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**AIDS EDUCATION AND PREVENTION  
PROGRAM**

**INTERNAL REVIEW**

**(FINAL REPORT)**

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**Lima (Perú), January 21st, 1993**

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**FINAL REPORT**  
**AIDS EDUCATION AND PREVENTION PROGRAM**  
**REVIEW**

**EXECUTIVE SUMMARY**

Cooperative Agreement Nº 527-0333-A-00-9407-00 was signed between USAID and PRISMA with the purpose to support the efforts made by PRISMA to face the AIDS concern in Peru. With USAID support and its own, PRISMA has been implementing the Acquired Immune Deficiency Syndrome Education and Prevention Program.

This Program started October 1989 and will be completed for January 1993.

**1.0. Objectives of the Review**

Objectives agreed between the evaluation team and PRISMA for the present review, were:

1. To establish progress attained by the Program in achieving its goals.
2. To make the necessary recommendations for feasible re-adjustments, according to results obtained in Objective I of the review.
3. To identify problem areas which obstructed the presumed Program progress and to submit the necessary recommendations for its solution.

It was decided that the present review should pay special attention to the existing relationship among the three local institutions provided with Program support, the benefits that PECOS would have received from research projects, services provided by PRODICEV and female participation in the various stages of the Program.

Methodology for the program review included: original descriptive program, monitoring reports in its whole, internal review report, administrative documentation related to PRODICEV costs and bibliography which does not belong to the Program, interviews with responsables of each component of the program, interviews with relevant personnel of such components and both interviews taken: to the Monitor of the Program and PRISMA Executive Director.

**2.0. Significant Limitations**

There were difficulties found during the performance of a

systematic and global evaluation due to the fact, that the Program was conceived following a pattern, which does not allow appraisal as a whole. The Program did not include:

1. A clear formulation of the AIDS concern in Peru, specific problems to be confronted and pertinent baseline,
2. Clearly measurable goals in specific population or beneficiary institutions,
3. An - internal and/or external - review plan designed (at least drafted) as part of the activities. Such deficiency was corrected from two initiatives: first, through the implementation of an internal review and second, from an external review (as current).

The just mentioned, called for a re-structure in Program objectives and strategy from original documentation.

### **3.0. Program Objectives**

To reduce AIDS sexual transmission through the accomplishment of educational and prevention activities, by strengthening three national institutions: the Ministry of Health (MOH) - Programa Especial de Control de SIDA (PECOS) - Movimiento Homosexual de Lima (MHOL) and Universidad Nacional Mayor de San Marcos (UNMSM). The just mentioned, work developing activities in the education, information, communication, advisory, detection and research fields.

Foreseen RESULTS were: 1. To count with a specialized detection center having AIDS advisory, not considered as a health service, 2. To consolidate MHOL activities regarding Hot Line, safer sex workshops & street promoters activities and, 3. To develop PECOS capacities for research and educational interventions.

Central STRATEGY used in the Program was: to provide technical, financial and administrative cooperation for the development of expected activities from the three mentioned institutions.

### **4.0. Results, Conclusions and Recommendations Summary**

- 4.1. The Program is pertinent in relation to national public health, policies and national health programs. In the same way, activities planned were pertinent to programmed objectives.
- 4.2. The Program has been performed with effectiveness, goals have been accomplished and the three national institutions - target of the Program, have strengthen

their capacities when they reached foreseen results:

Universidad de San Marcos counts with its Programa de Diagnóstico Confidencial y Consejería en Enfermedades Virales - PRODICEV (Confidential Diagnose and Advisory for Viral Diseases Program), and the Ministry of Health includes in its Programa Especial de Control de SIDA - PECOS - (AIDS Special Control Program), a multidisciplinary team with design and fieldwork experience on educational & research interventions (mainly educative) and the Movimiento Homosexual de Lima - MHOL - (Lima Homosexual Movement), has achieved to be considered one of the leader institutions with high influence in the homo-bisexual population, consolidating its Street Promoters, Safe Sex Workshops and SI'DAYUDA Hot Line Programs.

#### 4.3. Programa de Diagnóstico Confidencial y Conserjería en Enfermedades Virales

PRODICEV, is actually an important service which provides specialized, confidential advisory with high degree of emotional support, in addition to provide HIV tests to patients. It holds as distinctive characteristic to maintain its activities out of an assistance health service environment. To continue operating would be a positive balance for national public health, is being recommended support to this effort.

Activities have been institutionalized and in-university social extension actions (such as Law, Odontology & Communication Science Faculties and the San Marcos Health Center) and out-university actions have been taken. It is recommended an extension for this kind of activities. The unused PRODICEV potential would grant to move into major fields than those already explored to this date, including the work done within increasing productivity regions.

It has been achieved the organization of an adequate net of institutional relationships at field levels. It is important to highlight the close relationship reached with organizations supporting risk groups like MHOL. It is recommended to establish this kind of relationship with health services, specially those not counting with the kind of services provided by PRODICEV.

It has also been obtained to assemble adequate physical environments properly located, which eases confidential actions and geographic access, specially from the Callao area.

Proficiency is low. It is being recommended a reduction below 30% for fixed costs, specially for the personnel expense component, which should decrease under 25% for the currently represented, to reduce at least half of costs considered for goods and services (supply) for the determination of lab tests. It is being recommended a raise to the fare for services provided.

#### 4.4. Movimiento Homosexual de Lima

The SI'DAYUDA Hotline maintained a discreet behavior during the three year life of the Program. Due to the importance held by the Hotline through the whole strategy for HIV/AIDS prevention in Peru, it is recommended to keep it operating, providing it with the necessary impulse to improve its behavior, through a better promotion campaign, an active search for volunteer workers, keeping a close coordination with other organizations who support the line and with permanent supervision.

Safe Sex Workshops have met good ends with planned goals. A good proportion of the audience are people who do not attend to the MHOL facility, for such reason it is recommended a transference of technology to various institutions, to be replied in diverse locations for different kinds of audiences.

The "Pasa la voz" promoters program holds wide distribution coverage of information material and condoms within the homosexual community in Lima. Due to a system based on promoter sequences where only the first in the sequence is in direct contact with the institution, it is hard to precise the arrival of materials to the other end of the sequence. It is recommended a close supervision through the promoter sequence to ensure an adequate distribution of materials.

The research over Attitudes and Use of the Condom with certain limitations already displayed, has been a good initiative toward a precise understanding of the country concerns.

A future strategy should hold a significant research emphasis leading to the receipt of information from basic locations, as the risk determinant, the risk perception, acceptance of health services, etc. in diverse population groups, to be used as a solid base to achieve a better AIDS prevention program.

#### 4.5. Programa Especial de Control del SIDA

The objectives of the component for the Programa Educación y Prevención de SIDA (PECOS) have almost been reached in its whole. The development of the sub-component has been difficult and in some cases devious, finding that the instability is processed by the Ministry of Health and therefore, PECOS played a highly important factor, for it attempted against the stability of work teams.

PECOS has no condition to develop the research actions in an adequate way. Such, is due to the lack of human resources and adequate infrastructure. It is recommended to search for alternatives to future research work, essentially within university groups.

PECOS developed its educational intervention capacities from the stabilization of a responsible, motivated team, with great educational work capacities. Its being recommended the ease of ways toward reaching stable working relationships with PECOS. If this team migrates institutionally, the result expected to strengthen PECOS will not be achieved.

#### 4.6. Female participation in the Programa

With regard to the first issue, it is well-known the concern of those who designed the Program, to have the female population as direct beneficiaries. An important number of sub-components held as direct beneficiaries, the female population and activities performed by other sub-components were accessible to women.

Female participation has been qualitative and quantitative relevant in the direction and execution of the Program.

**REVIEW OF THE  
AIDS EDUCATION AND PREVENTION PROGRAM**

**1. INTRODUCTION**

Cooperative Agreement Nº 527-0333-A-00-9407-00 was signed by USAID and PRISMA holding the purpose to support the efforts made by PRISMA to face the AIDS issue in Peru. With USAID support and its own, PRISMA has been implementing the Acquired Immune Deficiency Syndrome Education and Prevention Program; this program is the reason of this review which results are being introduced through this report.

The Program was conceived on October 1989 and completed for January 1993. Initially scheduled to be executed within a 3 years term, a 5 month extension period was agreed; the reason for the just mentioned, was an alteration in the cash flow produced by a national situation (April 05th, 1992) derived from facts and decisions which did not depend on the institutions which signed the agreement. The program, in its development and considering the stipulated framework, has processed modifications oriented to make it suitable with the real situation of the institutions involved. This modifications will be specified when the analysis on each component of the Program is made.

**2. OBJECTIVES OF THE REVIEW**

The review team and PRISMA, agreed that the evaluation process should have the following objectives:

1. To validate the progress attained by the Program in achieving its goals.
2. To make the necessary recommendations for feasible re-adjustments according to results obtained from objective 1 of the review.
3. To identify problem areas which obstructed expected progress in the Program and make the necessary recommendations for its solution.

In addition to this, it was settled in the review proposal introduced, that such review should be made considering that the goals of the Program were modified, examining its development, operation, degree of progress achieved, factors related and perspectives of projected activities.

It was determined that the evaluation should pay special attention to:

- a. The existing relationship among the three local institutions being provided with Program support.
- b. The benefits PECOS could have obtained from investigation projects.
- c. Services provided by PRODICEV.
- d. Female participation in the different stages of the Program.

The methodology for the review of this program included:

1. one review of the initial descriptive program, of all monitoring reports, of the internal review report, administrative documents related to the PRODICEV costs and bibliography which does not belong to the Program,
2. interviews with each component responsible of the program,
3. interviews with relevant personnel in those components, and
4. interviews with both, the Monitor of the Program and the PRISMA Executive Director.

The program was considered as a whole to evaluate its suitability, adequacy and effectiveness. And each component has been reviewed regarding the accomplishment of foreseen results. The PRODICEV review is reported as a major descriptive detail as it was stipulated when the objectives of this evaluation process were established.

Within the following chapters are showed both, the evaluation results, as well as pertinent descriptive details.

### **3. OF THE PROGRAM OBJECTIVES AND PARTICULAR CHARACTERISTICS OF THIS EVALUATION**

There were difficulties in raising a systematic and complete evaluation, because the formulation of the Program was accomplished following a pattern which does not allow its review as a whole. Thus, it did not include:

- 3.1. A clear view of AIDS concern in Peru, specific problems to be faced and pertinent base line.

3.2. Goals clearly measurable which detail the target population characteristics, related at least, to the geographic, social, institutional or economic areas. As a result of 3.1, the evaluation was obstructed by the fact that expected impact levels were not specified over the intervened situation, neither the foreseen results in terms of benefit (institutional, national and/or population).

3.3. A review plan - internal and/or external - designed (at least drafted) as part of activities programmed. Such deficiency was corrected from two initiatives: the first through the implementation of an internal review and the second from an external evaluation (current).

The just mentioned among other factors, did not allow a fluid evaluation of the pertinence, efficacy and impact of the Program. To get over the mentioned limitations, actions have been taken to reconstruct the objectives and strategy of the Program from the original documentation.

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#### **PURPOSE**

To decrease AIDS sexual transmission through the implementation of educational and prevention activities.

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#### **GOAL**

To strengthen three national institutions: Ministry of Health - Programa Especial de Control de SIDA (PECOS) -, Movimiento Homosexual de Lima (MHOL) and Universidad Nacional Mayor de San Marcos (UNMSM) working on the education, information, communication, advisory, detection and investigation areas.

#### ● Foreseen RESULTS were:

1. To count with a specialized AIDS detection and advisory center not considered as a health service.
2. To consolidate MHOL actions regarding the Hot Line, Safer Sex Workshops and street promoters activities.
3. To develop PECOS for the investigation and educational intervention.

Activities translated into "products" were performed, in order to achieve such results. The products established within the original program, were modified under a suggestion of the Program monitor with the justification that it "did not agree with the real situation, both per defect as per excess". This new products are those

considered into the evaluation.

Central STRATEGY used in the Program: to provide technical, financial and administrative monitoring for the development of previous activities from the three mentioned institutions.

An important aspect to be considered regarding this review is that even if performed during times when the Program was active, is it being completed practically during the last months of the year. For such reason, are been included aspects of an evaluation in process and ex-post kind. It is also important to note that due to the period where this research was developed (December 1991 and January 1993) it was not possible a direct observation to the performing of some activities. The influence of such general and other specific limitations will be detailed when reaching each of the Program components.

#### **4. OVER THE PERTINENCE OF THE AIDS EDUCATION AND PREVENTION PROGRAM.**

AIDS constitutes a serious worldwide health concern, thus having significant human, social and economic costs. The World Health Organization notified that during 1992, five thousand new cases appeared in the world, with a mean of 10 or 12 million infected people (2 million people having developed AIDS) and 75 % of infected adult cases through heterosexual transmission. It has been estimated that between 12 and 18 million people could be AIDS infected by the end of the millennium.

In Peru, the first Acquired Immune Deficiency Syndrome (AIDS) was reported in 1983. Since then, it has been reported to the Peruvian Ministry of Health's, Programa Especial de Control del SIDA (PECOS), a permanent increasing number of cases, reaching 720 up to November 1992; however, such amount is far from being a fact, because the register system of cases does not operate adequately, specially regarding cases attended during health services provided by the private sub-sector and in general, to regional levels. It is being expected that the sub-registry exceeds 50% largely.

Duplication on AIDS cases reported to PECOS, were originally every 10 to 12 months, dilating the time for duplication according to progression of the epidemic. However, we have to re-state that official numbers are far from reality.

Initially, AIDS cases diagnosed in Peru were mostly male homosexuals living in a foreign country or travelling regularly out of the country. Afterwards, during 1986, the

first "native" cases, appear.

Sexual transmission for Acquired Immune Deficiency Syndrome (AIDS) is currently regular as the most frequent infection (83.3% of all reported cases to PECOS) and even if most cases are due to transmission through unsafe homosexual contact, the proportion of AIDS diagnosed for women and men has increased in a significant way. Thus, currently, 10.6% of AIDS cases in Peru appear in women and the relationship man:woman has decreased from 15.5:1 in 1987 to 9:1 in 1992.

Another important fact is that, PECOS acknowledges that probable locations for infection of reported people reach 18 ex-departments in Peru. Within the country, Lima is still the location with higher prevalence (78% of cases reported to PECOS).

Due to the great sub-registry held by PECOS, it is impossible to consider such statistics as HIV infection progress indicators in Peru, nor as data source to appraise the effectiveness of AIDS prevention programs.

It has been acknowledged that the sero-epidemiology surveys within sentinel groups and clinics for sexual transmission diseases are mainly, good indicators of the infection progression. Unfortunately, scarce economic resources of the country, do not allow a regular epidemiology surveillance in such groups, having temporary sero-epidemiology surveys. Among these, we can mention the surveys performed within the Lima homosexual population among the years 1986 and 1989, which showed a prevalence of infection which varies between 6 and 11%; however, since 1989 there is no pertinent data, over such population group.

Other sero-epidemiology survey was performed by the Ministry of Health with US NAMRID support among 1988-89, with more than 89,000 blood bags in diverse hospitals from all over the country. Such work allowed, the mapping of hospitals with high prevalence of contaminated blood bags and to identify this transmission route as specially dangerous for the general population. This study alerted over the need of permanent screening.

Maybe, the better studied population group is the female sexual worker in Lima, where infection prevalence continue under 1%, in diverse surveys performed between the years 1987 and 1992.

The just mentioned concludes that HIV/AIDS infection has being introduced in different areas of the country with an epidemiology pattern that is changing, showing a slow but regular increase in heterosexual transmission and also

showing that epidemiology surveillance has deficiencies which need to be corrected for a better understanding of the problem.

Even though, there are no studies made for an entire configuration on general AIDS figures in Peru and given that the number of cases currently known are relatively scarce if compared with those of other diseases; on the other side, the mortality rate among those who developed the disease, the number of cases infected are estimated to exceed 50,000 people, the change in epidemiology patterns, kind of geographic distribution including 18 of the 24 ex - departments of the country - considering the capital of the country where lives almost one third of the national population - and the way AIDS develops in other countries which begun like Peru, grants to determine that **THE AIDS EDUCATION AND PREVENTION PROGRAM IS PERTINENT WHEN RELATED TO NATIONAL PUBLIC HEALTH.**

During 1985, the Ministry of Health acknowledged AIDS, as a public health issue, for such reason a First National Commission for the Struggle against AIDS was named. Since that year, every Programmatical Opening (including the pertinent to 1993) has considered AIDS as one of the afflictions which need to be fought. Therefore, in terms of evaluation: **THE AIDS EDUCATION AND PREVENTION PROGRAM IS PERTINENT IN RELATION TO POLICIES AND NATIONAL HEALTH PROGRAMS.**

On the other hand, an evaluation over activities of the Program facing foreseen results and specific objectives in this document, grant to conclude that **THE ACTIVITIES WERE PERTINENT TO OBJECTIVES**, as completely justified by its contribution to the achievements of the above mentioned.

##### **5. OF THE WHOLE EFFECTIVENESS OF THE PROGRAM**

The Program has been performed with effectiveness, the goals have been accomplished as a consequence of having reached most results. Such assertion is sustained on the fact that the three national institutions, target of the Program, have strengthen their capacities when achieving foreseen results/

Actually, Universidad Nacional Mayor de San Marcos (UNMSM), counts in its Instituto de Medicina Tropical (Tropical Medicine Institute), with the Programa de Diagnóstico Confidencial y Consejería en Enfermedades Virales (PRODICEV); an AIDS advisory and detection specialized center which constitutes in addition, a sui generis center: a) it is technically adequate, to realize HIV detection analysis, given that it counts with lab knowledge and experience personnel, b) it is not located in a health care

center providing confidentiality, c) provides low cost attention for the user and d) provides overall AIDS advisory for patients who attend to have pertinent tests taken.

The Ministry of Health (MOH) counts in its Programa Especial de Control de SIDA (PECOS) with a multidisciplinary team, having some experience on the design of educational & research interventions and fieldwork (mainly in the educative area) in AIDS prevention. Such achievement will only be feasible if the MOH includes in its regular staff, the members of the just mentioned team.

The Movimiento Homosexual de Lima (MHOL) has achieved to be considered one of the leader institutions with great influence in the homo-bisexual population group. The three lines of work supported by the Program: Street promoters, Safer Sex Workshops and the SI'DAYUDA hotline, have been strengthen and were working in a regular basis until the start of this review, in higher levels than those obtained in the previous three years.

6.

#### **ANALYSIS OF THE AIDS EDUCATION AND PREVENTION PROGRAM: PRODICEV, PECOS AND MHOL.**

Evaluations for each component of the Program are being consigned as follows.

##### **6.1. PROGRAMA DE DIAGNOSTICO CONFIDENCIAL Y CONSEJERIA EN ENFERMEDADES VIRALES (PRODICEV)**

###### **6.1.1. General and specific objectives of the PRODICEV review:**

- A.1. To identify and analyze progress achieved in relation to the objectives and goals for programmed production.
  - A.1.1 To analyze the evolution of the programmed objectives and goals.
  - A.1.2. To review the Program structure related to the organization, conduction and resources.
  - A.1.3. To analyze some characteristics of the effective demand.
  - A.1.4. To describe the relevant characteristics of the process, looking for an approximation to achieved production and performance.
  - A.1.5 To realize an analysis of the structure for operation costs.

A.2. To propose alternatives for pertinent modifications in order to overcome concerns and obstacles identified in the execution of the component

### 6.1.2. Methodology

Data Recollection: the following documents have been reviewed:

- a) Reports introduced by the program from the beginning,
- b) Internal review prepared by PRISMA,
- c) Pertinent PRISMA administrative documentation for the costs study.

Likewise, people related to PRODICEV were interviewed as follows:

Dr. Julia Piscoya  
PRODICEV - Coordinator

Dr. Jorge Alarcón  
PRODICEV - Advisor

Dr. Víctor Lozano  
Instituto de Medicina Tropical - Director

Dr. Olga Palacios  
Coordinator for the Virology Section (IMT-UNMSM)  
PRODICEV - Advisor

Dr. Vidal Gómez  
IMT Epidemiology Section - Coordinator

In addition to the just mentioned, data collected from Doctor Pablo Murillo and Bach. Vicky Solari, members of the PRODICEV implementation team. The different facilities where PRODICEV operates were also visited, as well as witnessed the actions taken on advisory and lab.

### 6.1.3. Results

#### 6.1.3.1. PRODICEV structure description

##### a) Initial programming

As settled by Attachment 2: "Program Description", Cooperative Agreement Nº 527-0333-A-00-9407-00, the actions of the Program which were to be executed by the Instituto de Medicina Tropical de San Marcos were as detailed:

- a.1 Implementation of a Pilot Center for HIV infection diagnose service.
- a.2 To provide pre and post test advisory.
- a.3 To provide advisory and education in the Callao area.

