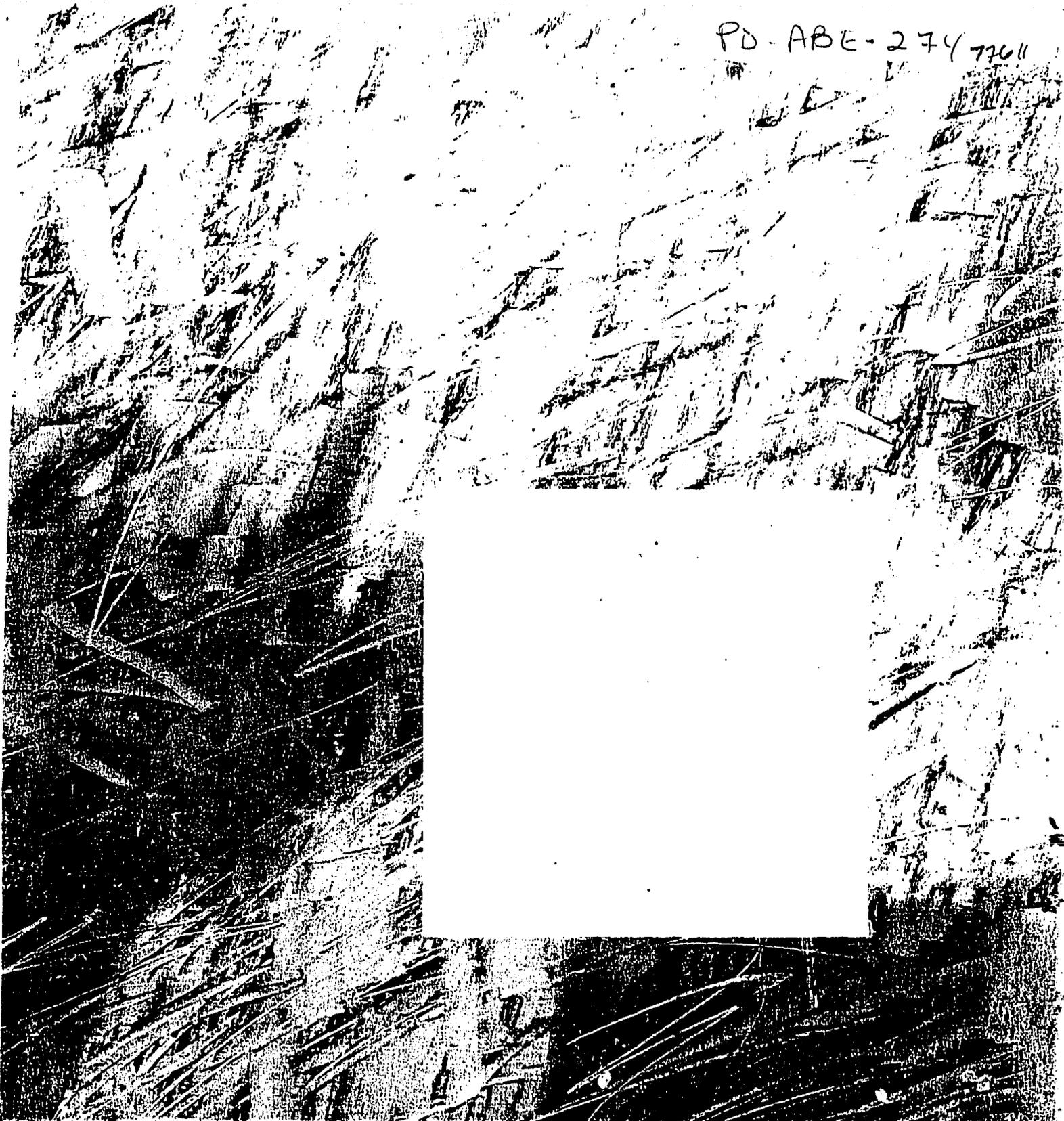


PO-ABE-27477611



# AIDS 2001

UNIDOS PARA UN MUNDO SIN SIDA

The Academy for Educational Development, 1255 23rd Street, N.W. Washington, D.C. 20037 Tel. (202) 862-1900 FAX (202) 862-1947  
Contract No. DPE-5972-Z-00-7070-00. United States Agency for International Development.

PD-ABE-274

**AIDSCOM**

***Dominican Republic  
Implementation  
Plan***

---

**Michael Ramah  
AIDSCOM/Porter Novelli**

---

**AIDS Public Health  
Communication Project  
(AIDSCOM)**

***August 1990***

**AIDSCOM  
Project No. 936-5972  
AIDS Technical Support:  
Public Health Communication Component  
Contract No. DPE-5972-Z-00-7070-00**

**Office of Education, Health, and Population  
Bureau for Science and Technology  
Agency for International Development**

