican Republic program, AIDSCAP increasingly focused on gender concerns as the program advanced. Research by AIDSCAP and its partners showed that in many cases women were slower than men to reduce their risk behavior, and it described the underlying social and economic causes of women's inability to protect themselves. AIDSCAP responded by creating a major mass media campaign and other materials and activities to encourage greater social support for women's adoption of safer sexual practices.

AIDSCAP applied a comprehensive, resourceful combination of mutually reinforcing interventions. Behavior change communication (BCC) activities and the improvement and expansion of services for the treatment and prevention of sexually transmitted infections (STIs) focused on individuals and their need to reduce risky conduct. To make the overall political and cultural environment more supportive of HIV/AIDS prevention efforts, AIDSCAP also promoted policy reform, HIV/STI surveillance, program-related research and private sector resource leveraging.

Thousands of persons became more aware of the HIV/AIDS threat and altered their behavior during the AIDSCAP program, evaluation research showed. For example, surveys among hotel employees reached by a project in the northern coastal resort area of Puerto Plata showed that by 1996, 100 percent of the workers could identify two HIV prevention behaviors. Hotel employees who reported having only one sexual partner during the previous year rose from 37 to 59 percent. In another AIDSCAP workplace intervention, conducted in the industrial zones in and around the capital city of Santo Domingo, the percentage of employees who said an infected colleague should be kept on the job more than doubled, from 27 percent to 71 percent. By 1996, more than 97 percent of sex workers targeted by the program reported that they had used a condom with their most recent client. Equally impressive changes occurred in other populations, including young people and men who have sex with men.

With AIDSCAP's assistance, some individuals transformed their lives far beyond just their sexual conduct. Dozens of sex workers who served as peer educa-

tors developed new-found confidence and self-respect that helped them leave the sex industry and find new ways to earn a living. One such woman is Nancy Gómez, who went into sex work in 1987 to support herself and her three children. Impressed by the way a Puerto Plata NGO reached out to her and other women, she began working for the group as an unpaid volunteer health messenger. As her skills and experience grew, she began receiving a small stipend from the NGO. In 1993, Gómez left sex work entirely to become a full-time health educator.

Reinforcing the efforts to promote individual behavior change were AIDSCAP interventions to create broader political and societal support for HIV/AIDS control and prevention. After helping gain passage of new national AIDS legislation, the program worked to build broad public awareness and acceptance of the law and its protections for individuals living with HIV and for other persons, such as workers whose employers were illegally requiring them to take HIV tests.

AIDSCAP used epidemiological data, socioeconomic studies and other tools to persuade government officials and private sector owners and managers to increase their support for HIV/AIDS prevention efforts. One of the most dramatic results was the more than U.S.\$9 million in advertising space that Dominican broadcasters contributed to carry TV and radio advertisements for an AIDSCAP campaign directed at adolescents and their parents.

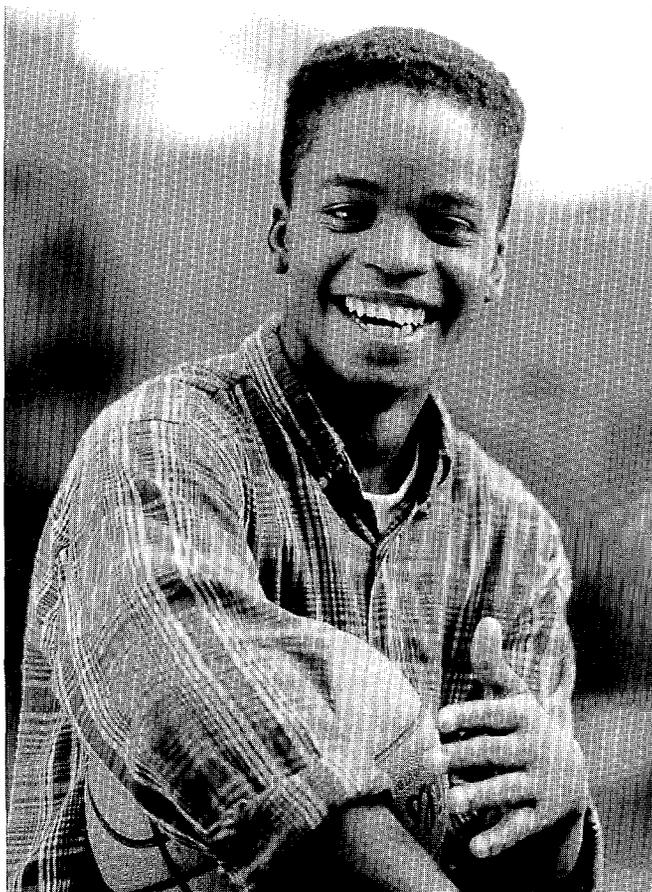
With help from AIDSCAP, Dominican NGOs put aside earlier rivalries and implemented highly successful collaborative projects targeting young people, sex workers and their clients, men who have sex with men, and other key audiences. Through capacity building workshops and other training, the program increased the skills and accomplishments of its NGO partners and moved the groups toward the financial self-sustainability they would need once AIDSCAP funding ended.

Throughout the program, behavioral research was used to improve the quality of strategies, methods and materials and to identify new avenues for intervention, such as a mass media campaign targeting women.

The program in the Dominican Republic learned from AIDSCAP country programs elsewhere and shared its new knowledge with many other nations. Contributions to other countries ranged from comic books that sex workers took with

them when moving to work outside the Dominican Republic to the award-winning adolescent mass media program, which drew attention and recognition across Latin America. Materials and strategies AIDSCAP applied from elsewhere have been as small in scale as a Brazilian comic book on condom negotiation and as broad as an effort to replicate Thailand's highly successful 100 percent condom policy for sex establishments. These cross-fertilizations even involved linkages between NGOs in the Dominican Republic and counterpart groups in the United States that work with Dominican immigrants and their children.

It is hoped that this "Special Report" will help other countries to benefit similarly from AIDSCAP's experience in the Dominican Republic, leading to stronger, more effective, more enduring HIV/AIDS prevention programs.



A young actor who appeared in AIDSCAP's award-winning mass media campaign for adolescents.

CUMBRE

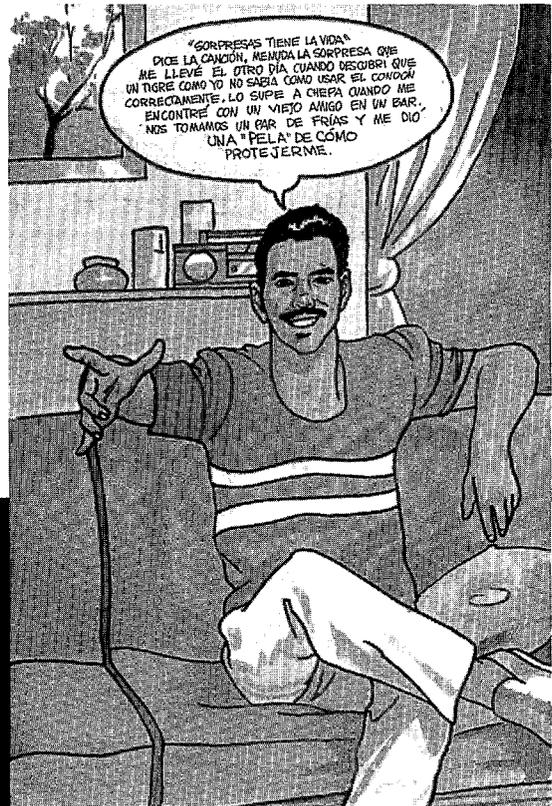
# Empowering Core Groups

**A**s in many other countries around the world, the persons most affected in the early years of the HIV/AIDS epidemic in the Dominican Republic were individuals in “core groups,” such as sex workers and their clients and men who have sex with men, who frequently engaged in sexual behavior exposing them to risk of infection. Even as early as the mid-1980s, men who have sex with men in Santo Domingo had HIV prevalence rates of 15 percent and higher. Data for sex workers showed median national HIV prevalence figures of 3.3 percent in 1991 and 5.1 percent in 1992.

AIDSCAP responded with a series of innovative interventions. These efforts improved the quality of life of thousands of men and women in the core populations by building their knowledge of HIV transmission and prevention and by addressing such vital issues as violence and self-esteem. The program also made effective use of the limited resources available with a strategy designed to help slow further spread of HIV/AIDS to the general population. Experiences in Thailand and other countries with more advanced epidemics had shown that rapidly rising HIV infection rates

among high-risk populations were often precursors to increasing prevalence levels in the wider society.

Some of the most impressive examples of AIDSCAP’s lasting impact on the lives of those affected by the epidemic occurred with the sex workers the program reached. Many transformations came at the



The comic book character Mario helped convince men to use condoms to protect themselves and their partners from HIV infection.

JOSE TOMAS VARGAS AND VICTOR NOLASCO

2.1

## Street Theater Provokes Attention to HIV/AIDS Prevention Messages

**B**ienvenida gets out of a white car at the far corner of the intersection and slinks across the street in her leopard print mini-skirt and four-inch heels. As she approaches, a group of men sitting on their motorcycles offer her shy smiles of greeting.

The conversation begins slowly. The men, all middle aged, speak with Bienvenida about the weather, the people passing on the street and the increasing price of gasoline for their motorcycles. Ten minutes pass before she begins her negotiations. "Do you like what you see?" she asks. All the men agree they do.

As they argue over who will leave with Bienvenida, another woman yells across the street to her: "Bienveniii-daaa, is that you?" Ingrid shouts. "Bienvenida, what are you doing out on the street tonight?"

"Go away," Bienvenida says. "I'm doing business. Stay away from us." The men stare curiously at the persistent Ingrid, who joins the happy group.

"You shouldn't be out tonight," Ingrid argues. "I saw you at the clinic last night. You have gonorrhea! You shouldn't be working!"

The group of men now stand silent. They stare at Bienvenida, waiting for an answer.

"I got treated last night," she says. "What I have won't hurt these men. You're

strong, healthy men, aren't you?" She cozies up to one of them. "We can have fun tonight, you and I."

Ingrid frowns and asks, "Did you at least bring your condoms?"

"CONDOMS!" says one of the curious group of men. "I never use condoms. They ruin all the fun. I'm healthy and I only choose healthy-looking women."

"See," says Bienvenida, "I don't need to worry here. Now go away. We don't want you here. We're having fun on our own." A grunt from the group of men around her signals their agreement with Bienvenida.

"But it doesn't matter how someone looks," counters Ingrid. "Anyone could have an STI [sexually transmitted infection], or even worse, AIDS! Condoms are the only way to protect yourself during sex. Anyway, Bienvenida, you aren't cured of your gonorrhea yet. You should be home taking all your medicine and not out on the street tonight."

"Leave us alone!" one of the men says to Ingrid. As she turns to cross the street, flinging a last warning over her shoulder, a man named Joselin comes barreling past her.

"YOU!!!!!!!" he says, pointing a finger at Bienvenida. "YOU'RE the ONE! YOU gave me an STI! YOU gave me this horrible disease. I gave it to my wife, and now she's not speaking with me! It's YOUR FAULT!"

Joselin grabs a surprised Bienvenida and begins to shake her. When one of the men jumps to her defense, he turns and says, "Don't have sex with her. She's unclean. I didn't use a condom and she gave me this uncomfortable disease. My wife will never speak to me again!"

"Don't have sex without a condom," Joselin says as he walks away. "The same thing can happen to you."

"You better leave now," one of the men tells Bienvenida. "There is no business for you here until you've taken care of your STI!"

Ingrid pulls an embarrassed and confused Bienvenida across the street and around the corner with her. There, Bienvenida, Ingrid and Joselin hug each other to celebrate yet another successful "provocative theater" intervention on the streets of Santo Domingo.

After several minutes of debriefing, the trio return to the stunned but good-natured group of men and explain that they are actors from an organization that works to prevent HIV/AIDS and other STIs. The men ask the actors many questions. Before leaving, the performers distribute condoms and comic books and other educational materials.

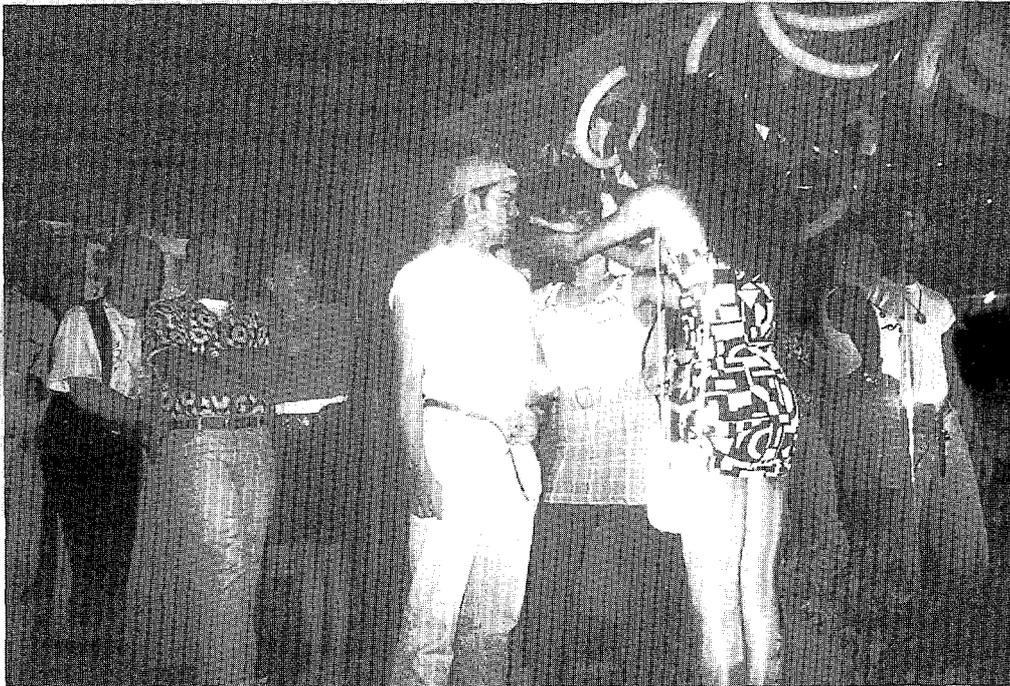
Joselin and another friend first experimented with provocative theater on public buses in Santo Domingo, where the two would take on different personas and

engage other passengers in conversations to see what would happen. The two soon realized the power of this approach as a learning tool, and began gearing their "acting" sessions to cover health issues.

Joselin brought the approach to COIN, a Dominican NGO, to use in its HIV/AIDS prevention project with sex workers and their clients in Santo Domingo bars and brothels. Provocative theater, conducted in the night clubs and on the street, proved popular and effective with the target audiences. Sex workers said they appreciated the opportunity the performances gave them to speak with their clients and bar owners about condom use, HIV/AIDS and related concerns. Even bar owners began approaching COIN's health leaders asking when and where their next theater performance would be.

"The acting is so good!" said Luis Moreno, a COIN project coordinator, "that sometimes people get worried and want to leave the business [bar or brothel]. We sometimes put a person at the door to explain that this is just a theatrical presentation."

COVICOSIDA, COIN's partner in the AIDSCAP-supported Avancemos Project for sex workers, also uses these educational sociodramas extensively. Both NGOs employed provocative theater in workplace projects, COIN



Provocative theater performances use humor and realism to convey serious prevention messages.

AIDSCAP/DOMINICAN REPUBLIC

with industrial zone workers in and around Santo Domingo and COVICOSIDA with hotel employees in the Puerto Plata region.

While continuing to address condom use and basic facts on HIV/AIDS and other STIs, the two NGOs created skits on new themes. COVICOSIDA's repertoire includes a presentation encouraging men to patronize only sex workers who have had regular health check-ups. COIN added performances dealing with self-esteem, violence against women, and "trips" to Europe for women who are promised jobs as dancers or models but who end up in the sex business.