In the same way, a detailed comprehension of the document grants the deduction of goals as follows:

#### First Year

- m.1 To provide HIV advisory and tests for 10 users, considering 05 new users, with the chance to repeat tests for 5 users. Having as just mentioned, 15 ELISA tests per day, per 250 : 3750.
- m.2 To train two advisers in pre and post tests with AIDSCOM technical assistance.
- m.3 To provide advisory for prostitute users of the ETS (Barton) clinic, in addition to condom and oral contraceptive distribution.

#### Second Year

For this period the programming was as follows:

- m.1 To take 20 ELISA tests per day per 250 : 5000
- m.2 To perform a research over AIDS knowledge and attitudes, to face this disease, on male clients of prostitutes working in Callao brothels.

Such goal includes the development of printed material (even though not specified, neither in kind nor in volume) and condom distribution.

- m.3 To provide advisory to ETS (Barton) clinic prostitute users, in addition to distribute condoms and oral contraceptives to them. "Peer" education component is added.

#### Third Year

For this period it is programmed as follows:

- m.1 To take 25 ELISA tests per day per 250 : 6250
- m.2 To distribute materials developed from the research of sexual conduct of male clients for prostitute users from Callao brothels.

m.3 To provide advisory for ETS (Barton) clinic prostitute users, and distributing condoms and oral contraceptives to them. The "peer" education component is added.

**Goals amendments:**

As mentioned in the review report subscribed by Dr. Alvaro Gaillour on August 1991, it was proposed to USAID the amendment to the original program goals.

The mentioned report shows the following lines of action:

- a) Opening of an AIDS Nameless/Confidential Diagnose and Advisory Center (PRODICEV)
- b) Support to the serology follow-up of Callao's prostitute cohort, with effective educative intervention and family planning & preservative supply delivery.

The new goals for HIV advisory and screening actions for the whole program was 3000 activities.

The mentioned report also shows that even when the research over knowledge, attitudes and practices in users of Callao brothels prostitutes, was initially assigned to PECOS, because of "easier access" it was reassigned to PRODICEV, but at the same time the reviewer declares that this activity even during the design stage, is not likely to be completed because "actually, PRODICEV does not have a budget to support such initiative and furthermore, (for) the current demand per advisory and diagnose services...".

Likewise, the report makes reference to the line of action b) like an "AIDS Operational Investigation in Callao prostitutes", consisting in a serological follow-up over a cohort of prostitutes, with educational interventions made systematically and, with the condom and contraceptive pills supply". This cohort holds 600 prostitutes.

The development achieved by PRODICEV is also described, of various activities initially not programmed and grouped as follows:

- a) Training for specific groups.
- b) Population educative extension: fairs, forums.
- c) Study on the relationship TBC - SIDA.

**b) PRODICEV Organization**

The Programa de Diagnóstico Confidencial y Consejería en Enfermedades Virales (PRODICEV), is a special program of

the Instituto de Medicina Tropical Daniel A. Carrión (IMT) from the Universidad Nacional Mayor de San Marcos, and it depends structurally of the IMT Epidemiology Section.

This program has as main objective to perform a sequence of research, intervention and educational activities related to Acquired Immune Deficiency Syndrome (AIDS) and begun its formal activities on January 1990, as reported by the coordinator. It is important to mention that the program formally began four months previous to such date. Operational activities of the program started on June 24th, 1990.

As reported, the ITM formalized its participation in the PRISMA-USAID Program through an agreement signed between its Director and PRISMA representative.

As previous experience in the Intervention area of the Program, the IMT of the UNMSM developed AIDS epidemiological research activities, with the support of INOPAL/Population Council, for such reason they received the necessary equipment and training on ELISA techniques.

Among such activities, the follow-up and control of a Callao cohort of prostitutes were specially emphasized.

#### c) Administration

##### In PRODICEV

PRODICEV prepared a "Regulations and Procedures Manual" (Activities Report Nº 2 - period from February 90 to March 90- Annex Nº 1), which contents are closer to a formalization of the organization and pre-established functions, describing the PRODICEV structure, the activities in each operative unit considering the functions of each program member. The document maintains its validity with no meaningful modifications.

Advisory, educational and realization activities for the serological testing constitute regular processes, regulated through a flowchart (annex Nº 1); likewise, an advisory Protocol is considered.

This processes are accomplished in regular 08 hour schedules - Monday to Friday, from 8:00 a.m. to 16:00 p.m. Working turns constituted the internal programming under the responsibility of the program coordination, with the criteria of shifting advisory personnel regularly as mentioned. The reason for such rotation is the emotional overcharge produced by this action. Thus, indicating that in the practice there is a group of advisors assigned to other functions when they do not practice advisory actions.

It has also been observed that during the development of the Program, new personnel defection and entry took place.

Follow-up activities for the Callao cohort of prostitutes are developed regularly for a 06 month period and considered as working shifts, compromising the whole team which moves to the Barton Center. It covers various previous coordinations where NAMRID participates.

Requests for PRODICEV coordination in training cycles to personnel from other institutions, as well as educational events and mass diffusion are welcome, while they do not decrease the operating capacities of the Program. This kind of requests continue increasing and are even received from provinces.

#### In - IMT

Participation in program activities of IMT directing staff is limited, acting during the practice as a decentralized component which provides regular activity reports to the Direction of the Institute and to the Epidemiology Section. The IMT director and the coordinator for the Epidemiology Section emphasized the work achieved by the program.

IMT relationships with personnel are adequate and smooth, except for some initial doubts raised by the Institute personnel, who grew baseless fears for AIDS actions taken. The practical isolation of working environments for the program, regarding other actions performed in the Institute soothes this relationship.

Agreements obtained in the IMT for PRODICEV operations, includes delivery to the Institute of funds collected for attention provided in the program, as will be mentioned later.

#### Out - IMT

The administrative relationships with PRISMA, as mentioned had its difficult moments, caused mainly by delays or interruption in the programmed funds flow. To this regard, PRISMA Executive Director, reported that this institution always guaranteed (even with its own resources), payment for salary personnel from PRODICEV, even when flow alterations were never the responsibility of PRISMA, but determined by the USAID position to face national situations from Peru.

PRODICEV directors, having to face this uncertain situation, restricted the diffusion actions taken for the promotion of services provided. Even when PRODICEV received technical support through AIDSCOM advisory to organize a

wide diffusion campaign, the fear to generate a demand that in a near future could not be properly covered, limited its execution.

**d) Resources**

**d.1. Human Potential:**

The most relevant information from personnel actually working in PRODICEV under contract, with funds provided by the Program, is summarized as follows:

It is important to emphasize that during the life of the Program there were personnel desertions, which allowed new personnel to enter the Program. As reported, such departures were strictly for personal reasons. When this internal review was being performed, the team was conformed by:

* name:	Dr. Julia Piscoya S.
* profession:	Medical Doctor
* charge & responsibility:	Coordination and Supervision
* time of permanence:	From start
* time dedicated:	Complete
* degree of previous experience in the charge:	Researcher w/POP.COUNC., Epidemiology Surv. Invest.
* was provided w/training/re-training: Seminar	Advisory developing

* name	Dr. Pablo Murillo
* profession	Medical Doctor
* charge & responsibility:	Advisory
* time of permanence:	From start
* time dedicated:	Complete
* degree of previous experience in the charge:	Training of the team

* name:	Dr. Carlos Guarniz
* profession	Medical Doctor
* charge & responsibility:	Advisory
* time of permanence:	August 92
* time dedicated:	Complete
* degree of previous experience in the charge:	Training of the team

* name:	Dr. Adriel Olortegui
* profession:	Medical Doctor
* charge & responsibility:	Education-Promotion
* time of permanence:	June 92
* time of dedication:	Complete
* degree of previous experience in the charge:	Training of the team
* name:	Lic. Amelia Contreras
* profession:	Nurse
* charge & responsibility:	Education/Callao Cohort
* time of permanence:	August 92
* time of dedication:	Complete
* degree of previous experience in the charge:	Training of the team Inv. Malaria-community.
* name:	Lic. Vicky Solari
* profession:	Social Worker
* charge & responsibility:	Reception/Home visit
* time of permanence:	From start
* time of dedication:	Complete
* degree of previous experience in the charge:	Population Council Proj.
* name:	Mr. Carlos Baltodano
* profession:	Lab Technician
* charge & responsibility:	Take and processing sample
* time of permanence:	August 92
* time of dedication:	Complete
* degree of previous experience in the charge:	NAMRID Training
* name:	Miss Amalia Amado
* profession:	Lab Auxiliary
* charge & responsibility:	Lab technical support
* time of permanence:	August 92
* time of dedication:	Complete
* degree of previous experience in the charge:	In IMT-UNMSM

\* name: Miss Martha Mendoza  
\* profession: Secretary  
\* charge & responsibility: Secretarial chores  
\* time of permanence: From start  
\* time of dedication: Partial

\* name: Mr. Abel Franco  
\* profession: Office Aux.  
\* charge & responsibility: Administrative support  
\* time of permanence: From start  
\* time of dedication: Complete

\* name: Mr. Miguel Murillo  
\* profession: Programmer  
\* charge and responsibility: Computer Actions  
\* time of permanence: From start  
\* time of dedication: Complete

#### **d.2. Physical Resources:**

##### **Location:**

The PRODICEV facility is located in the main building of the Instituto de Medicina Tropical Daniel A. Carrión in the University Campus from UNMSM; the entrance door is located in José Santos Chocano St. N° 199, Urbanización San Joaquín (near the 52th/53th block of Avenida Colonial), telephone number: 52-4124. Such offices are on the right wing area in the fourth floor of the building, next to the area used by the Epidemiology Section.

##### **Functional Character:**

This offices have been adapted to provide PRODICEV services, granting the necessary privacy because of certain space discrimination in relation with other uses and environments of the Institute. Access to this environments are also adequate. The surveillance system is the same to the whole institution and is provided by contracted ad-hoc personnel.

##### **Distribution**

The distribution is functional, allowing an adequate flow of attention. The distribution of the light, is not the most adequate within the advisory consulting areas due to the fact that most environments have been designed to be partitioned.

The program counts with 09 environments distributed as follows:

- \* 01 education area
- \* 02 advisory consulting room
- \* 01 topic for sample taking
- \* 02 rest rooms, for users and personnel, respectively
- \* 01 processing sample area

The last is located inside of the virology lab, where the necessary equipment can be found and it was reported as exclusively reserved for sample processing sent by PRODICEV.

In addition to the just mentioned, the administrative activities of the program are performed in the Epidemiology Section area which is connected through a door. There could be found, areas able for coordination and secretarial activities, information center and conference room.

#### **Conservation, use and biosecurity**

Facility is in good condition and clean, the office areas have been partitioned with ply wood; floors are made of vinyl; wooden internal doors and metallic external doors.

The IMT owns an electric self-generator but it was reported that due to economic restrictions its use is very limited. Drinking water comes from public net.

Solid remainders, product of the sample taking and processing are destroyed through an artisan incinerator specially built for this reason. Liquid remainders are previously sterilized to being discharged.

#### **d.3 Material resources**

##### **Equipment**

##### Computer system

01 microcomputer

##### Education

01 betamax videorecorder provided by USAID

##### Lab

01 laminar flow chamber donated by Population Council.  
01 reader, donated by Population Council  
01 reader lent by ABBOT labs

- 01 steamer, provided by Population Council
- 01 serum-preserver assigned by the Institute

### Furniture

- 02 desks
- 02 tables for clinic exams
- 01 stacks
- 02 filing stacks in good condition
- 01 set of living room sofas and chairs in lobby area

Some of the furniture was donated by USAID. A lack of furniture was reported, emphasizing the lack of an adequate chair for sample taking.

### Logistics

- Inputs transferred to PRODICEV

PRISMA assumed the logistic system as part of its administrative roll to the Program, providing most inputs directly, except for the procurement of some replaceable material (syringes, alcohol, cotton) which is acquired together with the rest of the Institute purchase requests, made the exception that they are billed to PRISMA.

- Inputs purchased by PRODICEV

PRODICEV has a petty cash box assigned for the Program in order to purchase desk materials, reproductions and cleaning materials.

Through the opening of a petty cash box, the purchase of photocopy material, replaceable material: alcohol, cotton, syringes; desk materials has been provided.

There is no stock control for the various elements kept.

- Partition stacks for remodelling the office area has been provided for the Program.

### 6.1.3.2. Description of PRODICEV processes and activities

#### A. PROCESS: HIV Pre - Test Advisory - HIV Post - Test Advisory

##### A.1. The Demand

There is no formalization of the system of reference, but various demand promotion mechanisms have been developed like:

- a) Institutions: diverse organizations, familiar with the work done, through some diffusion media, over which we will report later. Among this organizations need to be mentioned:

CEDRO, The Epidemiology Technical Unit from Hospital del Niño, Colegio Nacional Dos de Mayo del Callao, Instituto Nacional de Penitenciaría, Centro Universitario de Salud de San Marcos, Centro de Salud Bartolomé de Callao, Colegio Almirante Grau Nº 327, APROSAM Social Communication Unit, Consejo Nacional de Población, Feria del Hogar, the Health and Family Planning Fair in Villa el Salvador, Schools in downtown Lima, Parroquia "Cristo Luz del Mundo" Carabayllo, AIDS Prevention and Education Fair (Barranco), the III Health Fair of the North Area (Comas), the IV Health and Family Planning Fair (Callao), Parroquia Nuestra Señora del Camino (Yerbateros Area), Ayuda Mutua RENACER Group, Comunidad Cristiana Vida Nueva, the V Health Fair (Villa María del Triunfo), Victoria Center, Educative Centers (Los Olivos), INPPARES, Escuela Superior Nacional de Folklore, Instituto Nacional de Cultura, the Communication Science Faculty - UNMSM, the Odontology Faculty - UNMSM, NAMRID-PERU, AIDSCOM-USA, PROFAMILIA, the Lima Maternity, the Anti-Venereal Center of Lima.

- b) The Tropical Medicine Institute, who when faced to probability of cases among users of their various services provided, transfers the patient to PRODICEV.
- c) Personal and professional relationships of program members working in hospital centers within the capital.

Some characteristics of demanding population from June 1990 to November 1992 (1758 patients) are as follows:

Ages of patients attended:

	YEARS
Age average	28
Minimum age	02
Maximum age	69

Sex of patients attended:

	Percentage (%)
Female Sex	41
Male Sex	59

Marital status of clients:

Marital Status	Percentage (%)
Single	74.0
Married	12.1
Living together	7.0
Separated	6.0
Other	0.9

Origin District of clients:

Clients Origin	Percentage (%)
Callao	14.0
Lima	13.4
San Martín de Porres	6.1
La Victoria	4.1
Comas	3.2
San Miguel	3.4
Rímac	3.0
San Juan de Miraflores	3.0
Jesús María	2.8
Breña	2.8
El Agustino	2.7
Homeless children	2.7
Surquillo	1.7
Lince	1.6
Others	35.5

Attended risk categories and seropositive rates:

Risk categories	%	Serum-Posit.Rat.
Homosexuals	77.0	1.4
Heterosexuals	11.5	15.0
Bisexuals	11.5	10.0

Consultation Motive:

Consultation Motive	Percentage (%)
Fear to be infected	30.7
Requirement to be married	17.1
Working indication	15.2
Medical indication	13.8
Requirement to foreign country	9.7
Other causes	13.5

Main reference sources to go to PRODICEV are:

Reference Sources	Percentage (%)
A friend	16.7
Health Center	15.1
City Halls	11.5
Medical Doctor	9.8
PRODICEV	8.1
MHOL-SI'DAYUDA	6.6
Hospitals	4.7
A relative	3.4
Via Libre	2.7
Cedro	2.1
Advertisement	1.7
Others	17.6

#### A.2. Basic procedure of the process

It was reported that the process here described, was and is subjected to a validation essay. Procedures are found in attached flowchart.

Main procedures are as detailed:

##### a) Payment for attention services

It is made in the Institute Central Cashier Office, the only moment when the program user is in touch with other users of the Institute. The actual fare is S/.3.00, being registered with the delivery of a payment receipt to the user. Such step could be skipped by the user, who frequently attends and pays directly to the program.

We were notified of payment exonerations made, mainly related to special attention programs of user follow-ups to detect seroconversion.

##### b) Reception and Triad System:

The reception is under the responsibility of the social worker in the program, who registers the user and provides orientation in the completion of the self-registry format.

The triad is regulated through an advisory protocol, determining the kind of advise the user will get.

According with such protocol the presence of three risk levels are determined:

Level 1: health workers, volunteers, expedition certificates, sexual partner.

Level 2: Hemophilia carrier, renal insufficiency, hemodialysis, poli-transfused, drug-addict, prostitutes, sexual life in a foreign country, homosexual, bisexual.

Level 3: Sexual partner of seropositive patient with AIDS symptoms, sexual partner of asymptomatic HIV virus carrier.

c) Pre-test Advisory

The doctor is identified and initiates first contact with the patient, receives the self-registry format, performs a directed clinic test and advisory.

d) Sample taking:

The selection of patients for sampling will be performed, depending on the exposition level.

According to protocol, no patient of Level 1 will be tested, with exception of patients coming for certificates. All patients in Levels 2 and 3 will be tested.

e) Sample processing

The sample processing is made in the Institute Virology Lab in the area exclusively assigned for this activity.

f) Post-Test advisory with delivery of results

Patients of Level 1 only attended to a post test advisory for the delivery of results.

Patients of Level 2 received one or more special advisory sessions.

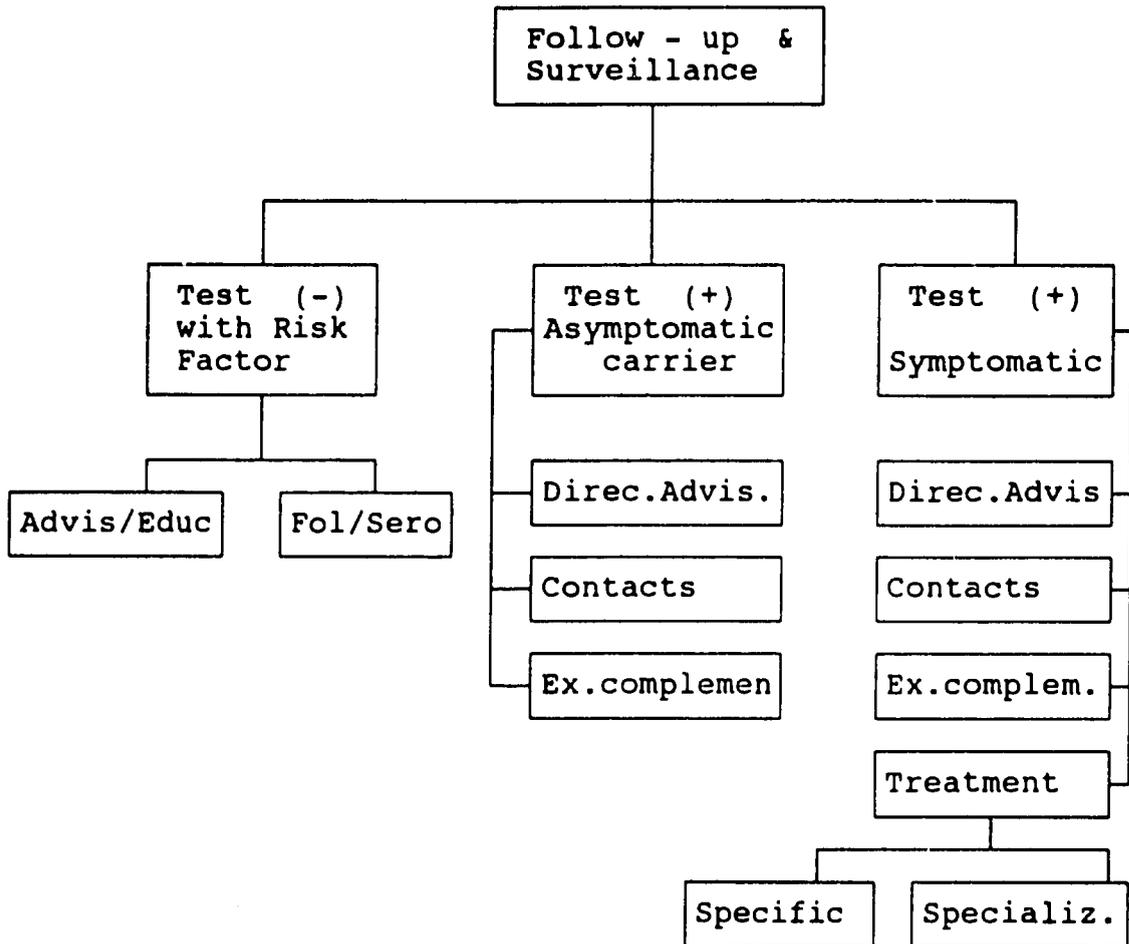
They are initially advised on results chances, making emphasis in the preparation of a possible seropositive.

A third advisory session will be performed when expected objectives are not achieved during the second advisory session, when there is evidence of higher exposition risks or the testing results positive.

