

GUYANA FINAL REPORT

October 1999–March 2004

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
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Final Report
for the
Implementing AIDS Prevention
and Care (IMPACT) Project in
Guyana



October 1999 to March 2004



Guyana Final Report

Submitted to USAID

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May 2007

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GLOSSARY OF ACRONYMS

ABC	Abstinence, being faithful, condom use
AIDS	Acquired immune deficiency syndrome
BCC	Behavior change communication
GRPA	Guyana Responsible Parenthood Association
CAREC	Caribbean Epidemiology Centre
CBO	Community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CESRA	Centre for Economic and Social Research
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CSW	Commercial sex worker
FBO	Faith-based organization
FHI	Family Health International
G+	The Network of Guyanese Living with HIV and AIDS
HIV	Human immunodeficiency virus
IA	Implementing agencies
IMPACT	Implementing AIDS Prevention and Care Project
IPPF	International Planned Parenthood Federation
JICA	Japan International Cooperation Agency
LCF	Linden Care Foundation
LOP	Life of project
M&E	Monitoring and evaluation
MOH	Ministry of Health
NGO	Nongovernmental organization
PLHA	People living with HIV/AIDS
RAC	Regional AIDS Committee
RAP	Rapid assessment procedures
S&D	Stigma and discrimination
STI	Sexually transmitted infection
USAID	U.S. Agency for International Development
VCT	Voluntary counseling and testing
VYC	Volunteer Youth Corp
YCG	Youth Challenge Guyana

EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care (IMPACT) Project played a critical role in developing and implementing behavioral change interventions among youth in Guyana. Over the course of the project (FY 2000 to FY 2004), IMPACT/Guyana built the capacity of nine local nongovernmental organizations (NGOs) to design and implement behavior change activities for the HIV/AIDS/STI Youth Project. IMPACT/Guyana provided a framework for these NGOs to work collaboratively using a common communication strategy and approach. The HIV/AIDS/STI Youth Project targeted youth ages 8–25 in four urban communities in Guyana: Georgetown, Linden, Bartica, and New Amsterdam.

IMPACT/Guyana worked with local partners to achieve several important objectives as part of this project. A baseline rapid assessment of HIV/AIDS/STI perceptions, beliefs, and practices among urban Guyanese youth was completed, and a common communication strategy for the participating NGOs was put in place. An NGO steering committee was formed, and through this, the participating NGOs worked together to create communication themes and associated materials. Themes for the campaigns and associated communication plans were decided by the group, and IMPACT technical assistance (TA) in behavior change communication (BCC) was provided to help them reach the goals that were established. The two main communication themes of the project were the *Ready Body, Is It Really Ready?* campaign and the *Words Have Power* anti-stigma and discrimination campaign.

Apart from the communication strategies, IMPACT assistance helped build the technical and organizational capacity of the NGOs in the areas of BCC, monitoring and evaluation (M&E), program and financial management, and care and support. IMPACT also provided technical assistance to USAID and the Ministry of Health (MOH) in the initial planning for a behavioral surveillance survey.

In FY 2004, Family Health International (FHI) was awarded a bilateral contract through the President's Preventing Mother-to-Child Transmission (PMTCT) Initiative; many of the activities begun under IMPACT continued under the bilateral contract. Some of the final activities for the *Words Have Power* campaign were completed with bilateral funding. The core group of NGOs continued to receive funding and technical assistance from FHI, while the scope also expanded to include PMTCT services and activities and organizations working in those areas.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

Throughout the life of the project (FY 2000 to FY 2004), IMPACT received \$915,000 in field support from USAID/Guyana. The IMPACT/Guyana strategy was two-pronged: activities focused both on building the capacity of local NGOs and on promoting BCC programming, particularly targeting youth.

In 1999, USAID/Guyana conducted an assessment to determine what should be undertaken in Guyana in the area of health. The assessment findings prompted the USAID Mission in Guyana and the Global Bureau to ask FHI to help the country develop behavior change interventions. In FY 2000, USAID/Guyana allocated funding to FHI through IMPACT to support the mission's special objective for HIV/AIDS activities: improved HIV/AIDS awareness, knowledge, and application of prevention strategies. This special objective included three intermediate results:

IR 1: NGO capacity to deliver HIV/AIDS program to targeted groups strengthened.

IR 2: Knowledge of HIV/AIDS increased in targeted groups.

IR 3: Use of HIV/AIDS prevention strategies in targeted groups increased.

IMPACT technical and program staff, USAID Global Bureau technical staff, and a regional USAID technical advisor met with major stakeholders to conduct a rapid assessment and begin development of a BCC intervention strategy that fit within the Guyana National AIDS Programme Secretariat strategic plan to promote safer sexual practices through BCC. A workshop involving key stakeholders was held to develop a plan of action for implementing the strategy. A steering committee was formed of local, governmental, and international stakeholders active in the HIV/AIDS community in Guyana and charged with supporting the implementation of the project. The work plan outlined a behavior change strategy that combined peer education with communication activities to reach urban Guyanese youth in three communities.

Country Context



Background

The official name of Guyana is the Republic of Guyana. Guyana is an Amerindian word meaning *Land of Many Waters*. The country is located on the northern coast of South America, just north of the Equator, bordered to the east by Suriname, to the south and southwest by Brazil, and to the west by Venezuela. Guyana has an estimated population of 767,000 (2006 est.) and a land area of approximately 214,970 square kilometers. It is the only South American country whose official language is English. Though physically part of South America, Guyana is culturally more Caribbean than South American. It is considered part of the West Indies.

The first Europeans arrived in Guyana around 1500. At that time Guyana was inhabited by Arawak and Carib tribes of Amerindians. The Dutch settled in Guyana in 1616, but the British assumed control in the late 18th century. The area was formally ceded to Britain in 1814. Guyana achieved independence from the United Kingdom in 1966 and became a republic in 1970, remaining a member of the Commonwealth.

HIV/AIDS in Guyana

At the end of 2001, Guyana had the second highest number of reported HIV/AIDS cases in the Caribbean with 18,000 adults and children infected. While the epidemic in most Caribbean countries was at an early stage at this time, incidence of HIV/AIDS was generalized in Guyana. Estimated HIV prevalence rates among specific groups were among the highest of all Caribbean Epidemiological Centre (CAREC) member countries:

- 3.2 percent among blood donors in 1997
- 3.7 percent among pregnant women in 1993, rising to 7.1 percent in 1995 and 4.5 percent in 1997
- 21 percent among male patients with a sexually transmitted infection (STI) from 1992 to 1995 and 29 percent in 1997
- 25 percent among commercial sex workers (CSWs) in 1989, rising to 45 percent in 1997

The estimated prevalence among the general adult population was between 3.5 and 5.5 percent in 2001. Almost all documented transmission was through sexual—primarily heterosexual—contact. Young, productive adults between the ages of 19 and 35 comprised 75 percent of Guyana’s total HIV-infected population, representing the majority infected group. Less than 20 percent of infected persons knew they were infected. High levels of stigma and discrimination (S&D) directed at people living with HIV/AIDS (PLHA) further enhanced the spread of the epidemic.

Recognizing the severity of the HIV/AIDS situation, the government of Guyana took steps to develop a national response with help from bilateral and multilateral donors. The MOH prioritized HIV/AIDS programs and has helped expand them and bring in new partners.

Implementation and Management

Over the life of the project, IMPACT managed the implementation and reporting of the program’s activities from the headquarters of FHI’s Institute for HIV/AIDS in Arlington, Va. Field Program Division staff managed the overall project and coordinated with USAID on planning and implementation. FHI technical staff in the areas of BCC, M&E, and care and treatment provided technical assistance in

support of the activities; technical assistance was provided both long distance and in Guyana. Local and international consultants were contracted as needed to support specific activities.

At the local level, USAID designated a Peace Corps volunteer to serve as the project coordinator during the early stages of the project. This project coordinator assisted the local project steering committee in the implementation of activities and served as a liaison to USAID and FHI Arlington. In FY 2001, a local consultant was hired to serve in this capacity, and in FY 2002 FHI hired a project coordinator to serve as the representative of the IMPACT/Guyana project and provide technical assistance and guidance to participating NGOs and other local partners. A team of local consultants was also formed in FY 2003 to provide ongoing in-country technical assistance to NGOs.

