

HONDURAS FINAL REPORT

September 1997–September 2005

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



USAID
FROM THE AMERICAN PEOPLE



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



September 1997 to September 2005

Honduras Final Report

*Submitted to USAID
by Family Health International*

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GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
BCC	Behavior change communication
Bio-BSS	Biological and behavioral surveillance survey
BSS	Behavioral surveillance survey
CDC	Centers for Disease Control (US)
CSW	Commercial sex worker
FFS	Fundación Fomento en Salud
FHI	Family Health International
FY	Fiscal year
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IMPACT	Implementing AIDS Prevention and Care
IRB	Institutional Review Board
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Nongovernmental organization
PASCA	Proyecto Acción SIDA de Centro América
PATH	Program for Appropriate Technology in Health
PLHA	People living with HIV/AIDS
STI	Sexually transmitted infection
TA	Technical assistance
UNAH	Universidad Nacional Autónoma de Honduras
USAID	US Agency for International Development

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EXECUTIVE SUMMARY

From the late 1990s until 2005, Family Health International (FHI) helped the Government of Honduras strengthen its AIDS prevention activities. Through the Implementing AIDS Care and Treatment (IMPACT) Project, FHI led initiatives to reduce risk and change behavior; enhance prevention, care, and treatment services; and strengthen monitoring and evaluation systems. IMPACT/Honduras collaborated with the local umbrella nongovernmental organization (NGO) Fundación Fomento en Salud (FSS), as well as with the Ministry of Health (MOH) and others to coordinate workshops and foster dialogue on HIV/AIDS and policy in Honduras.

From 2000 to 2005, IMPACT/Honduras's HIV/AIDS strategic plan project activities reached high-risk populations. In addition, IMPACT/ Honduras helped prepare a bio-behavioral surveillance survey (Bio-BSS) that was to be implemented by the US Centers for Disease Control (CDC).

During 2000–05, IMPACT/Honduras activities focused on reaching high-priority populations at greatest risk for acquiring and transmitting HIV and supporting the Honduras HIV/AIDS Strategic Plan. The high-priority populations included commercial sex workers (CSW), men who have sex with men (MSM), the Garífuna (a cultural and ethnic group), prisoners, youth, and persons living with HIV/AIDS (PLHA). FSS, a key NGO, was selected to carry out behavior change communication (BCC) and prevention activities targeting MSM.

During the project's final two years, IMPACT/Honduras worked toward the preparation of the Bio-BSS. In June 2005, it was determined that FHI would not implement the survey, and this role was transferred to the CDC at the request of USAID. The protocol was submitted to the Universidad Nacional Autónoma de Honduras (UNAH— National Autonomous University of Honduras) for the approval of the Institutional Review Board (IRB), and steps were taken to transfer implementation of the Bio-BBS from FHI to the CDC.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

USAID/Honduras committed US\$1,406,000 in field support funds to IMPACT activities during the life of project. To prevent HIV and other sexually transmitted infections (STIs), IMPACT/Honduras identified a key NGO through which it could design and implement interventions that target high-risk populations in Honduras. This organization was FSS, which developed a subagreement to reach MSM with prevention and BCC messages and activities during 2000 and 2001. MSM were identified as one of the primary high-risk populations for acquiring or transmitting HIV in Honduras.

At the request of USAID, IMPACT/Honduras began preparation for the implementation of a national BSS in 2002. At the mission's request, this survey was put on hold in order to add a seroprevalence component that would measure national rates of HIV, gonorrhea, chlamydia, herpes, and other STIs. Research and protocol design was reinitiated in 2003 by FHI technical and program staff and external consultants contracted by IMPACT/Honduras.

FHI worked in collaboration with the CDC and USAID to prepare a survey protocol and meet with NGOs working with target populations in country. Target populations included CSW, MSM, the Garifuna community, and PLHA. In the original survey, in-school and out-of-school youth were included as a target population, but they were later eliminated from the revised protocol.

Country Context

HIV/AIDS is primarily a concentrated epidemic in most of Latin America, with the exception of Honduras. In Central America, Honduras is the most affected country by HIV/AIDS, and its HIV prevalence is estimated to be 1.9 percent. The epidemic has spread beyond the major populations at risk of acquiring and transmitting HIV into the general population. The primary mode of HIV transmission is heterosexual sex.

Within the general population, the group most affected is adults ages 20–39. The epidemic is concentrated in the two largest cities—San Pedro Sula and Tegucigalpa—and along the central corridor between the capital and the coast. According to a World Bank report dated August 6, 2002, AIDS is the second leading cause of hospitalization and death in Honduras, after injuries due to violence.¹ And AIDS has been the leading cause of death in women of childbearing age since 1997.

