

**PROJECT ASSISTANCE COMPLETION REPORT**

**PROJECT TITLE:** AIDS Communications and Technical Services (ACTS)

**PROJECT NUMBER:** 538-0161

**FUNDING PERIOD:** June 19, 1989 - September 30, 1995

**LOP FUNDING:** US\$7,000,000

**IMPLEMENTING AGENCIES:** Caribbean Epidemiology Centre (CAREC)  
Academy for Educational Development (AED-AIDSCOM)  
Family Health International (FHI-AIDSTECH)  
Caribbean Family Planning Affiliation, Inc. (CFPA)  
Centers For Disease Control, Atlanta - International Health  
Program Office (CDC-IHPO)

**PACD:** September 30, 1995

**I. PURPOSE**

The goal of the ACTS project is to prevent and control the spread of AIDS in the Eastern Caribbean.

The purpose is to establish a capacity to develop and implement cost effective surveillance, information, education and intervention strategies in support of project trends in, and reducing the transmission of, HIV infection and AIDS.

The project goal is intended to be accomplished through the following strategies:

1. Strengthening the epidemiological surveillance and research capabilities in the region;
2. Further efforts to prevent the sexual transmission of HIV/AIDS;
3. Improvement of the management skills of National AIDS Program personnel.

**II. BACKGROUND**

In the 1988 Action Plan review, AID/W concurred with RDO/C's plan to undertake a four year \$3.5 million AIDS prevention program through buy-ins to the technical assistance contracts of the S&T AIDS Technical Support project. Two buy-ins to the sub-projects, AIDSCOM and AIDSTECH, were executed the same year. In December 1988, a meeting of donors was convened to review the Medium Term Plans (MTP's) which Caribbean countries had elaborated for the World Health Organization's Global Program on AIDS. Subsequently, RDO/C decided to expand its AIDS assistance to provide a grant to the Pan American Health Organization (PAHO). The funding supported the Caribbean Epidemiology Centre (CAREC), located in Port of Spain, Trinidad in providing technical assistance to CMC's in the implementation of the country plans.

Until then, U.S. assistance had been provided only through the buy-in mechanism to the S&T project already authorized by AID/W. RDO/C's plan to assist CAREC required the completion of a full fledged project paper and project authorization. Mission received AID/W approval to proceed and on June 19, 1989 the ACTS project was authorized for seven years with funding of \$7 million.

Donors and regional governments had little experience in AIDS prevention activities in the Caribbean at that time. Thus, the project paper elaborated a two-phased plan. The Phase I was aimed at strengthening surveillance systems and slowing the spread of the disease through training and public education. An evaluation was conducted in early 1991 to assess Phase I activities and recommend a direction for Phase II.

The evaluation of Phase I found overall project performance to be quite satisfactory, especially in view of a complex management structure, the difficulties of combating a new disease and the multiplicity of project sites. The strategy was found to be appropriately focused on improving surveillance and management capabilities and implementing activities to reduce sexual transmission of HIV/AIDS.

Both the August 1990 donors' review and the ACTS project interim evaluation recommended a greater emphasis in Phase II on improving management of programs at the country level. The evaluation team recommended that CAREC play a more active and central role in project coordination and technical direction. It was further recommended in phase two that surveillance and prevention of sexual transmission efforts be focused at the country level to achieve greater impact. The Caribbean Family Planning Affiliation, LTD's (CFPA) experience in developing lifestyle messages were engaged to help prevent the spread of HIV/AIDS.

In September 1994, an internal evaluation of phase two of the ACTS project concluded that although there had been some notable accomplishments, a number of important project activities had not been implemented as planned and that insufficient efforts had been devoted to building in-country capacities to implement effective HIV/AIDS control programs. CAREC was urged to accelerate project implementation activities, with an emphasis on providing technical support for in-country activities and skills transfer to nationals. It was also recommended that in its final year, the project focus on a limited number of realistic goals and strive to achieve excellence in the activities pursued.

As a result of the findings of the internal evaluation, RDO/C Mission made the decision to place the ACTS project on probationary funding through January 1995. If CAREC was able to demonstrate an improvement in the quality and quantity of outputs and activities by that date, the project funding would be continued. Subsequently, project outputs and activities did improve sufficiently to allow continued funding through the scheduled PACD of September 30, 1995.