## Contents

---

### Abbreviations

<b>I.</b>	<b>AIDSCOM Project Background</b> .....	<b>1</b>
<b>II.</b>	<b>Country Project Background</b> .....	<b>2</b>
	<b>A. Country Analysis</b> .....	<b>2</b>
	<b>B. Health Services Infrastructure</b> .....	<b>2</b>
<b>III.</b>	<b>AIDS in the Dominican Republic</b> .....	<b>3</b>
	<b>A. Epidemiology</b> .....	<b>3</b>
	<b>B. Factors in the Spread of HIV</b> .....	<b>5</b>
	<b>C. Government Response</b> .....	<b>5</b>
	<b>D. PROCETS/CONASIDA Interventions and Accomplishments</b> .....	<b>6</b>
<b>IV.</b>	<b>The AIDSCOM Project/Intervention</b> .....	<b>7</b>
	1. International Donor Agency Response .....	<b>8</b>
	2. AIDSCOM's Role .....	<b>8</b>
	<b>B. AIDSCOM Activities</b> .....	<b>8</b>
	1. Overview .....	<b>8</b>
	2. Commitments .....	<b>8</b>
	<b>C. Barriers to Halting the Spread of HIV</b> .....	<b>10</b>
	1. Technical Constraints .....	<b>10</b>
	2. Operational Barriers .....	<b>10</b>
	3. Cultural Barriers .....	<b>11</b>
<b>V.</b>	<b>Communications Plan</b> .....	<b>12</b>
	<b>A. Overview</b> .....	<b>12</b>
	<b>B. Media Mix</b> .....	<b>13</b>
	1. General Audiences .....	<b>13</b>
	2. High Risk Behavior Intervention .....	<b>13</b>
	<b>D. Second Year Implementation Plan</b> .....	<b>14</b>
	1. General Audience .....	<b>14</b>
	2. High Risk Behavior Intervention .....	<b>14</b>
	<b>E. Third Year Implementation Plan</b> .....	<b>14</b>
	1. General Audiences .....	<b>14</b>
	2. High Risk Behavior Intervention .....	<b>14</b>
	<b>G. Fourth Year Implementation Plan</b> .....	<b>15</b>
	1. General Audiences .....	<b>15</b>
	2. High Risk Behavior Intervention .....	<b>15</b>

<b>VI. Highlights of AIDSCOM Activities</b> .....	<b>15</b>
<b>A. Condom Skills Assessment</b> .....	<b>15</b>
1. Audience and Methodology .....	16
2. Results .....	16
3. Materials Development .....	16
<b>B. KAP Study Among Men Who Have Sex With Men</b> .....	<b>17</b>
<b>C. KAP Study Among Female Sex Workers</b> .....	<b>18</b>
<b>D. Health Messenger Training Module</b> .....	<b>18</b>
<b>E. Advertising Agency and National Media Campaign</b> .....	<b>18</b>
<b>F. AIDS Module for Adolescents</b> .....	<b>18</b>
<b>VII. Management Plan</b> .....	<b>19</b>
<b>VIII. Evaluation Plan</b> .....	<b>19</b>
<b>A. General Population</b> .....	<b>20</b>
<b>B. High Risk Behavior Intervention</b> .....	<b>20</b>
<b>C. Institutionalization</b> .....	<b>21</b>
<b>D. Private Sector Mobilization</b> .....	<b>21</b>

**Appendix A. Resident Advisor Scope of Work**

## **Abbreviations**

---

<b>AED</b>	<b>Academy for Educational Development</b>
<b>A.I.D.</b>	<b>Agency for International Development</b>
<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>CONASIDA</b>	<b>National Commission for the Study of AIDS</b> <b>Comisión Nacional para el Estudio del SIDA</b>
<b>COIN</b>	<b>Centro de Orientación e Investigación Integral</b>
<b>DR</b>	<b>Dominican Republic</b>
<b>GODR</b>	<b>Government of the Dominican Republic</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>HMO</b>	<b>Health Maintenance Organization</b>
<b>IDSS</b>	<b>Dominican Social Security Institute</b> <b>Instituto Dominicano de Seguridad Social</b>
<b>INSAPEC</b>	<b>APEC Institute for Sexual Education</b>
<b>ISSFAPOL</b>	<b>Social Security Institute of the Armed Forces and</b> <b>National Police</b>
<b>IVDU</b>	<b>Intravenous Drug Use</b>
<b>KAP</b>	<b>Knowledge, Attitudes, and Practices Study</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>PAHO</b>	<b>Pan American Health Organization</b>
<b>PROCETS</b>	<b>Programa Control de Enfermedades de Transmisión</b> <b>Sexual y SIDA</b>
<b>PROFAMILIA</b>	<b>Asociación Dominicana ProBienestar de la Familia</b>
<b>STD</b>	<b>Sexually Transmitted Disease</b>
<b>SESPAS</b>	<b>Secretariat of State for Public Health and Social</b> <b>Assistance</b> <b>Secretaría de Estado de Salud Pública y Asistencia Social</b>
<b>TA</b>	<b>Technical Assistance</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WHO/GPA</b>	<b>World Health Organization/Global Programme on</b> <b>AIDS</b>
<b>Y &amp; RD</b>	<b>Young and Rubicam/Demaris</b>

---

# **Dominican Republic Implementation Plan**

---

## **I. AIDSCOM Project Background**

---

In 1987, the United States Agency for International Development (USAID) initiated a new project to develop research communications for AIDS prevention. The Academy for Educational Development (AED) received the contract to implement the project under contract number DPE-5972-Z-00-7070-00, AIDS Technical Support: Public Health Communication Component (AIDSCOM). The Academy's partners in this endeavor are The Johns Hopkins University, Porter/Novelli, the University of Pennsylvania/Annenberg School of Communications, and the Prism Dae Corporation.

AIDSCOM is an initiative of the Offices of Education, Health, and Population of the Bureau for Science and Technology, its regional bureaus and country USAID Missions to assist National AIDS Committees in their fight against AIDS. This project builds upon USAID's successful experience with social marketing and public health communication to create a model uniquely suited to the needs of AIDS prevention in a country-specific context. AIDSCOM works closely with AIDSTECH, USAID's program of general technical support, to complement the World Health Organization's leadership in global AIDS prevention and control.

AIDSCOM is primarily an operations research and communications project led by professionals who have worked on AIDS since the early days of the worldwide pandemic.

The purpose of AIDSCOM is to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS in the developing world. AIDSCOM applies and further develops the use of public communication strategies, prevention counseling approaches, and condom marketing methods to inform people about HIV infection, how it is and is not spread, and to understand, motivate, and support the process of adopting specific risk reduction behaviors to prevent the further spread of HIV infection.