However, available data on HIV/AIDS incidence and prevalence is limited, due to underreporting. Most people who access health services for the first time are at an advanced stage of the infection. As a result, the HIV/AIDS epidemic is generally worse than in other parts

¹ World Bank, *Optimizing the Allocation of Resources among HIV Prevention Interventions in Honduras* (Washington DC: World Bank, 2002), 3–7.

of Latin America. It is believed that the epidemic is still growing, particularly among high-risk populations, and it is continuing to spread into the general population.

Implementation and Management

IMPACT/Honduras did not maintain an in-country office. Program management was conducted by field program staff in FHI's headquarters in Arlington, Va. Technical assistance (TA) was provided during the life of project by FHI technical staff and external consultants from the United States and Central America. FHI implemented the BSS and was responsible for overall project management, including managing the budget and ensuring technical quality.

The CDC provided TA on a variety of topics related to the study's design and implementation. A major component was their conduct of a rapid assessment of the national laboratory's capacity to process specimens for the biomarker portion of the study and the training of staff to meet identified needs.

In June 2005, at the request of USAID, IMPACT/Honduras ceased efforts toward development and implementation of the Bio-BSS. Responsibility for study implementation was transferred to the CDC.

Program Strategies and Activities

Behavior Change Communication

BCC interventions for IMPACT/Honduras focused on institutional strengthening of partner NGOs working with the most vulnerable populations at risk of transmitting or acquiring STI/HIV/AIDS. Specifically, IMPACT/Honduras provided support to FFS to develop its BCC strategy through PATH (Program for Appropriate Technology in Health).

TA and training involved the development of a national BCC strategy and a request for proposals for a subcontracting agency responsible for implementing the mass media aspect of the BCC campaign. The communication strategy emphasized an integrated approach that utilized and leveraged alternative media (wall murals, community theater, music festivals), in addition to mass media. The strategy also facilitated policy dialogue and communication training support and materials development for NGOs.

In January 1999, the BCC consultant from PATH traveled to Honduras to analyze the work of the advertising agency working with FFS on the mass media campaign and review the conceptual framework of FFS's communications strategy. In March 1999, the BCC consultant traveled to Honduras again for the launch of the mass media campaign. The consultant also participated in a meeting of political and community representatives and leaders, including groups such as churches, international agencies, and NGOs. The consultant finalized the information, education and communication (IEC) materials developed for the mass media campaign, such as hats and shirts, and assisted in editing the main video clip of the campaign.

FFS was selected to implement a prevention program for MSM, and a subagreement was developed between FHI and FFS in 2001 to finance and implement this program. A previous

subagreement in 1997 between FHI and FFS was developed to support capacity building activities with a focus on BCC.

IMPACT/Honduras provided TA from an external consultant to FFS on issues related to sexuality, sexual orientation, human rights, HIV prevention models, and program evaluation. Specifically, issues discussed included the development of strategies for the prevention of STI/HIV/AIDS among MSM; behavior-change theoretical models; evaluation models; sexual education for MSM; risk perception and safer sex; self-esteem and self-knowledge among gay, lesbian, bisexual, and transgender populations; communication and partner relationships; and related issues.

A three-day workshop for 25 NGO participants and FFS staff members was organized and implemented in July 2001. This workshop addressed key issues, including the development of interpersonal skills, models for behavior change, and the empowerment of the National Coalition of Gay Organizations in Honduras. Also discussed was the development of basic intervention skills for HIV-prevention programs. Information on basic change models was distributed to participants, along with information on program evaluation and review.

STI Syndromic Management

In February 1999, an IMPACT STI specialist traveled to Honduras to review sex-worker STI guidelines with FFS and outline next steps to finalize guidelines developed under AIDSCAP. During this visit, the STI specialist met with FFS, the MOH, and other key stakeholders to make recommendations on future TA from IMPACT. The specialist also participated with FFS, the MOH, NGOs, and other stakeholders in developing a multisectoral plan for CSW interventions.

IMPACT/Honduras worked to strengthen the data collection skills at the MOH, specifically in STI case management. This support also included a phase one evaluation for the syndromic management validation study to be conducted by the MOH, planning for the second phase, and technical input on a proposal to strengthen the STI epidemic surveillance system.