Patients in Level 3 necessarily receive three advisory sessions and are included into other session with seropositive groups.

g) Patients follow-up

This activity is developed according the following criteria:



**A.3. Process inputs:**

a) Personnel

The process as detailed in the flowchart requires participation of at least, four people in direct relation with the user:

- Social Assistant
- Advisor
- Educator
- Lab technician

b) Time for the processing achievement

According to internal review performed on January 1992 and corroborated by the present review, it has been determined that the timing for procedures (activity) are as detailed: reception 05 minutes, self-survey 10 minutes, advisory 20 minutes, sampling 10 minutes, education 15 minutes; with a total timing of 60 minutes per patient.

From interviews held with the lab personnel it is deducted that the sample processing has an average timing of two hours, even when there has to be a regular waiting period to gather 15 samples, in order to proceed to the processing, due to testing costs as a 15 test kit, needs 5 controls (three positive and two negative).

The mentioned review has determined that the results are being delivered in the 75% of the cases after 12 days and in 90% of the cases after 21 days. The average time for delivery of the results is generally 10.7 days.

c) Formats used during attendance:

- \* No standardized formats of reference are available to PRODICEV, nor of reference of the program to other Institutions.
- \* The IMT Cashier Office provides a payment receipt to users for services provided, condition which is confirmed afterwards, within the reception/registry of the service, except in case of exoneration.
- \* Confidential Self-Registry Format which is completed by the demanding user and collects basic filiation data & directed data or risk aspects facing the disease. This format can be completed nameless, with only initials or pen name.
- \* Epidemiological Report Format: Completed according to PECOS regulations.

d) Other resources used when providing services.

- \* Advisory Protocol: Which regulates this activity setting apart the motives for consultation.
- \* The program has prepared a "PRODICEV Presentation Card" and diffusion material used in mass events.
- \* Educational and diffusion material on the disease, from various sources and includes the presence of pertinent posters that the user is able to read while waiting to be attended.
- \* The educational and diffusion material distributed is mainly provided by MHOL and PECOS. Some of them are:

Name	Kind	Institution
AIDS Basic Information	Pamphlet	PECOS
More on AIDS?	Triptych	SI'DAYUDA/MHOL
Let's protect us to make love!	Triptych	MHOL
Let them know!	Triptych	MHOL
This is the way to use the condom!	Pamphlet	MHOL

**B. PROCESS:      Epidemiology research over HIV incidence in a prostitute Cohort.**

**B.1. General Characteristics of the research.**

This process is being referred having as basis the information provided by the program coordinator. It is known that the investigation comes as the initiative coordinated between Instituto de Medicina Tropical de San Marcos and the NAMRID, with the financial support of the Population Council Agency.

Performed under semi-annual campaigns modality, with an approximate life of 15 days for each campaign, having as the implementing location, a Public Health Center dedicated to the control and treatment of the sexual transmission disease, having as the first priority population, the women practicing prostitution in a Callao brothel complex. Four campaigns have been implemented during the program

developing period and there was a fifth campaign programmed for December 1992.

Prostitutes attend regularly to this center for sexual transmission disease control (ETS), enabling the updating of their sanitary status which allows them to formalize their practice of prostitution.

An estimated number of 600 prostitutes are controlled clinic and serologically during the campaign, regarding diverse ETS, having as central activity, the study of the HIV infection incidence measured by seroconversion of the user.

Jointly, there are actions performed on sanitary education focused in the promotion and specific protection for ETS control, pregnancy and mainly HIV infection such measures include the distribution of printed information (pamphlets) and condoms.

#### B.2. Resources for the process

The resources which are compromised in the development of these campaigns are provided through the program:

- a) Personnel: Social assistance, trainer, and advisory doctors, lab technician.
- b) Necessary inputs for the performance of clinic and serological testing.

#### **C. Editing of Education Material (Pamphlets)**

After initial programming readjustments, PRODICEV was exonerated from the responsibility to edit educational material relocating this line of work to the PECOS.

Even though PRODICEV has edited a first version of a self-instructing educative module which contains AIDS prevention and control issues. It was reported that this material is ending a validation period and within a short time, it would be ready to be printed and distributed.

#### **D. Additional Activities**

As reported, there is a wide range of actions taken on the training, education and mass diffusion fields, to specific groups within the program, and occasional monitoring agreements for HIV infection with special risk groups and prevalence ETS studies.

Most relevant activities are as detailed:

- a) Screening HIV Program by request of the "Niños de la calle" Program Coordinator (CEDRO) to discard the virus (not concluded).
- b) Seminars workshops for health personnel, lectures for students and parents in school facilities, conferences for university students and professors.
- c) Participation in the Feria del Hogar and Health Fairs held in Comas, Callao, Barranca, Villa María del Triunfo, etc.
- d) Support provided to Churches, RENACER Group, Comunidad Cristiana Nueva Vida, CEDRO, Centro Victoria, INPPARES, etc.
- e) Training workshops for penal institution personnel (Instituto Nacional de Penitenciaría).
- f) SIDA-TBC association study with a patient group from the University Medical Center from UNMMS. (July 1991, no final report).
- g) Prevalence gonorrhoea study in pregnant women (October 1991, no final report).
- h) Biosecurity Manual under editing/validation process to be used in the Virology Lab within the Center.

#### **6.1.4. ANALYSIS OF ADDITIONAL PROCESS AND ACTIVITIES**

##### **6.1.4.1. Analysis and implications of the demand**

- a) Of the demand according to type. When there is a high proportion of demanding female users (4 out of 10) the convenience to vary advisory consultations is been estimated, such as equipments for medical exam and the training of new advisors who could achieve higher communication levels with this type of demanding user.
- b) Origin of the demand. Callao holds the first place, self explanatory through its geographic closeness and wide vehicular transportation from any Callao area to the IMT but it could also be a twisted position from the induced demand of actions taken with prostitutes and the venereal control center.

From the information obtained, it is obvious that the districts located in areas with higher population (Cono Norte and Cono Sur) do not attend to the program, even though there is feasible increase in

homosexuality and prostitution in the just mentioned areas. The existence of similar services in the Instituto de Enfermedades Infecciosas y Tropicales Alexander Von Humboldt Institute for Infectious and Tropical Diseases in Hospital Nacional Cayetano Heredia and Hospital Maria Auxiliadora could explain this fact. Another factor to be considered is the limited diffusion of the Program, but it could equally be administratively inappropriate to centralize such demand, because of transportation expenses, transferral on time cost and other increasing opportunity expenses for demanding users of those areas.

- c) Three fourth parts of the demands introduced belong to the homosexual population, marginated sector for various socio-cultural reasons and mistreated by the rest of the population, added to a stigmatizing condition produced by the HIV infection or AIDS disease. Such condition requires that workers direct or indirectly related to the program, must be provided with special training and other motivation mechanisms, which raises their sensibility and understanding toward this problem.
- d) Cause for consultation. In addition to a reasonable transmittable risk by exposition expressed in terms of fear, it is added to an assortment of causes related to several arbitrary regulations, some of them pertinent to the ruling of Health Authority. It would be convenient that PECOS raises to the decision taking areas, the issue of an improved and more accurate line of regulations considering the high costs of serological screening.
- e) Over the Diffusion. The absence of a diffusion campaign is translated into the reference source composition that would express limited knowledge of the existence of this program within health facilities (only one fifth of the demand is being reported), where the user population is supposed to be attended for information and assistance.

#### 6.1.4.2. Analysis of some quality attention aspects

- a) reception and advisory areas:

The areas for the development of this activities are comfortable and private.

- b) area for sampling:

It is a wide environment, with lavatory and the

necessary furniture which shows adequate for sampling.

- c) According to the referred by users (see Alvaro Gaillour report), the users when interviewed described PRODICEV as a center providing technical and human quality attention.

**6.1.4.3. Production and efficiency of the PRODICEV central activities processing:**

- a) **New Patients:**

**Table 1**

New patients attended in PRODICEV from June 90 to November 92.

Month	1990	1991	1992
January	0	30	101
February	0	31	110
March	0	15	94
April	0	41	60
May	0	28	127
June	31	25	136
July	50	35	69
August	21	33	98
September	27	31	93
October	55	58	136
November	35	54	83
December	21	65	0
<b>TOTAL</b>	<b>240</b>	<b>446</b>	<b>1107</b>
<b>Monthly Average</b>	<b>34.3</b>	<b>37.2</b>	<b>100.6</b>
<b>Daily Average (25d/mo.)</b>	<b>1.4</b>	<b>1.5</b>	<b>4.0</b>

It can be observed on table 1, that the average of new patients per day during the first 18 months of the Program is under than 1.5, with significant increase for the next 12 months, raising to a position 2.6 times (4.0/1.5) higher.

b) Attention:

Table 2

Attention provided by PRODICEV from June 90 to Nov 92.

Months	1990	1991	1992
January	0	107	216
February	0	63	298
March	0	35	218
April	0	78	142
May	0	57	238
June	31	77	304
July	50	68	141
August	22	70	264
September	35	70	227
October	105	121	282
November	60	106	305
December	68	131	0*
TOTAL	371	983	2635
Monthly Average	53.0	81.9	239.5
Daily Average (25d/mo.)	2.1	3.3	9.6

\* No data available.

Same happened with attentions provided, showing a daily average not under 3.3 % during the first 18 months. For the following year, such averages were 2.9 (9.6/3.3) times higher, almost near three times the number of attentions provided previously.

If we consider there are only two consultation offices, we will have that each one has been attending an average of 4.8 patients per day during the last year.

c) **Production and effectiveness of some of the most important activities**

c.1 **Pre-test and post-test advisory**

**Table 3**

Pre and Post Test Advisory Activities performed in PRODICEV from June 1990 to November 15, 1992.

Activity	Nº
Pre Test Advisory	2027
Post Test Advisory	1575
Other advisory	250
<b>TOTAL</b>	<b>3852</b>

Pre and post test advisory actions are related at some degree to the number of attentions provided with a difference of 137 attentions. The cause of such difference needs to be investigated, but it does not reach a relevant magnitude.

If it is considered that in the internal review the average timing per consultation was determined to 20 minutes; an advisor should be able to provide 03 advisory visits per hour; if a consultation office attends an average of 06 hours per day, its production should reach 18 patients per day. For this review we are considering only a concentration of 02 advisories per hour, reaching 12 per day.

Considering that the Program has been operating from June 1990 to November 1992, we obtain 29 months or 725 days (29 per 25 days) of operation.

3,852 Advisories have been performed (Table 3) but lets consider 3,989 attentions provided (Table 2); Therefore, a consultation office has generated an average of 1,995 (3,989/2) attentions up to November 1,992, this is that a number of 2.8 (1,995/725) attentions per day as an average total production.

Such results indicate that only one of the consultation

offices has attended to a 25% (2.8/12) of its maximum operating capacity with the great possibility to foster an increase in its effectiveness, in the last year such capacity has been raised to 40% (4.8/12).

d) HIV Surveillance cohort of prostitutes

Table 4

Prostitutes included according to Callao campaigns

Campaigns		Nº
December	1990	593
August	1991	479
December	1991	468
July	1992	434
TOTAL		1974
Campaigns Average		493.5

If each campaign lasted for a two month period, it has been functioning an amount of 50 working days per campaign, having reached an average of 9.9 (493.5/50) attentions or advisory per day, meaning a concentration of 1.7 (9.9/6) attentions per hour. Being the life of the Program 27 months, this surveillance activity on the cohort lasted an 8 month period (30%).

The real permanence magnitude of sex workers is not known within follow-up actions, but during the interviews with the responsible of the Program, she left to be perceived a degree of desertion relatively significant and stationary incorporation of some prostitutes (specially in months with high economic pressure - December for Christmas or April for schooling when many women decide for the mentioned activity as a mean to survival).

### 6.1.5 PRODICEV COST STRUCTURE

The quality for administrative decision making depends on the quality and quantity of data obtained. At the same time, it depends of the observation instruments used. A cost system is a good instrument to obtain organized information which will lead to support the decision making.

The cost system requires complete, trustable, consistent and timing information, over the expenses of resources used, information over the degree of participation in the productive process of activities, which could be translated into participation rates. All this information should correspond to every center of production or center of costs.

This study introduces the development of a cost methodology for the Programa de Diagnóstico Confidencial y Consejería en Enfermedades Virales - PRODICEV, through the determination of centers of costs, units of production per center of costs, units costs and some additional activity costs made by the Program.

#### 6.1.5.1. REFERRAL FRAMEWORK

All costs have a significant importance determined by:

- Program Management: eases the decision making allowing to differentiate the individual development of its operative units.
- Planning: contributes to the formulation or estimation of necessary activities in order to reach the institutional objectives.
- Profitability and Competitiveness: provides information over expenses, allowing the estimation over incomes in relation to the production.
- Modernization: allows to foresee the necessary changes to increase and optimize both the productivity, as well as the quality of services.

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<sup>1</sup> Aravena Pastén Mónica: Desarrollo de un Sistema de Control de Costos. Revista Administración en Salud. Nº 15. Chile; page. 20-25. 1991

#### 6.1.5.2. OPERATIONAL DEFINITIONS <sup>2</sup>

Definition of Cost (C): For the present study, the costs for goods or services are considered to be the relationship or quotient between the expense (E) to produce a good or service and units produced (P) with that expense:

$$C = \frac{E}{P}$$

Unit for Expense: One or several organizational structures which for its field of activity or specialization is feasible to individualize functionally, with the purpose to analyze its quantitative participation in the cost structure. It is a functional scheme. Expense units could have or not a measurable production.

Center of Cost: It is an expense unit with measurable production, which allows an accurate knowledge of the cost per unit.

Rate of Participation: measures and quantifies the participation level during the activity production.

#### 6.1.5.3. METHODOLOGY

According to the objectives followed by PRODICEV, the expense units were determined through the identification of the center of cost.

Criteria used to define a center of cost was as detailed:

- that the unit performs reasonably homogeneous, identifiable and distinguishable activities.
- that originates self-expenses.
- that makes feasible the determination of responsibilities for the execution of this activities.

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<sup>2</sup> Del Valle Saona, F: Costos Hospitalarios, Tomo I y II 1985.

Instituto de Fomento a la Pequeña Empresa (INFOPE): Como Hacer los Costos? 1991

Efraín Lazo: Implementación de una Metodología de Costos. Separata, Centro de Documentación de PROASA-UPCH, Lima 1992.

In the use of such criterias we can discern diverse or multiple centers of costs for the production accomplished within PRODICEV and for practical effects we have gathered two of them, as their differences in legal terms are minimal, we are referring to the number of attentions and advisory visits reached by PRODICEV, where every advisory supposes an attention even when not every attention leads to advisory visits, but in real terms, differences are not higher to 3% (3852 advis./3989 attentions).

Applying all these criteria the following center of costs were determined:

- Attentions or advisory visits performed within the PRODICEV facility.
- Attentions performed in the Callao cohort.
- HIV tests taken in the PRODICEV facility.
- HIV tests taken the Callao Cohort.

The Program has been able to perform other diffusion information and training activities, contraceptive distribution which have not been considered as centers of costs, for its AIDS heterogeneous character, both for the determination of the expense components, as well as the units of production.

A special structure and specific elements were designed for each center of costs. Within these structure expenses have been considered as common elements the following items:

- Personnel Expenses: Includes all professional and technical personnel contracted by the program. Non remunerated advisory participation is included, nor other personnel assigned by IMT (security, cleaning).
- Goods and Services Expenses: Within this item are included the supplies for lab tests (HIV Kits, vaccuteiners, culture test tubes, cotton, alcohol, etc), desk materials, computer data processing material, etc. Expenses for electricity, water and other services are not included because there was no billing information available for these items as they are being covered by the Central Administration of the University.
- Expenses for depreciation of perishable goods: For this element the official rates of the Economic and Finance Ministry have been considered. The components for the depreciation expense depended from the center

of costs, having some of them shared by all. In the infrastructure it was only depreciated the initial remodel investment, which amounts surpassed the 5,000 american dollars.

- Other expenses: In addition to the just mentioned it was considered as part of the costs structure, those applied for technical assistance, administrative costs, PRISMA/overhead, auditing and evaluation.

The differential participation of the program resources in activities produced by the program, is represented in the participation rates, gotten based on the frequency of participation in the production of the centers of costs.<sup>3</sup>

In this cost system are not included the profits, nor the sale taxes (ST), considering the character of assistance of the actions taken and the support provided to the community or particular risk groups.

#### 6.1.5.4. LIMITATIONS OF THE STUDY

- The register of the expense implementation did not allow an accurate differentiation of the same, for budgeting reasons and for regulations of the collaborating institution, PRISMA registers mainly three major items as detailed:
  - \* Supplies, inputs for lab tests
  - \* Training, diffusion materials, campaigns or health fairs.
  - \* Others, including mainly personnel salaries.
- Only intermediate and final costs centers granted an accurate determination, except for other centers such as training and follow-up for cohort of prostitutes.

#### 6.1.5.5. RESULTS

Results are introduced in tables and graphics attached.

For 1,991 the unit average cost per attention provided in PRODICEV (which includes advisory visits as mentioned previously), has been \$USA 17.15; for 1,992 the average costs decreased reaching \$USA 14.14.

Lab tests have had an average cost of \$USA 15.70 for 1,991

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<sup>3</sup> Efraín Lazo: Implementación de una Metodología de Costos. Separata, Centro de Documentación de PROASA-UPCH, Lima 1992.

and \$USA 16.72 in 1,992, showing a minimum variation from one year to the next.

Average costs for consultation, per attention or advisory within the Callao cohort during 1,991, were \$USA 11.37 and during 1,992 \$USA 11.65.

The Lab tests for the same cohort have had an average cost during 1,991 of \$ USA 19.40 and during 1992, of \$ USA 16.37.

The Graphics show the relationship of cost structure elements both, for the attention as well as for the lab testing during 1,992. As it can be observed during such attentions the expenses per personnel increased to 60.33%, while in goods and services hardly reaches 2.98%. For personal expenses of lab testing reaches 35.64% and for goods and services, 31.74%.

According to the kind of costs for 1992, in attentions predominate fix costs (64.2%), in the HIV tests, the variable costs are higher (54.4%).

#### 6.1.6.6. COMMENTS

Costs of the Program are extremely high, if we consider that when a patient attends the PRODICEV facility is provided with two services: attention and lab testing, in such case each patient demands an attention priced \$ USA 30.86 for the year 1992. Each production unit represents by itself a very high cost.

Costs per attention, which in the study report amounts \$USA 14.14, are under the IPSS's which national costs average is \$ USA 24.00, but in the private sector, according to the Private Clinic Association reaches an average of \$ USA 10.00.

Costs for lab testing which average is \$ USA 16.00 are also high, when compared to costs for equal services provided by the Ministry of Health. For example, in Hospital Nacional Cayetano Heredia a screening test is priced \$ USA 3.00, even when the real cost is probably higher.

Considering that within the "Other Expenses" item is included technical assistance, PRISMA administrative costs, overhead, auditing and evaluation; and that these expenses could be eliminated, the costs for lab testing show strong influence of the components expenses for personnel, who for attention priced 60.33% move to 81.24% (see Graphic) and testing for 35.64% HIV will raise to 46.06%; same happens with expenses for goods and services (supplies) of tests

costing 31.74, that will be raised to 41.02%.

The average costs for the activities of the Callao cohort of prostitute, both for attentions as per lab testing, have maintained a stable variable from 1991 to 1992, but mainly for HIV tests.

According to what has been observed in the costs and its comparison with the results obtained it can be determined that its effectiveness is low for both, per excessive fixed costs as per low activity production, for the amount of resources used.

#### **6.1.5.7. RECOMMENDATIONS**

To optimize the Program and exploring for higher effectiveness it is necessary:

- 1º To decrease the fixed costs to a level under 30%, specially the component of personnel expense which should be reduced to under 25% of the currently represented.
- 2º Costs per goods and services (supply), for the determination of lab testing, should be reduced to 50%.
- 3º It is necessary to design and develop users recruiting strategies, granting the coverage increased and production of activities.
- 4º The implementation of the expense should make a clear difference between the various components of the structure in such way that it grants the procurement of the production units costs.

#### **6.1.6 Conclusions and general recommendations over PRODICEV**

- PRODICEV, is actually an important service providing specialized, confidential advisory with significant levels of emotional support, in addition to provide the HIV testing. It holds as distinctive characteristic that is not located within an assistance health service facility. The continuance of its operating activities would be a positive balance for the National Public Health, it is being recommended to provide support to this effort.
- Their activities have been institutionalized and they have performed in-university social extension (as in

Law, Odontology, Communication Science Faculties and the San Marcos Health Center) and out-university actions. It is recommended to extend this kind of activities. The PRODICEV unused potential, would grant to explore major areas to those investigated up to this date, including the work achieved in regions, increasing its productivity.