Funding for project implementation was provided to implementing agencies (IAs) through subagreements. These subagreements were developed in partnership with the IAs in-country and managed from FHI Arlington. Several of the participating organizations were part of the project but received funding through other sources, rather than directly through IMPACT.

Guyana Program Timeline

ACTIVITIES	FY 2000				FY 2001				FY 2002				FY 2003				FY2004		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3												
Launched HIV/AIDS/STI youth project		x																	
Steering committee meetings		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x
Creative design workshops		x		x			x	x			x					x			
Media skills workshop				x															
Developed peer-education training manual (<i>Bodywork</i>)			x	x	x														
Developed initial M&E plan					x														
Developed rapid assessment procedures							x	x											
Developed M&E tool										x	x								
Developed communication plan (<i>Ready Body</i>)					x		x	x											
<i>Ready Body</i> launch								x											
Provided technical assistance to IAs on BCC		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x
Formed local BCC technical assistance team														x					
Identified, hired, and trained local project coordinator															x				
Conducted NGO capacity assessment									x	x									
Provided program management, logistic reporting, and monitoring technical assistance			x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x
Strategic planning workshop (part of 5 th creative design workshop)											x								
Peer-education training of trainers workshop													x						
Follow-up with IAs on peer-education workshop													x	x					
Financial and accounting workshop													x						
Work planning workshop														x					

ACTIVITIES	FY 2000				FY 2001				FY 2002				FY 2003				FY2004		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3												
Institutional capacity-building workshop with IAs															x				
Care and support assessment and training															x				
technical assistance in BSS																x			x
Development of peer-education manual (<i>Bodyworks II</i>)															x	x	x		
Baseline assessment for <i>Words Have Power</i> campaign																x			
Developed communication strategy (<i>Words Have Power</i>)															x	x	x		
National <i>Words Have Power</i> campaign																x	x		
Monitoring and reporting of <i>Words Have Power</i> campaign (completed under follow-on bilateral)																	x	x	
Post-campaign qualitative survey (under follow-on bilateral)																			
Dissemination of pre- and post-campaign qualitative survey results (under follow-on bilateral)																			

Program Strategies and Activities

Through the HIV/AIDS/STI Youth Project, IMPACT/Guyana worked to build the organizational capacity of local NGOs in programmatic and technical areas, focusing on BCC. The five-year project targeted vulnerable youth between the ages of 8 and 25 with HIV/AIDS prevention messages and activities, initially in 3 urban communities in Guyana: Georgetown, Linden, and New Amsterdam. In the second year this was expanded to include Bartica.

HIV/AIDS/STI Youth Project activities targeted minibus drivers and conductors (known as “touts”), “limers,” and members of organized youth groups. Minibus drivers and conductors/touts provide commuter services on public roadways. Limers are mostly young people 25 years of age and younger, including unemployed youth and students, who spend their time hanging out in bus parks, on street corners, and in bars and shops. Organized youth group members belong to organized groups such as sporting organizations, religious groups, and culture clubs. Minibus drivers, conductors, and limers were selected because they make up a large percentage of young persons who reside and travel within the three target communities.

The HIV/AIDS/STI Youth Project’s objectives were to

- increase the number of young people (ages 8–25) who have access to quality HIV/AIDS prevention and health care services
- increase the comprehensive knowledge of HIV/AIDS among young people
- increase condom use among sexually active young people
- facilitate access to and use of quality STI prevention, treatment, and other support services by youth

The project employed four strategies to achieve these objectives:

- assessment, monitoring, and evaluation
- development of a communications program
- establishment of links to appropriate prevention or health care services in the three communities
- capacity building among project facilitators at the participating NGOs

The IMPACT/Guyana strategy focused both on building the capacity of local NGOs and on promoting BCC programming, particularly targeting youth. The NGOs supporting this project conducted prevention and outreach activities, provided counseling and testing and care and support services, and distributed condoms. NGOs that didn’t directly provide any of the services created referral linkages within the community to ensure that youth could access the needed services.

The project began with six NGOs but eventually grew to include nine NGOs from the four geographical areas. A key element for the coordinated management and implementation of the HIV/AIDS/STI Youth Project was the creation of a project steering committee.

Project Steering Committee

First formed in February 2000, the project steering committee consisted of representatives from the participating NGO partners, the National AIDS Programme Secretariat, USAID, the Region 10 AIDS Committee (RAC), and international partners including the UNAIDS theme group. The steering committee linked with other national, regional, and international organizations working in the area of HIV/AIDS as appropriate. At the beginning of the project, a Peace Corps volunteer was tasked with coordinating the project locally and supporting the steering committee. This task was later passed to a locally hired consultant.

The steering committee met once a month to coordinate all the project events, to determine the division of work for each NGO, to develop central themes in conjunction with target audiences, to identify training needs and areas for capacity building of NGOs, to advocate to increase services and leverage existing resources, and to monitor the effectiveness of the project. The chairmanship of the steering committee rotated among the NGO partners, with the project coordinator functioning as the secretary and liaison to FHI's IMPACT Project. Subcommittees and working groups were created as needed to develop specific aspects of the project and included a communication working group, a condom distribution subcommittee, a service evaluation subcommittee, and an M&E working group. IMPACT facilitated design workshops and strategic planning meetings with participating NGOs and the steering committee. To build the organizational capacity of the steering committee, technical assistance was provided to the committee to develop operational guidelines, policies, and procedures.

To add to the activities funded by USAID and to strengthen the capacity of the participating NGOs, the steering committee put together a successful proposal to the Japan International Cooperation Agency (JICA) requesting funding for communications and office equipment.

The committee helped maintain a unified project, ensure a unified message was presented, and enable the NGOs to collaborate and share best practices and lessons learned. As new NGO project members came on, the steering committee conducted exercises with the new members to develop the new organization's capacity to conduct activities and provide services to the community.

The committee has proven sustainable. As of September 2006, more than two years after the completion of the Youth Project, the committee still existed and is called the National Coordinating Committee.

Capacity Building of NGOs

One of the major focus areas of the IMPACT project in Guyana was capacity building of the participating NGOs. As a first step, IMPACT hired a consultant to conduct a capacity assessment of the participating NGOs, and look at technical and operational skills. In 2001, the assessment was completed and the findings disseminated. The assessment findings indicated that the majority of the participating IAs required some level of capacity building, especially in the areas of financial management and organizational infrastructure.

IMPACT/Guyana provided technical assistance to the NGOs in both technical and operational/management areas. In the technical area, much assistance was provided throughout the life of the project in communication and BCC skills, which included peer education and improved approaches to working with media. In FY 2003, IMPACT worked with local

counterparts to conduct a rapid assessment of care and support activities in Guyana, and presented a workshop to partners and stakeholders based on the findings. Topics included (1) essential elements of comprehensive care and support programs, (2) voluntary counseling and testing (VCT) as an entry point to prevention, and (3) integrating care and support activities into ongoing HIV prevention activities. Additionally, technical assistance was provided to strengthen the participating organizations' administrative and operational capacity, including training on financial and accounting systems development; the development and design of project work plans and budgets; and on the development and use of operating guidelines, policies, and procedures.

In order to further build capacity at the local level, during the first half of FY 2003, IMPACT/Guyana brought together a local BCC team made up of consultants from various disciplines who were tasked to provide technical assistance to the NGOs and implementing partners in crafting, producing, and disseminating standardized BCC messages for the program. The local team received ongoing technical support from FHI, and several team members participated in a BCC training course in Trinidad and Tobago, along with groups from the Caribbean Regional Program. The team emerged from the training with the foundation to begin the *Words Have Power* anti-stigma and discrimination campaign.

Technical assistance was also provided to all NGO members of the project in the areas of monitoring and evaluation (M&E). Training was also provided to the NGOs. FHI M&E staff worked with the project to develop a comprehensive M&E plan and to develop data collection and service evaluation tools to help NGOs improve services to the community.