Amigos Siempre Amigos (ASA), an AIDSCAP-supported group that focuses its prevention efforts on men who have sex with men, gives provocative theater presentations in gay discotheques. Some disco owners provided funding to help cover the costs of the ASA performances.

Dominican youth became involved in the provocative theater in early 1997, when 29 young people from four NGOs received training from Manuel Chapuseaux, head of the Teatro Gayumba and one of the Dominican Republic's best-known theater directors. Chapuseaux showed the youthful dramatists how to create their own presenta-

tions and draw in audience members. He followed up the first workshops with more individualized instruction with each of the NGOs.

One of the first skits the young people created dealt with responsible sexuality. Another NGO did a piece on an unexpected pregnancy. To address the need to protect others from infection, youthful actors from Profamilia, the Dominica Republic's largest family planning organization, portrayed a young woman who had an STI but was symptomless. Another Profamilia drama concerned a young man and a young woman who meet each other after a long separation. Deciding to renew their sex-

ual relationship, they argue about whether or not to use a condom.

Some of the works are loosely scripted, allowing the actors to improvise. At other times, the actors stop the performance and ask the audience members for recommendations. Sometimes the performers act out the suggestions, and at other times they ask audience members to play the roles. After the performances, the young actors talk to audiences about the issues presented in the dramas.

Chapuseaux attributes the success of provocative theater to this interaction between the actors and the audience. Such performances are more tangible than those presented through television and other media.

"Theater is a tool with characteristics that other educational methods don't have," said Chapuseaux. "It's not like the movies, where the actors are further away. With provocative theater, both the audience and the actors feel like it's their own."

## Participatory Training Approach Breaks Down Resistance to New Approach to STI Management

AIDSCAP helped a number of countries around the world to upgrade the training that physicians and other health care providers receive in the management of sexually transmitted infections, often by improving the "continuing education" courses that medical personnel are required to take periodically after completing their university studies.

One of the nations lacking that tradition of continuing medical education—and the benefits it could bring to the prevention and control of HIV/AIDS—is the Dominican Republic. To help remedy that situation, two AIDSCAP-supported institutions created an innovative, participatory educational program that trained more than 300 Dominican physicians, plus over 500 health messengers and other nonclinicians who are involved in health care but who don't treat patients directly.

The training covered "syndromic management," a rela-

tively new way to diagnose and treat STIs. This approach is especially suitable in locations such as the Dominican Republic where medical resources are limited and the demand for STI treatment services is high.

Strengthening STI services is a vital component of HIV/AIDS prevention and control because studies have shown a strong relationship between STIs and sexual transmission of HIV. In the Dominican Republic, more than three-quarters of the country's cumulative AIDS cases have been the result of sexual transmission.

For decades, many health care providers have used laboratory tests to identify STIs and select treatment. When those lab results are unavailable, unaffordable or unreliable, medical personnel usually apply clinical diagnosis, performing their own analysis by examining an individual and taking the person's medical history. Unfortunately, with clinical diagnosis, the likelihood of misdiagnosis is high.

With syndromic management, medical providers use simple flow charts of algorithms, or diagnostic pathways, that guide them through STI signs and symptoms and treatment and prevention options. They base their treatment on syndromes, or groups of clinical findings and patient symptoms. Once a particular syndrome is identified, treatment is given for all the infections—often more than just one STI—that could cause that syndrome. While easy to use, the diagnostic charts have to be based on rigorous scientific research in order to create valid algorithms appropriate to a particular country or region.

An approach promoted by the World Health Organization, syndromic management offers several advantages in resource-poor settings. Providers can make an immediate treatment recommendation without the cost and time needed for laboratory tests. Funds once used for expensive testing can be applied to other

needs, such as paying for drugs for STI treatment. The approach is also simple enough to be used as a diagnostic tool by health personnel with limited medical skills and experience, thus increasing the number of providers and facilities that can treat STIs.

In the AIDSCAP-supported program in the Dominican Republic, 325 clinicians and 16 laboratory analysts participated in the two-week course, which was offered 15 times. "It was a very participatory type of training," said Dr. Rafael Alcántara, of the Instituto Dermatológico Dominicano (IDD). "The courses weren't just lectures. It was discussions and practical application of the material, with a lot of active participation. We even gave them a blank copy of the algorithmic flow chart to fill out [during the course]."

Working through its Centro de Enfermedades de Transmisión Sexual y SIDA (CETS), the IDD jointly planned and conducted the syndromic management train-

individual level, as women learned to negotiate condom use with clients and gained a growing sense of empowerment and self-respect. Other changes were broader in scope, such as an increasing sense of solidarity and mutual support among the women. This solidarity was reflected in the new activities and institutions that were established, including an association to represent sex workers, a regular newsletter that the women themselves produced, and a national congress for sex workers.

Many of these changes were achieved as a result of a series of AIDSCAP-supported projects for sex

workers, their clients and other men involved in the commercial sex industry, such as the owners and employees of bars, brothels and night clubs where the business flourishes. Called Avancemos ("Let's Move Ahead"), the interventions were carried out by two local NGOs, the Centro de Orientación e Investigación Integral (COIN) and the Comité de Vigilancia y Control del SIDA (COVICOSIDA). COIN operated projects for sex workers in Santo Domingo, several other cities on the country's southern coast, and Santiago, the nation's second-largest city, located in the north-central part of the nation. Based in the northern

ing with the Instituto Tecnológico de Santo Domingo (INTEC). The IDD/CETS instruction was primarily done in laboratories and was clinically focused. INTEC's teaching was offered in classrooms and was more theoretical.

To make the courses better reflect the students' interests, CETS and INTEC waited until the end of the two-week sessions to distribute a comprehensive reference manual. That way, the text could be customized according to questions and issues that had come up during the training.

The courses for the physicians covered four primary areas: human sexuality, techniques of syndromic management, counseling, and training methods they could use to share their new knowledge with other medical professionals.

Many of the physicians were initially skeptical about the CETS/INTEC approach. But those attitudes changed dramatically as the classes progressed, reported Dr.

Miguel Suazo, coordinator of INTEC's health services unit. "At the beginning, some of the doctors didn't like the approach," he said. "At the middle and the end of the training, some of them said they had never learned so much in a class.

"One doctor said he learned more gynecology in this course than he did in his medical residency. This was the first time they had used this [participatory] approach. As they went along, they found out they were learning both the content and the approach of syndromic management."

A formal evaluation of the clinicians' training found similar enthusiasm for the courses. More than two-thirds of the trainees ranked as "very good" such course characteristics as the instructors' knowledge of the subject, presentation clarity, theoretical content and up-to-date subject matter.

The training for the health messengers and others who wouldn't be directly caring for patients was similar to

that for the clinicians, but with less emphasis on treatment and more focus on educational techniques for encouraging treatment compliance and STI prevention. A major goal with the nonclinicians was to teach them to better recognize STI symptoms and to make appropriate referrals to physicians and clinics.

CETS and INTEC held 20 two-week training sessions, reaching 513 non-clinical health personnel. Trainees came from government agencies and many of the NGOs working with AIDSCAP on other HIV/AIDS and STI prevention activities.

The nonclinicians were just as favorable as the clinicians in their evaluation of the CETS/INTEC training. A follow-up survey found that three-quarters of them were using syndromic management techniques in their work.

While the clinical and non-clinical course participants comprise only a small proportion of all the medical professionals in the Dominican Republic, they could sway

hundreds of other care providers. Many Dominican physicians, for example, work in more than one hospital or clinic, thus increasing the number of colleagues they could influence.

Another influential group is the trainees from Profamilia, the largest family planning agency in the Dominican Republic, which sent 31 clinicians and 121 nonclinicians to the CETS/INTEC courses. "They have nationwide coverage," explained Dr. Alcántara, "and they're even in the remote areas of the country. The persons who go to Profamilia are ones who are sexually active and could most benefit from the syndromic management approach."

Presentations describing the training program have drawn attention and praise at several international conferences. Impressed by the program's innovative, participatory approach, persons from more than 30 countries have requested copies of materials from the Dominican courses, according to Dr. Suazo.

coastal city of Puerto Plata, COVICOSIDA focused its efforts on that community and several nearby beach resort towns popular with Dominican and foreign tourists.

## COMMUNICATION FOR BEHAVIOR CHANGE

In the NGOs' projects, a guiding principle was the use of the adult education methods developed by Paulo Freire. A Brazilian educator, he gained fame for his adult literacy instructional techniques grounded in the social and economic realities his poverty-stricken stu-

dents faced. COIN and COVICOSIDA trained sex workers in Freire's philosophy and teaching methods, as well as the basic facts about the transmission and prevention of HIV/AIDS and other STIs. These health messengers reached out as equals to other sex workers, providing them with information and skills needed to reduce their risk of HIV/AIDS.

Day to day, the health messengers carried that life-saving information to other women in one-on-one conversations and small-group discussions in bars, night clubs, brothels and other locations. Their work was guided by messenger leaders who had more train-

## Building Self-Esteem Central to Work with Men Who Have Sex with Men

Efforts to address discrimination, self-esteem and sexual identity were essential elements of AIDSCAP's interventions for men who have sex with men in the Dominican Republic. As the program progressed, it became increasingly clear that building self-respect was the only way to achieve the levels of behavior change needed to stem the explosive spread of HIV in this target group.

Limited surveys of Santo Domingo homosexuals and bisexuals in the 1980s had revealed HIV prevalence rates as high as 15 to 17 percent. Research with similar populations in Puerto Plata found an 18.6 percent prevalence rate in 1986. Between 1983 and 1986, 43 percent of the country's reported AIDS cases were men who acknowledged having sex with other men. And while that proportion later decreased, it was due to a rapid rise in heterosexual HIV transmission rather than any lessening of the seriousness of the problem for men who have sex with men.

AIDSCAP's response was implemented by two NGOs, COIN and Amigos Siempre Amigos (ASA). In their joint

Triunfadores ("Victors") Project, the two groups applied many of the same techniques that COIN and another NGO, COVICOSIDA, had used with sex workers in the AIDSCAP-supported Avancemos Project. With COIN taking the lead in management and administration concerns and ASA focusing more on educational activities, the two groups trained health messengers who reached out to their peers in the community of men who have sex with men. These volunteers used individual and small-group discussions, along with brochures, pamphlets and informational bulletins, to promote condom use and to deal with such topics as HIV/AIDS and STIs, safer sex and emotional support.

During the four years COIN and ASA worked together, there were significant improvements in both awareness and behavior among men who have sex with men. Baseline research found that only 30 percent of the men surveyed perceived some risk of contracting HIV. By 1996, that figure had more than doubled to 71 percent. And while 38 percent of the men in the baseline study reported they

had used a condom in their last sexual encounter, that figure had reached 63 percent in the follow-up research.

In 1996, ASA staff members and volunteers took a critical look at their strategies to determine how they could achieve even higher levels of risk perception and behavior change. The group especially wanted to increase condom use.

Research in the Dominican Republic had shown that homosexual men with lower self-respect experience more depression and anxiety, consume more alcohol and engage in more behaviors that place them at risk of HIV infection. Therefore, ASA decided it would promote further behavior change by expanding its efforts to build self-esteem and a strong sense of sexual identity among men who have sex with men.

ASA's new project, entitled "Alto al SIDA" ("Stop AIDS"), was modeled on successful interventions carried out in Puerto Rico and cities elsewhere in the United States. During the six and a half months the project lasted, from October 1996 through April 1997, ASA staff and volunteers visited discotheques, bars and theaters

to publicize the project and to invite men to participate in discussion groups and other new activities. Visiting that variety of locations was key to reaching the diverse Dominican population of men who have sex with men, which includes such self-identified subgroups as bisexuals, transsexuals, transvestites and homosexuals.

To broaden and deepen its outreach efforts with this diverse population, ASA also held four "Podemos Hacerlo" ("We Can Do It") workshops in February and March of 1997. The meetings addressed self-esteem, alcohol, drugs and STIs, sexuality and behavior change. ASA invited the workshop participants to join ongoing support groups to discuss the impact of HIV/AIDS within the gay community, antibody tests, safer sex techniques and the relation between the transmission of HIV and other STIs. The sessions also provided a reassuring atmosphere where the men were free to discuss their feelings about HIV/AIDS and where they could learn to view themselves as worthy and productive members of Dominican society in spite of the strong negative stereotypes they often encounter.

ing and experience. Many of those leaders were women who were once employed in the sex industry but had found a way to leave "the business"—as they call their work—or were in the process of doing so.

Altigracia de la Rosa decided to volunteer for COVICOSIDA after meeting health messengers in the cabaret where she was working. She served as a messenger for a year, then became a messenger leader. "I

can share my information with other women, most importantly prevention," she said. "They trust me and they like getting the information." De la Rosa also presents her prevention messages to sex workers' clients. "I talk with Dominicans and foreigners," she said, "and they do listen."

One reason for the success of de la Rosa and other health messengers is their ability to provide information

in language that is simple, direct and not too technical. That approach has also worked well with the broader community. In Puerto Plata, for example, the proprietors of bakeries and other businesses impressed with COVICOSIDA's work with sex workers asked for the NGO's health messengers to come and talk to their employees. "The business owners know the health messengers are knowledgeable and know how to talk so that people will understand," said Tanya Medrano, program coordinator for AIDSCAP in the Dominican Republic.

COVICOSIDA and COIN supported their peer education efforts with "provocative theater" presentations

in bars and brothels and on the street. The short, entertaining sociodramas grabbed viewers' attention while conveying serious prevention messages (see box 2.1). At the end of the performances, the actors—usually health messengers or messenger leaders—distributed informational publications and sold or gave away condoms.

Avancemos health messengers found that theater technique was especially important for reaching sex workers on the streets, who typically have less information about HIV/AIDS and have lower self-esteem than women working in bars or brothels.

COVICOSIDA and COIN produced posters, brochures and other written materials that reinforced

## 2.4

## Lessons and Recommendations

### LESSONS LEARNED

- Empowering sex workers can help them protect themselves from HIV/AIDS and give them opportunities for other employment options that expose them to less risk of HIV infection.
- Including self-esteem, violence against women and labor and human rights within projects targeting sex workers is essential for effective prevention efforts since women with greater self-respect are more likely to be able to reduce their risky behavior.
- Working to educate men involved in the commercial sex industry, including long-term clients, brothel owners and sex workers' fixed partners, is essential for effective prevention efforts.
- Provocative theater is an effective tool for engaging people's attention and encouraging discussion of sensitive issues, such as condom use and negotiating safe sex.
- Special strategies such as broad use of provocative theater presentations are needed to reach street sex workers, who generally have lower self-esteem and less knowledge of HIV/AIDS prevention than women working in bars and brothels.
- HIV/AIDS prevention efforts with men who have sex with men are more effective if they include such issues as homophobia, sexual identity and low self-esteem.
- The larger population of men who have sex with men includes various subgroups, such as men who identify themselves as homosexuals, bisexuals, transsexuals and transvestites. Separate intervention strategies and educational materials may be needed to meet the needs of each subgroup.
- Effective, engaging teaching methods and materials can overcome the reluctance of some health profession-

als to upgrade their skills and can promote the acceptability of the syndromic approach to managing STIs.

### RECOMMENDATIONS

- The integrated, innovative approach AIDSCAP used to reach female sex workers and other persons involved in the commercial sex industry is a model for future interventions with these target populations. Programs should incorporate a gender component that addresses both the social and biological vulnerability of women, as well as their surroundings in the commercial sex world, in order to deal with the factors contributing to high-risk behavior.
- Programs with sex workers should continue to seek financial support for prevention activities from the owners of bars, brothels and other establishments involved in the commercial sex industry.
- Interventions to encourage individual behavior change should be supported by structural and environmental efforts, such as the Dominican Republic's experimentation with replicating Thailand's 100 percent condom policy for commercial sex establishments (see page 48).
- Given the many self-identified subgroups within the population of men who have sex with men, specific strategies and materials should be developed for them. Members of those subgroups should be involved in the intervention design process from its inception.
- The syndromic management training course AIDSCAP developed should be replicated throughout the government's Ministry of Health infrastructure and through medical-training residency programs in such areas as urology, dermatology and gynecology and obstetrics.

the messages presented in provocative theater mini-plays and the one-on-one and small-group discussions.