- They have achieved the organization of an adequate institutional relationship net in the field. It is important to emphasize a close relationship developed with organizations supporting risks groups such as MHOL. It is recommended good working relationships with health services specially those lacking the services provides by PRODICEV.
- It has achieved to create the appropriate physical environment, properly located which eases the confidential actions and geographic access specially from the Callao area.
- Effectiveness is low. It is recommended to reduce the fixed costs to under 30%, specially the component for personnel expenses which would be reduced to under 25% of the currently represented, to at least reduce the costs for goods and services (supply) to 50% for determination of lab testing. It is being recommended to raise the fare for services provided.

COSTS STRUCTURE OF THE  
PROGRAM FOR 1991  
COSTS PER ATTENDANCE CONSULTATION OR ADVISORY IN PROCEV

DESCRIP	PART.	UNIT VALUE	TOTAL VALUE	
<b>PERSONNEL FEES</b>				
- INVEST.SUPERV	MED	0.25	500.00	125.00
- ADVISORY I	MED	0.44	300.00	132.00
- ADVISORY II	MED	0.44	400.00	176.00
- EDUCATOR I	MED	1.00	200.00	200.00
- SOCIAL ASSIST.	AS	0.25	200.00	50.00
- PROGRAMMER	TE	0.25	55.00	13.75
- SECRET/DATA ENTRY**	AU	0.13	110.00	13.75
- OFFICE AUX	AU	0.25	160.00	40.00
<b>GOODS AND SERVICES EXPENSES</b>				
- COMPUTER MATERIAL		0.25	631.58	157.90
<b>DEPRECIATION COSTS #</b>				
- REMODELING		0.25	144.56	36.14
- Wooden chairs (AID)		1.75	0.25	0.44
- Center table (AID)		0.25	0.42	0.10
- Metallic table (IMT)		0.25	0.67	0.17
- Metallic desk (IMT)		0.25	1.67	0.42
- Turnable desk chair (AID)		0.25	0.75	0.19
- Metallic chairs (AID)		0.50	0.67	0.33
- Gynecology stretcher (IMT)		0.25	2.50	0.63
- Filing cabinet 4 sections (IMT)		0.50	1.08	0.54
- Wooden desk (IMT)		0.25	1.67	0.42
- Filing cabinet 4 sections (AID)		0.25	1.08	0.27
- Metallic chairs (AID)		0.50	0.67	0.33
- Turnable desk chair (AID)		0.25	0.75	0.19
- Gynecology stretcher (IMT)		0.25	2.50	0.63
- Wooden furniture 4m4 sect (IMT)		0.25	2.92	0.73
- Single desk (IMT)		0.25	0.42	0.10
- Sofa /2 or 3 people (AID)		0.50	2.08	1.04
- Center table/corner table (AID)		0.50	0.67	0.33
- Wooden stack 4/6 div. (AID)		0.50	1.08	0.54
- Acryl Whiteboard (IMT)		0.25	1.25	0.31
- Rotary folio/wooden tripod (IMT)		0.25	0.67	0.17
- Wooden Furnitures /2 doors (IMT)		0.50	2.50	1.25
- Sony TV 14" (PRISMA)		0.25	5.00	1.25
- Sony Betamax (PRISMA)		0.25	2.50	0.63
- Slides Projector Kodak (IMT)		0.25	2.92	0.73
- Retroprojector (IMT)		0.25	3.75	0.94
- Metallic chairs (IMT)		8.00	0.58	4.67
- Metallic and formic tables (IMT)		2.50	1.25	3.13
- Wooden shelve (IMT)		0.25	1.33	0.33
- Wooden desk (AID)		0.25	1.50	0.38
- Wooden desk (IMT)		0.50	1.50	0.75
- Computer PC-XT Faraday (IMT)		0.25	7.08	1.77
- Computer IBM-PS/2 (IMT)		0.25	13.33	3.33
- Printer Epson LX-800 (IMT)		0.25	3.67	0.92
<b>OTHER EXPENSES</b>				
- TRAINING		1.00	54.76	54.76
- TECHNICAL ASSISTANCE		0.25	309.52	77.38
- ADMINISTRATIVE COSTS		0.25	316.82	79.20
- OVERHEAD/PRISMA		0.25	170.83	42.71
- AUDITING		0.25	0.00	0.00
- REVIEW		0.25	0.00	0.00
<b>TOTAL COST</b>			<b>1226.52</b>	
<b>ACTIVITY PRODUCTION* (monthly average Oct.90-Sep.91)</b>			<b>71.50</b>	
<b>UNIT COST IN DOLLARS</b>			<b>17.15</b>	
<b>UNIT COST IN NUEVOS SOLES #</b>			<b>24.19</b>	

JANUARY, 1993

\* Included up to end of review

# ACCORDING TO OFFICIAL RATES

\*\* Presented on part time jobs (NPS)

SOURCE: PREPARED BY THE REVIEW TEAM

\*1991 Average Exchange Rate

1 USA = 167 NS 1.11

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COST STRUCTURE  
OF THE PROGRAM FOR 1991  
LAB TESTS COST IN PRODICEV FACILITY

	DESCRIP	PART.	UNIT VALUE	TOTAL VALUE
<b>PERSONNEL FEES</b>				
- INVEST SUPERV	MED	0.11	500.00	55.00
- SOCIAL ASSIST.	AS	0.11	200.00	22.00
- LAB TECHNICIAN	TE	0.27	150.00	40.50
- LAB AUX.	AU	0.27	80.00	21.80
- PROGRAMMER	TE	0.11	56.00	6.16
- SECRET/DATA ENTRY	AU	0.06	110.00	6.05
- OFFICE AUX.	AU	0.11	160.00	17.80
<b>GOODS AND SERVICES EXPENSES</b>				
- SUPPLIES		0.27	631.59	170.53
(HIV kits, vacoutainers, culture tests tubes, etc)				
- COMPUTER MATERIAL		0.11	100.00	11.00
<b>DEPRECIATION COSTS</b>				
- REMODELING		0.11	144.56	15.90
- Wooden chairs (AID)		0.77	0.25	0.19
- Center table (AID)		0.11	0.42	0.05
- Metallic table (IMT)		0.11	0.67	0.07
- Metallic desk (IMT)		0.11	1.67	0.18
- Turnable desk chair (AID)		0.11	0.75	0.08
- Metallic chairs (AID)		0.22	0.67	0.15
- Gynecology stretcher (IMT)		0.11	2.50	0.28
- Filing cabinet 4 sections (IMT)		0.22	1.08	0.24
- Wooden desk (IMT)		0.11	1.67	0.18
- Filing cabinet 4 sections (AID)		0.11	1.08	0.12
- Metallic chairs (AID)		0.22	0.67	0.15
- Turnable desk chair (AID)		0.11	0.75	0.08
- Gynecology stretcher (IMT)		0.11	2.50	0.28
- Wooden furniture 4m/4 sect.(IMT)		0.11	2.92	0.32
- Single desk (IMT)		0.11	0.42	0.05
- Sofa /2 or 3 people (AID)		0.22	2.08	0.46
- Center table/corner table (AID)		0.22	0.67	0.15
- Wooden stack 4/6 div. (AID)		0.22	1.08	0.24
- Acryl Whiteboard (IMT)		0.11	1.25	0.14
- Rotary lolo/wooden Inpod (IMT)		0.11	0.67	0.07
- Wooden Furnitures /2 doors (IMT)		0.22	2.50	0.55
- Sony TV 14" (PRISMA)		0.11	5.00	0.55
- Sony Betamax (PRISMA)		0.11	2.50	0.28
- Slides Projector Kodak (IMT)		0.11	2.92	0.32
- Retroprojector (IMT)		0.11	3.75	0.41
- Metallic chairs (IMT)		3.52	0.58	2.05
- Metallic and formic tables (IMT)		0.22	1.25	0.28
- Wooden shelve (IMT)		0.11	1.33	0.15
- Wooden desk (AID)		0.11	1.50	0.17
- Wooden desk (IMT)		0.22	1.50	0.33
- Computer PC-XT Faraday (IMT)		0.11	7.08	0.78
- Computer IBM-PS/2 (IMT)		0.11	13.33	1.47
- Printer Epson LX-800 (IMT)		0.11	3.67	0.40
- Laminar flow machine		0.27	133.33	36.00
- Reader (ABBOT)		0.27	33.33	9.00
- Steamer (PCouncil)		0.27	16.67	4.50
- Sero-preserver (IMT)		0.27	12.50	3.38
<b>OTHER EXPENSES</b>				
- TECHNICAL ASSISTANCE		0.11	309.52	34.05
- ADMINISTRATIVE COSTS		0.11	316.82	34.85
- OVERHEAD/PRISMA		0.11	170.83	18.79
- AUDITING		0.11	0.00	0.00
- REVIEW		0.11	0.00	0.00
<b>TOTAL COST</b>				<b>518.10</b>
<b>ACTIVITY PRODUCTION* (monthly average 1991)</b>				<b>33.00</b>
<b>UNIT COST IN DOLLARS</b>				<b>15.70</b>
<b>UNIT COST IN NUEVOS SOLES</b>				<b>25.59</b>

JANUARY, 1993

SOURCE: PREPARED BY THE REVIEW TEAM

\* Including only 10 v tests

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COSTS STRUCTURE OF THE  
PROGRAMA FOR 1991  
CONSULTANCY PER ATTENDANCE COSTS FOR PROSTITUTES COHORT

DESCRIP	PART.	UNIT VALUE	TOTAL VALUE
<b>PERSONNEL FEES</b>			
- INVEST. SUPERV	MED	0.32	500.00
- ADVISORY I	MED	0.56	300.00
- ADVISORY II	MED	0.56	400.00
- EDUCATOR II	ENF	1.00	200.00
- SOCIAL ASSIST.	AS	0.32	200.00
- PROGRAMMER	TE	0.32	55.00
- SECRET/DATA ENTRY	AU	0.16	110.00
- OFFICE AUX.	AU	0.32	160.00
<b>GOODS AND SERVICES EXPENSES</b>			
- COMPUTER MATERIAL		0.32	100.00
<b>DEPRECIATION COSTS #</b>			
- REMODELING		0.32	144.56
- Wooden chairs (AID)		2.24	0.25
- Center table (AID)		0.32	0.42
- Metallic table (IMT)		0.32	0.67
- Metallic desk (IMT)		0.32	1.67
- Turnable desk chair (AID)		0.32	0.75
- Metallic chairs (AID)		0.64	0.67
- Gynecology stretcher (IMT)		0.32	2.50
- Filing cabinet 4 sections (IMT)		0.64	1.08
- Wooden desk (IMT)		0.32	1.67
- Filing cabinet 4 sections (AID)		0.32	1.08
- Metallic chairs (AID)		0.64	0.67
- Turnable desk chair (AID)		0.32	0.75
- Gynecology stretcher (IMT)		0.32	2.50
- Wooden furniture 4m/4 sect. (IMT)		0.16	2.92
- Single desk (IMT)		0.16	0.42
- Sofa /2 or 3 people (AID)		0.64	2.08
- Center table/corner table (AID)		0.64	0.67
- Wooden stack 4/6 div. (AID)		0.64	1.08
- Acryl Whiteboard (IMT)		0.32	1.25
- Rotary folio/wooden tripod (IMT)		0.32	0.67
- Wooden Furnitures /2 doors (IMT)		0.64	2.50
- Sony TV 14" (PRISMA)		0.32	5.00
- Sony Betamax (PRISMA)		0.32	2.50
- Slides Projector Kodak (IMT)		0.32	2.92
- Retroprojector (IMT)		0.32	3.75
- Metallic chairs (IMT)		10.24	0.58
- Metallic and formic tables (IMT)		3.20	1.25
- Wooden shelf (IMT)		0.32	1.33
- Wooden desk (AID)		0.32	1.50
- Wooden desk (IMT)		0.32	1.50
- Computer PC-XT Faraday (IMT)		0.32	7.08
- Computer IBM-PS/2 (IMT)		0.32	13.33
- Printer Epson LX-800 (IMT)		0.32	3.67
<b>OTHER EXPENSES</b>			
- TECHNICAL ASSISTANCE		0.32	309.52
- ADMINISTRATIVE COSTS		0.32	316.82
- OVERHEAD/PRISMA		0.32	170.83
- AUDITING		0.32	0.00
- REVIEW		0.32	0.00
<b>TOTAL COST</b>			<b>1015.41</b>
<b>ACTIVITY PRODUCTION* (monthly average)</b>			<b>59.33</b>
<b>UNIT COST IN DOLLARS</b>			<b>11.37</b>
<b>UNIT COST IN NUEVOS SOLES</b>			<b>18.53</b>

JANUARY 1991

SOURCE: PREPARED BY THE REVIEW TEAM

\* Including ONLY 10% taxes

# ACCORDING TO OFFICIAL RATES

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COST STRUCTURE  
OF THE PROGRAM FOR 1991  
LAB. LISTS FOR CALAO COHORT

	DESCRIP	PART.	VALUE PER UNIT	TOTAL VALUE
<b>PERSONNEL FEES</b>				
- INVEST.SUPERV	MED	0.32	500.00	160.00
- SOCIAL ASSIST.	AS	0.32	200.00	64.00
- LAB TECHNICIAN	TE	0.73	150.00	109.50
- LAB AUX.	AU	0.73	80.00	58.40
- PROGRAMMER	TE	0.32	56.00	17.92
- SECRET/ DATA ENTRY	AU	0.16	110.00	17.60
- OFFICE AUX.	AU	0.32	180.00	57.60
<b>GOODS AND SERVICES EXPENSES</b>				
- SUPPLIES		0.73	631.59	461.06
(HIV kits, vacuainers, culture tests tubes, etc)				
- COMPUTER MATERIAL		0.32	100.00	32.00
<b>DEPRECIATION COSTS</b>				
- REMODELING		0.32	144.56	46.26
- Wooden chairs (AID)		2.24	0.25	0.56
- Center table (AID)		0.32	0.42	0.13
- Metallic table (IMT)		0.32	0.67	0.21
- Metallic desk (IMT)		0.32	1.67	0.53
- Turnable desk chair (AID)		0.32	0.75	0.24
- Metallic chairs (AID)		0.64	0.67	0.43
- Gynecology stretcher (IMT)		0.32	2.50	0.80
- Filing cabinet 4 sections (IMT)		0.64	1.08	0.69
- Wooden desk (IMT)		0.32	1.67	0.53
- Filing cabinet 4 sections (AID)		0.32	1.08	0.35
- Metallic chairs (AID)		0.64	0.67	0.43
- Turnable desk chair (AID)		0.32	0.75	0.24
- Gynecology stretcher (IMT)		0.32	2.50	0.80
- Wooden furniture 1/4 sec (IMT)		0.32	2.92	0.93
- Single desk (IMT)		0.32	0.42	0.13
- Sofa /2 or 3 people (AID)		0.64	2.08	1.33
- Center table/corner table (AID)		0.64	0.67	0.43
- Wooden stack 4/6 div. (AID)		0.64	1.08	0.69
- Acryl Whiteboard (IMT)		0.32	1.25	0.40
- Rotary folio/wooden Inpod (IMT)		0.32	0.67	0.21
- Wooden Furnitures /2 doors (IMT)		0.64	2.50	1.60
- Sony TV 14" (PRISMA)		0.32	5.00	1.60
- Sony Betamax (PRISMA)		0.32	2.50	0.80
- Slides Projector Kodak (IMT)		0.32	2.92	0.93
- Retroprojector (IMT)		0.32	3.75	1.20
- Metallic chairs (IMT)		10.24	0.58	5.97
- Metallic and formic tables (IMT)		3.20	1.25	4.00
- Wooden shelf (IMT)		0.32	1.33	0.43
- Wooden desk (AID)		0.32	1.50	0.48
- Wooden desk (IMT)		0.64	1.50	0.96
- Computer PC-XT Faraday (IMT)		0.32	7.08	2.27
- Computer IBM-PS/2 (IMT)		0.32	13.33	4.27
- Printer Epson LX-800 (IMT)		0.32	3.67	1.17
- Laminar flow machine		0.73	133.33	97.33
- Reader (ABBOT)		0.73	33.33	24.33
- Steamer (PCounal)		0.73	16.67	12.17
- Sero-preserver (IMT)		0.73	12.50	9.13
<b>OTHER EXPENSES</b>				
- TECHNICAL ASSISTANCE		0.32	309.52	99.05
- ADMINISTRATIVE COSTS		0.32	316.82	101.38
- OVERHEAD/PRISMA		0.32	170.83	54.67
- AUDITING		0.32	0.00	0.00
- REVIEW		0.32	0.00	0.00
<b>TOTAL COST</b>				<b>1458.15</b>
<b>ACTIVITY PRODUCTION *</b>				<b>257</b>
<b>UNIT COST IN DOLLARS</b>				<b>19.40</b>
<b>UNIT COST IN NUEVOS SOLES @100</b>				<b>1935</b>

JANUARY, 1991

SOURCE: PREPARED BY THE REVIEW TEAM

\* Including only 18V costs

@ Exchange Rate \$ USA 1.00 = NS 1.41

COSTS STRUCTURE OF THE  
PROGRAMA FOR 1992  
CONSULTANCY PER ATTENDANCE OR ADVISORY COSTS IN PROCEED

DESCRIP	PART.	UNIT VALUE	TOTAL VALUE
<b>PERSONNEL FEES</b>			
- INVEST. SUPERV	MED	0.46	650.00
- ADVISORY I	MED	0.74	500.00
- ADVISORY II	MED	0.74	500.00
- EDUCATOR I	MED	1.00	400.00
- SOCIAL ASSIST.	AS	0.46	300.00
- PROGRAMMER	TE	0.46	120.00
- SECRET/ DATA ENTRY**	AU	0.23	400.00
- OFFICE AUX.	AU	0.46	250.00
<b>GOODS AND SERVICES EXPENSES</b>			
- COMPUTER MATERIAL		0.46	197.52
<b>DEPRECIATION COSTS #</b>			
- REMODELING		0.46	144.56
- Wooden chairs (AID)		3.22	0.25
- Center table (AID)		0.46	0.42
- Metallic table (IMT)		0.46	0.67
- Metallic desk (IMT)		0.46	1.67
- Turnable desk chair (AID)		0.46	0.75
- Metallic chairs (AID)		0.92	0.67
- Gynecology stretcher (IMT)		0.46	2.50
- Filing cabinet 4 sections (IMT)		0.92	1.08
- Wooden desk (IMT)		0.46	1.67
- Filing cabinet 4 sections (AID)		0.46	1.08
- Metallic chairs (AID)		0.92	0.67
- Turnable desk chair (AID)		0.46	0.75
- Gynecology stretcher (IMT)		0.46	2.50
- Wooden furniture 4m/4 sect. (IMT)		0.46	2.92
- Single desk (IMT)		0.46	0.42
- Sofa /2 or 3 people (AID)		0.92	2.08
- Center table/corner table (AID)		0.92	0.67
- Wooden stack 4/6 div. (AID)		0.92	1.08
- Acryl Whiteboard (IMT)		0.46	1.25
- Rotary folio/wooden tripod (IMT)		0.46	0.67
- Wooden Furnitures /2 doors (IMT)		0.92	2.50
- Sony TV 14" (PRISMA)		0.46	5.00
- Sony Betamax (PRISMA)		0.46	2.50
- Slides Projector Kodak (IMT)		0.46	2.92
- Retroprojector (IMT)		0.46	3.75
- Metallic chairs (IMT)		14.72	0.58
- Metallic and formic tables (IMT)		4.60	1.25
- Wooden shelve (IMT)		0.46	1.33
- Wooden desk (AID)		0.46	1.50
- Wooden desk (IMT)		0.92	1.50
- Computer PC-XT Faraday (IMT)		0.46	7.08
- Computer IBM-PS/2 (IMT)		0.46	13.33
- Printer Epson LX-800 (IMT)		0.46	3.67
<b>OTHER EXPENSES</b>			
- TRAINING		1.00	215.92
- TECHNICAL ASSISTANCE		0.46	559.21
- ADMINISTRATIVE COSTS		0.46	357.62
- OVERHEAD/PRISMA		0.46	233.14
- AUDITING		0.46	250.00
- REVIEW		0.46	305.56
<b>TOTAL COST</b>			3043.43
<b>ACTIVITY PRODUCTION* (monthly average Oct. 91 - Dec 92):</b>			215.53
<b>UNIT COST IN DOLLARS</b>			14.14
<b>UNIT COST IN NOVIOS SOLES (p/a)</b>			23.05

1839.20

90.86  
117.90

1000.47

JANUARY, 1993

\* Including students/advisors

# ACCORDING TO OFFICIAL RATES

\*\* Personnel on part time jobs (MT)

SOURCE: PREPARED BY THE REVIEW TEAM

1992 Average Exchange Rate

1 USA DOLLAR = 1.00

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COSTS STRUCTURES OF THE  
PROGRAM FOR 1992