Promoting BCC programming

The second major area of focus of the project was the design and implementation of BCC activities. As a foundation for the activities, in FY 2001, IMPACT conducted a quantitative and qualitative investigation in the three target communities to assess knowledge, behavior, and practices related to HIV/AIDS/STIs. IMPACT hired a consultant from the Centre for Economic and Social Research (CESRA) to conduct an assessment using the rapid assessment procedures (RAP) methodology, in the three target communities in Guyana. This approach assessed health-seeking behaviors and the impact of health projects and programs on the community. It used a participatory and action-oriented qualitative approach complementary to the traditional quantitative approach to conduct research on development issues. The RAP in Guyana measured the functional AIDS literacy of target groups. For the purposes of this study, functional AIDS literacy referred to the ability of Guyanese youth to recognize behaviors that would and would not transmit HIV and other STIs. It also referenced an understanding of sexual and reproductive anatomy that is essential if one is to understand HIV/STI transmission. Functional AIDS literacy also referred to the ability to effectively apply this knowledge in everyday HIV/AIDS prevention practices.

The IMPACT consultant trained NGO representatives in the techniques of RAP data collection and reporting, and the local participating NGOs collected the data.

The survey of youth in the three target groups was based on a sample of 754 respondents. Out of the entire sample, 443 (58.8 percent) belonged to organized youth groups, 264 (35 percent) were limers, and 47 (6.2 percent) were minibus drivers and conductors (touts). A summary of key findings is presented on the following pages.

Knowledge of HIV/AIDS

There was a fairly high level of awareness among respondents of the risk factors for transmission of HIV. For example, 95.6 percent of all respondents correctly stated that unprotected sex is one way to transmit HIV; 91.7 percent knew that HIV can be spread by sharing needles; 90.2 percent knew that HIV can be spread through blood transfusions; and 84.8 percent knew it could be passed from a mother to her unborn child. At the same time, however, 48 percent of all youth thought that HIV was spread through kissing; 45.2 percent thought it was spread through mosquito bites; 28.3 percent thought it was spread by toilet seats; and 17.9 percent thought it was spread by hugging someone with HIV.

Condom Use

Of those youth who were sexually active, 91 percent said they had used a condom at least once, but only 58.9 percent reported that they had used a condom during the previous sexual encounter. There was no difference based on gender or target group, although organized youth group members were the least likely to have ever used condoms.

Substance Use

More than two-thirds of respondents (71.1 percent) said they had tried alcohol, 31.4 percent had tried cigarettes, and 16.2 percent had used marijuana. Six respondents said they had used cocaine, and three had used crack.

Sexual Behavior

The average age at first sexual encounter was 15 years. A majority of youth—six out of every 10—had unprotected sex the first time they had intercourse. Most respondents (34 percent) indicated that they had one sex partner. Approximately 19 percent of male respondents and 2.5 percent of female respondents had more than one sex partner.

Communication Strategies

IMPACT/Guyana conducted creative design workshops both to build capacity and to increase participation of the project's NGO partners in developing communication strategies and coordinated approaches to project activities. The project's comprehensive communication strategies combined mass media with interpersonal communication, peer education, counseling, advocacy, and outreach, and also included community mobilization activities, such as street fairs, AIDS day events, theater, and drama. The NGOs worked together during the strategic design workshops to choose the theme, name, and design of the projects they implemented, and to develop standard communication materials and approaches.

Over the course of the project, there were two overarching themes that unified the communication of all participants and galvanized project implementers to work together. The first communication theme, called *Ready Body, Is It Really Ready?*, was developed in 2001. The second theme, *Words Have Power*, was developed in 2003. Both of these themes promoted behavioral change outcomes and generated attention, interest, and action among target populations and broader communities in Guyana. As of September 2006, *Ready Body, Is It Really Ready?* and *Words Have Power* billboards still stood and were being maintained throughout Guyana.

The project also hired a consultant to work with the project steering committee to create a website to link the different participating organizations and to provide information on the project to the public. The website was geared toward youth, provided information and links to local and international organizations, and had a question-and-answer feature.

Ready Body Is It Really Ready?

The *Ready Body* campaign was the first theme developed under the HIV/AIDS/STI Youth Project. Participating NGOs worked together to develop and pretest campaign materials, which included a project logo that appeared on all communication materials, project banners for use at events, three television and three radio public service announcements (“spots”), and two brochures.

The project was formally launched in the spring of 2001 with the US ambassador to Guyana; the USAID/Guyana mission director; the Guyana National AIDS Programme Secretariat; the Guyana MOH; UNICEF; television, radio, and print journalists; and others. Press kits were developed and distributed for the event that included a press release, project summary, NGO information, brochures, and logo stickers.

As part of the communication strategy, NGOs held events aimed at promoting HIV/AIDS awareness including an essay-writing competition, a marathon, and group rap sessions. Peer education was a key component of the communication strategy for the *Ready Body* campaign. Participating NGOs implemented peer education activities and outreach among targeted youth populations, especially out-of-school youth. To assist them with this, the NGOs were provided training in peer education; peer-education trainers were trained at the NGOs; and individualized follow up technical assistance in the area of peer education was provided by IMPACT. IMPACT/Guyana and the NGOs developed a peer-education training manual called *Bodywork* tailored to Guyana’s culture and needs. A detailed communication plan for the manual was developed that included media materials. This manual was the first of two that focused on prevention for youth. It has been translated into French and adapted in various countries outside Guyana. The second manual, *Bodywork 2*, includes care and support topics. As of September 2006, both manuals were still being used by all Guyanese NGOs.

Words Have Power S&D Campaign

The second major theme of the HIV/AIDS/STI Youth Project was conducted in FY 2003 and 2004 and was called *Words Have Power*. This campaign focused on addressing issues of HIV and AIDS S&D. The steering committee took the lead in developing the campaign, but the IMPACT program paid for the production of the materials and the costs associated with the events.

In the last quarter of FY 2003, a consultant collected qualitative information on the knowledge, attitudes, and behaviors of minibus operators and riders toward people living with and affected by HIV/AIDS. This baseline assessment was compiled as a report (attached at the end of this document) and an excerpt of the findings follows.

- Most respondents were not aware of the terms *stigma* and *discrimination* unaided; when explained, however, they were readily able to identify examples of discriminatory practices. These included discrimination on the basis of ethnicity/race, class, age, perceived HIV status, and perceived status of a minibus driver.

- Ethnicity featured prominently among the examples of discrimination given and was a critical variable in the way persons viewed and assessed each other, including in the identification of the groups most likely to get AIDS.
- Persons generally understood the benefits of not discriminating. As it related to PLHA, respondents concurred that there were benefits to be derived, stating that in the absence of discriminatory practices against PLHA they were less likely to be abused and more respected by the larger society.
- Most respondents displayed a basic knowledge of HIV/AIDS as a disease. There still existed misinformation around the methods of transmission and its symptoms. The epidemic was also largely equated with death, with little mention made about the prospects of living positively with the epidemic.
- The traveling public expressed reluctance toward HIV-positive operators continuing their trade. This reluctance centered on concerns that they were likely to continue their promiscuous behavior, thereby putting young women at risk of infection and of spreading the virus.
- Suggestions for reducing the epidemic and S&D included promoting and increasing use of condoms; educating the public on HIV/AIDS, safe sex practices and STI, in particular youth and minibus operators; providing support to PLHA; and ignoring or speaking out against those who discriminate.

Following the baseline assessment, the *Words Have Power* S&D campaign was implemented for three months (September to December 2003). The campaign included production and purchase of broadcast time for three TV public service and three radio spots; development, production, and distribution of print materials, including posters, billboards and stickers; production and distribution of campaign T-shirts and other paraphernalia; promotion and implementation of a launch event in Georgetown; media relations that ensured continued coverage of the launch event, the campaign, and related campaign events (including project NGO activities); a World AIDS Day event; M&E of campaign results; a post-campaign qualitative survey and dissemination of the survey results, including media coverage, broadcast records, distribution records, and impact of the campaign.