## **II. Country Project Background**

---

### **A. Country Analysis**

The Dominican Republic (DR) is a small nation that shares the Caribbean island of Hispaniola with Haiti. The DR has a diverse population of 6.7 million inhabitants with an approximate annual growth rate of 2.8 percent (1970-1981). Nearly one of every two Dominicans lives in a rural area. Accordingly, 45% of the work force is engaged in agriculture, the remainder being split nearly equally among industry and commerce, services, and the government (including parastatal organizations). The Dominican population is 16 percent Caucasian, 11 percent Black, and 73 percent Bi-racial. Resident Haitians are the largest foreign minority group. Spanish is the official language of the DR; the official religion, Roman Catholicism. Literacy is estimated at 68 percent.

The principal causes of death in the DR are poverty-related. Malnutrition and intestinal and respiratory infections accounted for approximately one-third of reported infant deaths in 1984. The overall infant mortality rate in the DR is 96 per 1000 live births. Average life expectancy is 60 years.

### **B. Health Services Infrastructure**

Of the institutions that provide health care to the Dominican people, three are administered by the Government of the Dominican Republic (GODR): the Secretariat of State for Public Health and Social Assistance (SESPAS), the Dominican Social Security Institute (IDSS), and the Social Security Institute of the Armed Forces and National Police (ISSFAPOL). In the private sector, health care is provided by fee-for-service practices, non-profit institutions, pre-paid HMO-type companies, and by indemnity insurance companies.

In general, each of these institutions serves a particular socio-economic sector of the population. Low income Dominicans use the free or inexpensive services of SESPAS and the private, non-profit sector. SESPAS services are administered through a national network of hospitals and clinics that reach an estimated 40-60 percent of the nation's population. Non-profit institutions serve about 5 percent of Dominicans in clinics affiliated primarily with religious groups. Furthermore, several universities provide health services in the low income barrios where they are located.

The Dominican Social Security Institute (IDSS) serves approximately 9 percent of the population, and its patients are almost exclusively industrial workers. Dominicans of the lower-middle to upper income status use private,

for-profit services. Private health care providers offer an ample range of services and are highly concentrated in the urban areas of the DR, particularly the nation's capital, Santo Domingo.

The overall economic decline experienced in the DR during the 1980s was accompanied by deteriorating government-sponsored health care services. Due to endemic financial and managerial problems, neither SESPAS nor IDSS has been able to provide adequate services to the poorest segment of the Dominican population.

### **III. AIDS in the Dominican Republic**

#### **A. Epidemiology**

The DR reported its first four AIDS cases in 1983. Each of these was among male sex workers who had sex with foreign men.

As illustrated in Table 1, most of the first 78 cases of AIDS appear to be attributable to multiple-risk behaviors. Well over two-thirds of those infected reported either a history of sexually transmitted diseases (STDs) or of (male) homosexual relations. Nearly the same number had practiced anal intercourse or had sex with foreigners. And, three of five of these first-infected Dominicans had engaged in sex with female sex workers.

**Table 1. Distribution of risk factors in the first 78 cases of AIDS, Dominican Republic, 1983-June 1986.**

<b>Risk Factor</b>	<b>Cases (No.)</b>	<b>Cases (%)</b>
Sexually transmitted diseases	54	72.0
Homosexual relations (male)	44	69.8
Anal intercourse	49	65.3
Sex with foreigners	47	62.6
Sex with female sex workers	36	57.1
Travel to other countries	26	34.7
Blood transfusion	5	6.4
Intravenous drug use	4	5.3

Source: PROCETS/SESPAS

All of these early AIDS cases in the DR were reported among men. However, as noted in Table 2, this epidemiological pattern changed quickly. By 1985, Dominican women accounted for fully 25 percent of AIDS cases.

**Table 2. Distribution of reported AIDS cases according to gender and risk factor, Dominican Republic, 1983–March 1988.**

Risk Factor	Male (%)	Female (%)	Total* (%)
Heterosexual contact only	33.9	52.9	39.7
Homosexual-bisexual contact	31.9	—	22.1
Blood transfusion	3.7	10.3	5.7
Intravenous drug use	1.1	0.7	1.0
Perinatal transmission	0.6	0.7	0.6
Not given	25.9	28.4	26.7
Other	2.9	10.3	4.2
<b>*Total persons contacted</b>	<b>351</b>	<b>155</b>	<b>506</b>

Source: PROCETS/SESPAS

These trends continued throughout the decade. From 1983 to 1985, the ratio of reported male-to-female cases was roughly 6:5:1. Between 1986 and March 1988, however, this disparity between women and men declined dramatically to reach 2:3:1. It is presumed that in the 1990s as many, if not more, Dominican women as men will be diagnosed with AIDS. Table 2 shows that slightly more infected men reported heterosexual only contact than reported male-to-male sexual contact. Among women, 53% did not apparently have any other risk factor than heterosexual relations.

By early 1989, 808 cases of AIDS had been reported in the DR. The estimated seroprevalence rate in the population is between 0.7% and 1%, indicating that between 45,000 and 60,000 people have already been infected. It is further estimated that perhaps 12,000 of those infections will be diagnosed as AIDS in the 1990s.

## **B. Factors in the Spread of HIV**

The DR has one of the highest rates of HIV infection in the Spanish-speaking Americas and, increasingly, a dominant pattern of heterosexual transmission. Several specific cultural factors have been identified that have impact upon the spread of HIV in the DR. For one, it is believed that the DR has a particularly large, well-established and, at least in part, socially-accepted sex industry, concentrated in the larger cities of Santo Domingo and Puerto Plata. Many of these sex workers travel to and from other areas of the Caribbean (including high-incidence Haiti) and Mediterranean Europe. Anecdotal evidence also suggests a large sex industry in Puerto Plata that centers around the gay male tourist trade.