LAB TESTS COSTS IN PRODICEV FACILITY

	DESCRIP	PART.	UNIT VALUE	TOTAL VALUE	
<b>PERSONNEL FEES</b>					
	· INVEST.SUPERV	MED	0.22	650.00	143.00
	· SOCIAL ASSIST.	AS	0.22	300.00	66.00
	· LAB TECHNICIAN	TE	0.57	300.00	171.00
	· LAB AUX.	AU	0.57	150.00	85.50
	· PROGRAMMER	TE	0.22	120.00	26.40
	· SECRET/ DATA ENTRY	AU	0.11	400.00	44.00
	· OFFICE AUX.	AU	0.22	250.00	55.00
<b>GOODS AND SERVICES EXPENSES</b>					
	· SUPPLIES		0.57	846.94	482.76
	(HIV kits, vacuotainers, culture tests tubes, etc)				
	· COMPUTER MATERIAL		0.22	197.52	43.45
<b>DEPRECIATION COSTS</b>					
	· REMODELING		0.22	144.56	31.80
	· Wooden chairs (AID)		1.54	0.25	0.39
	· Center table (AID)		0.22	0.42	0.09
	· Metallic table (IMT)		0.22	0.67	0.15
	· Metallic desk (IMT)		0.22	1.67	0.37
	· Turnable desk chair (AID)		0.22	0.75	0.17
	· Metallic chairs (AID)		0.44	0.67	0.29
	· Gynecology stretcher (IMT)		0.22	2.50	0.55
	· Filing cabinet 4 sections (IMT)		0.44	1.08	0.48
	· Wooden desk (IMT)		0.22	1.67	0.37
	· Filing cabinet 4 sections (AID)		0.22	1.08	0.24
	· Metallic chairs (AID)		0.44	0.67	0.29
	· Turnable desk chair (AID)		0.22	0.75	0.17
	· Gynecology stretcher (IMT)		0.22	2.50	0.55
	· Wooden furniture 4m/4 sect.(IMT)		0.22	2.92	0.64
	· Single desk (IMT)		0.22	0.42	0.09
	· Sofa /2 or 3 people (AID)		0.44	2.08	0.92
	· Center table/corner table (AID)		0.44	0.67	0.29
	· Wooden stack 4/5 div. (AID)		0.44	1.08	0.48
	· Acryl Whiteboard (IMT)		0.22	1.25	0.28
	· Rotary folio/wooden Inpod(IMT)		0.22	0.67	0.15
	· Wooden Furnitures 2 doors (IMT)		0.44	2.50	1.10
	· Sony TV 14" (PRISMA)		0.22	5.00	1.10
	· Sony Belamaux (PRISMA)		0.22	2.50	0.55
	· Slides Projector Kodak (IMT)		0.22	2.92	0.64
	· Retroprojector (IMT)		0.22	3.75	0.83
	· Metallic chairs (IMT)		7.04	0.58	4.11
	· Metallic and formic tables (IMT)		0.44	1.25	0.55
	· Wooden shelve (IMT)		0.22	1.33	0.29
	· Wooden desk (AID)		0.22	1.50	0.33
	· Wooden desk (IMT)		0.44	1.50	0.66
	· Computer PC-XT Faraday (IMT)		0.22	7.08	1.56
	· Computer IBM-PS/2 (IMT)		0.22	13.33	2.93
	· Printer Epson LX-800 (IMT)		0.22	3.67	0.81
	· Laminar flow machine		0.57	133.33	76.00
	· Reader (ABBOT)		0.57	33.33	19.00
	· Steamer (PCouncil)		0.57	16.67	9.50
	· Sero-preserver (IMT)		0.57	12.50	7.12
<b>OTHER EXPENSES</b>					
	· TECHNICAL ASSISTANCE		0.22	559.21	123.03
	· ADMINISTRATIVE COSTS		0.22	357.62	78.68
	· OVERHEAD/PRISMA		0.22	233.14	51.29
	· AUDITING		0.22	250.00	55.00
	· REVIEW		0.22	305.56	67.22
<b>TOTAL COST</b>					1658.14
<b>ACTIVITY PRODUCTION *(monthly average 1 992)</b>					91
<b>UNIT COST IN DOLLARS</b>					18.22
<b>UNIT COST IN NUEVOS SOLES @60</b>					1093.28

530.90

526.21

165.61

375.22

\* Including only HIV tests

@@ Average Exchange Rate SUSA 1.00= NS 1.63

SOURCE: PREPARED BY THE REVIEW TEAM

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COST STRUCTURE  
OF THE PROGRAM FOR 1992  
CONSULTANCY PER ATTENDANCE COSTS IN THE CALLAO COHORT

	DESCRIP	PART.	UNIT VALUE	TOTAL VALUE
<b>PERSONNEL FEES</b>				
- INVEST. SUPERV	MED	0.16	650.00	104.00
- ADVISORY I	MED	0.26	500.00	130.00
- ADVISORY II	MED	0.26	500.00	130.00
- EDUCATOR II	ENF	1.00	300.00	300.00
- SOCIAL ASSIST.	AS	0.16	300.00	48.00
- PROGRAMMER	TE	0.16	120.00	19.20
- SECR/DT/ DATA ENTRY	AU	0.08	400.00	32.00
- OFFICE AUX	AU	0.16	250.00	40.00
<b>GOODS AND SERVICES EXPENSES</b>				
- COMPUTER MATERIAL		0.16	197.52	31.60
<b>DEPRECIATION COSTS #</b>				
- REMODELING		0.16	144.56	23.13
- Wooden chairs (AID)		1.12	0.25	0.28
- Center table (AID)		0.16	0.42	0.07
- Metallic table (IMT)		0.16	0.67	0.11
- Metallic desk (IMT)		0.16	1.67	0.27
- Turnable desk chair (AID)		0.16	0.75	0.12
- Metallic chairs (AID)		0.32	0.67	0.21
- Gynecology stretcher (IMT)		0.16	2.50	0.40
- Filing cabinet 4 sections (IMT)		0.32	1.08	0.35
- Wooden desk (IMT)		0.16	1.67	0.27
- Filing cabinet 4 sections (AID)		0.16	1.08	0.17
- Metallic chairs (AID)		0.32	0.67	0.21
- Turnable desk chair (AID)		0.16	0.75	0.12
- Gynecology stretcher (IMT)		0.16	2.50	0.40
- Wooden furniture 4m/4 sect. (IMT)		0.16	2.92	0.47
- Single desk (IMT)		0.16	0.42	0.07
- Sofa /2 or 3 people (AID)		0.32	2.08	0.67
- Center table/corner table (AID)		0.32	0.67	0.21
- Wooden stack 4/6 div. (AID)		0.32	1.08	0.35
- Acryl Whiteboard (IMT)		0.16	1.25	0.20
- Rotary folio/wooden tripod (IMT)		0.16	0.67	0.11
- Wooden Furnitures /2 doors (IMT)		0.32	2.50	0.80
- Sony TV 14" (PRISMA)		0.16	5.00	0.80
- Sony Betamax (PRISMA)		0.16	2.50	0.40
- Slides Projector Kodak (IMT)		0.16	2.92	0.47
- Retroprojector (IMT)		0.16	3.75	0.60
- Metallic chairs (IMT)		5.12	0.58	2.99
- Metallic and formic tables (IMT)		1.60	1.25	2.00
- Wooden shelve (IMT)		0.16	1.33	0.21
- Wooden desk (AID)		0.16	1.50	0.24
- Wooden desk (IMT)		0.16	1.50	0.24
- Computer PC-XT Faraday (IMT)		0.16	7.08	1.13
- Computer IBM-PS/2 (IMT)		0.16	13.33	2.13
- Printer Epson LX-800 (IMT)		0.16	3.67	0.59
<b>OTHER EXPENSES</b>				
- TECHNICAL ASSISTANCE		0.16	559.21	89.47
- ADMINISTRATIVE COSTS		0.16	357.62	57.22
- OVERHEAD/PRISMA		0.16	233.14	37.30
- AUDITING		0.16	250.00	40.00
- REVIEW		0.16	305.56	48.89
<b>TOTAL COST</b>				<b>875.57</b>
<b>ACTIVITY PRODUCTION* (monthly average)</b>				<b>75.17</b>
<b>UNIT COST IN DOLLARS</b>				<b>11.65</b>
<b>UNIT COST IN NUEVOS SOLES @@</b>				<b>18.99</b>

JANUARY 1991

\* Including unit 10% cost

# ALL DOLLARS TO OFFICIAL RATES

@@ Exchange Rate \$ USA 1.00= NS 1.63

SOURCE: PREPARED BY THE REVIEW TEAM

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COST STRUCTURE OF THE  
PROGRAM

LAB TESTS FOR THE CALLAO COHORT

DESCRIP	PART	UNIT VALUE	TOTAL VALUE
<b>PERSONNEL FEES</b>			
- INVEST SUPERV	MED	0 16	650 00
- SOCIAL ASSIST.	AS	0 16	300 00
- LAB TECHNICIAN	TE	0 43	300 00
- LAB AUX.	AU	0 43	150 00
- PROGRAMMER	TE	0 16	120 00
- SECRET/ DATA ENTRY	AU	0 08	400 00
- OFFICE AUX.	AU	0 16	250 00
<b>GOODS AND SERVICES EXPENSES</b>			
- SUPPLIES (HIV kits, vacuostainers, culture tests tubes, etc)		0 43	846 94
- COMPUTER MATERIAL		0 16	197 52
<b>DEPRECIATION COSTS</b>			
- REMODELING		0 16	144 56
- Wooden chairs (AID)		1 12	0 25
- Center table (AID)		0 16	0 42
- Metallic table (IMT)		0 16	0 67
- Metallic desk (IMT)		0 16	1 67
- Turnable desk chair (AID)		0 16	0 75
- Metallic chairs (AID)		0 32	0 67
- Gynecology stretcher (IMT)		0 16	2 50
- Filing cabinet 4 sections (IMT)		0 32	1 08
- Wooden desk (IMT)		0 16	1 67
- Filing cabinet 4 sections (AID)		0 16	1 08
- Metallic chairs (AID)		0 32	0 67
- Turnable desk chair (AID)		0 16	0 75
- Gynecology stretcher (IMT)		0 16	2 50
- Wooden furniture 4m4 sect. (IMT)		0 16	2 32
- Single desk (IMT)		0 16	0 42
- Sofa /2 or 3 people (AID)		0 32	2 09
- Center table/corner table (AID)		0 32	0 67
- Wooden stack 4/6 div. (AID)		0 32	1 08
- Acryl Whiteboard (IMT)		0 16	1 25
- Rotary table/wooden tripod (IMT)		0 16	0 67
- Wooden Furnitures /2 doors (IMT)		0 32	2 50
- Sony TV 14" (PRISMA)		0 16	5 00
- Sony Belamax (PRISMA)		0 16	2 50
- Slides Projector Kodak (IMT)		0 16	2 92
- Retroprojector (IMT)		0 16	3 75
- Metallic chairs (IMT)		5 12	0 58
- Metallic and formic tables (IMT)		1 60	1 25
- Wooden shelve (IMT)		0 16	1 33
- Wooden desk (AID)		0 16	1 50
- Wooden desk (IMT)		0 32	1 50
- Computer PC-XT Faraday (IMT)		0 16	7 08
- Computer IBM-PS/2 (IMT)		0 16	13 33
- Printer Epson LX-800 (IMT)		0 16	3 67
- Laminar flow machine		0 43	133 33
- Reader (ABBOT)		0 43	33 33
- Steamer (PCouncil)		0 43	16 67
- Sero-preserved (IMT)		0 43	12 50
<b>OTHER EXPENSES</b>			
- TECHNICAL ASSISTANCE		0 16	559 21
- ADMINISTRATIVE COSTS		0 16	357 62
- OVERHEAD/PRISMA		0 16	233 14
- AUDITING		0 16	250 00
- REVIEW		0 16	305 56
<b>TOTAL COST</b>			<b>1230 59</b>
<b>ACTIVITY PRODUCTION *</b>			<b>75 17</b>
<b>UNIT COST IN DOLLARS</b>			<b>16 37</b>
<b>UNIT COST IN KUFVOS SOLES @@</b>			<b>26 69</b>

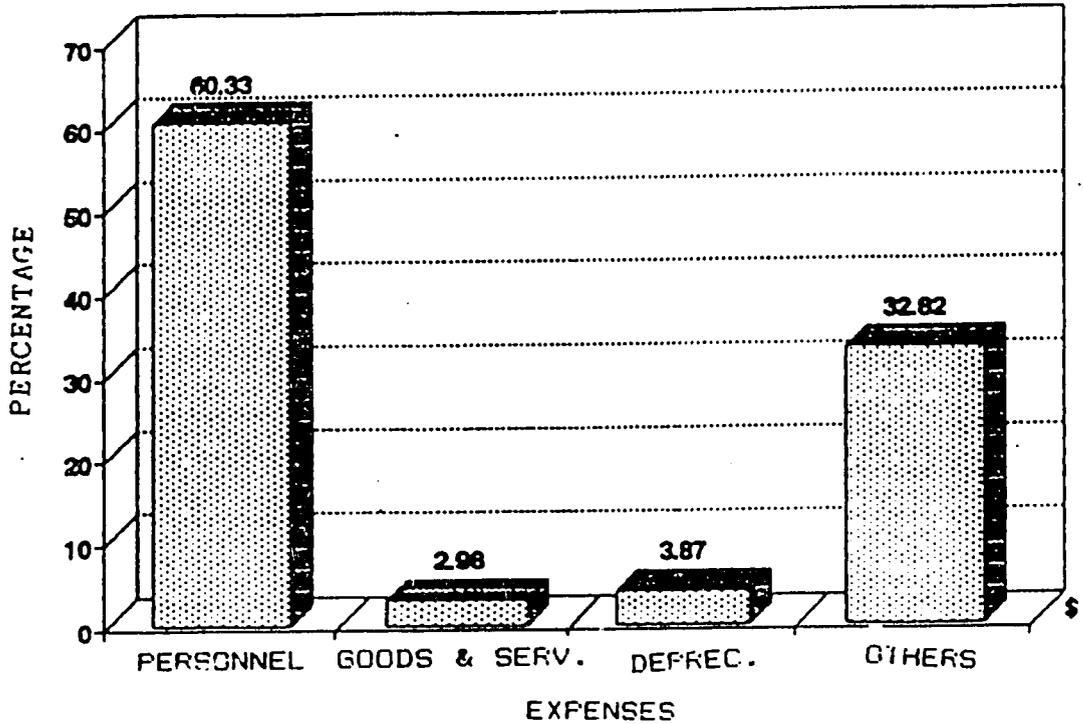
JANUARY 1991

\* Including only HIV tests

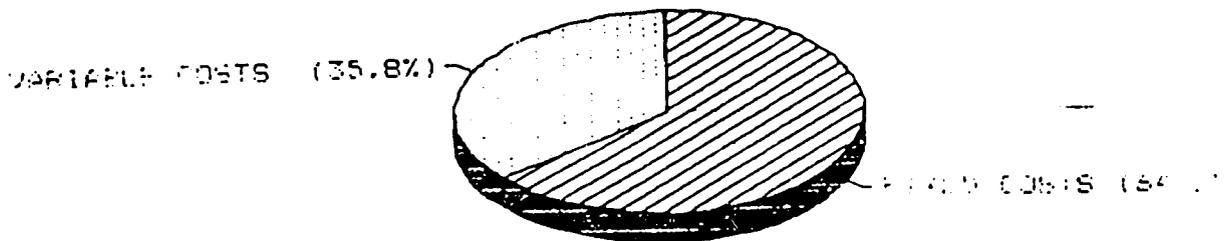
@@ Average Exchange Rate \$USA 1 00 = NS 1 63

SOURCE: PREPARED BY THE REVIEW TEAM

**COSTS STRUCTURE FOR ATTENDANCE  
CONSULTATION OR ADVISORY, PRODICEV  
1, 992**



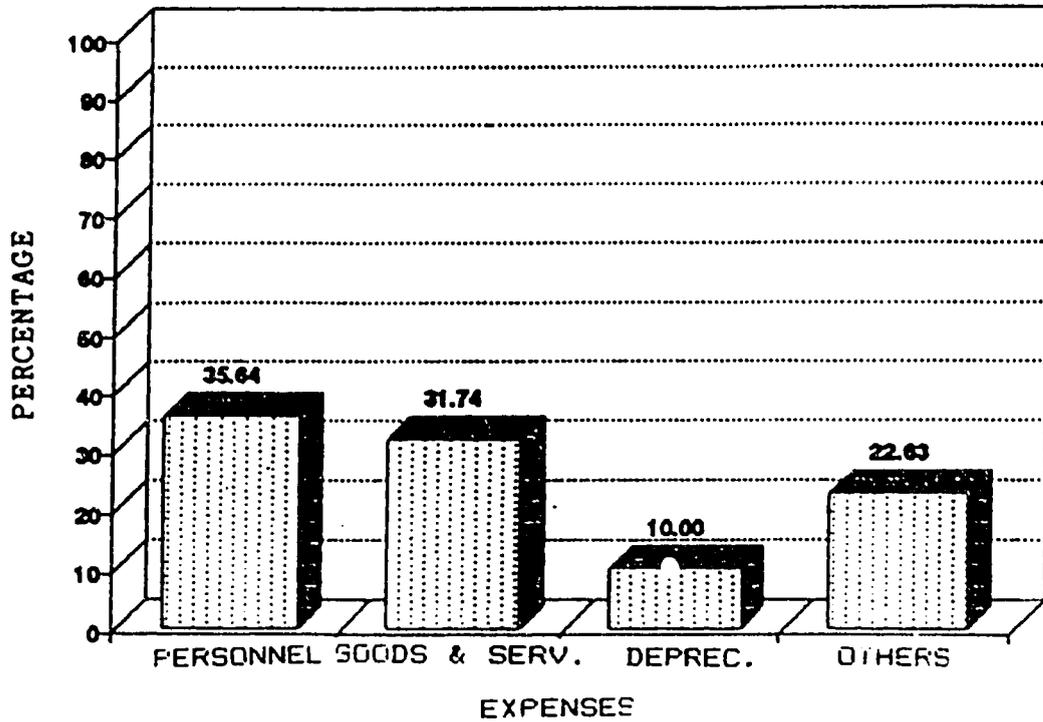
**STRUCTURE ACCORDING TO KIND OF COSTS  
FOR ATTENDANCE OR ADVISORY PRODICEV  
1, 992**



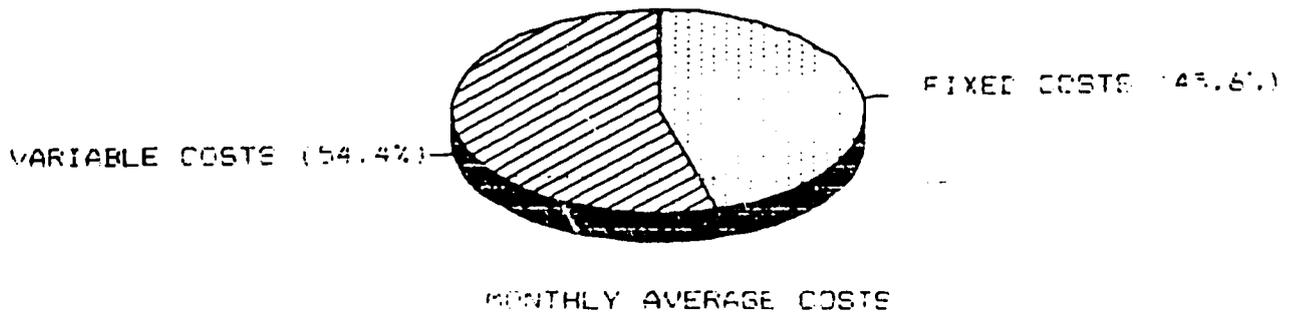
KIND OF COSTS

57

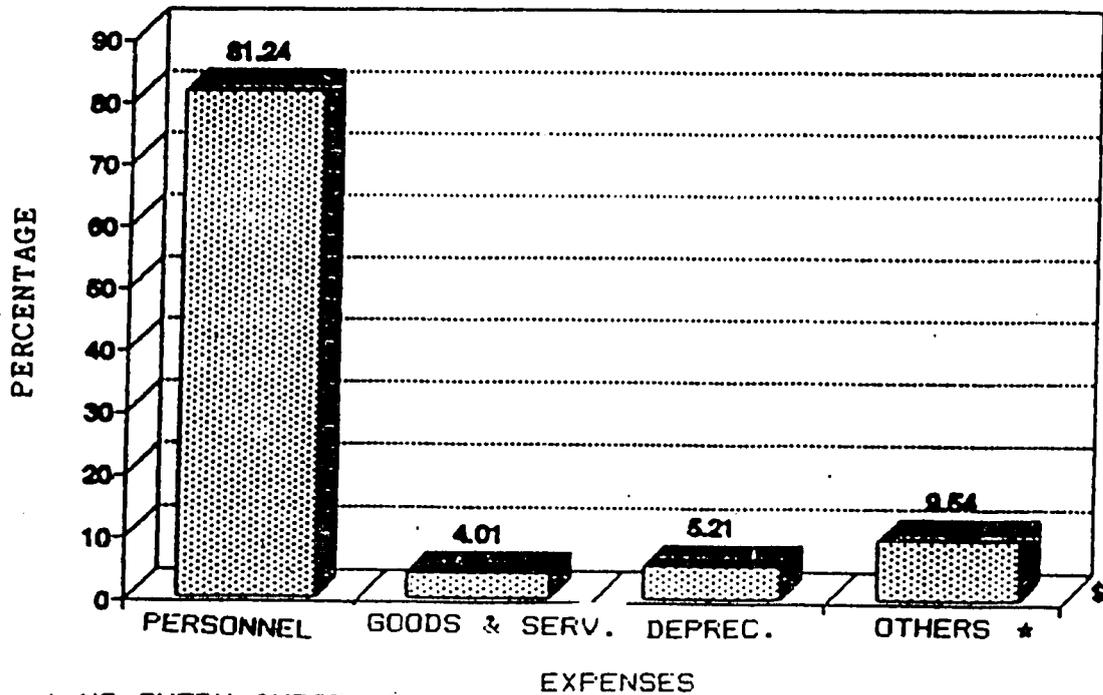
**COST STRUCTURE FOR HIV TESTS. PRODICEV 1, 992**



