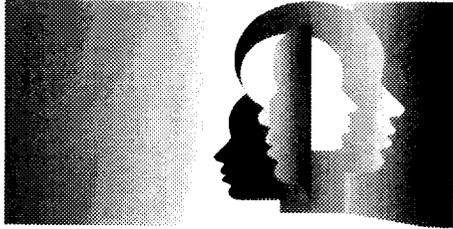


PD ABM-434  
98...



**AIDSCAP**

---

**1995**

---

**ANNUAL**

---

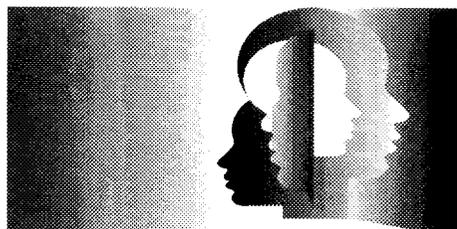
**REPORT**

---

Project 936-5972.31-4692046  
Contract HRN-5972-C-00-4001-00

The AIDS Control and Prevention (AIDSCAP) Project, implemented by Family Health International, is funded by the United States Agency for International Development.





**AIDSCAP**

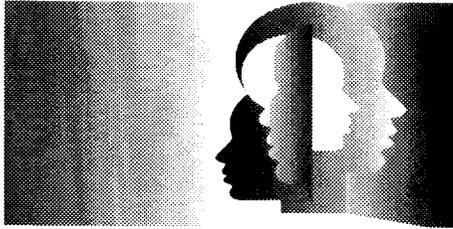
# TABLE OF CONTENTS

---

|  |     |
|--|-----|
| Acronyms/Abbreviations .....                     | 1   |
| Introduction: Summary of Activities .....        | 5   |
| Summary of Country Accomplishments: Africa ..... | 13  |
| Africa Regional Overview .....                   | 15  |
| Priority Countries in Africa                     |     |
| Cameroon .....                                   | 20  |
| Ethiopia .....                                   | 26  |
| Kenya .....                                      | 32  |
| Nigeria .....                                    | 38  |
| Rwanda .....                                     | 44  |
| Senegal .....                                    | 49  |
| Tanzania .....                                   | 54  |
| Associate Countries in Africa                    |     |
| Côte d'Ivoire .....                              | 62  |
| Lesotho .....                                    | 64  |
| Mali .....                                       | 67  |
| Morocco .....                                    | 71  |
| South Africa .....                               | 72  |
| Uganda .....                                     | 76  |
| Zambia .....                                     | 77  |
| Zimbabwe .....                                   | 78  |
| Summary of Country Accomplishments: Asia .....   | 81  |
| Asia Regional Overview .....                     | 83  |
| Regional Activities .....                        | 86  |
| Priority Countries in Asia                       |     |
| India .....                                      | 94  |
| Indonesia .....                                  | 97  |
| Thailand .....                                   | 100 |
| Associate Country Programs in Asia               |     |
| Bangladesh .....                                 | 106 |
| Lao People's Democratic Republic .....           | 107 |
| Mongolia .....                                   | 108 |
| Nepal .....                                      | 110 |
| Philippines .....                                | 115 |
| Sri Lanka .....                                  | 117 |



|   |     |
|---|-----|
| Areas of Affinity in Asia   |     |
| India/Nepal/Bangladesh .....  | 120 |
| Indonesia/Philippines .....   | 120 |
| Thailand/Cambodia/Vietnam .....   | 121 |
| Summary of Country Accomplishments: Latin America and the Caribbean ..... | 123 |
| Latin America and the Caribbean Regional Overview .....                   | 125 |
| Priority Countries in Latin America and the Caribbean .....               | 129 |
| Brazil .....  | 130 |
| Dominican Republic .....  | 134 |
| Haiti .....   | 139 |
| Honduras .....  | 145 |
| Jamaica .....   | 147 |
| Associate Countries in Latin America and the Caribbean                    |     |
| Colombia .....  | 154 |
| Costa Rica .....  | 155 |
| Ecuador .....   | 157 |
| El Salvador .....   | 159 |
| Guatemala .....   | 161 |
| Mexico .....  | 163 |
| Nicaragua .....   | 165 |
| Technical and Programmatic Accomplishments .....                          | 167 |
| Program Management Support .....  | 168 |
| Behavior Change Communication .....                                       | 175 |
| Behavioral Research .....   | 179 |
| Condom Programming and Logistics Management .....                         | 185 |
| Policy .....  | 188 |
| Sexually Transmitted Disease .....  | 195 |
| Evaluation .....  | 200 |
| Special Program Initiatives .....   | 203 |
| AIDSCAP Women's Initiative .....  | 207 |
| Publications and Presentations .....                                      | 211 |
| Financial Summary .....   | 233 |
| Add-Ons and OYB Transfers by Region .....                                 | 234 |
| AIDSCAP FY95 Expenditures by Program .....                                | 236 |
| AIDSCAP FY95 Expenditures by Country .....                                | 237 |
| AIDSCAP Annual Work Plan .....  | 242 |