The NGOs also used a series of comic books whose friendly, supportive lead character Maritza advised other women working in the business. One of the first themes the comics covered was the use of condoms. When COIN began its work with sex workers in the late 1980s, said Luis Moreno, a COIN project coordinator, “sex workers didn’t think they could negotiate condom use with their clients or their regular partners.” The Maritza comics offer practical negotiation strategies and present examples of sex workers who successfully negotiate with men.

Maritza comics dispel myths, such as the belief that STIs can be cured with certain herbal remedies. They also address the misperception that well-dressed, higher-income clients cannot be infected with HIV and that it isn’t necessary to insist that such men use a condom.

### INVOLVING MEN

The Avancemos projects also targeted BCC messages to the women’s regular partners and clients and to other men involved in the sex industry. A comic book for that audience features Mario, a young single man who learns basic facts about HIV/AIDS transmission, proper condom use and the importance of using a condom even in a steady relationship.

The Avancemos NGOs held regular workshops to encourage proprietors of brothels and other commercial sex establishments to support prevention efforts. Those sessions approached the HIV/AIDS epidemic from the owners’ perspective—and their desire to attract more customers. “We told them, ‘If you have fewer infected women, your business will have a better image,’” said COIN’s Moreno.

Impressed with the quality and benefits of the NGOs’ services over the years, a number of the enterprises recently began to pay small fees to support the two groups’ work. “That’s a big change,” said AIDSCAP staff member Medrano. “Before [Avancemos began] they were resistant. Now they want these activities.”

### NEW ISSUES

As they continued their work, the Avancemos NGOs saw they could make their HIV/AIDS prevention messages more effective by increasing their focus on other

concerns that were important to sex workers. “There was a need for a more integrated strategy, a more complete vision [of the lives of the women],” said COIN’s Moreno. The two NGOs had seen that as women became more effective in various areas of their lives, their self-esteem increased and they felt more empowered to make behavior changes that would reduce their risk of HIV infection.

Many sex workers, for example, wanted bar and brothel owners to treat them with more respect. The women also faced problems with the Dominican legal system. Courts were taking away their children and giving custody to their husbands, even though that violated Dominican law. Some women began meeting with each other in their homes, rather than where they worked, so they could talk more freely. The sex workers and the NGOs also began discussing the violence committed against women and issues of self-respect.

### MOVING AHEAD

By providing technical information on HIV/AIDS and raising the sex workers’ self-esteem, the Avancemos projects achieved just what they had set out to do: improve the women’s perception of HIV risk and decrease unsafe behaviors.

In the summer of 1996, surveys of sex workers in the Puerto Plata area showed that more than 70 percent had changed their sexual behavior because of HIV/AIDS. Every one of the surveyed women identified at least two HIV/AIDS prevention measures. Some 94 percent of the sex workers were using negotiation strategies—such as the ones taught by the COVICOSIDA health messengers and included in the Maritza comics—to convince clients to use condoms. Ninety-eight percent of the women reported using a condom with their most recent client, and 97 percent said they had done so with their last five clients.

COIN reported equally impressive results from Santo Domingo and the other cities where it had been working. More than three-quarters of the sex workers indicated they had changed their behavior because of HIV/AIDS. The percentage of women who could identify at least two HIV/AIDS prevention measures reached 99.5 percent, compared with 83.2 percent in a 1992 survey. Sex workers saying they had used a con-

dom with their most recent client rose from 80 percent in 1990 to 97.5 percent in 1996.

Representative of this change in attitudes and behavior were the firm statements a Santo Domingo sex worker told AIDSCAP researchers she uses with potential customers: "Look, I am barely 22 years old and it does not help me one bit to earn 600 pesos and get infected with a disease that will cost me my life. So if you want to use it [a condom], fine, and if you do not want to use a condom, then I will give you back your money and we can leave [the hotel]."

### UNITED WOMEN

While encouraging sex workers and their clients to make positive behavior changes, the Avancemos project also helped establish institutions and activities that will continue beyond the AIDSCAP program in the Dominican Republic. One example is the union of sex workers founded with COIN's assistance in the summer of 1996, the Movimiento de Mujeres Unidas (MODEMU), or Movement of United Women. Many of the group's founding members were COIN messenger leaders who had left commercial sex work.

MODEMU's formation was one result of the sense of solidarity that came out of the first-ever congress for Dominican sex workers. Organized by COIN, the May 1995 event drew more than 350 participants, including sex workers, health professionals, and COIN and COVICOSIDA volunteers.

"Now, if a woman has a problem with a [sex work] business owner, there's a group to help," said Marina Ureña, MODEMU's director of public relations. "We want respect for our rights, both civil and labor, and to be treated as equals with other professions."

Ureña's early experience was similar to that of many other MODEMU members. The 28-year-old mother of three got into sex work because of financial need and the lack of other employment opportunities. "My country doesn't offer good wages," she said. "You go and look for work, and they say, 'There are no positions.'" She left sex work in 1994 after three years in the business. "The risks are high," she said. "You go out with a client, and you don't know if he's going to kill you."

A periodic newsletter started by the Avancemos NGO health messengers has largely been taken over by MODEMU members. Called *La Nueva Historia* (*The*

*New Story*), the publication covers reproductive health, sexuality, self-esteem and other subjects of interest to the women. Articles in recent issues dealt with migration and the traffic in women, MODEMU activities, the link between STIs and HIV transmission, and family support for persons living with HIV. One regular feature is testimonials from women whose major life changes can inspire other sex workers. Some articles conclude with a "conversation guide" encouraging readers to talk with each other about the story's subject, such as how to confront violence directed at women.

The newsletter even has horoscopes with predictions reinforcing the Avancemos HIV/AIDS prevention messages. In one recent column, Libras were warned about dishonest persons recruiting women for employment in other countries as "actors" or "dancers"—but actually sex work. "Be careful with illegal trips," the newsletter counseled. "You could have serious problems. If you decide to go, get information from MODEMU." Sagittarians were advised, "Spend more time with your family and make good use of your free time. Attend the events organized by your health messenger."

Future goals for MODEMU include expanding the group's membership and working with sex workers in more cities of the Dominican Republic. The organization also hopes eventually to set up a credit union, where the women could place their savings and obtain loans to move out of the sex industry and set up their own small business ventures.

### LEAVING "THE BUSINESS"

The Avancemos projects have already helped some sex workers get out of the business, a difficult step due to the lack of job alternatives for many women. The sex workers who have had the most success finding other employment are the health messengers; COIN officials estimate more than half of its volunteers have moved into other work.

"Nobody tells them to leave the profession," said Francisca Ferreira, a COIN project coordinator. "They themselves choose." Some start small enterprises, such as selling clothes. Others stay in the bars or brothels, but with a different job, such as cashier.

One woman who began a new career with help from COVICOSIDA is Nancy Gómez. She entered

the sex business in 1987 to support herself and her three children, who were then 10, 12 and 16 years old. Her husband had left for the United States, promising to send back money for the family, but never did.

“The [commercial sex] work was hard,” explained the small, slender Gómez. “Your self-esteem goes down. You have to do things you shouldn’t. But if you have children, what else can you do? You can steal or you can sell drugs, but I wouldn’t do that.”

In 1988 Gómez was in a group of sex workers who heard a talk given by a COVICOSIDA health educator. “She touched our hearts,” said Gómez. “She talked about HIV, AIDS and STIs. It was like a call to us, to work with the community and not to become infected.”

Gómez began as an unpaid volunteer for COVICOSIDA, talking with her peers. As she learned more and committed more time to the educational work, the Puerto Plata NGO began paying her a small stipend. In 1993, Gómez left sex work entirely to become a full-time COVICOSIDA health educator. She has continued her work with sex workers, and also works with adolescents, schoolchildren, families in the community, labor unions, taxi drivers, bakers and hotel employees.

While her COVICOSIDA salary has grown along with her skills and responsibilities, it’s now just 2,500 Dominican pesos (\$U.S.180) per month. “I’d like to earn more,” Gómez said, “but I do the work with love for the community.”

Another woman who has left the sex business is Petronila Brazobán, a COIN health messenger who discovered in 1992 that she was HIV-positive. Brazobán considered committing suicide after she found out she was infected. “It was really hard,” she said. “My family supported me. I began to reconsider things. I thought about my children, my work [as a health educator]. I decided there were thousands of people who were infected that I could help.”

Brazobán went on to establish the first support group for HIV-positive persons in the Dominican Republic. “I formed the organization,” said the 36-year-old mother of two, “because of the rejection, discrimination and marginalization in the society.”

The group works with some 40 HIV-positive persons, providing them with information on how to take care of themselves physically. They learn strategies for maintaining their self-esteem, as well as meditation and other relaxation techniques.

The support group also works with the relatives of those who are HIV-positive. “We try to educate the family,” said Brazobán, “and we’ve had good results. Families have changed their attitudes and behavior.”

Brazobán has been active with the Dominican news media, pushing for recognition of the rights of persons living with HIV. Her group has also lobbied the Dominican government and has helped individuals file lawsuits when their employers have illegally fired them for being HIV-positive.

As the organization acquires more resources, Brazobán would like to help establish similar support groups in other parts of the Dominican Republic. Other goals include assembling a pool of funds that members could draw on in times of need, and establishing a residence for HIV-positive persons who have been rejected by their families.

Those are the kinds of possibilities many women once trapped in the sex business have been able to consider as they have transformed their lives with the help of COIN and COVICOSIDA. While talking about her experience with the Puerto Plata organization, Nancy Gómez could just as easily be describing the impacts large and small that both groups have had on the lives of many women: “It comes over time, from the orientations from COVICOSIDA and from living. It happens bit by bit. You have to have support to do it, and that’s what COVICOSIDA provides.”

# Investing in Workers' Health

**E**very year more than a million foreign tourists vacation in the Dominican Republic. Many are drawn to the country's northern seashore resorts in the city of Puerto Plata and other nearby communities by the bright sun, long sparkling beaches, night clubs with rhythmic merengue and salsa music, colonial-era stone forts and charming Victorian-style wood houses.

Thousands of Dominicans also flock to Puerto Plata, looking for jobs in hotels, restaurants, shops and other businesses catering to tourists.

But there is a darker side to the alluring tourist attractions and promising employment opportunities of the Puerto Plata region: the area has a thriving commercial sex industry and one of the highest HIV prevalence rates of any region in the Dominican Republic.

In response to that grim reality, the Puerto Plata NGO COVICOSIDA carried out a highly successful three-year project to slow the spread of HIV and other STIs among local hotel employees. The AIDSCAP-supported effort reached nearly ten thousand Dominican workers, as well as their families and neighbors, with prevention messages that helped change workers' attitudes about HIV/AIDS and their sexual behavior.

Just as successful were a series of AIDSCAP projects that targeted Dominican employees in the manufacturing

and assembly plants and other businesses of the "industrial zones" in and around the capital city of Santo Domingo. Called "Trabajo y Salud" ("Work and Health"), the four successive projects were implemented by another AIDSCAP NGO partner, COIN.

Between September 1992 and April 1997, COIN peer educators reached more than 113,000 of their coworkers with health messages. Initially faced with skepticism from many company owners and managers, COIN persuaded numerous business leaders to play influential roles in the effort to protect their workers' health and guard them against HIV infection.

Through the COIN and COVICOSIDA workplace projects, AIDSCAP achieved one of the major goals of the strategic and implementation plan created for its program in the Dominican Republic in the fall of 1993: carrying HIV/AIDS prevention messages to the general population of the Dominican Republic. While core groups such as sex workers and men who have sex with men had been hit hardest by HIV/AIDS during the early years of the epidemic, research by AIDSCAP and other organizations showed the epidemic had moved into a second phase, with steadily increasing infection rates among the sexually active population as a whole.

There were persuasive public health reasons for targeting people in workplaces, including such economically vital segments as tourism and industrial zone enterprises. Many of the workers in those two sectors

Foreign tourists are drawn to the Dominican Republic by the country's long beaches and bright sun.



are young, single and sexually active. Even male employees who are married or in a steady relationship frequently have other sexual partners. By the early 1990s, some 73 percent of the country's reported AIDS cases had resulted from heterosexual sexual contact. Approximately 86 percent of all the cases had occurred among people aged 15 to 54, the years when they could be contributing the most to the Dominican economy.

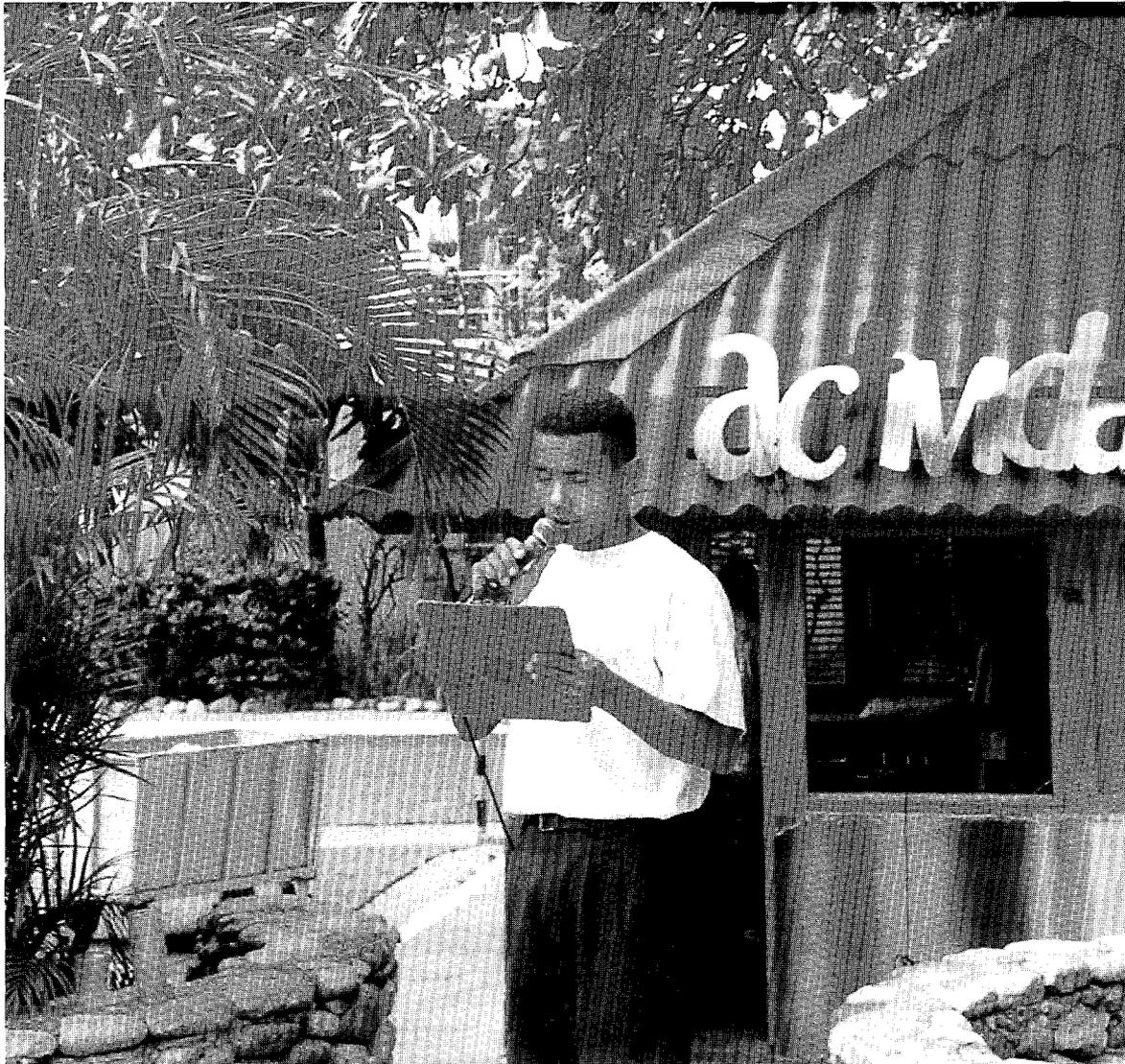
Since the 1970s, tourism and the industrial zone businesses have grown rapidly and become far more important to the Dominican economy than such traditional sectors as farming and mining. The number of foreign visitors climbed from 480,000 in 1980 to 1,500,000 in 1996. Tourism now accounts for one-fifth of the country's gross domestic product, provides over 150,000 jobs, and brings in more than twice as much foreign currency income as agricultural and mineral exports.