The substantial number of Haitian migrant workers in the DR is surely another factor in the spread of HIV. While the incidence of HIV in the migrant population is unknown, it is presumed to reflect the high incidence rates within Haiti itself. Social and sexual contacts between resident Haitians and Dominicans are common.

Dominicans have significant contact with another high incidence area, namely, New York. The largest concentration of Dominicans outside the DR is located in the New York City area, and the interchange between the U.S. community and families and friends at home is extensive.

## **C. Government Response**

In 1985, the GODR, through SESPAS, initiated general AIDS prevention activities with a few seroprevalence/surveillance and knowledge, attitudes, and practices (KAP) studies. In February 1987, SESPAS established the Program for the Control of STDs and AIDS (PROCETS). In May of the same year, the National Commission for the Study of AIDS (CONASIDA) was founded to assess and evaluate PROCETS interventions. With partial financial support and assistance from PAHO/WHO, PROCETS/CONASIDA devised the DR's first National Plan for the Prevention and Control of AIDS, for July 1987 through December 1988. A second National Medium-term Plan (1989-1991) was developed with assistance from WHO/PAHO, AIDSCOM, and AIDSTECH. The following activities are emphasized in the second and current National Plan:

- conducting epidemiological surveillance;
- preventing HIV transmission through blood and blood products;
- preventing HIV infection by sexual transmission;
- preventing perinatal transmission of HIV infection;

- reducing the impact of HIV/AIDS on individuals, groups, and society; and
- organizing and managing the AIDS Program.

#### **D. PROCETS/CONASIDA Interventions and Accomplishments**

Once established, PROCETS began implementing the National Plan, which included the following wide variety of services.

1. PROCETS created a blood bank control unit to establish a regular reporting system for all blood screened, equip SESPAS laboratories with needed equipment, maintain a regular supply of reagents, incorporate the private blood bank system into a regular and systematized blood screening process, and stimulate all blood banks to report all HIV positive results, thereby enabling accurate country-wide reporting. PROCETS ensured that an ELISA test can now be executed in every health region in the nation.
2. PROCETS established a network of STD clinics with an outreach focus and specific orientation toward individuals who practice high risk behaviors. Eight clinics were opened in Santo Domingo and nine in smaller cities around the DR.

PROCETS identified commercial sex workers as one segment of the population clearly at risk for HIV infection and in need of special interventions. PROCETS workers persuaded the owners of sex businesses to permit their employees to attend informational presentations about AIDS/HIV at local STD clinics. PROCETS also developed a mobile STD clinic service to perform check-ups for street workers and for others who were reluctant to use public clinics.

Since initiating the PROCETS STD clinic project, more accurate data regarding STD prevalence has been obtained. In 1988, for example, 68 percent of 9,246 female sex workers contacted had some type of STD. These data point to the importance of the STD clinic intervention as well as to the dangerously vulnerable position of female sex workers with respect to HIV infection.

3. PROCETS initiated or sustained two types of community efforts. The first, AIDS Surveillance Committees, are community-based groups that identify and support people with HIV/AIDS and promote community-based educational activities. The second involves the Adoratrices, a Catholic order of nuns, that has been responsible for informing male and female sex workers who test seropositive. The order has also developed

a job training and placement program for seropositive female sex workers.

The most efficient work with individuals at high risk at a community level was organized through a non-profit offshoot of PROCETS called COIN (Centro de Orientación e Investigación Integral). COIN is responsible for the mobile STD clinic program discussed above and is also implementing the Health Messenger Program.

4. PROCETS/COIN health educators who worked with groups of female and male sex workers invited motivated, articulate, and outspoken workers to act as health messengers (mensajeras de salud) among their peers. The messengers were carefully trained about HIV/AIDS prevention and control and supplied with print materials and condoms to distribute among their peers. COIN holds regular meetings with health educators and health messengers to exchange experiences, pass on new information, and replenish supplies.
5. PROCETS implemented the first national AIDS education campaign based on data from two KAP studies conducted by its research unit. Although the campaign lacked a systematic methodological approach, PROCETS produced an impressive array of communications materials, including brochures, stickers, posters, street banners, billboards, and radio advertisements. PROCETS conducted many presentations at schools and various social, cultural, and professional groups, and held trainings for health and education personnel. During these activities, the group distributed 800,000 free condoms.

#### **IV. The AIDSCOM Project/Intervention**

##### **A. Rationale for the Project**

Citizens of the DR have benefitted substantially from the government's comparatively early response to HIV/AIDS and the creation of PROCETS/CONASIDA. However, the GODR's budget for health education is far outstripped by actual needs. AIDS is not yet considered by many in the GODR as a priority to receive the scarce funding available, especially in view of long-standing problems such as dehydration and malnutrition that continue to claim the lives of many children. Thus, PROCETS/CONASIDA have had no alternative but to seek funds among the international donor community.

## **1. International Donor Agency Response**

WHO/GPA was the first international donor institution to seriously consider the magnitude of HIV-related problems in the DR. It has funded PROCETS and the National AIDS Plan from their inception. WHO/GPA, through the Pan American Health Organization (PAHO), contributed US\$ 54,545 to fight HIV from 1983-1988.

## **2. AIDSCOM's Role**

In light of the strong foundation established by PROCETS/CONASIDA, AIDSCOM recognized an ideal opportunity to provide, as requested, assistance to particular components of the National Plan. The political will clearly existed to develop AIDS control programs, funding from USAID and from P.L.-480 country funds was available to help support AIDSCOM programs, and AIDSCOM expertise was welcomed by PROCETS/CONASIDA.