### **III. SUMMARY OF INPUTS AND ACCOMPLISHMENTS**

#### **Strategy 1: Strengthening Epidemiological Surveillance and Research Capabilities**

The objective of this strategy is to assist countries in establishing or improving sentinel surveillance systems for AIDS, HIV, STDs. It was expected that by the end of the project each country would be able to routinely provide estimates of disease frequency and distribution and thereby assess program effectiveness in reducing transmission.

Significant progress has been made in establishing standardized surveillance systems that reflect disease frequency and distribution and that provide an indication of trends in disease transmission. Consensus was reached among the nineteen CAREC member countries (CMC's) that a standardized surveillance system should contain a combination of any of the following four components and that these four components would be implemented as appropriate in each country:

1. passive private and public reporting of CSTDs based upon standard case definitions;
2. a lab component for monitoring gonorrhoea sensitivity and resistance;
3. special studies to define current STD pathogens; and
4. sentinel surveillance of HIV and CSTDs.

Surveillance systems in all CMCs have been established as a result of ACTS Project Activities. CAREC is receiving quarterly reporting data from each country. Systems design and programming for the STD module of CARISURV, an electronic disease surveillance system, has been completed. Efforts are now being focused on working with each country to upgrade the quality of the individual surveillance systems. Case definitions for CSTDs have been developed and disseminated to CMCs.

HIV seroprevalance data for ante natal mothers in St. Lucia was analyzed and disseminated. The study was also being performed in St. Vincent and Montserrat.

The syndromic approach to reporting CSTDs was defined to improve the specificity of surveillance data.

National AIDS Program staff were trained in standardized case definition and syndromic approach.

Assessments of STD management and surveillance have been conducted in all but one CMC (British Virgin Islands). An assessment tool was developed for situational analysis, facilitating the identification of country priorities for implementation of the surveillance system.

Situation analysis was performed in each of six countries (Antigua and Barbuda, Dominica, Grenada, St. Kitts/Nevis, St. Lucia and Trinidad & Tobago) permitting assessment of needs and capabilities for implementation of the surveillance strategy components.

The capabilities are definitely stronger now than in 1991. Further progress needs to be made, but it is more a case of continuing to build upon a well established foundation.

## **Strategy 2: Prevention of Sexual Transmission of HIV/AIDS**

The objective of this strategy is to promote safe sexual practices through the development, production and dissemination of Information, Education and Communications (IEC) campaigns/packages, and through focused research and training. It was expected that by the end of the project, CAREC's capacity to design applied and operations research and to develop IEC packages would be improved through the addition of specialists in the fields of social science and communications.

Three of the promised seven multi-media campaign packages were developed and delivered by CFPA to CAREC. Media workshops and other efforts under the project appeared to have resulted in great success in achieving a high level of awareness of HIV/AIDS among the public. The benefits of enhanced relationships between the Ministries of Health and television, radio and print media included improved access to key experts and improved messages being communicated to the public. Many persons in the Ministries of Health noted the strong influence of media on young adults, a factor noted in KABP survey data.

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

Research was conducted, employing focus groups and other qualitative and quantitative methods to determine the needs of youth relative to the AIDS pandemic.

KABP studies have been performed in all eight OECS countries. Follow up technical assistance has been provided to participating countries to disseminate the findings of the KABP studies, interpret the data and develop national strategies for communications and behavioral interventions.

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

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

Two NGO small grants were awarded under the CFPA Cooperative Agreement. In Phase II of the ACTS Project CAREC awarded 15 NGO small grants to agencies including sports groups, Family Planning Associations, theatre groups, local Red Cross chapters, drug prevention groups, teachers union and churches.

### **Strategy 3: Improvement of National AIDS Program Management Skills**

The objective of this strategy is to improve the skills of people charged with managing the implementation of AIDS programs and with designing interventions that are cost effective and sustainable. Additional emphasis was to be placed on this objective during Phase II of the project. It was expected that by the end of the project each country would have in place a functioning National AIDS Program Committee with the capability of developing goals, objectives and work plans; improvement of time, task and meeting/workshop management skills; understanding and managing group dynamics; and the improvement of analytical skills to identify practical cost effective methodologies.