The Dominican industrial zone businesses are also a major contributor to the country's economy. This is especially true for one type of industrial area, the "free trade zones." In these districts foreign and local manu-

facturers can set up assembly and production plants that benefit from major tax incentives, as well as an abundant supply of eager workers. Employment in the free trade zones climbed from some 16,400 in 1980 to 141,000 in 1992, and the value of the zones' exports rose from \$117 million to \$1.7 billion. Those foreign exchange earnings from the free trade zones, as well as the tourism sector, are crucial to paying off the country's international debt.

The economic importance of the tourism and industrial zone sectors provided another rationale for the AIDSCAP workplace projects. It was hoped that once the enterprises' owners and managers understood the value of HIV/AIDS prevention to their businesses, the proprietors would provide financing to help make the interventions self-sustaining over the long term—another AIDSCAP goal.

There were also practical reasons for focusing on the tourism and industrial zone sectors, according to Dr. M. Ricardo Calderón, director of AIDSCAP's Latin American and Caribbean Regional Office. During the program's first year in the Dominican Republic, AIDSCAP supported COIN and COVICOSIDA pro-



An activities worker announces events for guests at a Puerto Plata hotel. Research showed activities workers are more likely than other hotel employees to become sexually involved with foreign visitors.

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jects targeting sex workers and their clients. Among those customers were many employees of the hotels and of the industrial zones. During that same year, AIDSCAP financed a COIN project focusing on workers in the industrial zone of Haina, just to the west of Santo Domingo. The existing activities, contacts and expertise of those two groups enabled AIDSCAP to put HIV/AIDS prevention activities in place rapidly.

A final advantage with the industrial zones, said Dr. Calderón, was the concentration of a large number of employees in a relatively small geographic area. This would make it easier to expand and replicate COIN's activities in other divisions of the same company or in nearby businesses once the NGO's efforts gained momentum and recognition.

## REDUCING RISK AMONG HOTEL WORKERS

In the country's booming tourism sector, the single largest concentration of hotels—about 35 percent of all the rooms—is in the Puerto Plata region. Research by COVICOSIDA and other groups has shown that sexual relations are common among hotel employees and also between those workers and foreign guests. In addition, many hotel employees and international visitors also patronize Dominican sex workers.

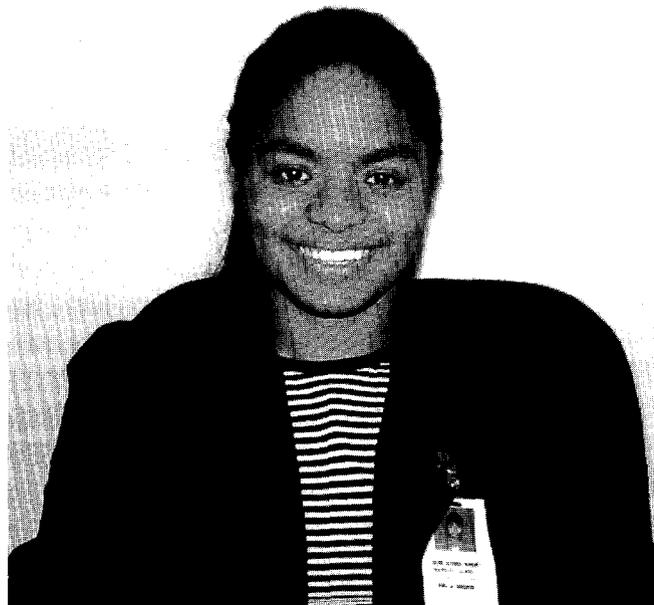
According to research AIDSCAP carried out in Puerto Plata and four other major Dominican tourist destinations in 1996 and 1997, some 17 percent of the hotel workers reported they had had sexual relations with tourists. That type of involvement was three times

as likely for the hotels' entertainment or activities staff members, such as the life guards and disc jockeys. These staff interact regularly with international visitors, organizing leisure events that include swimming pool exercise sessions and horseback riding during the day and dance parties and folkloric shows in the evening. And while 39 percent of all hotel employees reported having had multiple sexual partners during the preceding year, 55 percent of the entertainment workers had had more than one partner.

In the AIDSCAP workplace project, COVICOSIDA focused its prevention efforts on the employees of 13 first-class hotels in the Playa Dorada resort complex, which is seven kilometers (four miles) east of the center of Puerto Plata. The target audience included workers in food and beverage services, maintenance, administration and activities functions.

COVICOSIDA recruited and trained health messengers from among hotel workers to reach other employees. These volunteers gave talks and distributed condoms and informational materials at hotel departmental and "employee of the month" meetings, as well as in one-on-one discussions. The project also staged entertaining and educational "provocative theater" sociodramas during hotel staff meetings and at bus stops where hotel workers gathered (see pages 6-7).

Health messengers and COVICOSIDA staff focused on three primary objectives: expanding the



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**Ruth Esther Romero, a nurse at the Q-TEL company plant in the Itabo industrial park near Santo Domingo, served as the coordinator for some 30 volunteer health messengers in the park.**

3.1

## AIDSCAP Establishes Other Linkages with the For-Profit Sector

**A**IDSCAP used a variety of creative approaches in the Dominican Republic to find new resources for HIV/AIDS prevention efforts. One strategy was a greater reliance on the private sector, by increasing the business community's awareness of the epidemic's socioeconomic impact, developing partnerships with industry associations and individual firms, and adding HIV/AIDS and STI prevention activities to existing workplace health programs. In addition to the COIN and COVICOSIDA workplace projects, other successful alliances with companies and business organizations included:

- *Support for AIDSCAP's adolescent media campaign:* Assistance in the form of donated or discounted services came from advertising agencies, printing companies, and artists and other professionals. The single largest contribution was the air time for the radio and TV

advertisements AIDSCAP created. From September 1995 to March 1997, 38,495 TV spots and 454,770 radio spots were broadcast free of charge, representing over U.S.\$9 million in air time.

- *Condom marketing partnership:* AIDSCAP worked with a for-profit firm, Sterling Products International, to introduce Pantera, a new brand of low-cost, high-quality condoms to the Dominican Republic and make them available throughout the country. Sterling sold the condoms to supermarkets, drug stores and *colmados*, or neighborhood convenience stores. In addition, AIDSCAP-supported NGOs distributed the condoms through hotels, motels and bars in the areas where they were implementing prevention projects. That aggressive new marketing approach continued after Sterling was acquired by another major pharmaceutical company, SmithKline Beecham. Less than two years after its introduction, Pantera had

workers' knowledge of HIV and other STIs and appropriate protection methods, increasing their use of condoms and reducing the number of their nonregular sexual partners. Because of the large number of persons regularly entering and leaving employment with the hotels, the NGO found it had to present those themes over and over, while also adding new information for the workers it had already reached.

"The employees might have heard about AIDS before from television or somewhere else, but learning about it

become one of the best-selling and most widely distributed condoms in the country. The dynamic Pantera promotional strategy also pushed distributors of other condom brands to expand their own advertising efforts, further boosting condom acceptance and availability nationwide.

- *Educational activities for the private sector:* AIDSCAP held meetings with several business associations to discuss the country's new AIDS law. The National Association of Young Businessmen collaborated with AIDSCAP in disseminating information on that new legislation and facilitated other HIV/AIDS prevention activities. During a major AIDS conference in July 1996, AIDSCAP held a special workshop for business representatives to present the results of its study on the socioeconomic impact of HIV/AIDS on the Dominican Republic's free-trade zones. Such informational activities helped encourage dozens of company managers and

union leaders to become official "associates" of the COIN workplace prevention project.

- *Integration of STI/AIDS services into a private health care system:* AIDSCAP collaborated with the Centro Médico Central Romana (CMCR), a medical facility owned and managed by the Central Romana Corporation, to merge STI/AIDS services into the company's health care services. The company owns the largest private sector sugar mill in the country, and the CMCR manages a rural health program serving the corporation's workers. Medical staff from the CMCR also participated in AIDSCAP-sponsored training on syndromic management of STIs. In addition, the CMCR collaborated with AIDSCAP on a scientific study to validate syndromic algorithms in the Dominican Republic, facilitating sample collection from sugar mill employees and absorbing a substantial part of the costs incurred in the activity.

directly was very helpful," said Ignacio Pérez, general manager of Puerto Plata Beach Resort and Casino.

Other hotel managers praised the quality of the education COVICOSIDA staff and volunteers provided. "It's one thing for me to read a magazine article and talk with my employees," commented Cornelia Paulini, human resources manager of the Paradise Beach Club & Casino in Playa Dorada. "It's another thing to have people like those from COVICOSIDA who are specialists, who know how to make presentations and talk to people."

To relieve hotel managers' fears that the HIV/AIDS interventions would disrupt employees'

work, COVICOSIDA made sure no educational activity lasted longer than 25 minutes. The NGO supported the presentations with such written pieces as brochures, posters, fliers, comic books and flip charts.

Hotel workers' attitudes and conduct changed over time, according to the businesses' managers. "When COVICOSIDA first started working with the hotel employees, they felt ashamed to ask questions about HIV and AIDS," said Rafaela Arvelo, manager of personnel of the Dorado Naco resort in Playa Dorada. By the end of the project, however, workers felt much freer to seek out the information they needed, she reported.

End-of-project statistical data also showed increased knowledge and significant behavior changes. One objective had been to raise from 80 to 90 percent the proportion of hotel employees who could identify two HIV prevention behaviors. Surveys in 1996 found that 100 percent of workers could do that. Another goal had been to increase from 37 to 47 percent the proportion of employees who reported having only one sexual partner during the preceding twelve months. At the end of the project, that figure was 59 percent. Among hotel employees who reported having sexual relations with tourists, 95 percent of the workers said they had used a condom in their most recent encounter, up from 85 percent three years before.

## CHANGING BEHAVIOR IN INDUSTRIAL ZONE WORKERS

COIN's strategy for promoting HIV preventive behavior among the employees in Santo Domingo industrial zone businesses was similar to that of COVICOSIDA. The volunteer health educators COIN recruited talked to their fellow workers and distributed attractive, informative printed materials. The content of the messages was also comparable: HIV/STI transmission and prevention, proper condom use and greater acceptance of and support for coworkers and other persons who become infected with HIV.

The COIN health messengers also reached out to their family members and their neighbors. Some of those encounters were informal, just one person talking to another. Others were more structured, such as special events staged during the annual December commemoration of World AIDS Day and during Easter week,

## 3.2

## Lessons and Recommendations

**LESSONS LEARNED**

- Entrepreneurs and managers need more information on the costs and benefits of HIV/AIDS prevention efforts, such as from socioeconomic impact studies, so they come to view health education as an investment in their businesses.
- Workplace prevention programs can be reinforced through activities in the communities where employees live.
- Where it is difficult to reach more senior business managers, an alternative starting point can be the firms' human resource directors, who may be more aware of the impact of HIV/AIDS on employees and therefore more receptive to prevention initiatives.
- Government officials can use their status to help provide access to corporate managers and encourage them to support prevention activities.

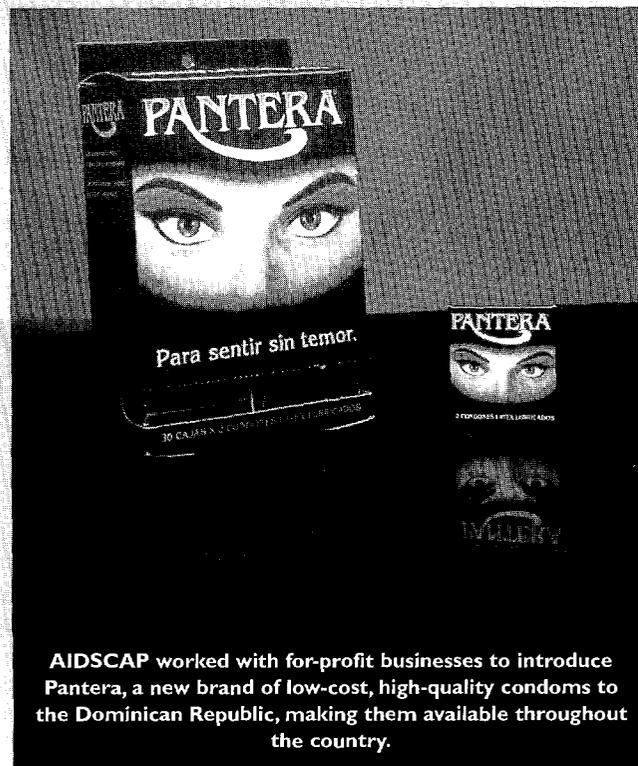
- Educational interventions need to be continuous and ongoing where there is high turnover among a business or sector's workers.

- While some private sector sponsors want public recognition for supporting prevention efforts, it is important to allow others

to provide anonymous assistance.

**RECOMMENDATIONS**

- Efforts should be continued to encourage the Dominican private sector to donate more funds for HIV/AIDS prevention. Many persons and businesses in the private sector are willing to make such contributions, but the process must be facilitated by streamlining bureaucratic approval procedures that can frustrate a business community accustomed to rapid decisions with little accountability. One strategy for promoting private sector involvement is to start with small pilot prevention activities that will serve as a model that other private businesses can follow.
- A condom distribution network should be maintained in the tourism sector to serve hotel employees, especially those who have more contact with foreign tourists.



**AIDSCAP worked with for-profit businesses to introduce Pantera, a new brand of low-cost, high-quality condoms to the Dominican Republic, making them available throughout the country.**

which is one of the most important holidays for Dominicans. COIN found that imparting the same message outside of the workplace reinforced the information employees were receiving on the job.

Those behavior change communication strategies proved highly effective with the industrial zone workers, COIN surveys at the end of the project showed. Some 96 percent of the employees knew where to obtain STI services and 94 percent knew where to get condoms. Personnel managers in the industrial zone companies also reported a noticeable drop in the number of STI cases among their workers.

Attitudes toward people living with HIV/AIDS changed as well. The percentage of persons who said

that an infected coworker should be kept on the job more than doubled, from 27 percent to 71 percent.

One COIN health messenger who has seen those changes is Alejandro Molina, the head of local purchasing for Fábrica de Refrigeradores Comerciales (FARCO), a manufacturer of commercial refrigeration units located in the Haina industrial zone of Santo Domingo. Molina began working as a COIN volunteer in 1996. At that time, he said, "I was impressed by people's lack of information about STIs, especially AIDS." Since then, he said, the shift has been dramatic.

Molina points to the progress with the condoms the COIN project has distributed. "At the beginning, many people said, 'No, I don't want them.' Now they

say, 'We want condoms.' That shows they have accepted the message of taking care of themselves."

Over the life of the project, COIN health messengers gave away some 34,000 condoms and sold 135,000 more. The NGO trained the volunteers in condom social marketing, as well as educational methodology, human sexuality and the Dominican AIDS law.

Leovigildo Liranzo, the head of personnel for another Haina manufacturer, has also seen employees' attitudes evolve. He gave the example of a woman worker who came to the personnel office with another female employee to ask for some of the condoms that COIN provides to participating plants for distribution. "That's rare for women to ask openly for condoms, but she did," he said. "The other woman was very surprised."

Part of that worker's new-found resolve may have come from the gender-focused activities COIN added in the later years of its workplace project, as more and more women began asking for efforts to address their special concerns. The NGO created new educational materials and training sessions for its health messengers that addressed such gender issues as the social and health situation of women, sexuality, reproductive health, couples relations, self-esteem and sexual and reproductive rights.