**AIDSCAP**

---

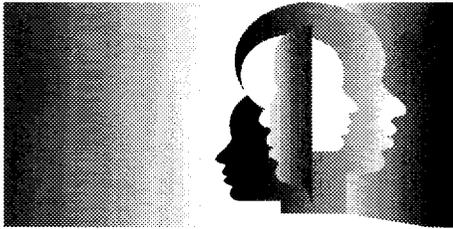
---

**ACRONYMS/**

---

**ABBREVIATIONS**

---



**AIDSCAP**

## **ACRONYMS**

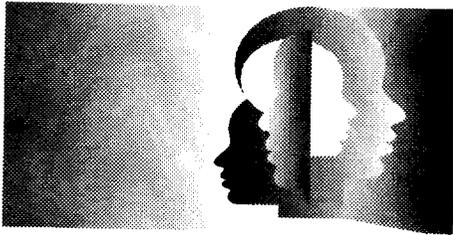
2

---

|                 |  |
|-----------------|--|
| <b>AIDS</b>     | acquired immune deficiency syndrome  |
| <b>AIDSCAP</b>  | AIDS Control and Prevention Project  |
| <b>AIDSCOM</b>  | AIDS Public Health Communication Project (former USAID-supported project of the Academy for Educational Development) |
| <b>AIDSTECH</b> | AIDS Technical Support Project (former USAID project of FHI)   |
| <b>AMREF</b>    | African Medical and Research Foundation  |
| <b>ANE</b>      | Asia Near East Bureau (USAID)  |
| <b>AWI</b>      | AIDSCAP Women's Initiative   |
| <b>BCC</b>      | behavior change communication  |
| <b>BRP</b>      | Behavioral Research Program  |
| <b>BRU</b>      | Behavioral Research Unit   |
| <b>BSS</b>      | behavioral sentinel surveillance   |
| <b>CAPS</b>     | Center for AIDS Prevention Studies, University of California at San Francisco  |
| <b>C&amp;T</b>  | counseling and testing   |
| <b>CBO</b>      | community-based organization   |
| <b>CDC</b>      | Centers for Disease Control and Prevention   |
| <b>CPLM</b>     | Condom Programming and Logistics Management  |
| <b>CSM</b>      | condom social marketing  |
| <b>CSW</b>      | commercial sex worker  |
| <b>DIMS</b>     | Documentation and Information Management Services  |
| <b>DR</b>       | Dominican Republic   |
| <b>ECMIS</b>    | Essential Commodity Management Information System  |
| <b>EEC</b>      | European Economic Community  |
| <b>FHI</b>      | Family Health International  |
| <b>FP</b>       | family planning  |
| <b>FPLM</b>     | Family Planning Logistics Management   |
| <b>FPPS</b>     | Family Planning Private Sector   |
| <b>FY</b>       | fiscal year  |
| <b>GP</b>       | general practitioner   |
| <b>GTZ</b>      | German Technical Assistance Cooperation  |
| <b>HCP</b>      | health care providers  |



|                 |  |
|-----------------|--|
| <b>HIV</b>      | human immunodeficiency virus                                     |
| <b>IA</b>       | implementing agency  |
| <b>IEC</b>      | information, education, and communication                        |
| <b>ITM</b>      | Institute of Tropical Medicine                                   |
| <b>IUVDT</b>    | International Union of Venereal Disease and Treponematoses       |
| <b>iwgAIDS</b>  | Inter-Agency Working Group on AIDS                               |
| <b>JSI</b>      | John Snow International  |
| <b>KABP</b>     | knowledge, attitudes, beliefs, and practices                     |
| <b>LA/C</b>     | Latin America/Caribbean Region                                   |
| <b>LLD</b>      | long-distance lorry drivers                                      |
| <b>LOA</b>      | Letter of Agreement  |
| <b>MCH</b>      | maternal and child health  |
| <b>MIS</b>      | management information system                                    |
| <b>MOH</b>      | Ministry of Health   |
| <b>MPSC</b>     | multiple partner sexual contact                                  |
| <b>MTE</b>      | midterm evaluation   |
| <b>MWM</b>      | men who have sex with men  |
| <b>NGO</b>      | nongovernmental organization                                     |
| <b>OA&amp;R</b> | Ogilvy, Adams & Rinehart   |
| <b>OCP</b>      | Office of Country Programs                                       |
| <b>PAHO</b>     | Pan American Health Organization                                 |
| <b>PATH</b>     | Program for Appropriate Technology in Health                     |
| <b>PHE</b>      | peer health educator   |
| <b>PHSC</b>     | Protection of Human Subjects Committee (FHI)                     |
| <b>PI</b>       | prevention indicators  |
| <b>PIF</b>      | process indicator form   |
| <b>PROCETS</b>  | Program for the Control of AIDS and Sexually Transmitted Disease |
| <b>PSAPP</b>    | Private Sector AIDS Policy Presentation                          |
| <b>PSI</b>      | Population Services International                                |
| <b>PSU</b>      | Project Support Unit   |