Developing a program in the DR also offered AIDSCOM the opportunity to undertake important behavioral, communications, and operations research that would benefit A.I.D./Washington's AIDS prevention goals of identifying and characterizing effective prevention interventions that could be used elsewhere in the region and worldwide.

## **B. AIDSCOM Activities**

### **1. Overview**

In broad support of authorized AIDSCOM program objectives to halt the spread of HIV, AIDSCOM provides technical assistance and support services to PROCETS/SESPAS in communications and education. Additionally, AIDSCOM will provide a resident advisor (See Appendix A for scope of work) to SESPAS for two years to help train and institutionalize an AIDS-related communications planning and program management capacity within PROCETS/SESPAS.

### **2. Commitments**

AIDSCOM's commitments to implementing the DR project, aside from providing a resident advisor, will be as follows.

- a. **AIDSCOM will review SESPAS technical assistance (TA) requirements in social marketing for AIDS-related programs and provide short-term TA on AIDS-related and social marketing issues and communications research.**
- b. **AIDSCOM will coordinate and monitor short-term TA, both local and expatriate.**
- c. **The project will develop a research methodology, including data gathering instruments and a data analysis plan. It will be used to evaluate the impact of the communications program in terms of levels of awareness and health behavior change relevant to AIDS prevention and control.**
- d. **AIDSCOM will provide technical and administrative support to the SESPAS AIDS Prevention and Control Program, including arranging for locally subcontracted technical services and goods, in support of the DR's National AIDS Plan and the AIDSCOM communications plan. This will include identifying appropriate in-country firms/organizations, writing scopes of work, monitoring their progress, and producing finished products.**
- e. **AIDSCOM staff will provide training in various research techniques to improve the overall effectiveness of the communications and social marketing program. These techniques may include behavioral psychology, behavior analysis, anthropology, and market research.**
- f. **Project staff will provide training in the use and dissemination of research findings.**
- g. **AIDSCOM will subcontract services of local contractors for activities related to developing and implementing the AIDS Communications Plan. Such services may include market research, focus group studies, strategy and policy papers, developing media messages, and developing promotional or educational materials.**
- h. **Project staff will review technical reports on AIDSCOM activities and provide technical and strategic guidance to the resident advisor to ensure effective program implementation.**
- i. **Staff will monitor the progress of project activities and submit Quarterly Progress Reports to the Ministry of Health (MOH), USAID, and AIDSCOM.**

- j. **AIDSCOM/Washington will provide two supervisory visits per year to review work progress, discuss and help resolve operational problems, and brief the resident advisor on policy and program strategies being discussed by international agencies and developing country officials that manage AIDS prevention and control programs.**
- k. **AIDSCOM staff will plan and coordinate dissemination and use of research results at the regional and international level.**

### **C. Barriers to Halting the Spread of HIV**

**The ability of the GODR to prevent and control the spread of HIV is greatly hampered by technical, operational/financial, and cultural constraints, some of which are described below.**

#### **1. Technical Constraints**

**There is presently no vaccine to prevent AIDS, and none is expected to be developed for the next ten years. Moreover, there are also technical limitations to the early and accurate detection of HIV infection, including false positive and false negative tests, and the possibility of prolonged viral incubation after infection. Thus, the technical capacity of governments and collaborating institutions to prevent HIV transmission is limited to their ability to provide the public and special populations with the information and resources needed to take personal action to avoid HIV infection.**

#### **2. Operational Barriers**

**CONASIDA/PROCETS and its subordinate groups have been relatively unsophisticated in their use of modern media, social marketing, and other private sector communications techniques and venues. Efforts have often been disorganized due to a proliferation of players and interest groups. Disorganization has sometimes led to diluted or hastily determined interventions. Overall, PROCETS/CONASIDA activities have thus far been reactive rather than proactive. The AIDSCOM resident advisor will address this problem and help institutionalize a focus on research and communications methodologies within PROCETS/CONASIDA. However, institutionalization will be hampered by the shortage of financial resources and staff resources within the GODR.**

### **3. Cultural Barriers**

**Several cultural barriers have been identified that may hinder attempts to halt the spread of HIV in the DR. Some of them are culturally unique; others are characteristic of HIV/AIDS.**

**The DR's population is culturally, economically, and ethnically diverse. To date, three groups have been identified as being at highest risk of contracting HIV: female commercial sex workers, men who have sex with men, and (predominantly) Haitian migrant farm workers. Members of each of these groups exist in some manner outside the general or publicly acknowledged Dominican society. Acknowledged or unacknowledged, however, members of each of these groups have frequent social, economic, and sexual interactions with the mainstream population.**

**The combined factors among migrant farm and commercial sex workers of low literacy, economic despair or dependency, and high mobility (from village to city, from the DR abroad or to Haiti) make these populations particularly difficult to reach. Similarly, widespread and openly expressed homophobia limit access to gay and bisexual men, many of whom will be reluctant to participate in clinical or behavioral research studies for fear of social stigmatization and persecution.**

**Communications efforts directed at the mainstream population may not be perceived as relevant by members of any of these groups. They may perceive themselves as outside the norm. Conversely, mass dissemination of materials developed specifically for these three groups would most likely be wasteful or counter-productive.**

**To date, PROCETS/CONASIDA has addressed both of these concerns with limited success. General awareness of AIDS as an STD appears to be high, as demonstrated by the PROCETS KAPs. It is suspected, however, that both knowledge and practice of HIV prevention methods is considerably lower. Creating awareness without developing knowledge and practice has been demonstrated to lead to a "not-me" syndrome. That is, individuals may be aware of AIDS, but in the absence of specific knowledge about transmission and prevention, they may remain unable to determine the appropriate application of this awareness to their personal circumstances. Individuals may dismiss the threat of AIDS in such situations due to an overwhelming sense of unspecified fear, doom, and denial. Conversely, individuals may underestimate the risk of their own behaviors and feel inappropriately safe or immune. Thus, one of the goals of a viable communications program is to enable individuals to accurately assess their risk and modify their behavior accordingly.**

Behavior change can only survive in an environment which renders the change socially, economically, and emotionally acceptable or desirable. **Social marketing** seeks to successfully apply the technologies of and lessons learned by modern communications and marketing to create a receptive environment for the product of a positive behavior change—in this instance, the adoption of safer sex practices by individuals and, by extension, the halt of HIV.