**KIND OF COSTS FOR HIV TESTS. PRODICEV 1, 992**

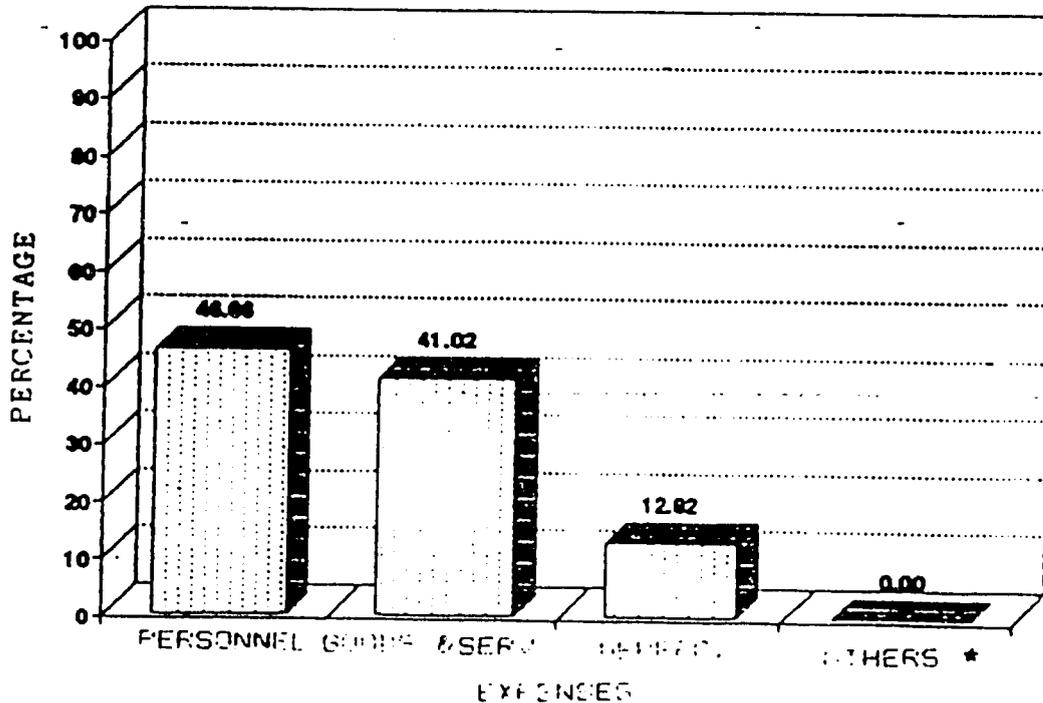


**COSTS STRUCTURE FOR ATTENDANCE  
WITHOUT TEC. ASSIST. AND ADM. COSTS.  
PRODICEV 1992**



\* NO OVERH. AUDIT., EVAL

**COSTS STRUCTURE FOR HIV TESTS  
WITHOUT ASS'IS TEC. AND COST. ADM.  
PRODICEV 1, 992**



\*NO OVERH., AUDIT., EVAL

## **6.2. MOVIMIENTO HOMOSEXUAL DE LIMA**

Since 1988, the MHOL has been developing AIDS prevention programs oriented to the homosexual community from Lima - Perú, through AIDSCOM technical and financing support. During 1989, through a sub-agreement with the "Flora Tristán" Center which was the mediator institution to obtain AIDSCOM funds, a pilot stage was implemented for three AIDS prevention programs:

- SI'DAYUDA Hotline
- "Pasa la voz" Promoters Program
- Safer Sex Workshops for men with risk behavior

The pilot phase of the program lasted six months. Following this initial stage, USAID continues supporting MHOL with Cooperative Agreement Nº 527-0333-A-00-9407-00, through a PRISMA sub-grant.

### **6.2.1 General and specific OBJECTIVES of the review for the evaluation of the MHOL component:**

- A.1 To identify and analyze the progress obtained in relation to objectives and goals of program production.
  - A.1.1 To analyze the evolution of programmed objectives and goals.
  - A.1.2 To describe relevant aspects of the process.
- A.2 To propose the pertinent modification alternatives to overcome problems and obstacles identified during the component implementation.

### **6.2.2 METHODOLOGY**

The evaluation of projects under MHOL responsibility has been achieved through:

- Quarterly report studies introduced by the institution to PRISMA and the external reviews made.
- Conversations held with diverse people related with the projects.
- Evaluation of pamphlets produced.
- Review of manuals produced for promoters and volunteers training.

People interviewed during evaluation were:

- Rebeca Sevilla  
Project General Coordinator  
Responsible for the SI'DAYUDA Hotline
- Aldo Araujo  
Safer Sex Workshops coordinator
- William Flores  
Promoter and "Pasa la Voz" Promoter Program  
Coordinator
- César Rossel  
Volunteer and ex Assistant Coordinator to the  
SI'DAYUDA Hotline
- Enrique Bossio  
ex Coordinator of Safer Sex Workshops
- Marilú Weigold and Krisna Muro  
Representatives of the Social Market Support Program  
(SMSP), institution responsible for the organization  
and implementation of the study on use and attitudes  
of the condom.

It is important to mention two main problems emerged during the evaluation. The first, is the lack of impact indicators in the projects; such deficiency in the design of the projects grants the assessment of the quantity, but not the quality of services provided. The second, is the actual MHOL situation, its relocation to another facility some months ago, led to a decrease in the number of project users.

### **6.2.3. RESULTS**

#### **6.2.3.1. SI'DAYUDA Hotline**

##### **Infrastructure**

Due to the facility relocation, the actual status of the hotline will be described. The center used for the SI'AYUDA hotline, operates in one of the MOHL facility offices; it is isolated from the rest of the offices, which grants a good volunteer performance on the hotline, avoiding possible interruptions by any other means of any activity performed in the facility.

Today, there is only one telephone line operating within MHOL, it is mostly used for institutional calls and shared

by SI'AYUDA, which will obviously become a problem when the number of calls start to increase.

### **Volunteers and training**

There are 5 people working in the hotline, 3 men and 2 women. The highest number of volunteers achieved were 12 and the lowest 3. This people work an average of 1 to 3 days per week in a 2 up to 3 hours/shift. There were two people working per shift when they reached the highest number of volunteers working.

Volunteer personnel were chosen among people introduced by promoters and people approaching MHOL through Safer Sex Workshops.

Training actions were achieved through 6 training workshops. Old volunteers participated as well as the new. The training was in one opportunity under the responsibility of Ernesto de la Vega, AIDSCOM advisor and in the rest of the opportunities under the responsibility of the projects coordinators. The total number of people trained was 20. In between training events, there were scarce coordination meetings held among volunteers.

Training was mainly oriented to provide information over HIV/AIDS transmission and prevention, information on specific services, specific groups referral (for example, women), and interventions during personal crisis for HIV/AIDS and their families.

There is a manual of services and diagnose & treatment centers for hotline users. The referral of women to specialized centers lacked a specialized counterpart to monitor AIDS and women problems.

### **Promotion**

The hotline promotion was performed through several mechanisms:

- Pamphlets
- Calendars
- Posters
- Use of massive communication media such as newspapers, magazines and television.

Volunteer participation within the promotion campaign was scarce and occasional. The campaign through pamphlets and posters was under the responsibility of the "Pasa la Voz" Promoters. In the opinion of people interviewed there has not been an adequate budgeting for the hotline promotion. However, even with posters available, there was inadequate

re-change of the original locations where the distribution started.

Because of the lack of economic resources, the promotion through mass communication media was occasional.

### **Attention**

The schedule for attention was from Monday through Friday, from 10 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.

The volunteer in charge of taking the calls, fills an ad hoc format, which we will come to analyze. Such format contains the necessary information over sex, age, sexual orientation, motive for consultation, concern, kind of help needed and how the user found out about this service. Part of this information is collected directly from the user and part is interpretation from the volunteer answering the call.

Regarding the number of attentions achieved, they increased during the first year of the study, to hold a subsequently stable demand through the second year of the project (Graph 1). There are peaks of demand during some quarterly periods, specially due to special promotions of the hotline. Since the second quarterly 1992 period, there has been significant decrease in the number of calls. There is no such thing as an identifiable tendency pattern when it comes to analyzing a number of calls according to quarterly periods (Graph 2).

Graph 3 shows the proportion of female SI'DAYUDA users per quarterly period, where it can be appreciated an increase in the number of calls from the female sex during the last year of the Program. However, it needs to be mentioned the high number of unregistered observations, data provided as undetermined in Graph 4.

It is hard to analyze the sexual orientation of users due to the variation of volunteer interpretation and the lack of complete data in registries.

In regard to the way users learned of the service, it is obvious that the most frequent mechanisms that have been used, are the promotion means for SI'DAYUDA and the promoters campaigns. In no way the mass communication media was able to surpass in effectiveness the daily promoters campaign and SI'DAYUDA. Mass media communication was occasionally used and co-related to the increase of calls.

## Conclusions and Recommendations

In the evaluation made, the following problems have been found:

- 1.- In general, the number of hotline users is discreet, regardless the problems emerged from relocation to another MHOL office building.
- 2.- The training of volunteer personnel lacked continuity and experience exchanges. Such elements hold significant importance to maintain a well trained team and to prevent the burn out of volunteer personnel.
- 3.- Hotline promotion has not been the most adequate, mainly for lacking their own economic resources.
- 4.- Data collected in the formats are just the point of reference, not granting to get any valid conclusions over the kind of users. This is an unfortunate fact because, from such data could be obtained the necessary information which shows useful to improve the hotline.
- 5.- Use of the hotline by female users has increased with no alternative of transferral toward specialized centers.

Telephone lines for information and educational activities have proved to be of great use in many countries. The growing concern for HIV/AIDS infection in Peru, requires a service like SI'DAYUDA. To improve the behavior and service of the hotline it is recommended:

- 1.- To keep an HIV/AIDS information and educational hotline. Such requires an exclusive telephone line.
- 2.- To increase the number of hotline volunteers. For the just mentioned, it is required to keep a constant search of adequate volunteer personnel and promotion.
- 3.- To maintain a constant training for volunteer personnel with periodic meetings between them to enable the volunteers to enrich their knowledge with the experiences of the others, to keep updated with new advisory hotline techniques and "burn out" prevention.
- 4.- To include in the training manual, issues over transmittable sexual diseases (CSD) and family planning.

- 5.- To strengthen coordinations with specialize female issues centers, in order to achieve effective transferrals. This issue is hard to handle in Peru, because this centers have little experience on the AIDS and the women issues, this is why it is recommended that simultaneously to the coordination, there should be a training event over the problem in such centers.
- 6.- To improve the hotline promotion. For such thing, it is recommended to assign higher resources. Due to the growing number of infected women in the country an the slow but constant shift toward heterosexual transmission, it is recommended not to relate to the hotline promotion with MHOL.
- 7.- To coordinate with other institutions working AIDS in the country, to enrich the hotline service.
- 8.- To increase the data collection service. Volunteer personnel must be trained in how to fill the formats, in order to minimize variations in the interpretation.
- 9.- To keep a supervision line with a permanent basis.

#### **6.2.3.2. Safer Sex Workshops**

Safer Sex Workshops initially programmed for men having relations with other men, hold both, the purpose to achieve group HIV/AIDS information and discussions and to promote behavior changes, thus granting safer sexual activities.

#### **Location and Facilitator**

Workshops for men having relations with other men, have been achieved mainly in the MHOL facility. Workshops have been performed in different Lima and province locations and institutions, due to the interest raised by them.

Mr. Enrique Bossio was the workshops facilitator from the beginning of the project until August 1992, when he left MHOL; since that date, he was replaced by Mr. Aldo Araujo.

#### **Workshops Structure**

Workshops are performed in two sessions with a total life of approx. four hours. The workshop contents are focused on four issues:

- What is the meaning of health and how to keep it?
- What changes need to be done in my life which affect my health?

- How to introduce those changes in my life?
- How is the AIDS issue affecting my community and myself?

Activities performed in such workshops are: groups dynamics, video watching and the applying of surveys over sexual practices, information and attitudes to face AIDS.

The methodology of the workshop has been integrated into a "facilitator manual" granting workshop replicas in various circumstances and for diverse population groups.

### **Attention**

Until September 1992, a total amount of 787 people attended to Safer Sex Workshops, which is worth 131% of the programmed amount. However, such quantity includes workshops performed out of the MHOL facility for people who do not belong to the target population group (men having relations with other men).

Facilities or Institutions out of the MHOL office building, where Safer Sex Workshops include:

- Escuela Paramédica Daniel Alcides Carrión (2 workshops).
- Feria Nacional de Salud (70 participants).
- INPPARES (11 Participants).
- APROPO (40 Participants).
- Escuela Nacional de Enfermeras (60 participants).
- Centro de Salud Ocupacional (25 participants).
- Unidad Departamental de Salud Lima Sur (85 participants).
- APROSAMI (20 participants)
- Hospital Arzobispo Loayza (20 medical personnel participants).
- Colegio de Obstetrias del Perú (15 participants).
- Sociedad Cervecera de Trujillo (97 participants).

### **Conclusions and Recommendations**

1. Safer Sex workshops provide an alternative dynamic and adequate information over HIV/AIDS and promote behavior changes among attendants.
2. The integration of workshops into a manual system, grant the reproduction into various locations and for different audiences.
3. The proportion of men having relations with other men who have attended the workshops is low in relation to other population groups, if we consider that the workshops were originally designed for the mentioned

risk population.

4. A continue workshop promotion should be kept in order to increase the number of participants to this training events performed within the MHOL facility.
5. Such lack of assistance is probably due to the identification of the institution facility (MHOL) as a homosexual movement, for such reason it is necessary a transference of technology to various institutions which are able to reply the workshops. This would grant a higher coverage and separate the issue from homosexual implications.

#### 6.2.3.3. "Pasa la Voz" Program

"Pasa la Voz" is a support prevention program of sexual transmitted diseases (STD) and AIDS. The program distributes free of charges, pamphlets and flyers with basic information on STD and AIDS, on the use of the condom and pertinent reference services. As a complement, the program also distributes condoms among its users.

The "Pasa la Voz" users are men having relations with other men. The program trains also people in the community through its promoters, to include them into a message diffusion net, pamphlets and condoms as part of the AIDS prevention program.

#### Promoters and volunteers

The program began its activities during the pilot project with AIDSCOM during 1989. The first promoters team was being trained under the technical assistance of AIDSCOM.

Actually, there is 8 people working as program promoters. The maximum number reached for a promoters team participating in the program was 16. The promoters were trained in coincidental workshops, to those held for the SI'DAYUDA hotline volunteers, but keeping the independence of each program.

Coordination was under the responsibility of Dr. Julio Gilvonio and Mr. Enrique Bossio during the pilot stage of the project. Afterwards, during the implementation of the present project, the responsibility for the coordination passed to two promoters, Mr. César Alcocer and Mr. William Flores. These days only Mr. William Flores continues coordinating the program due to the decease of Mr. Cesar Alcocer.

As part of the program, the promoters train community people. Until September 1992, 180 people had been trained, and 30 are eventually supporting the program.

#### **Production and distribution of materials**

The program produces and distributes printed material on basic AIDS information, condom use, SI'DAYUDA hotline promotion and information for women. Among the MHOL material produced we have:

- 1) "Pasa la Voz" Tryptic.
- 2) "How to use the condom" Pamphlet.
- 3) "When there is a friend having AIDS" Pamphlet.
- 4) "If the test is positive..." Pamphlet.
- 5) "SI'DAYUDA" Poster.
- 6) "SI'DAYUDA" Pamphlet.
- 7) "SI'DAYUDA" Calendar.
- 8) "AIDS affects women also" Tryptic.
- 9) "Let's protect ourselves to make love" Tryptic.
- 10) Risk Charts.

A great part of the material production has been made with the advisory provided by the company, Programa de Apoyo al Mercadeo Social (PAMS), with wide experience in publicity and social marketing.

It is important to mention that MHOL assumed the production of the informative material for women that was first under the responsibility of PECOS, as this institution was the one holding the responsibility of performing a research over sexuality on adolescent women.

The distribution of materials is held in different areas of the city, including 25 of the 42 districts of Lima. This is performed through trained promoters and volunteers of the program, developing a distribution chain which begins with MHOL promoters and ends with the mentioned volunteers.

The promoters held regular coordination meetings and supervised the distribution of materials performed by volunteers. Because of the nature of this net, such supervision is not constantly performed; thus, the distribution at the final parts of the net is not guaranteed.

Until September 1992, 683,579 units of informative material have been distributed, which represents 72% of the total programmed.

## **Conclusions and recommendations**

1. The "Pasa la Voz" Program, even if it could not achieve 100% of the programmed distribution, it has implemented a distribution net imbricated with the community, using a unique pattern for the AIDS prevention campaigns which should be supported.
2. A higher supervision of the program should be impulsed, specially on the ending parts of the net.
3. Research projects should be promoted, using this program implemented to obtain significant information to be used in campaigns over the change of behavior, not to remain only within the information stage to the population. This information must include attitudes, believes and practices over sexuality, use of the condom, risk perception, attitudes toward health services, etc. within the population of men having relations with other men.
4. Even if MHOL holds great experience producing information material for the homosexual community, we consider pertinent that the new educative material for women is set under the responsibility of an institution having experience with the Woman and Health issue, to be able to include information on family planning, risk perception, risk determinants, etc.

### **6.2.3.4. Research on the use and attitudes over the condom**

This activity of the research performed as a complementary part of the MHOL project was under the responsibility of the Programa de Apoyo al Mercadeo Social (PAMS). PAMS is an enterprise with wide experience in the social marketing field with full previous background in population surveys on family planning. In addition to this, PAMS has been in charge of the designing of part of the MHOL pamphlet production.

Research activities had two stages, qualitative and quantitative.

The evaluation of this satellite activity was made through interviews with PAMS representatives, Mr. Krisna Muro and Miss Marilú Weigold from the focal group discussion guide review and from the interview review used during the quantitative stage. Final reports of the research were not available for being in process.

## **A. Qualitative Study**

It was implemented applying the focal groups technique. 8 focal groups were performed with the following population groups:

- Brothel prostitutes (2 groups).
- Clandestine Prostitutes (1 group).
- Transvestites (1 group).
- Lesbian Women (1 group).
- Homosexual Men (1 group).
- Heterosexual Men with occasional partner (1 group).
- Homosexual Women with occasional partner (1 group).

Focal groups were performed in the PAMS facility; each focal group had a facilitator and two observers and took an average of about two hours. It was used an ad hoc discussion guide with guidelines on attitudes, beliefs and determinants in the use of the condom, sexual practices, safer sex and knowledge over HIV/AIDS infection.

## **B. Quantitative Study**

### **Sample**

There were interviews performed to different population groups:

- a) 400 interviews taken from General Population

An aleatory sample of homes according to the density of population was used with data provided from the Instituto Nacional de Estadísticas (National Institute of Statistics). The replacement technique was applied when there was nobody at home assigned for the interview or when there was refusal. 400 out of 696 people found participated through the aleatory process (296 people were excluded in the selection process or refused to participate).

- b) 212 interviews taken from risk behavior groups.

Sample per convenience was applied in four population groups:

- . Homosexuals who do not prostitute themselves
- . Homosexuals who prostitute themselves
- . Sexual street workers
- . Pandering sexual workers

### **Instrument**

For interviews face to face it was used the interview

instrument. The same interview was used for every population group. The just mentioned, was constituted by 35 questions or series of questions. There were two kinds of questions: open and close. Closed questions were of multiple choice or to be answered according to the Likker scale.

### **Analysis**

The analysis was made applying the use of descriptive statistics. A discriminating analysis for certain variables was made, but the resultant to this analysis could not be obtained.