Strategic Information

IMPACT/Honduras provided TA in STI management to the National Program of STI and AIDS, in particular to supervise the field work of the syndromic-approach validation study in women and revise the database and analyze the results of the first phase of the study. In addition, IMPACT/Honduras assisted MERCAPLAN, a local research firm, to prepare for implementation of the youth behavior survey. To this end, IMPACT/Honduras redefined sampling procedures; reviewed survey procedures and developed a supervisors' manual; discussed pre-test results; assisted in developing the analysis plan; and revised and edited the study protocol.

IMPACT/Honduras began preparing for the BSS in 2002. At the request of USAID, efforts to implement this study were put on hold during FY 2003 in order to add a biological component. IMPACT/ Honduras began preparation of a revised behavioral sentinel surveillance survey with a seroprevalence component during early 2004, and efforts continued during FY 2005 toward development of a study protocol, in collaboration with USAID and the CDC.

FHI prepared a study protocol to meet the following Bio-BSS study objectives:

- Establish a baseline that will track behavioral and seroprevalence trend data for high-prevalence target groups that influence the epidemic in Honduras.
- Provide information on behavioral trends of key target groups in selected geographic areas, coordinating with the MOH sentinel surveillance sites when possible.
- Provide information to help guide USAID/Honduras program planning.
- Obtain data in a standardized format that are comparable with other BSS carried out in Honduras and other countries.

The data and information collected through this Bio-BSS will allow for the development of appropriate and effective responses to the Honduran epidemic.

In FY 2004, IMPACT/Honduras contracted an external consultant to provide TA in the development of the study protocol and to work with FHI evaluation, surveillance, and research staff in conducting meetings with partners in the field. In FY 2005, IMPACT/Honduras contracted an external consultant representing MERCAPLAN, a local research agency in Honduras, to prepare for implementation of the BBSS. This consultant facilitated meetings with key members of the target populations of the study, in addition to representatives from the National AIDS Program at the MOH and the National Laboratory. The consultant also worked with the FHI technical consultant to finalize forms for the ethical review process and translations, as necessary.

Both consultants reviewed the proposed design of the biomarker component of the Bio-BSS and addressed specific concerns and clarified issues related to this component to in-country experts and key informants, such as the directors of the National Laboratory, HIV and STI labs, and the National AIDS Program. Draft questionnaires were developed and edited for each target population, and data collection was scheduled to begin in August 2005.

Policy Dialogue

During the first four years of the project, IMPACT/Honduras also provided TA in policy dialogue to FFS. In coordination with FFS and Proyecto Acción SIDA de Centro América (PASCA), a policy specialist conducted an initial assessment of the policy environment; a preliminary inventory of stakeholders; and interviews with representatives of NGOs, CBOs, governmental institutions, and religious institutions.

The policy specialist identified opportunities for and obstacles to policy dialogue about HIV/AIDS/STI in Honduras in the post-hurricane environment; participated in a PASCA training workshop in advocacy; and explored opportunities for collaboration between FFS, FHI, and PASCA. The policy specialist also assisted FFS in developing a strategy and workplan for policy dialogue and presented recommendations for the remainder of the FFS project.

In collaboration with FFS staff, IMPACT/Honduras supported a two-person team to implement a four-day participatory workshop for FFS and 18 local NGOs that aimed to develop the organizational skills to sustain policy dialogue and mobilize a multisectoral national response to the HIV/AIDS pandemic.

As a result of the workshop, NGO participants developed their own strategies for external relations and prepared initial workplans. The consultants also assisted FFS staff in developing a monitoring plan as a follow up to the workshop.

Honduras Program Timeline

Life of project activities	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Development of subagreements with FFS	X	X			X				
Implementation of capacity building activities with FFS	X	X	X	X	X				
BCC workshops with FFS and NGOs					X	X			
Design and preparation of BSS protocol					X	X			
Stakeholders meeting in Tegucigalpa, Feb. 2004								X	
Design and preparation of Bio-BSS protocol							X	X	X
Contract MERCAPLAN consultant									X
Contract FHI technical consultant							X	X	X
Stakeholders meeting in Tegucigalpa, June 2005									X
Visits to field, Bio-BSS coordination meetings					X	X	X	X	X
Close out and preparation of final report									X

Program Results

Behavior Change Communication

Staff from FFS and participants of partner NGOs received training in BCC models and interventions for MSM and other high-risk populations. NGOs working in HIV/AIDS prevention, care, and treatment in Honduras remain in need of continued support to improve technical and administrative capacity to design, implement, and evaluate programs.

By working with FFS, 18 additional NGO and public sector recipients received TA in development of BCC models and interventions for high-risk populations. The results of this assistance included a strategic communications strategy, a policy/advocacy plan, training in STI syndromic management, and the strengthening of organizational capacity within FFS and its implementing agencies.