To ensure maximum communication value, educational materials will be pre- and post tested at each stage in developing the DR social marketing campaign.

Additionally, the concerns and interests of various religious groups will have to be addressed. For example, it is unlikely that the Catholic Church would support or cooperate with a mass media condom promotion campaign without extensive education and persuasion by PROCETS/SESPAS. In an overwhelmingly Catholic country such as the DR, the effect of Church opposition to AIDS education could be devastating. Therefore, every effort will be made to anticipate and, in so far as possible, overcome differences with religious communities.

## **V. Communications Plan**

---

### **A. Overview**

The AIDSCOM intervention is structured to focus on general populations, high risk behaviors, institutionalization, and private sector mobilization. AIDSCOM's strategy will include developing a national mass media campaign and producing collateral materials directed to the general population. Early PROCETS research indicated that while awareness of AIDS was nearly universal, many Dominicans either refuse to or are unable to assess their own risk for HIV infection. Research showed widespread denial among those who were at risk, and little compliance in any population with safer sex practices. Condoms were found to be singularly unpopular among both men and women.

Thus, the national mass media campaign will be designed to maintain and reinforce an awareness of AIDS through the following messages.

- AIDS exists and is a potential health threat for everyone.
- AIDS kills.
- AIDS can be prevented.
- Correct condom use is the best prevention.

In addition, AIDSCOM plans targeted interventions for groups with the highest risk behaviors, particularly female sex workers and men who have sex

with men. The strategy for these two groups will focus on group or community empowerment. Building upon the PROCETS Mensenjeras de Salud Project, for example, AIDSCOM hopes to strengthen community-based response to AIDS by educating and equipping sex workers to educate each other.

## **B. Media Mix**

Greater awareness of HIV/AIDS will be achieved through developing a national-level integrated mass media campaign that uses radio, television, press, cinema, and print. Radio will be employed to reach the poorest Dominicans, many of whom are illiterate. Television and print media campaigns will be directed toward the wealthier and more literate segments of the general population. Special materials will be developed, with the help of the target community, for interventions with high risk behavior groups.

## **C. First Year Implementation Plan**

### **1. General Audiences**

During the first year of AIDSCOM activities, a national mass media campaign will be developed to target general audiences. The campaign will focus on changing the common attitude that "AIDS is someone else's problem." Messages will emphasize the relevance of AIDS to all Dominicans and will stress how foolish it is to ignore the seriousness of AIDS. Additional emphasis will be placed on protecting oneself by having only one sex partner and using condoms.

### **2. High Risk Behavior Intervention**

Decisions that will determine the development of communications strategies, interventions, and pertinent educational materials will be made based on KAP studies that will be conducted among individuals identified as practicing high risk behavior. The following studies and interventions are planned:

- a condom use study among female sex workers in Santo Domingo,
- a KAP among men who have sex with men, and
- a training-of-trainers manual for each targeted audience.

## **D. Second Year Implementation Plan**

### **1. General Audience**

During the second year, the project will continue to implement the mass media campaign. But, the campaign's focus will likely be adjusted based on findings from a rapid formative research project to be carried out among the general audience by PROCETS. It is anticipated that a major new theme will be to promote sensitivity toward and understanding of people with HIV/AIDS, therefore reducing stigmatization and discrimination.

### **2. High Risk Behavior Intervention**

A major goal of the second year communications intervention will be to expand peer health educator training. Building on the Mensenjeras de Salud program already developed by PROCETS/COIN, female and male sex workers will be trained to be peer health educators. Other emphases will include developing educational materials and monitoring and adjusting the condom distribution system.

## **E. Third Year Implementation Plan**

### **1. General Audiences**

During the third year, the project will design a new mass media campaign that will address important issues that were identified during the first two years of the program, including attitudinal, factual, and sociological concerns. It is anticipated that at this stage in the epidemic, AIDS in the workplace will have become a topic of public concern and discussion.

### **2. High Risk Behavior Intervention**

The health educator intervention will be assessed for effectiveness and to make necessary modifications. And, a rapid assessment of self-reported condom use behavior will be carried out among sex workers. The assessment will judge the impact of prior educational interventions and guide planning for future studies and interventions. Print materials for high risk groups will continue to be produced.

It is anticipated that by this time community-based groups will be consolidated and operational wherever they were initiated. Efforts to provide communications support to these groups and their activities will be assessed.

The Bateyes Project, an intervention with migrant Haitian farm workers, will likely become a focal point of third-year activity. Based on prior research, a specific communications plan will have been designed for the migrant community, and materials will be made available for its implementation.

## **G. Fourth Year Implementation Plan**

### **1. General Audiences**

The third year campaign will be reinforced and, perhaps, reoriented to address remaining misconceptions and/or negative attitudes toward people with HIV/AIDS as detected in the rapid assessment study. Themes such as adolescents and AIDS or prenatal transmission may be addressed at this time.

### **2. High Risk Behavior Intervention**

Findings of the self-reported condom use study among commercial sex workers will be analyzed. If the results indicate that an alternative condom distribution system would be beneficial, the fourth year intervention will focus on its initiation and operation.

Training manuals will be evaluated and updated as necessary, and new materials may be developed. It is planned that updated materials will be available at AIDSCOM Project close so that other education activities may continue the intervention. A corresponding effort will be made to update the training of all peer health educators.