Early in the ACTS Project, Medium Term Plans (MTPs) and National Action Plans (NAPs) were developed for each OECS member country. Among the eight OECS countries, three reported an active National AIDS Program Committee (NAPC). WHO/PAHO training using WHO modules on AIDS program planning was conducted in May, 1994.

Cost Analyses were performed estimating the cost of Trinidad & Tobago's (September 1992) and Antigua's (1992) AIDS Education and Condom Distribution programs. Cost Analysis was performed estimating the cost of St. Lucia's Prisoner STD/HIV Education program (October 1993).

In country workshops entitled "Introduction to Logical Framework Approach" were conducted in Antigua (June 1993), Montserrat (July 1994) and St. Lucia (January 1995). National AIDS Program personnel were also trained in cost analysis techniques with a view to strengthening program management capabilities. Regional workshops on Costing Methodologies and Program Evaluation were conducted in St. Kitts (June 1995) with the support of CAREC and CDC technical staff.

A pilot HIV/AIDS regional information network and clearinghouse is being implemented in as many as three CAREC member countries.

#### **IV. DEVELOPMENT IMPACT**

Significant progress has been made toward accomplishing the goal of preventing and controlling the further spread of AIDS in the Eastern Caribbean. Verification of progress is provided through the establishment of national and regional HIV/AIDS/STD surveillance data collection systems. The Ministries of Health with CAREC's support have established the capability of tracking and trending HIV/AIDS/STDs. This data provides information to develop and implement effective strategies for education, prevention and control programs resulting ultimately in an increase in safe sex practices among targeted groups as well as the general population.

Educational programs and multi-media public campaigns in the region have increased the population's awareness of HIV/AIDS/STDs and the risk they pose to individuals and society as a whole. There is still much work to be done in fully understanding the disease and its impact on a personal level. People living with HIV/AIDS are not readily accepted or supported by their communities. In fact, the majority face being ostracized. This problem is not unique to this region. As a result of the inputs of the ACTS Project, the Caribbean has a stronger, more capable, center of excellence in CAREC for the continued important work of research, data gathering, information dissemination and behavioral intervention. As a regional leader in HIV/AIDS/STD research CAREC is well respected.

Although not fully developed, the National AIDS Program staff in each participating country are more skilled than prior to the project start up. Staff have received extensive training in planning, program development, evaluation and costing methodologies. This training provides a solid foundation for further development of the National AIDS Programs.

#### **V. RECOMMENDATIONS FOR CONTINUED MONITORING**

No direct follow up actions or continued monitoring is recommended at this time. The British Overseas Development Agency (ODA) will be an important contact for ongoing HIV/AIDS funded activities in the Eastern Caribbean should the need arise for future information on HIV/AIDS activities in the region. PAHO will maintain an important influence in the region and should always be considered a valuable ally in the continuing fight against AIDS. USAID/LAC/HPN offices should maintain a contact in the region either through PAHO or its technical agency in Port of Spain, CAREC.

## **VI. LESSONS LEARNED**

In Phase II of the project CAREC was designated the lead implementation agency in the battle against AIDS. CAREC was held accountable for accomplishment of project objectives but was not given the necessary authority to successfully direct and motivate the numerous agencies contracted to support it in its efforts. The project structure was unnecessarily complicated leaving CAREC with several organizations' activities to coordinate without proper controls or authority. The project design set CAREC up for failure.

The goals of the project were overly ambitious, attempting to accomplish too much in too short a time period with too little expertise, creating a reliance on outside agencies to accomplish the objectives of the project. Better focused efforts would provide a greater return on investment.

Close monitoring of project activity and progress and the willingness to use what little leverage was available resulted in RDO/C's ability to maximize the value of the final year of the project by refocusing the implementing agency's project activities and accelerating gains.

The stronger emphasis on behavioral interventions recommended for Phase II of the project did not materialize. More effective follow up was required in assuring that CDC technical resources would be available to CAREC when requested.

Although there was sufficient technical assistance provided under the project in the form of regional training, follow up support at the community level was critical to consolidating gains in individual countries. In the case of the ACTS Project, more local support would have been beneficial.

Donor agencies cooperating on the review and evaluation of similar or complimentary project activities can achieve more effective results and insights than a single agency working alone.

The role of technical consultants is not to make decisions for host-country personnel but to facilitate a process by which they can make decisions for themselves.