### PROMOTING POLICY CHANGE

COVICOSIDA and COIN have both championed broader environmental and structural changes beyond the level of individual workers' knowledge and behavior. Part of that effort focused on protecting the rights of persons living with HIV/AIDS. Another major goal was generating long-term financial support, in order to continue the workplace prevention activities after AIDSCAP's funding ran out.

A recently passed AIDS law bars Dominican employers from giving HIV tests to job applicants or current employees. Nevertheless, many businesses—including some hotels—continue the illegal practice. COVICOSIDA pushed the hotel managers to follow the new law. "Many hotels think they solve the problem [of HIV/AIDS] by testing everyone," said Yobanny Ferreira, subdirector of COVICOSIDA and the manager of the hotel employees project. "The tests cost

around 150 pesos (U.S.\$11) per employee. We suggested they invest in education instead."

COVICOSIDA also worked to inform hotel employees of their rights under the new legislation. As a private institution, the NGO couldn't sue hotels that violated the law by giving HIV tests. COVICOSIDA encouraged individual workers to take hotels to court, but none has done that yet. "Because of the high unemployment in Puerto Plata," noted Ferreira, "people are afraid they would lose their jobs if they filed a suit."

During the project, however, COVICOSIDA did intervene successfully with two hotels that planned to fire four workers who had tested positive for HIV. "We were able to convince the hotels to keep them on," reported COVICOSIDA Executive Director Bayardo Gómez. "Most hotels send them [HIV-positive persons] home, pay them for maybe six months and then one day stop paying them."

The hotel managers most supportive of the COVICOSIDA project were lower-level ones. "Many of them [the managers] changed from not supporting to supporting the project," commented Domingo Vásquez, a hotel employee who served as a volunteer health messenger. "Often the personnel manager was the first one convinced and that person persuaded other managers."

Paulini of the Paradise Beach Club & Casino explained why she and other human resources managers may have been the strongest backers of the COVICOSIDA efforts: "We work more directly with our employees and we see the value of educating them."

COVICOSIDA's biggest challenge remained gaining the attention and support of large numbers of the general managers of hotel chains and the top executives of the individual hotels. Those high-level company officials were in the best position to quickly facilitate the NGO's access to their employees and to possibly provide future financial support for the prevention efforts. From May 1994 to August 1996 COVICOSIDA staff members contacted hotel managers—at all levels—nearly 140 times.

Part of the reason for many hotel executives' reluctance to support HIV/AIDS policies and programs may have been their fears that foreign tourists would be frightened away from the Dominican Republic by more aggressive public HIV/AIDS campaigns. One way

to help turn around those managers' attitudes, COVICOSIDA officials believe, would be to work through hotel or tourism industry associations. And while some enterprises may want to receive credit publicly for assisting prevention efforts, other business executives—such as hotel owners and managers—may prefer to provide their assistance anonymously, AIDSCAP and its NGO partners found.

Another route to influence the tourism sector could be through the assistance of government officials, such as tourism ministry officials. Senior representatives of that agency did step up their pressure on the hotel sector after seeing the results of a 1997 AIDSCAP study on the relationship between tourism and the HIV/AIDS epidemic. Ministry executives began encouraging hotel owners and managers to include HIV/AIDS educational sessions in the training programs for new hotel workers and make condoms more readily available to hotel guests.

COIN officials had an easier time persuading upper-level business executives in the industrial zones to back HIV/AIDS prevention efforts. COIN staff and volunteers made more than 280 contacts with Santo Domingo-area company managers and union leaders between 1994 and 1996 alone. Some 40 of those persons became official “associates” of the project, endorsing it publicly and providing some support, such as the use of company photocopying machines to reproduce COIN flyers and other educational materials.

Many companies also changed their practices with respect to HIV-infected employees, according to Ruth Esther Romero. She is an industrial nurse at the Q-TEL company plant in the Itabo industrial park in Haina and also serves as a coordinator for some 30 volunteer health messengers in the park. “Two or three years ago,” she said, “the attitudes were different. They [the companies] might have even fired those persons. Now they [the employees] can continue working if their health allows.”

One reason for COIN's success persuading business leaders may have been the socioeconomic impact analysis AIDSCAP performed of the Dominican

Republic's free-trade zones and released in early 1996. “When they [managers] saw the results of our economic studies,” said María del Carmen Weise, a field officer for AIDSCAP's Dominican Republic country office, “they were shocked by the high costs of the [HIV] blood tests, for example, as compared with the low cost of prevention measures.”

According to the AIDSCAP study, each free-trade zone worker who becomes sick with AIDS is expected to cost employers some U.S.\$1,550. Businesses' expenses will increase for health care, support to families of deceased workers and recruitment of replacement workers. Companies' revenues will fall due to HIV-infected workers' absenteeism and the initially lower productivity of their replacements. Effective, comprehensive prevention programs could be operated for just U.S.\$15 to U.S.\$25 per employee per year, the researchers estimated.

That kind of data will be key as COVICOSIDA and COIN search for private sector revenues to replace AIDSCAP's financial support. Both NGOs are exploring charging businesses a fee for their services, rather than providing them free. Another alternative, COIN staff members believe, would be to seek financial support from industrial associations or consortiums and from business taxes. AIDSCAP's Dominican Republic country office helped the two NGOs develop financial self-sustainability plans and produce marketing materials in English and Spanish that the groups can use in diversifying their funding sources.

By the fall of 1997, those promotional efforts had started to show results. Some industrial zone businesses were continuing their support to COIN, and four Puerto Plata-area hotels had agreed to help COVICOSIDA pay for the costs of the group's prevention project for hotel workers.

Such new funding sources will be essential as COIN and COVICOSIDA continue their work to educate business leaders, change the behavior of individual workers and reach out to more members of the general public—all vital tasks in promoting the health of individual Dominicans and the Dominican economy.

# Reaching Youth

It could be an ad for clothing, shampoo, musical recordings or almost any other product that appeals to adolescents. In quick succession, four attractive young couples—sometimes the same person but with a different partner—are each shown embracing on a couch in a dimly lit living room. In the background a singer croons the opening lyrics of a well-known romantic ballad, “Solamente Una Vez”: “Just one time I loved in my life, just one time and never again.”

But the mood turns starkly somber as the last of the young women looks up with a grim expression and stares directly at the camera. The word “SIDA” (AIDS) in bold red letters covers her face, and a narrator takes the sweet love song and turns its meaning on its head. “AIDS. Just one time, and never again,” he warns. “Protect yourself. Don’t change partners. Use condoms. Because just one time is enough, and never again.”

This forceful TV ad is one of four that AIDSCAP’s Dominican Republic program produced for a campaign targeting adolescents and their parents. Created by a leading Dominican advertising agency, the spots used high-quality production techniques and attractive young actors to convey well-researched public health messages.

Other equally polished materials developed for the campaign—including radio announcements,

brochures, posters and roadside billboards—presented the same hard-hitting themes, designed to pierce young people’s sense of invulnerability.

As attention-grabbing and persuasive as the mass media pieces may have been, they were just part of a comprehensive, well-coordinated national campaign, explained Oscar Viganó, a communication officer in the AIDSCAP Latin America and Caribbean Regional Office. “The mass media is a tool,” said Viganó, who helped the AIDSCAP staff in the Dominican Republic

**Minister of Health Victoriano García spoke at the launch of the adolescent mass media campaign.**



AIDSCAP/DOMINICAN REPUBLIC

create the campaign. "If you use it within an integrated plan, you can have an impact."

The communication campaign was, in turn, one of a series of AIDSCAP efforts targeting youth, one of the primary audiences identified in the strategic and implementation plan the program developed in 1993. The Acuario Project, for example, reached thousands of young people in four lower-income Santo Domingo neighborhoods through one-on-one peer communication, small group discussions and other community events. Other youth-focused activities grew out of Acuario, including research to learn why young women were slower than young men to adopt risk-reducing behaviors and a new mass media campaign aimed at remedying that situation (see pages 31-35).

### YOUTH AT RISK

As AIDSCAP was getting under way, research data on the epidemic showed the increasing urgency of targeting young people with HIV/AIDS prevention messages. The average age for first sexual intercourse among Dominican youth was 14. By early 1993, some 56 percent of the cumulative AIDS cases reported in the country had been among persons aged 15 to 34. Heterosexual sex was the mode of transmission in some 73 percent of the AIDS cases. Prevalence rates had risen sharply among such "core groups" as sex workers and men who have sex with men—frequently an advance indicator of a spread of the epidemic to other groups, including sexually active men and pregnant women.

Behavioral studies also showed that many young individuals knew how to safeguard themselves from HIV and other sexually transmitted infections, but they hadn't moved beyond that awareness stage and taken steps to better protect themselves. AIDSCAP officials believed that changing that conduct would be easier with younger people than with adults because youth are still in the process of forming their sexual attitudes and behavior.

The resulting Acuario Project combined the skills and experience of two Dominican NGOs, the Coordinadora de Animación Socio-Cultural (CASCO) and the Instituto Dominicano de Desarrollo Integral (IDDI), to target youth aged 13 to 24 in poor communities of Santo Domingo. The collaboration integrated

4.1

## HIV/AIDS Hot Line Offers Information, Advice and Comfort

AIDSCAP's media campaign for adolescents was intended to break through the sense of invincibility typical of many young people, and it was extremely effective at that, according to those who have answered calls to a telephone hot line that has supported the campaign.

"They call because they're worried about themselves or someone they know or are involved with," said Miguelina Montaña, a psychologist who has worked with the telephone service. "They don't even want to say the word 'AIDS.' They say it in a soft voice."

Many young people have called after they've engaged in some risky behavior and are looking for information and a sympathetic listener, according to Montaña. Often they ask about possible HIV/AIDS symptoms. "They say they've had a rash, a fever, or they've vomited or had a headache for a week, and they want to know if they have AIDS," she said. "A lot of people think once you're infected you'll see something right away. Because the symptoms are

so broad, it's likely they'll have one of the symptoms."

The HIV/AIDS telephone information service that was advertised in the campaign's TV ads and roadside billboards was a collaborative undertaking of AIDSCAP, the Dominican NGO Instituto de Desarrollo y Salud Integral (INDESUI) and several universities. It built on the NGO's hot line that since 1991 has answered callers' questions on such issues as depression, alcoholism, drug addiction, suicide and the abuse of women and children. INDESUI works in three low-income neighborhoods of Santo Domingo to strengthen local community groups and to raise residents' incomes and improve their physical and mental health.

In 1995, AIDSCAP trained INDESUI staff and contributed computer equipment so the organization could maintain a database of HIV/AIDS information and a listing of HIV/AIDS service providers to whom callers could be referred. The equipment also allows INDESUI to track the number and type of calls the

HIV/AIDS activities into a larger primary prevention system that helped communities address many different health threats. This structure included families, neighbors, sports clubs, churches and other local organizations involved in HIV/AIDS prevention outreach to youth. Young people were also contacted by a corps of volunteer health messengers and through mini-workshops that covered adolescent health, modification of unsafe sex practices, gender stereotypes and self-esteem.

telephone hot line receives. The Pontificia Universidad Católica Madre y Maestra (PUCMM) created the software INDESUI uses and helps maintain the computer hardware.

Volunteers from PUCMM and four other universities—many of them psychology students—and health professionals from the community respond to the callers' questions. All the volunteers must take a ten-hour training course before they can work on the hot line.

During the AIDSCAP campaign, the majority of the callers to the INDESUI hot line were young people asking about HIV and AIDS. "With every call, there's almost always an emotional worry," said Montaña. "When they call about symptoms, it's usually because they've had an experience and they're worried about it. They want an answer to their doubts."

The INDESUI staff members studied the most frequent HIV/AIDS questions raised in the calls and used those data to compile a training manual for the persons answering the hot line. Among the subjects on

which the volunteers most often provided information and advice were the origins of AIDS, means of HIV transmission, testing for HIV/AIDS, homosexuality and homophobia, sexual risks, children and AIDS, commercial sex workers and condoms. With their computerized records, the INDESUI staff could also suggest appropriate health care providers close to a caller's location. "Each call is different," said Montaña. "You have to figure out what they're looking for, and then you can give them an answer."

INDESUI continues to provide counseling and advice to adolescents and other callers 12 hours a day, seven days a week. During the AIDSCAP campaign, the telephone service typically received 20 to 30 calls per day, in part depending on the number of AIDSCAP adolescent campaign advertisements Dominican broadcasters had been carrying. INDESUI staff members also noted a jump in the number of calls when local newspapers carried stories about the AIDSCAP campaign and the hot line service.

Reinforcing the prevention messages were written materials, including such pamphlets as "AIDS, You Can Avoid It Too," "Take Care of Yourself" and "Speak to Your Children about AIDS." The project also developed user guides for youth leaders and cloth flip charts that could be rolled up and thrown over the shoulder. All the materials went through an extensive process of technical revision and pretesting among target audiences.

Over the five-year life of the project, Acuario reached more than 180,000 persons—including young people, their parents and their neighbors. The two allied NGOs distributed almost 115,000 brochures, pamphlets, fliers and other informational pieces. Nearly 4,700 persons received training through workshops and other educational activities.

Research studies at the end of the Acuario Project showed impressive shifts in the knowledge, attitudes and behavior of the young people in the targeted neighborhoods. All of the 1996 survey respondents could identify at least two high-risk sexual practices, and almost 19 out of 20 of the young people knew where to purchase condoms. Just over 85 percent of the target population knew where to access appropriate services to treat STIs.

Sexual risk taking decreased dramatically among the youth. In 1992, 73 percent reported that they were sexually active, compared with 30 percent in 1996. In this same population, the proportion reporting that they engaged in sex for money or gifts dropped from 27 to 7 percent among young men and from 9 to 6 percent among young women. Among the young men who were sexually active, the percentage who reported using a condom during their most recent sexual intercourse rose from 29 percent in 1993 to 47 percent in 1996. The 1996 figure for women—17 percent—was noticeably lower than for males, but still triple the rate reported in 1993.

The impact that CASCO and IDDI had, however, went far beyond the four communities the Acuario Project served directly, as the groups shared the knowledge and expertise they had developed. In March 1997 the two NGOs hosted a three-day national forum in Santo Domingo with more than 100 young leaders of youth programs. Young people were involved in all stages of planning, implementing and evaluating the event. A number of government agencies, NGOs and universities also participated in reviewing youth risk behaviors and devising a new, integrated approach to adolescent health and STI/HIV/AIDS prevention.

The forum participants developed a "manifesto" on health, education and labor issues related to youth. After the meeting, they formally presented the document to government agencies and other organizations working with young people. They also held a series of

regional assemblies with youth groups to share the declaration.

The Acuario Project hosted an April 1997 training workshop on HIV/AIDS prevention methodology for community youth organizations. Leaders from more than 20 community groups participated in the seminar, along with government officials from the national STD and AIDS control program (Programa de Control de Enfermedades de Transmisión Sexual y SIDA, or PRO-CETS) and the Ministry of Health's Adolescent Integral Health Program. The course covered arranging and implementing HIV/AIDS prevention activities, as well as integrating health and sexuality components into the local organizations' existing work. Other workshop sessions addressed teenage pregnancy, STIs and problems brought on by the disintegration of families.

### MASS MEDIA CAMPAIGN

At the same time it was supporting Acuario and dissemination of the project's lessons learned, AIDSCAP was pursuing other strategies for reaching young people. One of the most important was the mass media campaign to reinforce the interpersonal communications activities of CASCO, IDDI and other youth and HIV/AIDS prevention organizations.

The first steps toward creating a mass media campaign came soon after AIDSCAP was launched in the

Dominican Republic in September 1992. One of the program's priorities was to work with gov-

Scenes from the television ad "Just One Time" show a woman embracing different partners.



ernment agencies and NGOs to create communication strategies for HIV/AIDS prevention. As part of that effort, AIDSCAP and more than a dozen organizations involved with young people set up a special working group to develop a national plan for preventing HIV transmission among 13- to 19-year-olds. Through a special advisory committee that met regularly, many of those organizations continued to provide suggestions and feedback as AIDSCAP planned and later implemented a youth mass media campaign.