As part of the campaign, FHI signed a subagreement with one of the participating NGOs, Guyana Responsible Parenthood Association (GRPA), to create and staff the *Words Have Power* hotline. This hotline made information and counseling on HIV/AIDS and STIs available to youth and offered referrals to callers who sought counseling or other services. It operated nine hours a day, six days a week. GRPA also provided training to peer educators in counseling, and interpersonal communication training for volunteers working the phones.

In July 2003, FHI was awarded a bilateral contract under the President's PMTCT Initiative. Many of the *Words Have Power* activities were continued under, and final activities were concluded with, bilateral funds.

Behavioral Surveillance Surveys Technical Assistance

IMPACT technical assistance was provided to Guyana in the area of behavioral surveillance surveys. A behavioral surveillance survey technical expert traveled to Guyana twice to meet with the MOH to discuss implementation and begin development of a survey protocol. The survey in six target groups was implemented with follow-on PMTCT bilateral funding.

LESSONS LEARNED AND RECOMMENDATIONS

Lessons Learned

The HIV/AIDS/STI Youth Project was constrained by several factors, including

- a limited availability of drivers, conductors, and limers who were willing to participate in the activities
- apprehension of religious organizations to embrace use of the condom as a preventive measure
- the discovery during the first year of the need to diversify the project staff, because members were having trouble contacting and working with Hindu and Muslim groups
- limited personnel or organizational capacity of young NGOs to take on activities
- short timeframes for development and implementation of activities
- limited funds to cover costs of activities and support IAs

Recommendations

A comprehensive ABC approach (abstinence, being faithful, condom use) is needed to engage all sectors of society, especially faith-based groups.

While promoting condom use, it is also critical to encourage abstinence and faithfulness as other preventive measures.

NGOs and governments need to integrate their programs for a greater impact.

NGOs in the region need additional capacity development, and much work needs to be done to integrate NGO and government programs and services. Many NGOs supported by IMPACT/Guyana were inexperienced in managing donor resources. IMPACT/Guyana provided considerable assistance to ensure that these NGOs could articulate their strategy, document their plans and progress, and account for money in a manner consistent with international donor requirements. To be more effective, NGOs and the government need to develop a collaborative system that will allow capacity development and attract donor funds. Comprehensive HIV/AIDS programs cannot be a series of small projects but need to be built into a holistic, systematic program.

NGOs and other implementing organizations should tap community skills and commitment.

IMPACT/Guyana's experience revealed that building the skills of community-based organizations, their members, and leaders is worthwhile. During the Guyana HIV/AIDS/STI Youth Project, members of the target group were trained as advocates and campaigners for BCC. Their unique creativity and special talents exhibited in drama, BCC messages, and music greatly influenced their peers.

Building local capacity and fostering participatory processes helps promote sustainability.

The importance of a decentralized participatory approach became very clear during the Guyana HIV/AIDS/STI Youth Project. IMPACT/Guyana provided a framework for local NGOs to collaborate and provide organizational capacity building, including technical assistance, training, communication strategy development, and office equipment acquisition. This participatory approach placed local organizations in better positions to implement future HIV/AIDS programs.

Ongoing dialogue among participating agencies is needed to ensure coordination and smooth implementation of activities.

There is a need for continuous dialogue between all organizations involved in the HIV/AIDS campaign, including NGOs, FBOs, community-based organizations (CBOs), the government of Guyana, and the private sector in order to iron out any philosophical differences that stand between a unified fight against HIV/AIDS.

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

Implementing Partner Matrix

Name	Organizational Type	Geographic Location	Target Population	Budget (in US\$)	Intervention	Project Dates
SUBAGREEMENTS						
Comforting Hearts	NGO	New Amsterdam	Youth	\$66,674	Mass media around events; advocacy and collaboration; development of communication materials; outreach and peer education; facilitation and provision of quality youth services (STI and condom promotion)	May 2000–June 2002
Guyana Responsible Parenthood Association (GRPA)	NGO	Georgetown	Youth	\$24,500	Mass media around events; advocacy and collaboration; development of communication materials; outreach and peer education; facilitation and provision of quality youth services (STI and condom promotion, service delivery)	May 2001–June 2002
				\$4,161	Operation of <i>Words Have Power</i> hotline	Aug 2003–Jan. 2004

Name	Organizational Type	Geographic Location	Target Population	Budget (in US\$)	Intervention	Project Dates
Linden Care Foundation (LCF)	NGO	Linden	Youth	\$26,594	Mass media around events; advocacy and collaboration; development of communication materials; outreach and peer education; facilitation and provision of quality youth services (STI and condom promotion)	May 2001–June 2002
Artistes in Direct Support	NGO	Georgetown, Linden, New Amsterdam	Youth	\$27,810	Communication lead on project; activities to encourage safer practices and behaviors while increasing HIV/AIDS/STI awareness and knowledge among target population using theater and public communication	May 2001–July 2002
Volunteer Youth Corps (VYC)	NGO	Bartica	Youth	\$30,652	To build the capacity and numbers of peer educators and create a system of youth-friendly services and an accompanying referral system	May 2000–June 2002
Youth Challenge Guyana (YCG)	NGO	Georgetown, Region 1, Region 8	Youth	\$60,480	Continuing peer education; conducting community outreach; promoting life skills development	May 2000–June 2002
Hope Foundation (Cry of AIDS)	NGO	Bartica	Youth	\$27,500	Community mobilizations; production of educational (IEC) materials; community outreach; peer-educator training	May 2001–June 2002

Subproject Highlights

Year One (April 2000–May 2001)

During the first year of the project, there were six participating NGOs and one participating RAC. The original organizations were

- Artistes in Direct Support
- Youth Challenge Guyana (YCG)
- GRPA
- Lifeline Counseling
- Volunteer Youth Corps (VYC)
- Comforting Hearts
- Region 10 AIDS Committee (RAC 10)

Several of these organizations received funding from other sources (for example, PL480 funds and the Canadian Government) so IMPACT only directly funded YCG, VYC, and Comforting Hearts.

The activities in this year were broken down into three phases: 1) assessing risk, 2) developing peers, 3) peers with peers. Throughout the year, Artists in Direct Support served as the communication lead for the project and developed materials and programs in support of the entire program. All the NGOs conducted risk-assessment workshops and rap sessions with youth to identify their perceptions of risk. Depending on each NGO's area of interest and expertise, they conducted a variety of activities to reach youth, including a walkathon, a youth literacy campaign, street fairs in three towns, music and dance performances, interactive theater, and production of TV and radio spots. The participating NGOs also developed a condom distribution system and a referral system for youth-friendly STI and HIV counseling and testing services.

The NGOs divided up the target groups and geographical regions to minimize overlap. Artistes in Direct Support, as the communication lead for the project, worked with all project NGOs. In the Georgetown area, GRPA worked with youth on the streets; Lifeline worked with religious and social organized groups; YCG worked with sports and some social groups; VYC worked with sports, social, and political groups, and also worked with the Ministry of Culture Youth and Sports. In New Amsterdam, Comforting Hearts worked with social, sport, youth, and church groups as well as youth on the street with support from GRPA. In Linden, with the support of GRPA, RAC 10 targeted youth, social, church, and sports club, as well as video clubs and the Welfare Center.

All of the organizations participated in the steering committee meetings and the strategic design workshops and were able to coordinate activities, request support from each other, and identify areas of strength and weakness.

Year Two (May 2001–June 2002)

During the second year, activities were built on the project framework that was developed in year 1. The number of participating organizations grew to eight with the addition of Cry of AIDS (later Hope Foundation) in Bartica. RAC 10 created an NGO who continued participating in the

project as their new organization, Linden Care Foundation. Direct funding was provided to all of the participating NGOs during this year:

- Artistes in Direct Support
- YCG
- GRPA
- Lifeline Counseling
- Volunteer Youth Corps
- Comforting Hearts
- Cry of AIDS
- Linden Care Foundation

Activities in the second year centered on consolidating an overarching, unifying *Ready Body* strategy for all of the NGOs that participated in the project and were involved with production and distribution of materials using the *Ready Body* theme. Peer-education materials and tools were improved, and referrals for services were strengthened. IMPACT also worked with the three NGOs whose mission included working with PLHA in order to improve their capacity to provide services and assistance to PLHA. Additional technical assistance was provided to help the NGOs work with the media. All NGOs continued to participate in the steering committee meetings and creative design workshops.