### **Conclusions and Recommendations**

1. A good quality methodology was applied most of the time. Some observations on methodology 1 are:
  - A focal group was performed in most cases studied. It is usually preferred to have at least two focal groups per sub-group studied, because reiterating is one of the methodological basis for focal groups.
  - It is generally chosen to implement focal groups in the target population environment, even though this is not a must. For example Universidad Peruana Cayetano Heredia conducted the study: "Qualitative evaluation of the socio-cultural environment and the communication media network of sexual workers in Lima"; in the mentioned study, the focal group technique was used, held in brothels, bars and massage centers in Lima and participated 160 registered and unregistered prostitutes.
  - The instrument used during the quantitative research was identical in every interviewed population group. It would have been better to hold group interviews with different kind of questioning for each population sub-groups and to deepen into certain issues, own to each sub-group.
2. The results of the study should be taken carefully both for the general population, as for the risk behavior groups.

With the general population, the sample size of the quantitative research is reduced, the number of refusals is high and the percentage of unanswered questions is apparently high (no final report

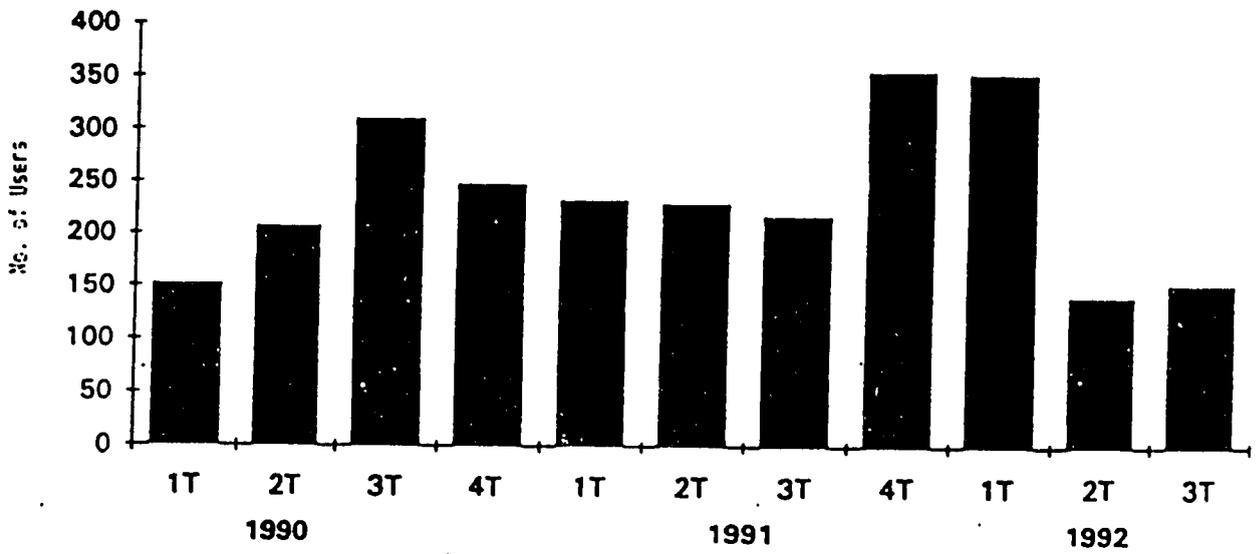
available).

With the risk behavior groups the sampling was intentional, taking it to a selection variable.

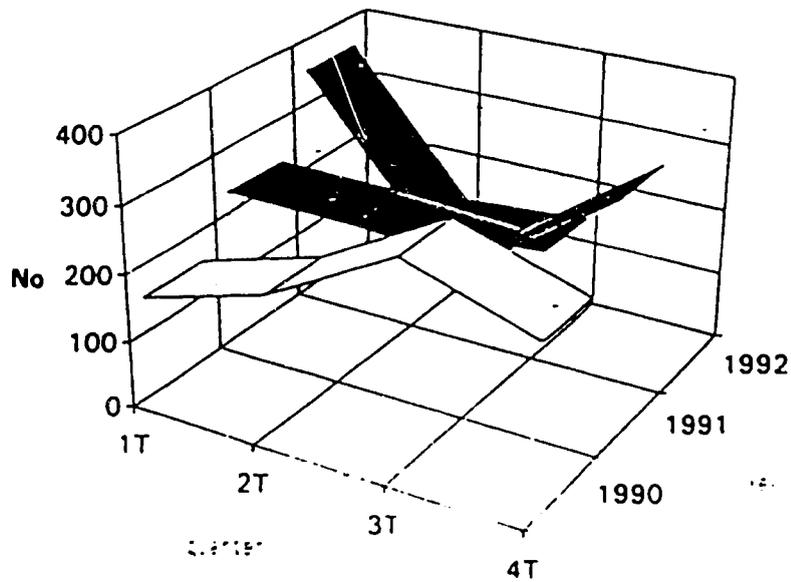
#### **6.4 CONCLUSIONS AND FINAL RECOMMENDATIONS**

1. The SI'DAYUDA hotline had a humble behavior through the three year life of the Program. Due to the importance of the hotline within the whole HIV/AIDS prevention strategy in Peru, it is being recommended to preserve it, providing the necessary impulse to its operations through improved campaign promotions, through an active search for hotline volunteers, regular training for volunteers, keeping a close relationship with other institutions supporting the hotline and permanent supervision.
2. Safer Sex Workshops have accomplished quite well the goals planned. A good number of audiences served by the workshops have been people who do not approach the MHOL facility; for such reason, it is being recommended a transfer of technology to different institutions, in order to enable them for reply in various locations and for different kinds of audiences.
3. The "Pasa la voz" promoters program holds a wide distribution coverage of information material and condoms within the homosexual community of Lima. Because the system is based in promoter chains where only the first are in direct contact with the institution, it is difficult to precise the arrival of material to the other end of the chain. It is recommended a close supervision along the promoters chain to ensure the distribution of the mentioned material.
4. The investigation over Attitudes and Use of the Condom, with certain already exposed limitations, has been a good initiative toward reaching a complete understanding of such predicament in the country.
5. The future strategy should comprise higher research emphasis leading to have information from basic parts as risk determinants, risk perception, health services acceptance, etc., in different population groups which served as solid base for a better AIDS prevention program.

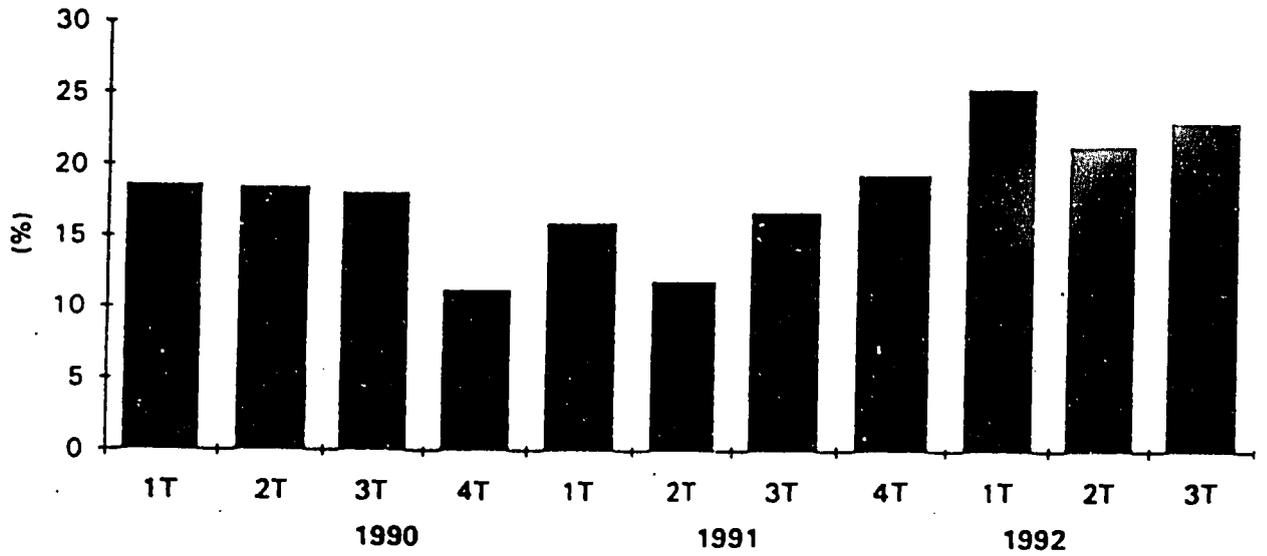
**GRAPH 1: No. of Users for SI'DAYUDA according to quarterly periods**



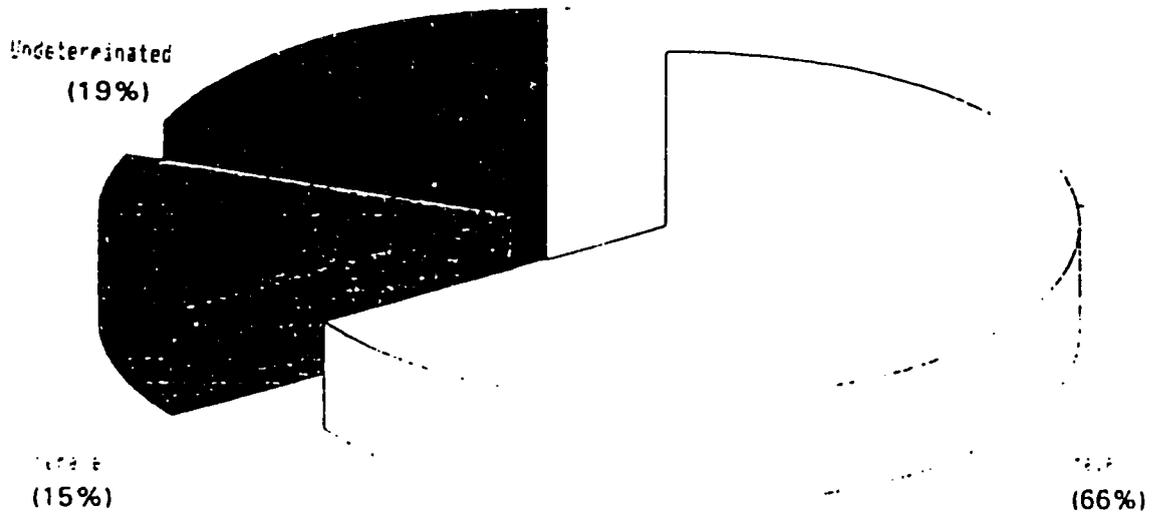
**GRAPH 2: Comparison of SI'DAYUDA users per quarterly periods**



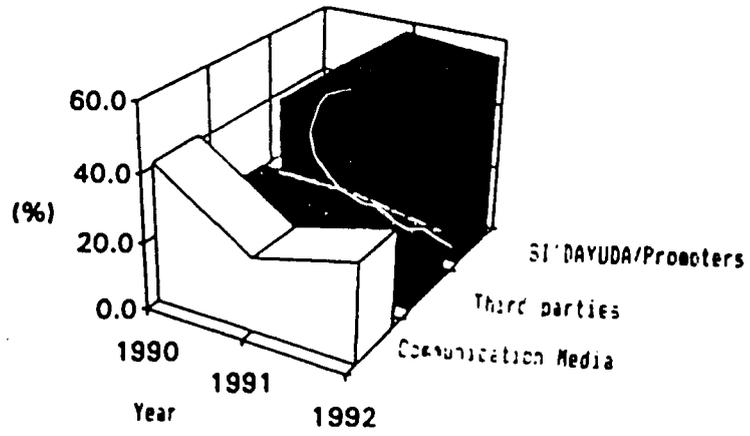
**GRAPH 3: Proportion of SI'DAYUDA female users according to quarterly periods**



**GRAPH 4: Proportion of users according to sex**



**GRAPH 5: Differences for SI'AYUDA promotion media PER year**



### **6.3. PROGRAMA ESPECIAL DE CONTROL DE SIDA (PECOS)**

During 1985, the Ministry of Health identified AIDS as a public health problem. On December 1988, the Programa Especial de Control del SIDA (PECOS) which main objective within the national health policies, is the transmission control for the Human Immune-deficiency Virus (HIV) and the morbidity and mortality reduction related to HIV infection.

PECOS must operate in close coordination with Programs of the Health and Education Sectors and Civil Organizations working with risk behavior groups and the general population.

The PECOS lines of action are developed in the fields of:

- Research, design and implementation of educational strategies and the diffusion of HIV/AIDS infection prevention measures.
- To promote the organization of AIDS Committees into Hospital Centers for the attention of infected patients and/or with AIDS.
- To detect and register HIV/AIDS infection at national levels.
- To detect HIV infection and to monitor the quality of blood taken for transfusions through the Lab Net and Blood Banks.
- To centralize, catalogue and diffuse the documentation and general documentation and updated statistics on AIDS.

The Programa Educación y Prevención de SIDA considered as one of its main objectives, to strengthen the MOH through supporting the PECOS line of actions related to "Research, design and the implementation of educational and diffusion measures for the prevention of HIV/AIDS infection".

#### **6.3.1 General and specific objectives of the PECOS component evaluation:**

- A.1. To identify and analyze the progress achieved related to the objectives and production goals programmed.
  - A.1.1. To analyze the evolution of the Objectives and Goals
  - A.1.2. To analyze the relevant characteristics of the research and educational activities

developed

A.2. To propose pertinent modification alternatives to overcome problems and obstacles identified in the component implementation

### 6.3.2. Methodology

The evaluation of this component has been performed with documents from the following information sources:

- a) Reports introduced by the program from the start of the Program,
- b) Internal review made by PRISMA,
- c) Research and activities reports prepared by the PECOS teams.
- d) Replies from the research team to an ad hoc questionnaire.

Likewise, regarding the PECOS component the following authorities were interviewed:

Dr. Alejandro Padrón  
PECOS Executive Director

Dr. Aldo Vivar  
Monitor of the AIDS Education and Prevention Program

Dr. Josephine Gilman  
PRISMA Executive Director

Psych. María Navarrete Castillo  
PECOS Investigator

C.S. Yolanda Pum Lam  
PECOS Investigator

Soc. Mariana Larco Drouilly  
PECOS Investigator

During the implementation of this evaluation, we could not include Dr. Juana Antigoni, who was the PECOS Executive Director, for most part of the AIDS Education and Prevention Program. Dr. Antigoni, refused when required for an interview to provide us with the necessary information over this component of the program, she claimed personal reasons for her unavailability.

### **6.3.3. Results**

#### **6.3.3.1. Infrastructure**

##### **Location:**

PECOS facilities are located in the Nurse School of the Hospital del Niño Nurse School (Av. Brasil 642. 2do. piso - Jesus María) building. The rent of this facility, until December 1992, was covered by the AIDS Education and Prevention Program. Since January 1993, PECOS will be relocated to the central facility of the Ministry of Health.

The research team was operating within one of the offices of the mentioned facility, shared by other PECOS personnel.

##### **Operational:**

Such facility was never adapted, nor equipped for the development of research activities and the designing of educational interventions.

#### **6.1.3.2. Of the PECOS objectives**

##### **a) Initial Programming**

According to the description of the AIDS Education and Prevention Program, PECOS should have performed the following activities :

##### **First Year**

- a. Implementation of the research over the woman and AIDS issue and based on the results to design and print AIDS material for women.
- b. Organization and realization of a workshop on the design of education material for AIDS prevention and from the output obtained in such workshop, to produce general information pamphlets on AIDS, for men.

##### **Second Year**

- a. The design, implementation, monitoring and evaluation of an experimental health promotion program on AIDS prevention for adolescent women.
- b. AIDS research on men clients of Callao brothels.

### **Third Year**

- a. Development of an education program on AIDS prevention oriented to adolescent women
- b. Printing of intervention material for men in Callao
- c. Evaluation

### **Modification of objectives:**

From the revised documentary material and the interviews it is identified that the PECOS objectives were being modified as time went by. Activities expected to be developed at the beginning by PECOS were transferred to PRODICEV and MHOL.

The research "Over knowledge, attitudes and practices in the users of the Callao brothels prostitutes" assigned first to PECOS for the "easy access", was consigned to PRODICEV. Needs to be said that PRODICEV could not carry on with such activity for reasons previously reported (See chapter on PRODICEV).

It was considered that the basic information pamphlets on AIDS prevention and education for men, could be better developed by MHOL. In the same way, the responsibility for the design of education material for women was transferred to MHOL, because of the delay by PECOS to continue operating the research over sexual behavior of adolescent women.

After explicit processed modifications on specific PECOS objectives, they finally outlined as follows:

- a) Organization and implementation of a design workshop on education AIDS material.
- b) Design and implementation of various researches on "Patterns of the sexual behavior in adolescent women".
- c) To design, realize, monitor and evaluate an experimental health promotion program for AIDS prevention in adolescent women from 15 to 19 years of age living in the district of San Juan de Miraflores.

Such will be the specific objectives which will be reviewed as follows.

#### 6.3.4. EVALUATION RESULTS

##### 6.3.4.1. Workshop on the "Design of AIDS Education Material"

First programmed to begin working during the first quarterly developing period of the Program (late months of 1989) it was not accomplished for three reasons: suspension of AIDSCOM advisory visits, insufficient time and PECOS personnel assigned to this activity and delay in funds flow (on December 15).

This activity was performed with almost a year of delay, because the AIDSCOM expert visit is considered as essential for its implementation and were not available until August 1990, date that implies local authority changes in PECOS; for such reason, it was necessary an interval for stability and confirmation of the work team assigned for the mentioned activity.

The workshop was finally held from November 12 to 16, 1990.

The objective of this workshop was to train 10 representatives of the Ministry of Health and various PVO's involved in the production of AIDS education material, in the methodology process of communication, with emphasis in the research of target audiences, development of focal groups for the preparation of messages and material validation.

Directed by Ann Mimerson (AIDSCOM) and Walter Saba (PECOS), 1 workshop lasted 4 days and 12 people participated, who represented institutionally to: MHOL, Ayudémonos, PRODICEV, INNPARES, PECOS, Vía Libre, IPSS, Manuela Ramos and PRISMA.

Such workshop was evaluated by some participants, who considered that the training objectives had been accomplished. Most participants mentioned that the workshop let them acknowledge:

- the benefit of understanding the targeted audience, specially through focal groups.
- the most important techniques to work with focal groups.
- the structure of educational interventions from the knowledge of the methodological process of communications.
- the importance of validating educational material.

- the change of conduct as a support pattern to develop a communication strategy.

Such activity, according to pertinent quarterly report, should have served as the pilot experience pilot AIDSCOM, institution which would edit and publish a document to this regard. This activity was not accomplished.

From reading the educational objective we judge that such activity is pertinent toward the achievement of Program objectives in its whole. Many of the results were at least formally, separated from this activity. It is significant to mention as a deficiency found, that it was never estimated an evaluation process of all materials produced by the various participants, after the workshop was finished (effectiveness).

To conclude, this objective was fully - quantitative and qualitatively - accomplished, even with delays due to problems of organizational order within PECOS and the unavailability of AIDSCOM. The first problem is not approachable from the position of this kind of program and should be managed as a critical contingency; and the second problem, should be oriented toward identifying national experts which could replace the foreigners when they can not adequate to the schedule set by Program needs. It is recommended to also consider into this kind of education programs to evaluate its effectiveness.

#### 6.3.4.2. Study over sexual behavior patterns in adolescent women

When considering the implementation of a study on women and AIDS in Peru, who formulated the AIDS Education and Prevention Program, a right view over what might turn to be the AIDS epidemiologic evolution in Peru was displayed.

A general appraisal, regardless limitations on data sources in Peru, indicates that the number of female AIDS reports have increased and are essentially attributable to heterosexual transmission. Within seropositive people and patients having the disease, is its possible to identify two major groups. One constituted by prostitutes and the other by women of the general population. The work done over the first group is being addressed in the PRODICEV chapter.

Attention provided to the second group holds as premise that the infection cases respond to heterosexual transmission, given that other ways for blood transfusion and intravenous drug addiction as less possible in our country, for an existing control program of blood banks

(REBASIDA) and the almost non existent intravenous drug addiction.

Risk sexual conducts have been documented in our country on AIDS, in women issues as the anal coitus (to prevent pregnancies and preservation of virginity); in addition to this, data obtained in other countries indicate that women developed AIDS in an earlier age than men, therefore, education program oriented to protect women will be more effective if they are implemented immediately and it will be better if applied during the early adolescence, not within adult ages (Bol Of Sanit Panam 113(3), 1992).

Even when briefly developed, the previous issues grant to validate that the study implementation being reviewed is pertinent, if related to the national reality and as part of the AIDS Education and Prevention Program.

The development of such sub-component was very difficult, among major problems found are the following:

- Instability with high rate of re-change within members of the research team, in such way that they turn to be practically different teams approaching each stage of the research process. The current team is constituted by María Navarrete Castillo (Psychologist), Yolanda Pum Lam (Social Communicator) and Mariana Larco Drouilly (Sociologist).

The above mentioned instability and rechange rates brought significant consequences as:

- a) modifications in the research objectives.
- b) changes on the population(s) to be studied. This takes place sometime during the program, when trying to recuperate the time lost.
- b) one team applied one of the techniques used to obtain information (focal groups and intense interviews) and the second team, the other technique (surveys),
- c) not one of the people who prepared the final report lived through every stage of the research processed, which has particular implications within a study where the is combination of techniques, in order to obtain information; among these, we find half-structured or non structured interviews or meetings.