STI Syndromic Management

IMPACT provided TA and training to FFS, the MOH, and other key stakeholders in the area of STI syndromic management. Recommendations were made to determine needs for future TA from

IMPACT for the project. Through this assistance, IMPACT strengthened the data collection skills at the MOH, specifically in STI case management.

An evaluation was conducted for the syndromic management validation study to be conducted by the MOH and the planning for the second phase. As well, technical input was provided on a proposal to strengthen the STI epidemic surveillance system in Honduras.

Behavioral and Biological Surveillance

During 2000–01, IMPACT/Honduras worked with MERCAPLAN to complete the youth BSS. Additionally, IMPACT/Honduras supported ongoing TA to the MOH to finalize its algorithm validation study. Preparations began to develop the protocol for a BSS to target MSM, CSW, youth, Garífuna, and PLHA. This protocol was put on hold at the request of USAID, as the HIV/AIDS Strategic Plan was completed and target populations were reviewed.

During 2003–05, IMPACT/Honduras worked again with MERCAPLAN, the MOH, and other key stakeholders to design and plan for a Bio-BSS. Target populations included MSM, male and female CSW, Garífuna, and PLHA. Youth were not included in this revised survey.

Meetings between key stakeholders (FHI, CDC, MERCAPLAN, USAID, and the MOH) were held throughout the design and planning stages to develop and refine the protocol and related tools and increase communication among the key players. The survey protocol was finalized and submitted to the UNAH for review. Questionnaires were prepared and also submitted for review.

When IMPACT/Honduras activities closed, the Bio-BSS had not yet been implemented and data collection not yet begun. It is expected that survey implementation will be conducted during FY 2006.

LESSONS LEARNED AND RECOMMENDATIONS

1. It is necessary to allot sufficient time to review and finalize surveys.

The study protocol for the Bio-BSS was prepared and submitted to the UNAH's ethical review board in January 2005. This protocol was developed and reviewed in close collaboration with the CDC and MERCAPLAN, the research agency selected to implement the survey. At the close of the project, when FHI transferred the study implementation to the CDC, UNAH had not yet approved the protocol for implementation.

It is important to allow sufficient time for review of surveys by multiple parties, as well as time for any necessary revision or modification when developing a realistic timeframe for survey design and implementation. Review will take place at local, regional, and national levels; it may take several weeks to several months, depending on the number of partners and the complexity of the study design.

2. Improved collaboration with key stakeholders is needed at all levels.

Coordination was one of the primary management challenges throughout the project. Improved coordination between the MOH, the Government of Honduras, community-based organizations, and other key stakeholders is needed in order to facilitate project planning and implementation and carry out project activities. Coordination is needed at national, regional, and local levels to successfully implement a BSS with a seroprevalence component among multiple groups at multiple locations throughout the country.

Efforts toward enhanced communication among stakeholders and key community leaders should continue. An in-country consultant or a member of staff should be identified as the key facilitator of this activity to keep activities on track; review and revise the project timeline, as necessary; and communicate progress and/or delays to key stakeholders throughout the life of the project. This is especially useful if IMPACT does not maintain an office in-country.

3. The strengthening of monitoring and evaluation at the NGO level should be a priority.

TA on the development of an evaluation plan for interventions and activities should be provided to NGOs receiving financial support. A training course in evaluation should be included as part of the overall TA plan for NGOs that demonstrate the capacity and motivation for this activity. Throughout the life of project, guidance should be provided for data collection and analysis.

Developing and implementing a feedback mechanism for donors to convey information to NGOs that is gathered from their data would be useful for revising program activities and meeting the objectives of the overall program.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

Implementing Partners List

Name	Organizational type	Target population	Life of project budget	Intervention	Project dates
MERCAPLAN	Private corporation	Garífuna, MSM, CSW, PLHA, Youth	\$206,000	Special studies: behavioral surveillance	5/15/03–4/15/04
MERCAPLAN	Private corporation	Youth	\$43,654	Special studies: behavioral surveillance	9/07/99–8/31/01
FFS	NGO	MSM, CSW, PLHA, Garífuna	\$49,511	Prevention, care, treatment, and support services: BCC	5/01/01–1/31/02
FFS	NGO	MOH	\$36,050	Policy development	9/14/98–9/30/99
FFS	NGO	Youth	\$65,415	Special studies: behavioral surveillance	1/05/98–8/31/98
FFS	NGO	MSM, CSW, PLHA, Garífuna	\$14,558	Capacity building: program management	10/22/97–7/21/98
PATH	NGO	MSM, CSW, PLHA, Garífuna	\$98,348	Prevention, care, treatment, and support services: BCC	5/01/98–7/31/99

Subproject Highlights

During FY 2004 and FY 2005, IMPACT prepared the protocol for a Bio-BSS in Honduras. The objectives of the study included the following:

- Help establish a monitoring system that will track behavioral and biological trend data for high-risk and vulnerable target groups that influence the epidemic in Honduras.
- Provide information to help guide program planning.
- Provide evidence of the relative success of the combination of HIV-prevention efforts taking place in selected sites.
- Obtain data in a standardized format to enable comparison with other BSS carried out in Honduras and in other countries.