Years Three and Four (July 2002–March 2004)

During the third year of the project, another organization was added to the project, The Network of Guyanese Living with HIV and AIDS (G+). Although all project participants continued to receive technical assistance from the project, belong to the steering committee, and participate in trainings, workshops, and creative design workshops, direct funding was not provided to the NGOs. A local agency was contracted to cover costs of some of the events and the materials developed for the campaigns. GRPA received a 6-month subagreement to operate a hotline in support of the second major campaign, *Words Have Power*.

Background on Participating NGOs

Guyana Responsible Parenthood Association (GRPA)

Background

GRPA was established in 1973 as the International Planned Parenthood Federation (IPPF) affiliate in Guyana. Its mission includes promoting responsible sexual behaviors and family life through information, education, collaboration, and services. GRPA provided contraceptive commodities—including condoms—to government clinics, NGOs, and others. GRPA worked with minibus drivers, conductors, and limers while collaborating with governmental and nongovernmental agencies as part of the HIV/AIDS/STI Youth Project. GRPA also provided technical assistance and facilitation to Comforting Hearts and the Region 10 RAC. They also implemented projects targeting both in- and out-of-school youth.

Accomplishments

GRPA staff and peer educators traveled to popular liming spots where they carried out awareness activities, shared BCC materials, offered referrals, and shared information. GRPA held a street fair that included street drama/theater, booths with games, and distribution of BCC materials and

condoms. GRPA hired minibuses equipped with loud speakers and staffed by entertainers with messages on HIV/AIDS and safer sex. GRPA hosted a workshop of two half-day sessions for minibus drivers, conductors, and limers to build the capacity of the target group to work with their peers. GRPA held four mobile clinics for target groups; minibuses were used at bus parks and popular liming spots to provide counseling, condom distribution, testing, and STI treatment. GRPA took the lead in developing interpersonal communication materials for limers, minibus drivers, and conductors. Activities also included mass media around events, advocacy, facilitation and provision of quality youth services.

Linden Care Foundation (LCF)

Background

LCF is a nonprofit organization that works closely with the RAC and other organizations and agencies to execute HIV/AIDS programs through education and BCC. LCF was formed as a result of Region 10 RAC's involvement in the project during the first year; LCF's goal is to promote behavior changes and healthy lifestyles through effective counseling. The organization operates a peer-education program aimed at sensitizing young persons about the dangers of being infected with HIV. They expanded to include care and support issues for people living with and affected by HIV/AIDS and formed a network of persons living with HIV/AIDS.

Accomplishments

During its work with the Youth Project, LCF initially worked with minibus drivers, conductors, and limers. LCF held concerts that reached out to PLHA and solicited their support of the Youth Project's HIV/AIDS campaigns. Additionally, LCF identified, trained, and supervised peer educators who provided educational, counseling, and referral information to target groups during peer-education workshops. They produced and distributed audiovisual BCC materials and condoms to the target population. LCF worked with other social and religious organizations to give care and support to PLHA. They held sensitization workshops for religious leaders, health care providers, parents of the target group, school teachers, and other key persons in the community to strengthen existing services. They also targeted worksites in Linden and provided counseling and testing services.

Artistes in Direct Support

Background

Artistes in Direct Support was formed in 1993 as a CBO specializing in education through the use of theater. In 2001, Artistes in Direct Support became a registered NGO that depends on volunteers to support its efforts. As the communication lead on the HIV/AIDS/STI Youth Project, Artistes in Direct Support developed and performed related street theater at the request of other NGOs, produced radio and TV spots, and helped developed and test overriding themes for the project. They also supported a peer-educator program that targeted youth in the theater and dance community. They provided drama workshops and theater training outreach for partner NGOs.

Accomplishments

Artistes in Direct Support received intensive technical assistance that allowed the organization to build its capacity to lead the communication strategy for the project. Staff were trained in working with the media, in project design and implementation, and in material development.

Artistes in Direct Support produced, pretested and disseminated the project logo, brochures, and media spots for television and radio. The organization took the lead in representing the project in television and radio interviews. Artistes in Direct Support staff and volunteers performed at the first main project event in all three regions and trained partner organizations in theater and drama skills. The World AIDS Day show, *The Flame and the Ribbon*, produced by Artistes in Direct Support, was a big success.

Volunteer Youth Corps (VYC)

Background

Originally established to work with children in hospitals, VYC is a voluntary health and social organization launched in December 1996. Its membership is comprised of young people between 18 and 28 years of age. VYC later expanded its activities to a variety of youth development issues including HIV/AIDS prevention. VYC's mission is to provide young people with opportunities, skills, and competencies necessary for self-empowerment. VYC's primary objective is to protect, enhance, and coordinate activities that will benefit the country's health and social sectors. VYC's activities include voluntary service to Georgetown Hospital, a weekly radio program, public outreach to educate young people, voluntary service to geriatric and children's institutions, and youth development activities that include in-house training activities and providing training to other NGOs.

Accomplishments

During the course of the project, VYC conducted youth outreach activities at sports events, church fairs, school exhibitions, youth clubs and organizations, as well as in places where youth congregated. Project messages were incorporated into all of its outreach programs. VYC also enlisted the help of business owners by giving permission for flyers and posters to be posted on their businesses. VYC conducted activities that targeted in- and out-of-school youth, which included a large peer education and mentoring component. They built the capacity and number of their peer educators, created a system of youth-friendly services, and created a referral system. During the first year of the project, VYC hosted a "literacy explosion" contest and conducted sensitization workshops with youth.

Hope Foundation

Background

The Hope Foundation began in 1996 as an NGO called the Cry of AIDS Project Bartica after four persons attended an initial volunteer training program in Georgetown sponsored by a team of Canadian HIV/AIDS educators in collaboration with the Ministry of Health and the National AIDS Program Secretariat. The four returned to Bartica and challenged others to join them to start the Cry of AIDS Project Bartica. Since that time, the group has become a broad-based group with many members. The mission of the Hope Foundation is to reduce the spread of HIV/AIDS by providing education and outreach programs in Bartica and its environs, including 12 riverain communities in Region 7. They conduct field visits and outreach to communities in the hinterland and also train volunteers to become community educators.

Accomplishments

Target audiences under this project included religious groups; sports clubs; in- and out-of-school youth; Amerindian, low literacy, mining, and intransient communities; workplaces; and special

professional groups. A total of 335 persons were trained as HIV/AIDS/STI peer educators from the various target groups. Twenty individuals were trained as HIV/AIDS trainers, and seventeen were trained in various counseling skills including hotline, peer, HIV/AIDS/STIs, and crisis counseling. In collaboration with local partners, the Hope Foundation sensitized, educated, trained, and counseled community members, and also supported PLHA. The Hope Foundation produced informational television programs, conducted workshops, and provided information and materials at community events and HIV awareness workshops. The Hope Foundation also hosted monthly information sessions where participating partners could share information, skills, and lessons learned.

Comforting Hearts

Background

Comforting Hearts was formed in September 1998, when nineteen individuals who were trained as counselors by the National AIDS Program Secretariat decided that they would like to do more for Berbicians in the area of HIV/AIDS and STIs. Comforting Hearts is a Christian organization that provides counseling and testing, care and support for PLHA, and conducts educational activities in churches and schools targeting organized and unorganized groups in New Amsterdam. The organization increased its membership and has three categories of volunteers: counselors, educators, and fundraisers.

Accomplishments

Comforting Hearts provided peer education, counseling, referral services, BCC materials, and training workshops to religious groups (Christian and Hindu), sports groups, parents of the target group, and PLHA. The organization distributed condoms and initiated support groups for drug users and PLHA. In the first year of the project, Comforting Hearts worked with eight groups and expanded this by four in the second year. The organization provided peer education and capacity building sessions with groups and conducted outreach activities that included awareness sessions and parent training.