In June 1995 AIDSCAP chose Cumbre, a well-known Dominican advertising agency, to produce mass media materials for the first phase of a three-part effort that would ultimately span nearly two years.

The first TV spot created began airing in September 1995. In this "interactive" ad, young actors looked directly at the camera and posed questions for youthful audiences to consider, including: Are you sexually active? Do you know what STIs are? Do you know AIDS can't be cured?

The TV ad and its companion radio piece concluded with a campaign slogan, "¿Sabes que si te da, no llegas?" (Do you know, if you get it, that's it, that's the end?) The first part of that question—si te da—is a word play on SIDA, the Spanish acronym for AIDS, that was further emphasized in printed materials through the use of contrasting colors.

With the "interactive" format of the first broadcast ads, the Cumbre agency intended to confront the attitudes and misconceptions revealed in research among Dominican youth. "Young people live in their own



CUMBRE



Billboards and other printed materials reinforced the messages in the campaign's television and radio ads.

world," said Cumbre President Freddy Ginebra. "They don't have fear, they take more risks, they're adventurous and rebellious. They don't think death exists, so we looked for a 'code' to challenge them and to make them think."

The campaign's second ad, which began airing in December 1995, was also intended to raise young Dominicans' awareness of HIV/AIDS and their personal risk. Entitled "Party," it showed a crowd of attractive, well-dressed young people dancing, talking and looking for potential partners. It ended with a warning: "You can't know who to be with and who not. You can't guess who has AIDS."

Posters, bumper stickers, brochures and other printed pieces featured photos of the actors in the TV ads and reinforced the broadcast spots' key messages. These ancillary materials were distributed to government agencies, NGOs working with adolescents, radio stations, record and video stores, and movie theaters.

AIDSCAP persuaded dozens of radio and TV broadcasters and cable-TV system operators to carry those first two ads for free, as well as two more produced the following year. While some media ran the announcements only once a day, other outlets carried them more than 30 times daily. In just the first five weeks of the campaign, broadcasters contributed air

time worth over U.S.\$350,000; in a year, that total reached more than \$2.6 million.

The AIDSCAP campaign received additional free exposure from news media reports. For example, *Listín 2000*, the Sunday youth magazine of the Dominican Republic's largest-circulation newspaper, carried a cover-story piece on the campaign and included basic information on HIV transmission and prevention.

The Dominican press also gave wide coverage to a September 1995 rally AIDSCAP organized to announce the launch of the campaign. Some 1,000 young volunteers from NGOs working in HIV/AIDS prevention marched through the streets of Santo Domingo wearing campaign hats and T-shirts and carrying colorful balloons and banners with campaign slogans. At the launch ceremony, representatives from the government, church and other influential sectors of Dominican society endorsed the campaign.

In the fall of 1995, AIDSCAP began the campaign's second phase, synchronizing the activities of many of the groups working with young people and establishing a referral network for adolescents' questions about HIV/AIDS.

A two-day workshop brought together representatives from government agencies, NGOs and interna-

## 4.2

## Lessons and Recommendations

**LESSONS LEARNED**

- Youth appreciate direct messages that give them clear guidance on what to do.
- Messages directed to such "gatekeepers" as parents and teachers are needed to complement and support the communications that target youth.
- In developing successful mass media campaigns, it is essential to involve organizations that work at the interpersonal level and provide services to the target audience.
- Having high-quality advertisements builds private media support and encourages the broadcasters to carry the ads more often.

**RECOMMENDATIONS**

- Youth should remain a high priority for HIV/AIDS educational efforts because they represent an opportunity to reach high-risk individuals before they become infected. In addition, modifying behaviors that are strongly influenced by culture and personal value systems may be easier at an earlier age.
- HIV/AIDS communication to reduce sexual risk taking among youth should include messages directed to parents, teachers and other influential gatekeepers.

tional organizations in February 1996 to discuss what they had learned from their work with young people and suggest models for effective STI and HIV/AIDS education and counseling services. Using that information, AIDSCAP produced a manual and held training sessions for some 100 groups involved in youth and health issues.

Both the manual and training sessions, said Ceneida Brito, AIDSCAP's communication coordinator in the Dominican Republic, "dealt with how to work with young people on any problem, not just HIV and AIDS." The materials emphasized the need to view HIV/AIDS prevention within the context of all the challenges adolescents face and the physical and emotional changes they undergo.

Collaborating with other groups on the manual and encouraging them to convey consistent messages to young people had another benefit, according to Brito. "Working to reach a consensus," she said, "gave them a sense of participation and made them feel like 'owners' of the process. All of the groups that came together have continued participating in the campaign."

**A COORDINATED APPROACH**

AIDSCAP hired a research firm to conduct focus group discussions with adolescents to assess their reactions to the campaign's first phase. The majority of the participants remembered seeing or hearing the ads on television or radio at many different times of the day. When asked about the campaign's messages, the young people cited the need to protect themselves against HIV/AIDS, the need to have fewer sexual partners and the fact that HIV infection could ruin a person's future.

The focus groups also identified misconceptions about HIV/AIDS for the campaign to address, as well as themes for future advertisements. Many of the participants suggested the campaign encourage better communication between adolescents and their parents about HIV/AIDS and sexuality.

As AIDSCAP and the Cumbre agency began working on the materials for the campaign's third phase, they included a step they hadn't anticipated with the first TV spots. The new actors in the third and fourth ads received "sensitization" training to prepare them for the attention they were likely to receive and "to turn them into peer educators," Brito said. The novice actors in the first two ads had become so well known that members of the public and media frequently asked them questions about HIV/AIDS.

The third advertisement, with the "Solamente Una Vez" theme, was launched in September 1996 with another large rally affirming public support for the campaign. While the ad reinforced the campaign's message of risk awareness, it also listed a telephone hot line number that audience members could call for additional information and referrals (see p. 24). The ad was especially effective at generating calls during the after-school hours when young people usually watch television, according to Brito.

The last of the campaign's TV and radio ads was another interactive spot. But this one was aimed at adults, encouraging them to talk to their adolescent children. Through a series of questions, parents were challenged: Have you noticed your children are taller than you? Have you talked to them about STIs and AIDS? Do you realize that if you don't talk to them, you'll be responsible if they become infected? And if you haven't talked to them, what are you doing?

As with the first phase of the campaign, printed materials reinforced the radio and TV ads. Dominican broadcasters again aired the new announcements thousands of times without charge, according to data compiled by a media monitoring firm. During the last three months of 1996, the value of the contributed air time was about U.S.\$1.6 million.

From September 1995 to March 1997, 38,495 TV spots and 454,770 radio spots were broadcast for free, representing over U.S.\$9 million in air time.

As successful as AIDSCAP ultimately was in persuading media executives to break with tradition and carry the ads for free, that task was still one of the campaign's greatest challenges, according to Brito. "I tried to convince them it's a responsibility we all have," she said. "With new stations, I also pointed to other broadcasters that were already running the advertisements. In many cases, they ended up broadcasting the advertisements more often than they promised us."

Brito, who has worked on other public health media campaigns in the Dominican Republic, believes one reason the broadcasters responded so favorably was the high quality of the advertisements. The "Solamente Una Vez" spot received a second-place prize in a nationwide competition for Dominican advertisers—the only noncommercial organization and the only public service message honored among the contest's 18 award winners. The importance of top-level production techniques, Brito said, could be an important lesson for other organizations considering a mass media campaign.

The Dominican campaign has drawn praise from other countries in Latin America. At meetings in Mexico, Venezuela, Colombia and Costa Rica, advertising and public relations colleagues gave Cumbre's Ginebra standing ovations when he showed them the ads and other campaign materials.

The television and radio spots received the top prize at another meeting in Mexico, awarded by communication experts from 20 countries who gathered in the city of Zacatecas in November 1996 for a seminar on adolescent sexual health. Along with the recognition came a grant of U.S.\$3,000, to go toward duplicating the Dominican materials and distributing them to organizations elsewhere in Latin America and the Caribbean.

"The groups in Zacatecas," Brito reported, "were impressed with the campaign's coordination of materials and work being done by the various HIV/AIDS prevention agencies."

That careful structuring of numerous communication channels is vital to a successful campaign, as is cooperation among those who work with the target audience, emphasized Brito. "Having all the groups harmonize their approach," she said, "guaranteed their support, as well as the support of others who saw the example of a product produced jointly to solve a problem."

And, said Brito, that close collaboration and use of multiple dissemination paths ensured that Dominican youth received a consistent message from NGOs, the media, their parents and their peers—much more often than "just one time."

# Supporting Women at Risk

**A**s AIDSCAP was getting under way in the Dominican Republic in 1992, it was clear the program needed to reach women in all sectors of Dominican society. Epidemiological data showed that HIV/AIDS was spreading from the core groups first affected by the epidemic to the population as a whole. Even monogamous women were at risk because of the behavior of their unfaithful partners. Ironically, earlier HIV/AIDS prevention campaigns that had focused on high-risk groups and linked infection with prostitution and promiscuity might have lulled some Dominican women into a false sense of security.

Evidence of the AIDS epidemic in the Dominican Republic first appeared in the 1980s, primarily among sex workers and their clients and men who have sex with men. In 1984 the ratio of men to women diagnosed with AIDS was 7 to 1. By 1991, however, that ratio had fallen to 2.2 to 1, indicating a dramatic widening of the epidemic. By 1992 some two-thirds of the country's cumulative AIDS cases had resulted from heterosexual HIV transmission.

Experience in countries around the world has shown that an HIV prevalence rate of 1.0 percent or

higher among women attending prenatal clinics is an indicator of a serious epidemic impending in the general population. A Dominican government program set up to track HIV infection levels found a rate of 0.8 percent among prenatal women in one Santo Domingo hospital in 1991. In another hospital in the capital city that year, the rate was 0.7 percent for pregnant women at time of delivery. Research in the northern coastal city of Puerto Plata found a 1991 prevalence rate of 1.7 percent among prenatal women.

AIDSCAP responded to these trends with broad efforts to affect policy and social norms, as well as activities to reach specific groups of women and to ensure that its projects addressed gender issues influencing HIV transmission. In-depth research on why young women were slower than young men to embrace risk-reducing behaviors provided solid grounding for a dynamic mass media campaign that challenged the prevailing social norms governing sex and sexuality.

## **BROAD AND TARGETED RESPONSES**

One route AIDSCAP took to promoting social change was to bring together government, NGO and community leaders to develop national HIV/AIDS prevention strategies and plans, including one focused on women. The first such initiative grew out of AIDSCAP's support during late 1994 and early 1995 to the Instituto Nacional de Salud (INSALUD), a national membership



MARTIN ROGERS

**When a woman becomes involved with a regular partner who supports her economically, she loses much of her power to negotiate condom use.**

HIV/AIDS pandemic to women. Some 200 persons from 36 organizations participated in the remaining two days of the conference. AIDSCAP also assisted INSAPEC in holding a preconference workshop for groups working with women, where 22 persons from 20 different organizations received training in developing HIV/AIDS prevention programs for women.

Other AIDSCAP activities focused on equipping particular groups of women to protect themselves from HIV and STIs. One AIDSCAP project with a heavy focus on gender issues was the “Trabajo y Salud” (Work and Health) Project for employees in the industrial zones in and around Santo Domingo. Women make up half or more of the workforce in many of the zones’ assembly plants and manufacturing and production facilities. The AIDSCAP partner carrying out that project, COIN, used focus group discussions to identify the issues of most concern to female employees. The group applied that new information in adapting materials on negotiation and dialogue for couples from AIDSCAP’s program in Brazil.

COIN added new training sessions for its corps of volunteer health messengers on such gender issues as the social and health situation of women, sexuality, reproductive health, couple relationships, self-esteem, and sexual and reproductive rights. A number of the volunteers reported that as their knowledge grew, they also gained self-esteem and were better able to negotiate with men on issues of sexual risk. As the messengers shared that new knowledge, they saw more of their coworkers choosing to participate in the HIV/AIDS prevention activities in the industrial zone businesses and asking for copies of the COIN educational materials. The health personnel working for those businesses also reported similar increases in women workers’ information inquiries on those issues.

The Acuario Project, which targeted adolescents and young adults in four low-income Santo Domingo neighborhoods, also created special educational programs focused on women’s concerns. Early on in the project, 25 female health messengers were trained in gender-sensitive issues.

Despite these efforts, project surveys in 1996 revealed that young women lagged behind their male

group for public health professionals, to build broad awareness of AIDS legislation that had been approved in the Dominican Republic in 1993. As INSAPEC held a series of informational meetings around the country, it became increasingly clear that there was a need to create new approaches to dealing with women’s special needs.

Out of that realization came a series of three workshops involving dozens of organizations and individuals in creating a national HIV/AIDS prevention strategy focusing on women. That new document was presented and discussed at another AIDSCAP-supported event, a September 1995 conference on women and HIV/AIDS. Organized by the Instituto APEC de Educación Sexual (INSAPEC), the meeting attracted more than 400 persons to its opening night, which featured AIDSCAP’s regional director for Latin America and the Caribbean speaking on the shift of the

counterparts in behavior change to reduce their risk of HIV infection. The percentage of young men who reported they had used a condom in their most recent sexual intercourse rose from 29 percent in 1993 to 47 percent three years later. Reported condom use also rose among the young women surveyed, but to only 17 percent.

“Young people were changing, such as by using condoms more, but the women weren’t changing as much as the men,” said Bethania Betances, the director of the department of education of CASCO, one of the two Dominican NGOs that carried out the Acuario Project. “We saw we needed a new approach.”

### UNDERSTANDING GENDER DIFFERENCES

Out of that realization came a CASCO research project to identify why young women still exposed themselves to sexual risk and then to create strategies that could help them better protect themselves.

CASCO conducted 24 focus group discussions with Dominican women between the ages of 15 and 24 in the four neighborhoods where Acuario was working. The CASCO investigators talked with three types of women and girls: those with no sexual experience, those with experience but no regular partner and those in a stable relationship.

Twelve of the focus groups dealt with women’s sexual roles and their ability to adopt safe sex practices. In the other twelve discussions women talked about the information they needed and whom they considered reliable sources for that information.

Much of the women’s behavior was tied to their economic circumstances and the level of their financial dependence on men, the CASCO research found. Dominican women have more limited economic opportunities than men and would be unable to earn an adequate living on their own if they left their parents’ home. When a woman does become involved with a regular partner who is supporting her economically, she loses much of the power she had had as an unattached woman to negotiate condom use and other sexual issues. Providing women with new economic opportunities could help reduce their risk of HIV infection, the NGO investigators suggested.

Among other barriers to women’s behavior changes, according to CASCO, were lack of communication between parents and their daughters, the limited educational opportunities for lower-income women and the violence, sexual aggression and harassment the women faced in their personal relationships.

“It’s not just a question of what happens with your partner,” said Betances. “It’s self-esteem, it’s eco-



**AIDSCAP reached thousands of Dominican women through programs targeting them in the workplace.**

MARTIN ROGERS

conomic, it's emotional. Many women think, 'To keep my relationship, I have to do what my partner wants in sexual practices.'

"Women are also pessimistic about persuading their partners to change. They think everybody's in the same situation. They say, 'If I look for someone else, he'll be just the same. And if I let go of my man, I'll be in big financial trouble.'"

To translate these study results into an action plan, CASCO convened a three-day workshop in Santo Domingo in March 1997 for some two dozen representatives from NGOs and Dominican government agencies. Meeting participants looked at the results of the CASCO study, as well as an AIDSCAP-funded investigation of the attitudes and practices of female university students and the HIV/AIDS portion of a national demographics and health survey.