In June 2005, it was determined that FHI would not implement the survey, and this role was transferred to the CDC at the request of USAID. The protocol was developed in collaboration with external consultants, including IMPACT implementing partner MERCAPLAN. The protocol was submitted to UNAH for IRB approval, and steps were taken to transfer implementation of the Bio-BSS from FHI to CDC.

During FY 2003, USAID/Honduras requested that the planned BSS be put on hold for several months in order to draft a performance-monitoring plan for the new USAID/Honduras HIV/AIDS strategy. In FY 2004, USAID requested that a biological component be included in the revised survey.

During 2000–02, FFS received TA in program planning to help expand service delivery to high-risk populations, such as CSWs, MSM, and the Garífuna population. The TA focused on developing local technical capacity to implement effective programs for high-risk populations, learn from experiences outside of Honduras, design effective communication methodologies, maintain cutting-edge knowledge on human sexuality, and document lessons learned.

Throughout FY 2000, MERCAPLAN worked with FHI to complete the youth behavior survey. MERCAPLAN finalized the study questionnaire, adjusted sampling procedures to protocol changes, developed a supervisors' manual, and prepared an analysis plan.

During 1998–99, PATH worked with FFS in conceptualizing a national BCC campaign and subcontracting a local advertising agency that designed and executed the campaign. PATH provided TA to FFS in BCC, management capacity building, research, monitoring and evaluation, policy, and STI case management.

ATTACHMENT: COUNTRY PROGRAM SUMMARY

From September 1997 to September 2005, USAID committed \$1,406,000 to IMPACT/Honduras.

Implementing Agency	Start date	End date	Life of Project Budget US\$	Total Funding Expended US\$
MERCAPLAN	5/15/03	4/15/04	\$206,000	\$53,928
FFS	5/01/01	1/31/02	\$43,654	\$29,818
MERCAPLAN: Youth BSS	9/07/99	8/31/01	\$49,511	\$49,425
FFS: MOH Support	9/14/98	9/30/99	\$36,050	\$33,660
PATH: Task Order # 1 TA to FFS	5/01/98	7/31/99	\$65,415	\$59,073
FFS: Sentinel Surveillance	1/05/98	8/31/98	\$14,558	\$14,055
FFS: Program Management RP2	10/22/97	7/21/98	\$98,348	\$97,698

KEY

ORGANIZATIONAL TYPE

NGO	Private foundation
FBO	Private corporation
Government	Multilateral agency
University	Other

INTERVENTIONS

Capacity Building

Human capacity building
Workshops/conferences
Logistics and drug management
Proposal development
Organizational management strengthening
Technical assistance
Development and production of materials and guidelines
Strengthening of monitoring and evaluation

Coordination, Leadership, and Collaboration

Development of global standards and guidelines
Indicator development
Coordination of international/regional conference
In-country coordination
Injecting drug users (IDU)
Blood safety
Antiretroviral therapy (ART)
Clinic-based care
Home-based care
Children affected by HIV/AIDS
Delivery of OI services

Policy Development

Human capacity building
Advocacy
Planning, finance/budgeting,
and policy formulation
Information, education,
and communication (IEC)
Tool development
Strategies/guidelines

Research

Applied research
Operations research
Biomedical research

Special Studies

Behavioral surveillance
Biological surveillance
(HIV/STI)
Seroprevalence surveillance
Situation analysis or
program/project assessment
Program/project evaluation

Support to USAID

Program assessments
Strategic planning
Program design
Program implementation
Program monitoring and evaluation
Review of performance monitoring plans

Prevention, Care, Treatment, and Support Services

Condom sales/distribution
Microbicides
STI diagnosis and treatment
IEC/BCC
Prevention of mother-to-child transmission
VCT
Tuberculosis
Blood safety
ART
Clinic-based care
Home-based care
Children affected by HIV/AIDS
Delivery of OI services
TB/HIV co-infection
Nutrition
Mitigation of household food security
Other infectious diseases



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