Youth Challenge Guyana (YCG)

Background

Youth Challenge Guyana (YCG) is a nonprofit organization and is the local partner of Youth Challenge International. YCG's mission is to facilitate development of youth and communities in Guyana by meeting the challenges of work, social action, and cultural exchange. The organization seeks to foster the personal and professional growth of Guyanese youth in global issues, leadership, and problem solving skills. To achieve its goals, YCG executes civic action programs; develops human, financial, and organizational resources; and works to strengthen the Youth Challenge International Alliance. YCG promotes active participation of youths in many types of voluntary community projects in Guyana, dealing centrally with local issues and priorities. Through its activities, YCG seeks to educate youths and other community members about health, the environment, and other community and national development concerns. Motivated by the knowledge that everyone is at risk without appropriate and accurate information, YCG provides education and information to individuals and organized groups in order to maximize their respective capacities so that they can reach their full potential.

Accomplishments

YCG employed a systematic approach to fostering HIV/AIDS awareness among the target population. YCG delivered HIV/AIDS education across all Youth Challenge programs; strengthened the program with regard to human resource capacity (peer educators), program delivery (peer skills), and organizational support; and in the second year of the project expanded the HIV/AIDS program to Regions One and Eight. YCG collected data on the target population's knowledge of HIV/AIDS and later provided peer education, community outreach, counseling, referral services, BCC materials, and training workshops. YCG also maintained a collaborative partnership with other NGOs. Some of their workshops and campaigns helped youth develop professional skills. During the second year of the project, YCG focused on HIV/AIDS/STI prevention education, service support, and referral.

Lifeline Counseling Services

Background

Lifeline Counseling Services is a nonprofit organization established on October 22, 1996 by counselors at Georgetown Public Hospital in honor of Phillip Vanderhyden, a PLHA who fell gravely ill but later recovered. He attributed his recovery to his family's support and his counselor's emphasis on positive living. Lifeline Counseling Services' mission is to reduce the psychosocial impact of HIV/AIDS on PLHA through counseling and education. Lifeline provides counseling, education, and support for people living with HIV and also conducts community outreach activities. They are involved in prevention and educational activities that target youth in school and in religious youth groups.

Accomplishments

Lifeline established six peer-education groups among youth in organized youth groups in Georgetown, including Muslim Youth Organization, Hindu Dharmic Sabha Youth Organization, Young Women's Christian Association (YWCA), Mildred Mansfield Youth Club, Bel Air Leo Club, and Hebrew Youth Movement. These groups participated in the baseline assessment of knowledge, attitudes, beliefs, and practices among the target group; held awareness workshops and drama workshops; and produced BCC materials. Lifeline took the lead in reviewing existing interpersonal communication tools and adapting them to the Guyana context. Apart from peer education and outreach, Lifeline improved counseling skills, conducted advocacy, and worked with other community service groups to provide youth-friendly services.

The Network of Guyanese Living with HIV and AIDS (G+)

Background

In 1997, the Network of Guyanese Living with HIV/AIDS (G+) was born out of the Caribbean Regional Network of People Living with HIV/AIDS (CRN+). G+ joined the HIV/AIDS/STI Youth Project in FY2004. G+ is an organization of PLHA who provide support and care to other PLHA while working to improve their own quality of life. The strategic objectives of G+ include advocating for improved health care facilities, services, and access to treatment; creating a safe and friendly environment where PLHA can interact; fostering community development through information exchange; advocating human rights; and fostering networks of persons and groups with mutual interests. G+'s membership includes the largest contingent of PLHA in Guyana. Because G+ has access to the wider community of PLHA, the organization plays a unique role in prevention efforts, including promotion of behavior change.

Accomplishments

G+ provided care and support to PLHA and their families and promoted HIV awareness in schools and with other local groups. The organization also built its capacity (19 members were trained in areas of advocacy, project management, communication, treatment preparedness, and computer skills) through CRN+. G+ provided outreach to schools and organizations to educate children and adults about HIV and AIDS. They also provided psychosocial support and other forms of support to orphans and vulnerable children.

ATTACHMENTS

Country Program Financial Summary

Since 2000, USAID has committed \$915,000 to IMPACT/Guyana. The IMPACT/Guyana program closed December 31, 2003.

IMPACT provided the following subagreements over the life of the project (LOP):

IA	Total LOP budget (in US\$)
GRPA	\$4,161
Artistes in Direct Support	\$27,810
Cry of AIDS Bartica	\$27,500
Comforting Hearts	\$66,674
LCF	\$26,549
GRPA	\$24,500
VYC	\$45,662
YCG	\$60,480

Rapid Assessment of Knowledge, Attitudes and Practices Related to HIV/AIDS/STIs and Sexual Health of Youth in Urban Communities in Guyana

October 2000

Executive Summary

I. THE HIV/AIDS/STI PROBLEM IN GUYANA

The HIV/AIDS/STI problem in Guyana is one of the most serious crises facing young people. The West Indian Commission, in addressing the issue of Health and Youth in the Caribbean, identified HIV/AIDS as the most serious threat to youth: “Young people who traditionally have been untroubled by any sense of their own mortality are now faced with a disease which has effectively shattered that illusion. The regional statistics on AIDS indicate that young people are the main victims” (1992:373). Sexual behavior and the involvement of young people in ‘visiting’ and common law unions have implications for the spread of AIDS. The Commission notes “the prospect of an extended period of illness characterized by dependence on others and loss of control over bodily functions and from which there is currently no hope of recovery is antithetical to the very nature of youth” (1992:374).

Guyana reportedly has the highest incidence of HIV/AIDS in the Anglophone Caribbean. According to the National AIDS Program Secretariat, Guyana has the highest sero-prevalence rates of all Caribbean Epidemiology Centre (CAREC) member countries: in 1997, 3.2% of blood donors were found to be HIV positive; 3.7% of pregnant women in 1993 were HIV+ and 7.1% in 1995 were HIV positive. Twenty-one percent (21%) of male STI patients in 1992-95 were HIV positive. HIV rates among commercial sex workers have risen from 25% in 1989 to 45% in 1997.

II. PROJECT BACKGROUND

The USAID HIV/AIDS/STI Youth Project in Guyana is a phased project intended to develop effective, timely and appropriate interventions to deal with the AIDS situation in Guyana. The five-year project targets youth aged 8 – 25 years in three urban communities in Guyana: Georgetown, Linden and New Amsterdam and may be expanded to include other areas in HIV/AIDS prevention.

The project objectives are the following:

1. Increase the numbers of young people (aged 8 – 25 years) having access to quality services from USAID-assisted indigenous NGOs.
2. Increase the comprehensive knowledge of HIV/AIDS among young people in target areas.
3. Increase condom use among sexually active young people in the target areas.

4. Facilitate access to and utilization of quality STI prevention, treatment and other support services by youth in target areas.

The project is facilitated by a network of NGOs engaged in HIV/AIDS prevention activities in the three communities. A Steering Committee oversees the effective implementation of the project. The members of the Steering Committee include the National AIDS Secretariat, Lifeline Counseling Services, Volunteer Youth Corps, Guyana Responsible Parenthood Association, Comforting Hearts, Artists in Direct Support, Youth Challenge Guyana, Regional AIDS Committee 10, Peace Corps and USAID. The target groups identified by the Steering Committee for the design of the project are the following:

Mini Bus Drivers and Conductors - individuals who use 12-15 seat mini-buses to provide commuter services on public roadways. These mini-vans are licensed and zoned by the Ministry of Communication and Works. Mini-vans are known as mini-buses in Guyana and as maxi-taxis in the Caribbean.

Limers - young people such as unemployed youth and students who hang out at parks, on the streets, outside of bars, discos, shops, parlors, restaurants and at road corners. Limers gather in groups among which there are relationships that range from casual acquaintances and friendships to rivalry and enmity.

Organized Youth Groups - persons belonging to Youth NGOs such as sporting organizations, religious groups, cultural clubs, etc.