The workshop representatives split into four working groups to consider four areas: broad policies and nationwide programs; mass media, such as television and radio; "small" media, including videos, brochures and posters; and such communications strategies as one-on-one and small-group counseling, telephone hot lines and peer education. Each group listed general objectives, specific actions to achieve those objectives, obstacles, messages to disseminate, needed human and material resources, and monitoring and evaluation indicators to measure their progress. AIDSCAP and CASCO compiled those ideas into a final strategy document that the two groups unveiled in July 1997.

### CHALLENGING SOCIAL NORMS

The CASCO research and workshop strategizing also served as the basis for a new mass media campaign. Similar in many ways to AIDSCAP's acclaimed campaign targeting adolescents (see pages 23-29), the new gender-focused campaign consisted of high-quality TV and radio ads supported by a number of other activities and materials.

The campaign's key message was that women have a right to protect themselves from HIV and other STIs and that men and society in general have an obligation to support that prerogative.

To get this message across, AIDSCAP enlisted the assistance of the same advertising agency that had created the award-winning adolescent public service

## 5.1

## Lessons and Recommendations

### LESSONS LEARNED

- Addressing gender, empowerment, self-esteem and sexuality issues is fundamental to achieving sustainable behavior change for HIV/AIDS prevention.
- One way to reach women in the general population who are at risk of HIV infection is to target them in the workplace, especially in industries that have a preponderance of female employees, such as in the Dominican industrial zones.
- HIV/AIDS communication programs encouraging individuals to adopt safer sexual practices are more effective when they are supplemented by efforts encouraging complementary changes in social norms.

### RECOMMENDATIONS

- HIV/AIDS prevention campaigns should avoid associating HIV/AIDS and STIs only with sex work and promiscuity. Such campaigns may have lowered the perception of risk for HIV/AIDS and STIs among other women who may also be at risk, particularly monogamous women whose partners are not faithful.
- Men should be included in interventions designed to reduce women's risk of HIV infection.

announcements. The new ads began airing in May 1997. During the campaign's first month, Dominican broadcasters contributed more a quarter million dollars of air time for the ads. Even after the AIDSCAP office closed in the summer of 1997, radio and TV stations and cable systems continued carrying the spots.

One of the TV ads was targeted mainly at women, encouraging them to change their behavior for their own sake and the sake of their daughters. The spot's opening scene shows young girls playing while a narrator talks about the things they traditionally have learned: to dance, cook, sew and iron clothes. As the ad moves to a shot of a young man grabbing and pushing a young woman, the narrator warns women, "They didn't teach you to respect yourself and to demand respect."

The spot then shows a woman and her two daughters as the narrator asks, "Will the same thing happen to your daughters?" The ad concludes by calling on women to begin exercising their right to protect themselves from HIV/AIDS and to ask their partner to understand them and not abuse them.

The second advertisement is directed at men. As a woman looks at the camera, she asks, “If God and society made men and women equal, why can’t you as a man do the same thing in the home?” A narrator goes on to say that women have a right to protect themselves and that men should respect that right.

AIDSCAP created supporting printed materials that included posters, brochures, billboards and bumper stickers. Some of the NGOs working with AIDSCAP hoped to set up discussion groups that would deal with many of the issues raised in the campaign ads. Women-only discussion groups would help participants deal with their reluctance to discuss sexual issues in front of men. Mixed-sex groups could consider many of the same topics as the women’s groups, as well as ways the

two sexes could communicate better with each other. Both types of discussions could also provide campaign organizers an ongoing source of feedback on the effectiveness of the media messages.

“Women are in a dependent position and have less power than men,” said Ceneida Brito, the communication specialist in AIDSCAP’s Dominican Republic office. “We want to create an environment so that couples will negotiate with each other.”

Brito and other AIDSCAP staff members are optimistic the new advertising campaign will open up discussion on HIV/AIDS, sexuality and relationships among individual couples—just as AIDSCAP’s other women-focused activities have broken new ground for Dominican society as a whole.

# Promoting Sustainable Prevention Efforts

**B**efore AIDSCAP brought them together, a partnership between Betania Betances of CASCO and Liliana Rocha of the Instituto Dominicano de Desarrollo Integral (IDDI) would have been unlikely. Faced with uncertainty about continued donor funding several years ago, their NGOs would have been more likely to compete than cooperate.

With AIDSCAP's help, however, those two groups not only learned to collaborate effectively with each other, but also carried out successful joint HIV/AIDS prevention programs targeting young people in lower-income neighborhoods of Santo Domingo, the capital of the Dominican Republic. These programs later led to informative research on the barriers to women's adoption of HIV risk-reducing behaviors, as well as a mass media campaign encouraging women to assert their right to protect themselves and urging men to support them.



Peer educators such as this young woman were critical to the success of the Acuario Project, a joint undertaking of two NGOs that focused on young people in low-income neighborhoods of Santo Domingo.

## All-Volunteer Organization Mounts Sustainable Response to HIV/AIDS

In countries around the world, government resources fall far short of the needs for HIV/AIDS prevention and control, and the Dominican Republic is no exception. One organization that has worked creatively to overcome that limitation is the Patronato de Solidaridad (PASO), or Solidarity Council, a nonprofit group based in Puerto Plata.

Established in September 1994 to expand HIV/AIDS prevention activities in the northern part of the Dominican Republic, PASO has organized major conferences, held workshops and other training sessions, counseled persons living with HIV/AIDS, and helped establish a grassroots network of self-sustaining local HIV/AIDS prevention organizations. All this has been achieved through the efforts of an unpaid staff and other volunteers, with a bare minimum of funding from AIDSCAP and other outside sources.

PASO grew out of the work that COVICOSIDA, another AIDSCAP-supported NGO, had been doing in Puerto Plata and other nearby communities in the province of the same name. "We decided to create an

independent support group," said PASO President Alexandra Lister, "not just to look for money for COVICOSIDA, but to do other things as well."

Rather than restricting its work to the Puerto Plata region, PASO has promoted HIV/AIDS prevention activities in all 14 of the Dominican Republic's northern provinces. That region makes up about one-third of the country's territory and has a little over a quarter of its population.

COVICOSIDA has concentrated primarily on prevention and education, while PASO has given more attention to care and support for HIV-positive persons.

PASO—and the new local groups it has helped establish—also differ from COVICOSIDA in terms of their revenue sources and staffing. COVICOSIDA has mainly depended on USAID and other donors for its funding, and it has a staff of paid employees. PASO and its local "offspring" are intended to be financially self-sustaining from local community resources and to rely exclusively on volunteers.

One of PASO's first major activities was organizing a

two-day congress on HIV/AIDS and other STIs. The first major AIDS conference held in the northern region, the congress took place in Santiago in mid-July 1995. Some of the meeting's costs were covered by a \$5,000 rapid-response grant from AIDSCAP. During 1994 and 1995 AIDSCAP used those small, targeted grants to fund seven community-based HIV/AIDS prevention activities in the Dominican Republic.

PASO had expected some 200 persons to attend the congress, but more than 300 showed up. While presenting up-to-date scientific information about the HIV/AIDS epidemic, the meeting concentrated just as much on sensitizing and motivating the participants, who included both medical professionals and laypersons interested in helping slow the epidemic's spread.

"It wasn't just a 'show and tell' conference," said AIDSCAP Resident Advisor Dr. Martha Butler de Lister. "It was a 'feelings' conference, to make people feel the mission they have. They remain committed today."

Before the congress, Lister and other PASO volun-

teers visited all 14 of the northern provinces to persuade individuals to attend the conference. The visits also furthered PASO's goal of establishing independent, self-sustaining HIV/AIDS prevention organizations in all the northern provinces. By the spring of 1997, 12 of those jurisdictions had set up local committees.

PASO has helped the provincial groups with advice and interinstitutional coordination and also helped arrange AIDSCAP support for training workshops for the organizations' members. Each of the local groups, however, directs its own activities, including choosing a name for itself, deciding where to work, and selecting which aspects of HIV/AIDS prevention and care on which to focus.

PASO has provided interest-free loans to some of the new organizations to help them hold local fund-raising events. In recent workshops for representatives from the provincial organizations, PASO has asked the local volunteers to cover the fees for renting the meeting space, in addition to their own transportation costs and other incidental expenses.

Other AIDSCAP-assisted partnerships focused on sex workers and their clients, men who have sex with men, and other key audiences. In those programs and others, AIDSCAP increased the skills—and resulting accomplishments—of its NGO partners with capacity building workshops and other forms of training. As the program moved closer to conclusion, more and more of that preparation focused on financial self-sustainability

to help the NGOs find new revenue sources to replace AIDSCAP's funding.

In conjunction with those NGO activities, AIDSCAP worked to establish a national environment supportive of current and long-term prevention activities, through informational campaigns for key policy makers and the general public, support for national AIDS legislation, studies of the epidemic's impact on

**FOUNDATION FOR LIFE**

One of the strongest local groups to grow out of PASO's organizing work is based in Santiago. Called Fundación por la Vida (FUNDAVI), or Foundation for Life, the organization was created in September 1995, just two months after PASO's congress on AIDS and STIs.

Many of the FUNDAVI volunteers are doctors, nurses and other medical personnel who have seen firsthand the impact of the HIV/AIDS epidemic. Others are commercial sex workers, and there are even economists and agronomists in the group. Many became involved after witnessing relatives, acquaintances and neighbors fall ill from HIV/AIDS. "I saw how AIDS was growing in the Dominican Republic," said María Alvarez, an economist, "and I had several friends die. I was looking for something to give to infected persons. FUNDAVI was like a light that came on inside me [saying] this is what I need to do."

FUNDAVI's volunteers have concentrated on educating persons on HIV/AIDS and other STIs by giving presentations in schools, clubs, neighborhoods, private companies and government agen-



**Bayardo Gómez (left), director of COVICOSIDA, meets with Alexandra Lister, president of PASO, to discuss prevention activities in the northern zone of the Dominican Republic.**

BILL BLACK

cies in and around Santiago. The group has targeted young people in particular, using one-on-one and group discussions, sociodramas and written materials.

FUNDAVI carried out a week-long series of events tied to World AIDS Day commemorations in 1995 and 1996. The group held marches that culminated in church masses. In a downtown park, FUNDAVI volunteers showed informational videos, posted photos of

AIDS patients and distributed condoms. They also persuaded a local newspaper to devote a full page to articles on HIV/AIDS prevention.

A major challenge, however, has been convincing the business sector to contribute. While some enterprises have asked FUNDAVI volunteers to give presentations to their

employees, the firms have been reluctant to provide any financial support. "They say it's the responsibility of the government," commented a FUNDAVI member. Like the other groups PASO helped establish, however, FUNDAVI has raised all of its funds from local sources.

vital Dominican economic sectors, and collaboration with government agencies and NGOs to develop national HIV/AIDS prevention strategies.

**BUILDING ALLIANCES**

The origins of NGO collaborations such as the one between CASCO and IDDI go back to 1992, when it appeared that many of the key Dominican NGOs

working in HIV/AIDS prevention would lose the funding from USAID that had sustained most of their projects. When the AIDSTECH and AIDSCOM projects ended and handed over responsibilities to the new AIDSCAP Project in September 1992, it was agreed that one-year bridging financing would be provided to seven projects the two earlier USAID projects had supported. However, funding

## Capacity Building Leads to New Dominican Foundation

Even though AIDSCAP's Dominican Republic program closed its operations in the summer of 1997, many of the program's special capacities will be maintained through a nonprofit group, the Fundación Génesis (Genesis Foundation). Established in January 1996, Genesis will continue to support HIV/AIDS and STI prevention, but will work on other areas of health and education as well.

Several former AIDSCAP staff members are now a part of the new organization, which was founded with assistance from the AIDSCAP NGO Partnership Initiative. Recognizing that the skills and experience of its field staff represented a valuable resource in each of the host countries, AIDSCAP and FHI launched the initiative to help its field offices establish indigenous NGOs.

AIDSCAP provided train-

ing to Genesis and the six other new NGOs in business planning, fund raising, proposal writing and financial management. These skills prepared the NGOs to raise funds from a variety of sources so they can continue to provide technical and financial support to other local organizations.

Building on relationships established during the years of the AIDSCAP program, Genesis staff may raise funds from international donors.

Other potential funding sources are Dominican institutions, especially the private sector.

"Genesis staff know the insides and outs of international agencies, and they know the issues concerning local institutions," said Dr. Ricardo Calderón, AIDSCAP's regional director for Latin America and the Caribbean. "They can open doors and provide advice to both parties."

for the NGO projects after fiscal year 1993 remained uncertain.

In the 1980s, NGOs had been among the first Dominican institutions to respond to the growing evidence of an HIV/AIDS epidemic in the country and to help the populations most affected. CASCO, for example, participated in formative research on HIV/AIDS before the AIDSTECH and AIDSCOM projects began. Several organizations that would later become AIDSCAP partners began working with sex workers in the late 1980s. Another group that AIDSCAP would later assist, Amigos Siempre Amigos, was established in January 1988 as a national support and education network for men who have sex with men.

Through that early and ongoing work, NGOs developed the broadest experience and strongest skills in HIV/AIDS prevention of any sector of Dominican society. Reliance on NGOs increased in 1990, when the USAID Mission in the Dominican Republic decided to reduce its support for PROCETS, the government's national STI control program, and to shift those resources to projects carried out by NGOs and other private sector institutions.

Nevertheless, AIDSCAP's challenge during the 1992-93 fiscal year was to prepare the NGOs for the possibility that USAID would no longer be their pri-

mary source of income and technical assistance. The series of activities AIDSCAP created to deal with that prospect assisted many Dominican organizations in developing new skills and perspectives and creating successful alliances with other groups sharing the same HIV/AIDS prevention goals.

"These NGOs represented nearly the entire core of organizations working in AIDS prevention with primary target groups in the Dominican Republic," said Dr. Martha Butler de Lister, AIDSCAP's resident advisor in the country. "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 members to assess the technical, managerial and administrative needs of the organizations. What they found were creative people who had developed thoughtful, innovative projects. Yet many NGO personnel lacked administrative experience and had difficulty managing, evaluating and documenting their activities. In addition, many of the groups were reluctant to share ideas and work with each other, since they expected they would later be competing for the same limited USAID funds.

"These groups weren't being collaborative with us or each other," Dr. Butler said. "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, who had conducted a number of human and institutional development workshops for AIDSCAP and other private and governmental organizations. 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 guide NGO personnel toward greater cooperation. “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 how to hold on to strong moral beliefs without imposing them on others. Through role-playing exercises, 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 proposal writing as they worked together to develop projects.

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 the STOP and capacity building workshops, AIDSCAP staff took advantage of the momentum from these efforts and of the funding extension to meet with the NGOs and discuss ways they could work together.

## PRODUCTIVE PARTNERSHIPS

One collaboration that grew out of AIDSCAP’s efforts was the Acuario Project, a joint undertaking of CASCO and IDDI that focused on young people in four low-income neighborhoods of Santo Domingo. Acuario merged CASCO’s expertise in working with youth and IDDI’s community development approach that had made it a credible source of advice and assis-

tance for young adults in the community. Those complementary skills and experience engendered innovative, constantly improving methods and materials over the life of the project.

“It was hard at the beginning, but we worked things out,” said CASCO’s Betances, who heads the group’s department of education. “We exceeded the project’s goals, and we achieved things that we couldn’t have done separately.”

Several other AIDSCAP-supported activities teamed up NGOs of diverse backgrounds to reach thousands more Dominicans with HIV/AIDS prevention information. The Avancemos Project linked COIN, a Santo Domingo-based group, with COVICOSIDA, a Puerto Plata organization, to reach sex workers and their clients and other men involved in the sex industry in a number of cities (see pages 5–14). “It’s basically the same audience and the same methods,” said Tanya Medrano, program coordinator of the AIDSCAP Dominican Republic office. “The two groups share their lessons and expertise with each other.”

Another type of collaboration took place in the AIDSCAP-supported Triunfadores Project, which brought together COIN and ASA to communicate behavior change messages to men who have sex with men (see pages 5–14). The COIN/ASA collaboration focused on project management rather than exchange of technical skills and knowledge. ASA had years of experience working with the target audience members “but didn’t have such a strong administrative structure,” explained María del Carmen Weise, a field officer with the AIDSCAP program in the Dominican Republic. “COIN provided that. What ASA is today has much to do with that coordination with COIN.”