New and relevant print materials will be designed, tested, and produced for high risk behavior groups that respond to specific needs identified by the monitoring system.

## **VI. Highlights of AIDSCOM Activities**

### **A. Condom Skills Assessment**

AIDSCOM's first activity was to conduct a detailed study among female sex workers in Santo Domingo. The study was designed to assess sex workers' ability to correctly use condoms and to determine their attitudes toward condoms. The assessment was accomplished with assistance from the APEC Institute for Sexual Education (INSAPEC), a local, university-based sex education institute.

## **1. Audience and Methodology**

Female sex workers were interviewed in their work places—bars, brothels, first class hotels, and the street. The sample was proportionally representative of all types of sex workers. As part of each interview, the women were given a dildo and asked to show how to use and dispose of a condom. The interviewer rated each woman's performance by step; for example, by ability to correctly open the condom package, unroll the condom onto the dildo, check for air, etc.

## **2. Results**

The interviews revealed a clear pattern of deficiencies in condom use with clients. Usually, the workers put condoms on their clients, while the clients removed them. Most of the sex workers did not use condoms correctly. For example, most of them completely unrolled the condom before placing it on the dildo and almost no one squeezed air from the tip of the condom.

About half the sex workers said their clients refuse to use condoms. Most of the women said they dislike condoms; loss of sensation being their most common complaint against them. Most sex workers knew that condoms protect against AIDS and other STDs. They all knew that the MOH distributes free condoms and said they wish their clients would agree to use condoms more often.

## **3. Materials Development**

Results of the condom use study were used to develop educational materials for female sex workers. A focus group discussion, with an artist participating, was held in a major brothel to pre-test drawings to be included in the materials. The sex workers helped choose the characters, situations, and instructions for correct condom use that would be included in the materials. Most of the women in the group said the best format for educational materials would be a sticker to be placed on walls of rooms to which they bring their clients.

The sticker designed as a result of the focus group was pre-tested among female sex workers. Results of the tests showed that it did not successfully convey one essential message: "Condoms protect against AIDS." The sticker was crowded with information and the key message about condoms was not adequately emphasized.

Therefore, two alternative designs were developed and tested. The first reduced the number of illustrations to show only an encounter between a sex worker and her client and the three main condom use steps. The second showed only the three steps. Both designs were showed to sex workers, who were asked to choose which they believed conveyed most clearly: a) how to put on a condom and b) that condoms protect against AIDS. The women said the first alternative most clearly conveyed message b, and the second most effectively imparted message a.

A synthesis of both alternatives was devised and pre-tested among potential clients in four popular bars. The revised sticker met with universal approval. Most of the men interviewed said they would not be uncomfortable to find such information in the room where they would have their next encounter with a sex worker.

The stickers were distributed and attached to the walls of sex establishments by SESPAS employees. Subsequent checks revealed that many, if not most, of the instructional stickers were torn from the walls. Anecdotal evidence suggested that the stickers were placed too prominently (next to the bed) and that many clients found them intrusive.

## **B. KAP Study Among Men Who Have Sex With Men**

AIDSCOM conducted a KAP study of Dominican men who have sex with men in selected cities nationwide. In 1988, COMPUMETODO, a local market research firm, was selected to conduct the research, based on its understanding of the target group's social and cultural situation. Focus group sessions were held to gather information for developing the survey instrument and to identify appropriate language and themes. Based on these discussions, a questionnaire was drafted, pre-tested, and revised. The KAP was administered to 200 Dominican men. Data from the survey are being analyzed.

Based upon results of the analysis, AIDSCOM, with its counterparts, will design a communication and non-formal education strategy, to be followed by an overall package of communication materials. As with the condom sticker, prototype materials will be produced, pre-tested, and revised in conjunction with their target audiences. AIDSCOM will be involved until final art is produced, at which time PROCETS will assign responsibility for production and distribution. PROCETS, with AIDSCOM TA, will monitor and evaluate the intervention for men who have sex with men.

### **C. KAP Study Among Female Sex Workers**

AIDSTECH has a sub-agreement with PROCETS to carry out several discrete interventions among women with multiple partners, including a KAP study. The study will help define necessary communication and education strategies for the audience. AIDSCOM will help AIDSTECH select a local research firm to conduct the study and will participate in analyzing and defining the intervention strategy.

### **D. Health Messenger Training Module**

Train-the-trainer modules in AIDS education and prevention were developed for PROCETS' Health Messengers. Focus groups were used as the resource and the test/refine vehicle. The resulting module emphasizes skill building in interpersonal dynamics. When results of the AIDSTECH KAP are available, they will be incorporated, as appropriate, into the modules.

### **E. Advertising Agency and National Media Campaign**

As part of developing an overall communications strategy, AIDSCOM helped the GODR select an advertising agency to implement a national multi-media AIDS education campaign. Of four proposals received, Young and Rubicam/Damaris (Y & RD) had the most comprehensive understanding of the complexity of AIDS-related issues and the most well-developed infrastructure.

AIDSCOM will advise PROCETS concerning the actual contract proposed by Y & RD. In addition, the project will serve as a critical advisor on the content of the communications strategy proposal, suggest creative approaches to message definition, assist with all pre-testing to guarantee maximum comprehension and acceptance of messages, advise PROCETS as to the appropriateness of the media management plan submitted by Y & RD, and help PROCETS monitor Y & RD's performance and the media's compliance. Campaigns will be evaluated and changed annually, and will be supported through P.L. 480 funds.