As outlined in the project document, four main strategies will be employed to achieve the project objectives. These are:

1. Assessment, monitoring and evaluation
2. Behavior change communications
3. Establishing links to appropriate services in the three communities
4. Building the capacity of project facilitators

This report summarizes the findings of quantitative and qualitative investigations conducted in the three target communities to assess the state of knowledge, behavior and practices related to HIV/AIDS/STIs. This study provides baseline data to facilitate the assessment, monitoring and evaluation of the effectiveness of the project over its life span.

III. METHODOLOGY

This is a study of HIV/AIDS/STIs among urban youth in the three main towns of Guyana: Georgetown (the capital), New Amsterdam and Linden. A Rapid Assessment Procedure (RAP) was employed using a combination of qualitative and quantitative techniques. This methodological approach is being used in a number of countries to assess health-seeking behaviors and the impact of health projects and programs. It uses a participatory and action-oriented qualitative approach complementary to the traditional quantitative approach to research on development issues.

The collection of qualitative data from service providers and target beneficiary is a key element of RAP. The combination of quantitative and qualitative methods facilitates greater analytical depth in identifying perceptions, knowledge, practices and beliefs. The sharing of experiences, the involvement of project beneficiaries and partners in identifying the relevant issues, problems, and solutions make it possible for health care interventions to be more relevant to the needs of project populations.

Non-Governmental Organizations associated with the USAID HIV/AIDS/STI Youth Project in Guyana were trained in RAP and conducted the data collection.

IV. OBJECTIVES

The Rapid Assessment Procedures were used to measure the Functional AIDS Literacy (FAL) of the beneficiary target groups. For the purposes of this study, FAL refers to: the ability of Guyanese youth to recognize behaviors which will and will not transmit HIV and other sexually transmitted infections (STIs); and the sexual and reproductive anatomy that is essential to understanding HIV/STI transmission. FAL also refers to their ability to effectively apply this knowledge in their everyday AIDS prevention practices. It is imperative that FAL be acquired by service providers, NGOs and other peer facilitators working with the target groups.

The specific objectives of the study are:

1. To determine the social background of target groups
2. To ascertain patterns of media use
3. To identify the health care seeking behaviors of the target groups
4. To pinpoint alcohol and drug use among target groups
5. To determine the sexual history of target groups
6. To determine the nature and degree of condom usage
7. To obtain qualitative and quantitative baseline data on target groups' knowledge of HIV/AIDS/STIs
8. To ascertain target groups' perception of HIV/AIDS/STI self-risk.
9. To assist in identifying impact and process indicators for the overall monitoring and evaluation of the project

V. KEY FINDINGS

Demographic Characteristics of Sample

The survey of youth in the three target groups was based on a sample of 754 respondents. Five hundred (66.3%) were from Georgetown, 150 (19.9%) from New Amsterdam, and 104 (13.8%) from Linden. Out of the entire sample 443 of respondents (58.8%) belonged to Organized Youth Groups, 264 (35%) were Limers, and 47 (6.2%) were Mini Bus Drivers and Conductors. Other demographic characteristics are shown in Table 1.

Table 1. Demographic Characteristics of Youth Sample

VARIABLE	N	%
GENDER		
Male	397	52.7
Female	357	47.3
Total	754	100.0
RACE/ETHNICITY		
Black	423	56.1
Mixed	220	29.2
East Indians	83	11.0
Amerindians	19	2.5
Portuguese/White	3	0.4
Other	6	0.8
Total	754	100.0
AGE		
<10	3	0.4
10-14	85	11.3
15-19	355	47.1
20-25	310	41.1
Age not reported	1	0.1
Total	754	100.0
MARITAL STATUS		
Single	608	80.6
Married	20	2.7
Living Home	20	2.7
Visiting Relationship	101	13.4
Separated	3	0.4
Divorced	1	0.1
No Response	1	0.1
Total	754	100.0
EDUCATION		
None	1	0.1
Primary	75	10.0
Secondary	444	58.9
Technical	183	24.3
University	50	6.6
No response	1	0.1
Total	754	100.0

Media Use

The favorite radio station among youth in the survey was 98.1 FM, with 53.1% of the respondents saying that they listen often. VCT channel 28 was watched by more respondents than any other channel (57.6%). *Stabroek News* was read by 33.5% of the respondents, and the weekly *Kaieteur News* was read by 29% of respondents.

Health Seeking Behaviors

Just over half (54.5%) of all respondents seek medical care at public hospitals; 43.2% at private hospitals; 20% health centers; 39.4% seek medical care from private doctors; 7.3% from “bush doctors;” and 44.4% from pharmacies. More than half (58.3%) of respondents reported having seen a doctor in the past year. Only 14% of female respondents said they had ever had a pelvic examination, 8.6% have had a pap smear, and 14.2% have had a breast exam.

Major Concerns for Youth

Respondents were asked if they worry about being sexually abused. More than one-quarter (26.8%) of respondents said they worried about being sexually abused to some degree. Of those who worried, 35.2% were females and 19.1% were males. Women were significantly more worried about all kinds of abuse than were males ($p < .05$). A significantly higher proportion of females (7.8%) than males (6.1%) reported sexual abuse.

Respondents were asked if they worried about getting pregnant or making someone pregnant: 22.1% said they worried about this a lot, and another 18.3% reported being somewhat worried. There was no difference by gender. Also, 46.8% of respondents worried about contracting a sexually transmitted infection (STI), and 56.5% worried about getting HIV. Worry about getting HIV broken down by age was: 38.8% of youth aged 10-14; 55.4% between 15-19; and 62.2% aged 20-25. Organized Group Members were significantly less likely to be worried about contracting HIV (52.1%) than were Mini Bus Drivers/Conductors (78.7%) and Limers (59.8%) ($p < .05$).

Substance Use

More than two-thirds of respondents (71.1%) said they had tried alcohol, 31.4% had tried cigarettes, 16.2% had used marijuana, 6 respondents had used cocaine, and 3 respondents had used crack.

A total of 27.9% of the respondents said they had alcoholic drinks over the past 4 weeks. Mini Bus Drivers and Conductors (55.3%) are more likely to have consumed alcoholic beverages than Limers (33.0%) and Organized Group Members (22.1%). Mini Bus Drivers and Conductors (6.4%) are also more likely to drink every day than are Limers (2.7%) and Organized Group Members (0.9%).

Sexual History

Almost two-thirds of all respondents have had sex at some point in their lives. The average age of first sex is 15 years, with the ages ranging from a low of 3 (one respondent) to a high of 23 years of age. Twenty-five respondents (3.2%) reported having first sex at 10 years or younger, and 8.9% of the sample reported having had first sex when younger than 12 years.

Approximately 66% of those who had already had sex had unprotected sex the first time.

Drivers are the most likely to have ever had sex (98%), followed by Limers (74.5%), and Organized Youth (51.5%) ($p < .05$). Among those who have ever had sex, 35.9% of respondents in the sample said they currently have a regular sex partner, with the Drivers and the Limers being more likely to have a partner than the Organized Youth ($p < .05$).

Respondents were asked at what point in a relationship sexual intercourse was acceptable. Only 1.7% of all respondents felt it was acceptable to have sex with any acquaintance. Four percent (4.1%) agreed that sex between a boyfriend and girlfriend early in a relationship was acceptable; one-quarter said that it was only acceptable if the relationship were serious. Almost one-quarter (24.4%) agreed with sex between a boyfriend and girlfriend if the male agrees to use a condom. A large proportion (43.6%) of respondents did not agree with having sex before marriage.

Condom Usage

Of those youth who were sexually active, 91% stated that they had used a condom at least once, but only 58.9% reported that they had used a condom the last time they had sex. There is no difference by gender nor by target group, although Organized Group Members were the least likely to have ever used condoms.

For the sample as a whole, 69.5% had ever been given advice on contraceptive use. Over half (55.2%) of respondents cited their parents as their source of information on contraceptives. This is followed by 50.0% who got advice from a friend or from a teacher (34.9%). Most (70.2%) felt that if they needed a condom they would be able to get one easily.