AIDSCAP made alliance-building and the development of standardized HIV/AIDS prevention messages a key element of its mass media campaign targeting adolescents (see pages 23–29). A February 1996 workshop convened representatives from various youth organizations to discuss what they had learned from their work with young people and suggest models for effective education and counseling services on HIV/AIDS and STIs. Using that information, AIDSCAP compiled a manual and held training sessions for some 100 groups in four cities during the spring of 1996.

In another outgrowth of the interinstitutional collaboration and networking AIDSCAP promoted, five of the NGOs that had received AIDSCAP funding formed a coalition in March 1997 to continue coordinating HIV/AIDS program planning and advocacy for appropriate HIV/AIDS policies. As it was closing down, AIDSCAP’s Dominican Republic office even donated some of its equipment of modest value—such as a slide projector and overhead transparency projector—to the coalition on the condition that the group keep them in a central location and lend them out to the coalition members.

While proud of the successes NGOs achieved through collaboration, AIDSCAP and its partner NGOs also learned to be objective about how much progress could be made and how quickly. “It isn’t easy to consolidate methodologies and policies that are similar but not the same,” Betances said of the Acuario Project. “Many preconceived ideas have to be abandoned. But the results of this unification are successful in terms of quality, organization and effective strategies.”

## **BUILDING NGOS’ SKILLS**

The NGOs involved in the AIDSCAP-supported partnerships and coalitions learned from each other on a daily basis. Following the intensive training given during the 1992–93 transition year, AIDSCAP used a variety of other techniques to further build the capabilities of its partner NGOs and other groups to carry out prevention programs and to move toward financial self-sustainability. “We tried to systematize things, such as monitoring and the validation of communications materials,” said Dr. Butler. “These things must become a habit, something totally familiar.”

Some of the skills development occurred informally, through the project staff members’ daily interaction with NGO personnel and the monitoring of their projects. Other instruction, however, was more structured. For example, AIDSCAP sponsored 44 consultancies, using local and international experts, for some 20 different groups. Generally working with one or several individuals from an organization, the consultants provided technical assistance in data analysis, communication materials development, project evaluation and other subjects. AIDSCAP also organized 45 courses and workshops, through which more than 1,300 persons



NGO staff members participate in a capacity building workshop, along with Ceneyda Brito, the AIDSCAP communication coordinator (left).

AIDSCAP/DOMINICAN REPUBLIC

were trained in technical and programmatic areas, including behavior change communication, strategic planning and project design.

The most in-depth skills building was done with five NGOs that implemented AIDSCAP projects: CASCO, ASA, COVICOSIDA, IDDI and COIN. During 1995 and 1996 AIDSCAP funded a consulting firm, the Agencia Latinoamericana de Expertos en Planificación H. (ALEPH), to assist those groups in institutional strengthening and sustainability. ALEPH began with a situational analysis that included collecting qualitative and quantitative data through interviews and site visits. The consulting firm then helped each NGO create a plan for capacity building and financial self-reliance, as well as an evaluation system to measure progress toward its objectives.

In the work that ALEPH did and in all the other capacity-building activities, AIDSCAP staff members found that mutual trust and open communication

between the project and the NGOs was essential. This encouraged a fruitful discussion of the groups' weaknesses and needs, without fear that AIDSCAP would cut the organizations' funding because they lacked certain skills.

Once training needs were identified, providing the appropriate instruction was far from a simple matter. Many NGO employees found it hard to take time away from their demanding project implementation duties in order to participate in the skill building activities. Careful schedule coordination with the organizations was essential so employees could dedicate sufficient time and attention to the training sessions.

The lack of a tradition of continuing education in the Dominican Republic made it difficult to update the skills of some NGO employees who already considered themselves experts in a particular subject area. Groups also needed to choose trainees whose improved skills

## 6.3

## Lessons and Recommendations

**LESSONS LEARNED**

- Collaboration by agencies with common concerns but differing areas of expertise can increase a project's effectiveness.
- Capacity building plans must be defined jointly with all those involved in order to match those plans with an organization's specific needs and its stage of development.
- Human relation workshops and other such unconventional methods and an emphasis on shared goals and common challenges can help organizations overcome inter- and intrainstitutional rivalries for effective collaboration.
- Continuous staff training is essential for institutional growth when there is frequent employee turnover.
- Sentinel surveillance data can promote policy reform, but the information must be made available in "user-friendly" language for decision makers as well as the general public.
- Fund-raising to create self-sustaining prevention programs is easier with efforts that are more socially acceptable, such as workplace projects. Other types of interven-

tions, such as those with sex workers, will likely need more ongoing donor support.

**RECOMMENDATIONS**

- Interventions to encourage individual behavior change should be supported by structural and environmental interventions to build a more supportive environment for HIV/AIDS prevention. (The Dominican Republic's experimentation with replicating such an intervention, Thailand's 100 percent condom policy for commercial sex establishments, is described on pages 47-49).
- Efforts to build awareness and acceptance of the country's new AIDS law should continue through ongoing educational campaigns, use of the mass media, and the design of a law school curriculum component covering the legislation.
- Programs to help Dominican NGOs diversify their revenue sources, such as additional training in proposal writing and fund-raising should be continued. The NGOs should be encouraged to seek support from both domestic and international sources.

would have the greatest impact on their organizations. However, some NGOs thought of the training as a prize to be awarded to dedicated individuals rather than to the employees most likely to apply their new knowledge to their organizations' benefit.

Employee training was an ongoing process due to the high staff turnover in many NGOs. Some organizations created incentives for trained employees to stay in their jobs. Even where groups had limited financial resources, such inducements could include public praise or opportunities to participate in raffles of donated items.

Organizations that worked with AIDSCAP varied in their initial skill levels and in their abilities to absorb new knowledge and then take on more complicated tasks. In some instances, Dr. Butler said, NGOs with more expertise could be matched with universities and carry out sophisticated research. Groups with less capacity, however, could still make a contribution. "You can have people do what they're good at," said Dr. Butler. "For example, persons who talk to sex workers can have input to evaluation, but they don't have to do the evaluation themselves."

A critical element of the NGO capacity building was helping the organizations diversify their funding sources. In 1997 AIDSCAP worked with its NGO partners in creating promotional strategies and marketing pieces in English and Spanish. A number of the groups distributed those brochures to business, government and donor representatives who attended a late-July open house event AIDSCAP hosted to express appreciation to its partners and allow them to highlight the lessons learned in their projects.

AIDSCAP's workplace prevention projects, with hotel employees in the Puerto Plata area and with industrial zone workers in and around Santo Domingo, have had some initial successes in their fund-raising efforts. For example, by the fall of 1997, COVICOSIDA had persuaded four hotels to help finance the costs of the group's prevention program for hotel workers.

Raising money for projects outside the workplace, however, has proved to be more difficult. "The private sector will probably support workplace projects," Dr. Butler said, "but programs with sex workers will always need donor support." The key difference, she noted, is the greater social acceptability of programs targeting employees. One solution might be to convince business owners to finance prevention programs for the brothels their workers patronize.

**NATIONAL POLICY EFFORTS**

While AIDSCAP was building the capabilities of its NGO partners, the program was also working to estab-

lish an overall national environment promoting sustained prevention efforts. From the beginning, AIDSCAP staff members recognized that one of their priorities would be providing key decision makers with the information and motivation to support HIV/AIDS prevention programs.

One of the essential elements for a national consensus was adequate epidemiological information showing the seriousness of the epidemic. AIDSCAP supported the epidemiological surveillance department of the Dominican government's national AIDS program, PROCETS, in monitoring HIV/AIDS trends in the Dominican Republic. The data were used to influence important public and private sector policy makers as well as the general population, through such special events as forums, conferences, workshops, TV interviews and talk shows, and press announcements. In 1993 AIDSCAP developed two documents projecting estimates of the epidemic until the year 2000, one for technical audiences and another for the general public. PROCETS and other organizations continue using those materials in their awareness building activities.

National AIDS legislation for the Dominican Republic was signed into law in 1993 partly as a result of a presentation on trends in the epidemic that AIDSCAP held in October of that year for high-level government, business and church officials. To build wider awareness of the new statute, AIDSCAP supported the Instituto Nacional de Salud (INSALUD), a national membership group for public health professionals, to work with PROCETS. INSALUD held informational meetings with physicians, nurses, laboratory technicians, medical school professors and other health personnel; members of women's groups; and lawyers, judges, legislators and human rights activists. To reinforce those efforts and reach additional audiences,

INSALUD participated in numerous radio and TV programs focusing on the new legislation.

AIDSCAP conducted detailed socioeconomic impact studies to promote involvement in HIV/AIDS prevention among businesses in some of the country's most important economic sectors. In early 1996, the program used a study of HIV/AIDS in the industrial zones of the Dominican Republic to increase awareness among the business community of the epidemic's dimensions and its present and future financial impact on their industries. Results of a similar investigation of the tourism sector in 1997 motivated tourism ministry officials to push hotel owners and managers to include HIV/AIDS educational sessions in their training programs for new hotel workers and to make condoms more accessible to hotel guests.

Another important contribution to the policy environment for HIV/AIDS prevention in the Dominican Republic was the national HIV/AIDS prevention strategies and plans AIDSCAP helped develop. One of the first was a national strategy on communication for the prevention of HIV/AIDS and STIs. That plan influenced a subsequent strategy for young people, as well as AIDSCAP's mass media campaign targeting adolescents. AIDSCAP also collaborated with government agencies, NGOs and other groups in creating the first national strategies for preventing the spread of HIV/AIDS among women.

"To get people together and write things down does provide structure," Dr. Butler explained. "It gives them 'roots' for their activities."

The plans are one of AIDSCAP's most important legacies in the Dominican Republic. Together with the legislative and social changes the program helped bring about and the local organizations it strengthened, they will provide a foundation for an effective response to the country's evolving HIV/AIDS epidemic.

# Sharing Lessons Learned

**D**uring its six years of work in the Dominican Republic, AIDSCAP organized dozens of conferences, training workshops and other educational events. One of the program's last major dissemination activities, held in Santo Domingo in July 1997, brought together more than 300 representatives from the Dominican government, the business sector, NGOs, and USAID and other international donors, to hear a summary of the experiences of AIDSCAP and its many partners. Another part of the assembly was an "open house" in which NGO staff talked about what they had learned and distributed marketing materials created with AIDSCAP's assistance as part of their efforts to move toward financial self-sustainability.

That kind of dissemination of lessons was one of the reasons AIDSCAP achieved so much and left such a strong legacy in the Dominican Republic. The program's legacy also reached beyond the country's borders as AIDSCAP's Dominican partners borrowed from other countries and shared their behavior-change techniques and materials as well. Some of this "cross-fertilization" was relatively simple, such as the use of AIDSCAP-supported comic books with sex workers in other countries. Other transfers were more involved,

such as the Dominican Republic's efforts to replicate the 100 percent condom policy the Thai government developed for sex businesses in that country.

## COMIC BOOKS

An AIDSCAP comic book series that has traveled far from the Dominican Republic features a sex worker named Maritza who dispenses friendly, supportive advice to other women working in the business. Created by the Dominican Republic's national sexually transmitted infection control program and several local organizations that later worked with AIDSCAP, the Maritza comic books have been reproduced and used with sex workers in Puerto Rico, Germany, Holland and Belgium. In several instances, according to Ceneida Brito, the communication coordinator for AIDSCAP's program in the Dominican Republic, Dominican women took the comics with them when they moved to work in other countries.

A comic book borrowed from the AIDSCAP program in Brazil proved useful with employees in the industrial zones in and around the capital city of Santo Domingo in the "Trabajo y Salud" (Work and Health) Project implemented by the Centro de Orientación e Investigación Integral (COIN). Martha Butler de Lister, AIDSCAP's resident advisor in the Dominican Republic, had visited the AIDSCAP program in Brazil in 1995 and brought back comic books and other educational materials. When focus group discussions revealed that

The comic book character Maritza became an international HIV/AIDS educator when Dominican sex workers moving to work in other countries shared the comic books with other sex workers.



many women workers wanted to improve their ability to discuss condom use and other sexual issues with their partners, COIN adapted a Brazilian comic book on sexual negotiation to use with the industrial zone women.

expanded to eight provinces with support from Family Health International's AIDSTECH Project.

Tony Schwarzwalder, AIDSCAP's deputy project director, mentioned Thailand's experience during a meeting with officials from COIN, and the NGO "took off with the idea," explained Maura McCarthy, a

**100 PERCENT  
CONDOM  
POLICY**

One approach that AIDSCAP borrowed from another country, Thailand's 100 percent condom policy, required much more extensive customizing. In Thailand this government policy has made condom use in commercial sex a nationwide practice, contributing to reductions in STI rates and male HIV incidence. The national strategy was modeled after a pilot project the Thai government began in Ratchaburi Province and



field officer for AIDSCAP in the Dominican Republic.

Many businesses that COIN staff members contacted agreed to a 100 percent condom policy, but the NGO lacked the enforcement authority and national government backing that made the policy work in Thailand. "COIN had really good relationships with the bar and brothel owners," said McCarthy, "but they didn't have a commitment."

COIN asked AIDSCAP's Dominican Republic country office for technical assistance, including more detailed information on the Thai experience. In the summer of 1996, an AIDSCAP consultant spent several months interviewing sex workers, their clients, brothel owners and government agency officials. That research showed that many of the persons involved in the sex business would support policies requiring condom use.

The data were used to develop a pilot 100 percent condom project that began in May 1997 in ten sex establishments.

Nevertheless, more widespread implementation of the project will require a government policy requiring condom use in commercial sex, as well as penalties for businesses that fail to comply. Such new regulations may result from the discussions that AIDSCAP and COIN began with government officials. Once in place, such a policy could provide strong structural support for the behavior change efforts that individual sex workers have been trying to make with their clients.

### LESSONS WITHOUT BORDERS

AIDSCAP's experiences in the Dominican Republic also benefited HIV/AIDS prevention groups in the United States. In 1995, the project undertook an experiment that brought together NGOs from the Dominican Republic with community-based organizations (CBOs) in the U.S. that serve immigrants from the Caribbean country.

Program participants attended the Third USAID HIV/AIDS Prevention Conference in Washington, D.C., as well as a special preconference roundtable session. Representatives from the U.S. groups traveled to

the Dominican Republic, and the Dominicans visited their counterparts in the United States.

"It was a great experience, a great exchange of ideas," said Eduardo Aguilu, the deputy chief executive officer of the Latino Health Institute (LHI). That Boston-based group operates statewide programs in Massachusetts focusing on HIV/AIDS prevention and other health concerns of Hispanics.

One technique the LHI adapted from the Dominican Republic organization is the "provocative street theater" that AIDSCAP-supported groups used in prevention programs for sex workers and their clients, men who have sex with men, and hotel and industrial zone workers. The LHI has revised the approach and uses it in areas where youth get together, such as schools and playgrounds.

A New York City social service agency that also participated in an exchange with the Dominican NGOs is the Alianza Dominicana. "It was an opportunity to get first-hand information as to public attitudes, government response and living conditions," said Julio Dicient-Taillepierre, the group's director of AIDS services. "It deepened our understanding of the nature of AIDS for Dominicans."

From the NGOs in the Dominican Republic, Dicient-Taillepierre said, Alianza developed a more profound appreciation of the need to gather ethnographic and epidemiological information on Dominicans in New York. His agency helped the Dominican NGO better understand services for persons living with HIV who are still relatively healthy, including comprehensive education, mental health services and case management.

The way Dicient-Taillepierre described the Alianza's collaboration with its Dominican counterpart organization could summarize much of AIDSCAP's years of successful work in the Dominican Republic and the lessons that other countries could draw from the program's experiences. "The issues and patterns overlap," he said. "They need to be examined together if an understanding of the reality of HIV/AIDS is to be fully addressed."