Finally, it ended implementing a research work which design had significant incoherences among the premises, objectives and instruments used.

The actual team has the hard responsibility to prepare the final report for the research, as the team did not lived through the whole process, it holds discrepancies with the reference framework, ignores the criteria under which was selected and calculated the sample, it already has a short time available to prepare the final report and over all, there is no (tangible) purpose (educational intervention) for which was designed the study.

- Lack of a team member with high academic training level; thus, granting to technically lead the team, performing as principal investigator. Even in the absence of such principal investigator, there was no (as found in the revised documentation and reports of the current research group), permanent technical advisory system. Neither the occasional advisory of AIDSCOM and Beatriz Gómez, nor the fax communication with Dr. Carovano were enough to accomplish the necessary progress.
- Some members of the research team were only formally part of the same.
- PECOS requirements to enable the research team members to develop separated activities of investigation (AIDS World Day, advisory workshop, communications, etc.).
- Problems found in the administrative order to carry on with effectiveness this activity: absence of convenient and effective secretarial support, lack of support personnel for data base entry, data processing equipment and adequate facility among others. PRISMA, according to report of the actual research team, provided the solution to this problems when required.

The previous issues explained that this sub-component was developed with little effectiveness and efficiency in regard to the expected.

The research team is working very hard to achieve the best possible product with the material received. The product might result interesting if the education experience is included (afterwards analyzed and designed, programmed, implemented and evaluated by the actual team) from a reasonable research-action, more than as two separated elements (research first and evaluation later).

**6.3.4.3. Experimental health promotion program for AIDS prevention in adolescent women from 15 to 19 years old with residence in the San Juan de Miraflores district.**

Although conventionally, on December 1990 a first strategy design was made over strategies for the educational intervention, in the practice can be considered that such sub-component was designed in its fundamental elements among August 1991 and February 1992, by the work team constituted by María Navarrete Castillo (Psychologist), Yolanda Pum Lam (Social Communicator) and Mariana Larco Drouilly (Sociologist). Then, this sub-component, differing the previous, is designed, implemented and evaluated in its whole by only one working team.

The technical advisory of Kathryn Carovano was considered on July 1991, for the design of the educational intervention strategy and the results obtained from the sexual knowledge, attitudes and practices were used as inputs.

The objective of this sub-component was established "obtaining an education intervention design to work with adolescent women in sexuality and AIDS prevention; susceptible to be replied at great scale and low cost".

To achieve such objective, the following "specific objectives" were explored:

- a. a model workshop over sexuality and AIDS prevention oriented to adolescent women.
- b. a participation teaching-learning methodology for adolescents which could be applicable for non professional people.
- c. a promoter training pattern on sexuality and AIDS prevention oriented toward adolescent women.
- d. educational materials on workshop contents.
- e. a workshop evaluation system.
- f. effective convoking procedures to ensure attendance of adolescents to the workshops.

Measurable goals were established for the education intervention and pertinent programming. First, were modified mainly for the certification of inadequate goals previously established, both per excess as per defect, facing the real capacities of the work team and the

evolution of the intervention actions. Programming was modified for reasons that had nothing to do with the working team. In any case, the modification of goals are contemplated within the framework of every social intervention while the uncertainty of such processes are accepted; likewise, the modification of goals indicate that the activities were being monitored closely by the same team and the monitor of the Program.

In the development of this sub-component, where there was no impact on members changes of the PECOS team, since the systematic and constant work started for the educational intervention, is being appreciated the hard, serious and endeavor work achieved by the team. It calls one's attention, the technical quality of the work done, while among team members there is no educator, nor they had the direct support of an expert on that area, even more, the review on the working background of the PECOS members team shows that, neither the contents, nor the target population or the educational methodology (including the technology) have been previously the working object of such professionals.

Appraisal of the time taken to develop the sub-component (from the design to the evaluation) and its relationship with human resources - with whole dedication to this activity as previously explained - indicate a highly proficient work.

Such matter is mentioned, because within the framework of foreseen results of the Program evaluated, is considered the strengthening of PECOS educational capacity. The evaluation team considers that even if there are no clear arguments to consider that PECOS has strengthen its research capacities, there is obvious evidence to sustain that the PECOS has improved its capacity to provide educational interventions. Such affirmation has a prerequisite given by the current team permanence within PECOS, in case such permanence were not feasible the achievement of results would loose real endurance.

The review team recommends to provide the PECOS team with the necessary support to achieve in its whole the "specific objectives" established.

The working team is being suggested, to concentrate the education over sexuality and AIDS - through teachers - on the female population studying the last years of high school and to develop activities to achieve toward fulfillment, completing and improving the specific objectives programmed. We register as inadequate in the initially designed program, to approach too many target populations (school children, adolescent leaders, health

promoters, OBE teachers and mothers). Each group requires not only a different methodology, but also different teaching approaches.

We suggest to re-examine the convenience of working with natural science teachers (biology) instead of Orientacion del Bienestar del Educando - OBE - (Orientation for the Welfare of Students) teachers. The last mentioned, are able to teach any area and some times it is difficult for them to have a clear AIDS representation, having a significant biologic flowing. In addition to this, natural science teachers can include - if adequate curricular formula is found - the issue in a more "natural" way. The sexuality and AIDS issue treated by an OBE teacher, in one hour of classes, could have the student feeling a closeness from a social ruling flow, if not moral. To examine experiences around the family planning, the training events could provide pertinent inputs.

#### **6.3.4. Conclusions and Recommendations**

/Up to the moment of this evaluation, the objectives of this component from the AIDS Education and Prevention Program had been accomplished almost at its whole, thus contributing to achieve the results of this Program. The development of sub-components has been dissimilar and in some cases painful, finding that the instability processed by the Ministry of Health and therefore PECOS, was a significant factor, given that it attempted against the stability of the work teams/

The three sub-components have been pertinent related to the national authenticity, health policies and as parts of the Program which are framed.

The Ministry of Health, precisely PECOS, does not have the necessary conditions to develop with adequacy, research activities. Such, is due to the lack of human resources and suitable infrastructure. It is being recommended to explore alternatives for future research actions, mainly within university groups.

PECOS developed its educational intervention capacities from the stability of a responsible team, motivated and with great capacity for educational work. It is recommended to attain the means to secure working relationships with PECOS. If this team migrates institutionally the result to strengthen PECOS will not be accomplished.

Secondarily, in terms of the present evaluation, from the reviewed reports and interviews held, it can be concluded that PECOS would have a wide acceptance from various institutions working with AIDS as summoning for diverse

activities targeted to the general population. We recommend to strengthen its normative capacities through a participation measure.

#### **7. COORDINATION AMONG PROGRAM COMPONENTS**

- Until January 1992, regular meetings were being held with PRISMA, PECOS, MHOL and PRODICEV participation.
- The coordination PRODICEV-PECOS, has promoted mutual support in conferences, educational material, bibliographic material. However, such activities, were not systematical. On the other side, PECOS used PRODICEV as a reference central lab. In one occasion, PRODICEV worked in the data analyses of the research made by PECOS.
- MHOL activities have been under permanent coordination with PRODICEV, main turning site of HIV screening consultations made to MHOL through the three sub-components. PRODICEV-MHOL coordinations have granted the program diffusion, support in pamphlet production and stretcher donation to PRODICEV.
- The PECOS-MHOL relationship has been tangential, mainly (depending of MHOL personnel) because of the human relations problems of the people in charge of PECOS.

It is being recommended to develop coordination meetings among the various Program components, with permanent issue in the agenda, to learn how to raise the efforts made by each institution from the joint work done. It is also recommended a bilateral coordination for specific matters (for example. PECOS - PRODICEV for investigation).

#### **8. FEMALE PARTICIPATION IN THE AIDS EDUCATION AND PREVENTION PROGRAM**

Such matter has been approached within the evaluation process from two standpoints:

- a) women as beneficiaries of the AIDS Education and Prevention Program, and
- b) working participation of women in the Program.

On the first matter, it is highly remarkable the concern of Program designers, to have female population as direct beneficiaries. Thus,

1. In the PRODICEV component:
  - one of the three sub-components is only dedicated to the detection of AIDS infection in women (sex workers), in addition to the just mentioned, this group was provided with advisory.
  - likewise, together with men, the women were able to access other services provided by PRODICEV (advisory/attention and education).
2. In the MHOL component, women were able to access the hotline, the safer sex workshops and the information material distributed by the "Pasa la Voz" project.
3. In the PECOS component, women have been the center of pertinent activities to the investigation and educational activities. In addition to the just mentioned, they had relevant qualitative and quantitative participation in the workshop over methodology development and material for AIDS prevention.

From a project executor standpoint: we were able to appreciate that in most parts or along the Program, the responsibility of directing the institutions involved were performed by women:

PRISMA: Josephine Gilman  
MHOL: Rebeca Sevilla  
PRODICEV: Julia Piscoya  
PECOS: Juana Antigoni

Likewise, within the composition of two components work teams, the participation of women was a majority fact:

- PECOS: the three members of the research/education team are women, in addition to this, it was definitely contemplated the participation of a local women organization.
- PRODICEV: 7 out of 13 are women

The just mentioned had positive effects regarding the visibility of women related to the struggle against AIDS.

FINAL REVIEW  
EVALUATION  
EDUCATION AND AIDS PREVENTION PROGRAM

EXECUTIVE SUMMARY

The Cooperative Agreement N° 527-0333-A-00-9407-00 was signed between USAID and PRISMA with the purpose to support the efforts made by PRISMA when facing the AIDS concern in Perú. With USAID support and its own, PRISMA has been implementing the Acquired Immune Deficiency Syndrome Education and Prevention Program.

This Program started on October 1989 and will be completed for January 1993.

**1.0 Objectives of the Review**

This Program started on October 1989 and will be completed for January 1993.

**1.0. Objectives**

The objectives agreed among the evaluation team and PRISMA for the present review, were:

- / 1. To establish the progress attained by the Program when achieving its goals.
- / 2. To make the necessary recommendations for feasible re-adjustments, according to results obtained in Objective I of the review.
- / 3. To identify problem areas which obstructed the presumed Program progress and to submit the recommendations necessary for its solution.

It was defined that the present review should pay special attention to the existing relation between the three local organizations provided with Program support, benefits that PECOS would have received from such research projects, services provided by PRODICEV and female participation within the different stages of the Program.

The methodology used for the program review included: an original descriptive program, monitoring reports as a whole, an internal review report, all administrative documentation related to PRODICEV costs and bibliography separated from the Program, interviews with responsables in each component of the program, exchanges with relevant personnel of such components and both interviews taken to both: the Monitor of the Program and PRISMA Executive Director.

## **2.0. Significant Limitations**

There were problems found during the performance of a systematic and global evaluation due to the fact, that the Program was conceived following a pattern, which did not grant an evaluation as a whole. The Program did not include:

1. A clear formulation of the AIDS concern in Peru, the specific problems to be confronted and corresponding baseline,
2. Clearly measurable goals in specific populations or beneficiary institutions,
3. An - internal and/or external - review plan designed (at least drafted) as part of the activities underwent. Such deficiency was corrected from two initiatives: first, through the implementation of an internal review and second, from an external review (as current).

The just mentioned, called for a re-structure in Program objectives and strategy from original documentation.

## **3.0. Program Objectives**

To reduce AIDS sexual transmission through the achievement of educational and prevention activities, through strengthening three national institutions: the Ministry of Health (MOH) - Programa Especial de Control de SIDA (PECOS) - Movimiento Homosexual de Lima (MHOL) and Universidad Nacional Mayor de San Marcos (UNMSM). The just mentioned, operates through developing activities within the education, information, communication, advisory, detection and research fields.

Foreseen RESULTS were: 1. To consider a specialized detection center with AIDS consulting, not considered as a health service, 2. To consolidate MHOL activities regarding the Hotline, safer sex workshops & street promoters activities and, 3. To develop PECOS capacities for research and educational interventions.

The central STRATEGY used in the Program was: to provide technical, financial and administrative cooperation for the development of expected activities from the three mentioned institutions.

#### 4.0 General Conclusions Summary

4.1 Of the AIDS Education and Prevention Program. The Program is pertinent regarding the national public health, policies and national health programs. It is pertinent to note that the Program covered both; the general population, as the risk groups, as it is the concern of the Ministry of Health. Likewise, the activities planned were applicable to the objectives targeted.

4.2 Of the effectiveness of the AIDS Education and Prevention Program.

The Program has been performed with effectiveness, goals have been accomplished and the three national institutions - target of the Program-, have strengthen their capacities when the expected results were mostly reached:

Universidad de San Marcos counts with its Programa de Diagnóstico Confidencial y Consejería en Enfermedades Virales - PRODICEV (Confidential Diagnose and Advisory for Viral Diseases Program), and the Ministry of Health includes in its Programa Especial de Control de SIDA - PECOS - (AIDS Special Control Program), a multidisciplinary team with design and fieldwork experience on educational & research interventions (mainly educative) and the Movimiento Homosexual de Lima - MHOL - (Lima Homosexual Movement), has achieved to be considered as one of the leader institutions with higher influence within the homo-bisexual population, consolidating its Street Promoters, Safe Sex Workshops and SI'DAYUDA Hotline Programs.

4.3 Female participation in the Program

When the design and implementation of the Program was reviewed, an interest to have the female population as direct beneficiaries of the Program was noted. Therefore, investigation, education, communication, advisory and detection on HIV infection, specifically oriented to female population - both in general and as groups having risk conduct.

On the other side, the participation of women has been proved relevant in both ways qualitative and quantitative, within the personal component directly involved in the direction and execution of the program.

**5.0 Conclusions and Recommendations according to the AIDS Education and Evaluation Program components.**

**5.1 Detection and Advisory Program on Viral Diseases**

**5.1.1. Conclusions**

- a. Actually, PRODICEV is an important service which provides specialized and confidential consultancy, with high levels of emotional support, in addition to performing the HIV test. It holds as a distinctive characteristic a separate performance from that of a health assistance service facility. Such attribute enables it to be taken as a complementary pattern for the attention provided by health services.
- b. The quality of the service provided is generally adequate and related to the specific type of population being attended.
- c. Its activities have been institutionalized and in-university (Law, Odontology, Communication Science Faculties and the San Marcos Health Center), as well as out-university social extension actions have been taken.
- d. The organization of an adequate net of institutional relationships at field levels has been achieved with special emphasis in the close relationship reached with organizations supporting risk groups, such as MHOL.
- e. Adequate tangible environments properly located have been installed in order to ease confidential actions and geographic access specially for the Callao area.
- f. Its proficiency is low. The cost of its activities is higher than those achieved by other national or foreign institutions. Fixed costs constitute as a whole, the main component and from here, the personnel item is the one consuming the most economic resources.

- g. All personnel working in the program own highly qualified technical and scientific skills, in addition to adequate human conditions considered for the accomplishment of its responsibilities.
- h. One important deficiency in the PRODICEV is not having formalized mechanisms to relocate patients with positive results to the HIV infections, who require medical and general specialized attention.

### 5.1.2 Recommendations

- a. Continuity of its operation would be that of a positive balance for the national public health, the support to this effort is being recommended.
- b. It is being recommended to broaden the extension activities. The unused PRODICEV potential would enable the venture into more significant areas than those explored to this date, including the work done to regional levels.
- c. It is being recommended to establish relationships with health service facilities to 1) serve as a reference center for advisory and detection in the case of health services not performing such activities, and 2) with services holding adequate infrastructure for medical and complete attention of AIDS infected and ailing patients.
- d. Our recommendation is to reduce the fixed costs to under 30%, specially on the expense component for personnel which should decrease to under 25% of what is being represented, and reduced - to at least - half the costs for goods and services (supplies) for determination of the lab tests. Our advise is to increase the fare for services rendered.

## 5.2 Movimiento Homosexual de Lima

### 5.2.1 Conclusions on the SI'DAYUDA Hotline

- a. The SI'DAYUDA Hotline had a discreet performance during the three year life of the Program; the number of users is not significant, away from the problems arisen with the MHOL facility relocation. The actual number of lines (one) available in MHOL is insufficient.

- b. Volunteer training lacked continuity and experience exchange.
- c. The Hotline promotion was insufficient, mainly for lacking their own resources.
- d. Data recollection is being made through using a methodology which does not enable to reach valid conclusion over the kind of users. Data collected is referential only.
- e. There are no mechanisms available to relocate female consultants to facilities where the AIDS, women and reproductive health issues are undertook in its whole.

### 5.2.2 Recommendations over the SI'DAYUDA Hotline

- a. Due to the Hotline importance within the whole prevention HIV/AIDS strategy in Perú, it is being recommended to keep it and to support its strengthening at least with the following measures.
- b. Improvement in the promotion campaigns through providing higher resources for such activities.
- c. To accomplish an active search for voluntary personnel to attend the Hotline through continue training programs and close coordination with other organizations working in HIV/AIDS prevention and education, paying special attention to female organizations.
- d. To support SI'DAYUDA in the quest for a phone line of its own, not used to attend regular MHOL activities. To avoid a close direct relationship between homosexuality and the Hotline.
- e. Including to the service provided by SI'DAYUDA, consultation over other sexual transmitted diseases.
- f. To keep a permanent supervision of the Hotline.

### 5.2.3 Conclusions over "safer sex workshops":

- a. Safer Sex Workshops have achieved mostly every proposed goal, they provide a dynamic and adequate information alternative over HIV/AIDS and promote behavior changes among participants.

- b. Workshops achieve high quality of technique-communication levels.
- c. The male proportion level of participants having sexual relations with other men who attended to the mentioned workshops is low compared to the number of participants taking part of such event who conform other population groups.

#### 5.2.4. Recommendations over "Safer Sex Shops"

- a. A good proportion of the audiences who have used the workshops is conformed by people who do not attend to the MOHL facility, for such reason it is recommended a technology transfer to various organizations in order to be replied in different locations and for different audiences. The degree of integration into a system will enable its reproduction.
- b. To contemplate constant promotion strategies for this activity in order to increase the number of participant to the workshops.

#### 5.2.5 Conclusions over "Pasa la Voz"

- a. The "Pasa la voz" promoters Program holds a wide distribution coverage for information material and condoms within the Lima homosexual community.
- b. Due to the a system based on promoter sequences where only the first are in direct contact with the institution it is difficult to precise when is the material arriving to the other end of the sequence.
- c. It has been denoted that MHOL holds great experience with the production of information material for the homosexual community, not being the same with the general population, specially when regarding to women.

#### 5.2.6 Reconclmations over "Pasa la voz"

- a. A close supervision through promoters sequence to ensure an adequate distribution of materials.

- b. To foster research projects through the use of this program to obtain information oriented toward designing campaigns to change sexual practices among men having sexual relations with other men.
- c. To correlate with organizations having experience in the Health and Women issues, for the production of material oriented toward the female sector.

#### 5.2.7 Conclusions on the research over the use and attitudes over the condom

In general, a good quality was used in addition to be a pertinent study of the Program. The following observations can be noted:

- a. A focal group technique was used in most studied populations, but considering only one group per population (it is recommended to have at least two focal groups per studied population).
- b. The instrument used in the quantitative research was unique in all the population groups interviewed. It would have been recommended to at least elaborate some questions for the interview with each group, according to its specificity.
- c. To be cautious with results obtained both to make premises over the general population, as to the risk groups.

For the general population, the sample size of the quantitative research is reduced, the number of rejections was high and the percentage of unanswered questions was apparently high. Final report was not considered.

For the risk behavior groups, the sampling was intentional taking to selection bias.

#### 5.2.8 Recommendations from the research over the condom and attitudes on the condom

It is recommended that the future strategy -regarding the research component for the AIDS education and prevention- emphasizes the studies leading to obtain information of basic aspects of the risk behavior determinants, risk perception, health services acceptability, etc., in different population groups.

6.0 Programa Especial de Control de SIDA (Special AIDS Control Program)

6.1 Conclusions over the PECOS component

- a. The objectives of this AIDS Education and Prevention Program component have been accomplished in its whole.
- b. The development of sub-components has been a difficult and painful endeavor, finding that instability is constantly being processed by the Health Ministry, and therefore, PECOS was a highly significant factor, if we consider there were attempts against the instability of working teams.
- c. PECOS does not have the necessary conditions to properly develop the necessary conditions to properly develop research work. Such inadequacy is due to a lack of human resources and adequate infrastructure.
- d. PECOS developed its intervention capacity from stabilizing responsible, motivated team and with great capacities of educational work.

6.1 Recommendations on the PECOS components

- a. It is recommended to find ways viable in order to stabilize the working relationships with PECOS of the team finally conformed for the education subcomponent in young women. If such team migrates institutionally the result to strengthen PECOS will not be achieved.
- b. It is being advised to consider alternatives for future research actions, essentially within university groups.
- c. To support PECOS summon capacities, to technically strengthen its normative capacity and to develop its negotiations abilities with other social actors who develop AIDS education and prevention actions.

Dr. César Lip Licham

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