### **F. AIDS Module for Adolescents**

AIDSCOM/PROCETS will join with a local family planning organization, PROFAMILIA, to educate adolescents in the DR about AIDS-related issues. AIDSCOM/PROCETS will help define the content and design the format of an AIDS module to be included in the next edition of the organization's

Family Life Manual, a sex education textbook. The manual is used by adolescent sex educators trained by PROFAMILIA to work with their peers. The AIDS module of the manual will be developed with the joint participation of the adolescent peer educators, a local artist, PROFAMILIA, and AIDSCOM/PROCETS. Once pre-tested and revised, the module will be incorporated into the Family Life Manual and used by the adolescent peer educator training program in selected schools.

The GODR has asked that similar materials be developed to be used in non-PROFAMILIA schools and schools that report to the Roman Catholic Archdiocese. Materials are being developed and refined for use beginning in Fall 1990.

## **VII. Management Plan**

---

AIDSCOM collaborates closely with SESPAS via PROCETS/CONASIDA and with the USAID Health, Population and Nutrition Office in developing, implementing, and evaluating all AIDS prevention activities. All program efforts support the second National Medium-term Plan for AIDS Control.

In addition to providing a resident advisor, AIDSCOM provides senior technical and program management support from its office in Washington, DC. A Site Coordinator oversees all AIDSCOM involvement in SESPAS' programs, consults frequently with local counterparts, recruits and supervises short-term consultants, supervises the overall job performance of the resident advisor, and fulfills all reporting requirements. The site coordinator consults as well with the AIDSCOM Coordinator for Latin American and Caribbean Programs, the AIDSCOM Project Director, and the AIDSCOM Director of Operations.

## **VIII. Evaluation Plan**

---

AIDSCOM's intervention in the DR is structured to focus on four areas: general population, risk behaviors, institutionalization, and private sector mobilization. Evaluation indicators for the intervention will be chosen to best describe the particular goals established for each area. Indicators will, therefore, be illustrative of a style or process of intervention not readily quantifiable in a traditional, summative manner. Following is a summary of end-of-project indicators by intervention area.

## **A. General Population**

The following criteria will be used to judge effective implementation.

- Media plan/communication strategy (updates each fiscal year)
- Number of TV spots produced
- Number of radio spots produced
- Number and content of print material produced (articles, folders, posters, stickers etc.)
- Periodic campaign tracking studies among the general population to determine the level of awareness among target audiences of key message points
- In so far as possible, assessment or estimate of reach (geographically and by number of people) of the integrated national plan

## **B. High Risk Behavior Intervention**

AIDSCOM will help develop targeted communications and education interventions among groups of individuals known to practice high risk behaviors. The overriding goals of these interventions are to:

1. increase knowledge of HIV/AIDS prevention measures, including abstinence, monogamy, adoption of safer sex techniques, and effective use of condoms;
2. increase awareness of HIV transmission routes and reduce levels of incorrect knowledge of same;
3. improve intent to use and actual use of condoms; and
4. improve access to condoms.

Accordingly, pre/post KAP surveys in years I and IV will be employed to gauge the impact and effectiveness of materials produced to serve targeted high risk behavior groups. Additional evaluation indicators will be:

- number of materials produced (for each group),
- success in integrating community-based groups and/or NGOs into the dissemination effort for materials produced,
- development of a social marketing approach to condom distribution and an analysis of distribution alternatives, and
- number of condoms and inserts describing condom use distributed under the social marketing campaign.

### **C. Institutionalization**

**AIDSCOM, through its resident advisor and related TA assignments, will help increase counterpart (PROCETS/SESPAS) skills and capabilities in communications and AIDS education. The primary indicator of success will be the creation of a methodological approach to strategic communications planning within PROCETS/SESPAS. At the end of the project, PROCETS/SESPAS will have the capacity to effectively and efficiently manage all three components of a successful communications approach: planning, intervention, and evaluation.**

### **D. Private Sector Mobilization**

**With AIDSTECH, AIDSCOM will contribute to the efforts of the National AIDS Committee to effectively and efficiently mobilize private sector resources to halt the spread of HIV. These efforts will include creating awareness within the private sector, including NGOs, and channeling voluntary interest and resources, both human and financial, appropriately and expeditiously.**

**In broad terms, success will be measured by the number of non-PROCETS/SESPAS individuals, groups, and programs that become involved in the National AIDS Control Plan. For AIDSCOM, this will also include involving private sector market research firms and advertising/marketing agencies. In collaboration with AIDSCOM, AIDSTECH will develop a plan for private sector mobilization for AIDS-related activities, currently planned for FY1990.**

## **Appendix A:**

### **AIDSCOM Resident Advisor Scope of Work**

**AIDSCOM will provide a resident advisor for two years to assist the communications component of the PROCETS/SESPAS AIDS Prevention and Control Program and train a designated SESPAS team of communications specialists in AIDS-related communications and social marketing planning and program management. The resident advisor will:**

- 1. serve as senior technical advisor to SESPAS for the AIDS Prevention and Control Program, working in close collaboration with the National AIDS Coordinator;**
- 2. serve as project liaison between SESPAS and USAID for implementing AIDS-related communications activities;**
- 3. advise the National AIDS Committee on developing the outline and identifying planning and data requirements for a National AIDS Communications Plan;**
- 4. undertake the necessary logistical, administrative, and technical preparations for a Communications Plan Formulation Workshop;**
- 5. subcontract services of local contractors for activities related to developing and implementing the AIDS Communications Plan;**
- 6. monitor the progress of project activities and submit a Quarterly Progress Report to the MOH, USAID, and AIDSCOM;**
- 7. coordinate and monitor short-term TA inputs from AIDSCOM and those of local consultants;**
- 8. undertake liaison work with various government and non-government organizations to successfully implement the AIDS Communications Plan;**
- 9. coordinate training inputs, including communications research and research utilization and dissemination; and**
- 10. prepare required reports.**