Approximately half (44.6%) of respondents expressed a willingness to pay for condoms. After purchasing them, the next most likely source for condoms were health clinics (39.4%). Males (81.3%) are more likely to purchase condoms than are females (61.5%), $p < .05$, and Limers (80.4%) and Mini Bus Drivers and Conductors (78.6%) are more likely to purchase condoms than are Organized Group Members (69.6%), $p < .05$.

Knowledge of and Exposure to HIV/AIDS/STIs/ Perception of Risk

There is a fairly high level of awareness among respondents of the risk factors for transmission of HIV. For example: 95.6% of all respondents correctly stated that unprotected sex is one way to transmit HIV; 91.7% knew that HIV can be spread by sharing needles; 90.2% knew that HIV can be spread through blood transfusions; and 84.8% knew it could be passed from a mother to her unborn child. At the same time, however: 48% of all youth thought that HIV was spread through kissing; 45.2% thought it was spread through mosquito bites; 28.3% thought it was spread by toilet seats; and 17.9% thought it was spread by hugging someone with HIV. Almost all (92.8%) respondents knew that a healthy looking person could be infected with HIV. One-

third (30.4%) of respondents said that they have a close friend or relative who has died of HIV/AIDS.

Respondents were asked a series of questions about how much risk of HIV transmission they perceive themselves to face. Only 13.7% of youth said, based on their present sexual behavior, that they were greatly at risk of acquiring HIV. An even smaller number (5.7%) felt that they were at quite a lot of risk. Most (43.1%) of the respondents felt that they were “not at all at risk.” A large number of respondents were of the view that people who have many different partners were very much at risk (74.0%). Seventy percent felt that male homosexuals are at high risk. Of the target groups included in the study, Conductors and Drivers (29.8%) were most likely to perceive themselves at risk of HIV, followed by 9.0% of Organized Group Members, and 18.6% of Limers.

While 83.7% of the sample know where to go to be tested for HIV, only a small percentage of respondents (17.9%) have actually been tested. More males (21.6%) have been tested than females (13.7%). Among the 619 respondents who have never been tested, 53.5% felt they should not be tested, and 37.6% felt they should be tested. If they were to go for an HIV test: 21.0% would go to a public hospital; 13.9% to a private doctor; 13.8% to a private or public hospital; and 7.7% to a private hospital only.

Religion

The survey of the religion of respondents revealed that the large majority (69.2%) are Christians. The Pentecostals constitute the single largest religious group, representing 29.4%, or 222 respondents. Hindus represent 4.8%, or 36 respondents, and Muslims represent 2.8%, or 21 respondents. Other religions represented include: Rastafarians, 0.4%, or 3 respondents; Jehovah Witnesses, 1.3%, or 10 respondents; and Hebrews/House of Israel, 3.3%, or 25 respondents. Eleven point eight percent (11.8%), or 89 respondents reported not having any religion, while 3.3%, or 25 respondents, reported not having a specific religion.

Overall, there is a high level of commitment to religion among respondents. The data show that just over 6 out of every 10 respondents attend church, mosque or temple at least once per month. No attendance or reduced attendance at church, temple, mosque, etc., increases the likelihood of having multiple sex partners. Since a minority of individuals who attend church regularly have multiple partners, attendance at church is seemingly positive in reducing the tendency to have multiple sex partners. In terms of sexual behavior, respondents who have no religion and those who practice any religion are more likely to be sexually active than persons who practice a particular religion.

Focus Group Discussions

The HIV/AIDS/STI problem is perceived by almost all participants in the focus group discussions as a serious and widespread problem. Some recognized that HIV/AIDS/STI in Guyana has become a crisis and needs urgent attention. Participants noted that since the epidemic has crossed all barriers of race and socioeconomic status, everyone must see it as their problem. They attributed the increase to the early age that young people are becoming involved in sexual relationships. According to some participants, young people still believe that HIV infection will only happen to somebody else, and not to themselves.

Participants also expressed that adolescents feel that “some day you have to die of something, so what” and “whatever happens, happens.” They noted that at a young age adolescents see themselves as invincible. Thus, adolescents appear to have an attitude of unconcern, apathy and indifference. Some participants acknowledged that they engage in any behavior that makes them feel good because life has no value for them.

During the discussions, participants revealed that young people are seen as being wild. They commented that young people are educated but allow their emotions and the influence of others in society to overrule their judgment; they are aware of the ill effects of irresponsible behavior but they succumb to social and peer pressure.

One opinion among participants from Georgetown was that some girls have sex for material gain. It was also noted that young females feel that if they have sex with a male then he will stay. Some women give in to sex without a condom because they are afraid that if they say no they might be raped. A comment from a Georgetown participant was that “psychological stress associated with pumping or stroking the bishop makes it difficult for men to postpone sexual experience.” Other comments made were that young people “think that sex is running out of style,” “think it is medicine,” “think it is mineral water,” “think it is coconut water,” and “can’t wait to have sex.”

During the discussions, it was noted that boys force their girlfriends to have anal sex because it is considered safe, but young women do not really like it. Because some youth do not perceive anal intercourse as sex, they do not believe the HIV virus can be transmitted this way. Participants commented that youths seldom take time to romance before engaging in intercourse, resulting in less lubrication and more tearing, and thus a greater potential for HIV transmission. It was noted that oral sex is also very common, especially on young males.

Participants commented that the absence or slackness of parents is largely responsible for sexual behavior of youths. They also stated that when the topic of HIV is brought up at home, it is often dismissed. Youths were described as being promiscuous and loose, changing partners often.

According to participants, there is not enough excitement during sex with condoms, because the natural feeling is lost. Many expressed the view that “sex is not enjoyed with a condom.” Some stated that they prefer to ride bare back because the condom “robs you of the full pleasure.” Another comment was “you do not get the niceness.” Some participants believe that condoms have holes and pores, and therefore break or burst quickly.

The youth surveyed had many false beliefs about how HIV is transmitted. Respondents said that if there is no visible physical sign or symptom of HIV then there is no risk of HIV infection from sex with that individual. Participants stated that they have sex with “clean” girls or boys and think they are playing it safe. Some said that because they are members of a church they are not at risk of acquiring HIV infection, while others stated that only prostitutes and homosexuals are at risk. One belief mentioned was that a person with HIV would live longer by transmitting the virus to other people; participants said they heard this being mentioned on the road.

The group made several suggestions for interventions, such as displaying billboards with HIV/AIDS prevention messages in the various places that youth frequent. Another suggestion was that condoms should be distributed, especially in schools since a lot of sexual activity occurs in school toilets. Participants recommended that condoms be distributed in places that are convenient and easily accessible to youths. One suggestion was to have them placed at bars and discos. Participants noted that young people are ashamed to purchase condoms. They also felt that role models should be used to help reduce risk; in particular, people infected with HIV should give talks about their experiences so that people can see what AIDS does to people. Another proposal was to increase the amount of Street Theatre held in communities. The need for education was echoed by many participants, especially sex education in schools, and education for parents. Regarding HIV testing, group participants commented that if counseling were completely anonymous, such as over the telephone, more people would utilize this service. They explained that people do not want to risk publicity or to be identified. It was thought that even if HIV testing centers were established and advertised, people would not want to use them. There was an expressed need for counseling in Linden.

Focus Interviews

Most of the focus interviewees from all three communities were of the opinion that AIDS was very prevalent in their area. Their responses to the incidence of HIV/AIDS were that it was: alarming, high, very high, or frightening. Interviewees felt that AIDS was most prevalent among the following groups: youths, drug addicts, and those of lower socioeconomic status.

Focus interviewees expressed the need to target activities in places that attract young people, such as night spots. They felt that posters should be put up and condoms should be shared freely since many people have sex after meeting at discos. They also commented that people who are respected in society, especially sports personalities, can be shown on television to attract the TV watchers who would not otherwise seek information about HIV on their own.

Interviewees got their knowledge of HIV/AIDS/STIs from the following sources: mass media, University of Guyana, National and Regional AIDS Program Secretariat, Lifeline, workshops/seminars, medical suppliers, flyers and brochures, at school, exposure in the clinic and hospital environment, research on HIV, the Internet, colleagues, the Regional AIDS educational videos, listening to other people, and the Guyana Responsible Parenthood Association.



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This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced May 2007