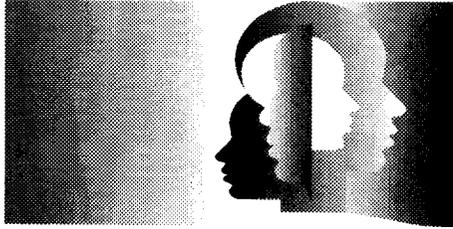


## AIDSCAP

4

---

|                 |  |
|-----------------|--|
| <b>PVO</b>      | private voluntary organization                                   |
| <b>PWA</b>      | person with AIDS   |
| <b>RA</b>       | resident advisor   |
| <b>RATE</b>     | Regional AIDS Training and Education Program                     |
| <b>RTI</b>      | reproductive tract infections                                    |
| <b>SHRP TSG</b> | Sexual and Reproductive Health Promotion Technical Support Group |
| <b>SMU</b>      | Social Marketing Unit  |
| <b>SOMARC</b>   | Social Marketing for Change (TFG)                                |
| <b>STD</b>      | sexually transmitted disease                                     |
| <b>STI</b>      | sexually transmitted infections                                  |
| <b>TA</b>       | technical assistance   |
| <b>TAG</b>      | Technical Advisory Group   |
| <b>TFG</b>      | The Futures Group  |
| <b>TIR</b>      | targeted intervention research                                   |
| <b>TSG</b>      | Technical Support Group  |
| <b>TWG</b>      | technical working group  |
| <b>UNAIDS</b>   | Joint United Nations Programme on HIV/AIDS                       |
| <b>UNDP</b>     | United Nations Development Programme                             |
| <b>UNFPA</b>    | United Nations Population Fund                                   |
| <b>UNICEF</b>   | United Nations Children's Fund                                   |
| <b>USAID</b>    | United States Agency for International Development               |
| <b>VHS</b>      | Voluntary Health Services  |
| <b>VTC</b>      | voluntary testing and counseling                                 |
| <b>WHO</b>      | World Health Organization  |
| <b>WHO/GPA</b>  | World Health Organization/Global Programme on AIDS               |
| <b>WID</b>      | Women in Development (USAID)                                     |
| <b>WMP</b>      | women with multiple partners                                     |



**AIDSCAP**

---

# **INTRODUCTION:**

---

# **SUMMARY**

---

# **OF**

---

# **ACTIVITIES**

---



# SUMMARY OF ACTIVITIES FY95

6

---

The AIDS Control and Prevention (AIDSCAP) Project has made significant progress during its fourth project year toward achieving the purpose and outputs described in the project's original LogFRAME. The following summarizes accomplishments in relation to the specific LogFRAME outputs, as well as major accomplishments from the AIDSCAP fiscal year (FY) 1995 work plan as reported in the previous annual report.

**LogFRAME Purpose.**     **To strengthen the capacity of developing countries to increase condom use, decrease sexually transmitted diseases (STDs), and decrease numbers of sexual partners.**

This past year saw the formalization of the capacity building emphasis that has been part of the AIDSCAP program since its beginning. A manual to guide institutional assessments in the field was completed, as well as a guide for the development of organizational strategic plans. AIDSCAP resident advisors and selected regional office staff from all three regions participated in training workshops to familiarize them with the manuals and their use.

In addition to the technical assistance provided throughout the year to the implementing agencies in all of the AIDSCAP country programs, an expanding number of printed resources are being produced and distributed by various units within the project. For example, the Evaluation Unit has continued to produce and reprint various modules in its "Tools" series, the Behavior Change Communication (BCC) Unit has begun publication of its "How To" handbook series, and the STD Unit is supporting broad implementation of the targeted intervention research (TIR) methodology to improve STD interventions. Both the TIR and the Evaluation Tools Modules have been very well received both inside and outside AIDSCAP, and additional requests for the manuals are received on a regular basis.

AIDSCAP has also piloted a number of new ways to create or strengthen synergy within HIV prevention efforts in the field. An example is the project configuration that is currently being used in the AIDSCAP/Tanzania program. In this setting, clusters of nongovernmental organizations (NGOs) in specific geographic regions or catchment areas are identified and an "anchor" institution selected. The anchor institution is the direct subgrantee to AIDSCAP for the work of all of the cluster participants. This structure fosters collaborative planning and implementation and some "economies of scale" for such key aspects of programming as materials development and production, training in technical areas, and eventually evaluation. This approach should also increase the likelihood of sustainable programs, since the resources of multiple institutions are combined.

The continued emphasis on the introduction of the syndromic approach to STD case management has resulted in significant local capacity development. This has occurred as the etiologic data are collected and analyzed, the findings presented and discussed in-country, and the final decisions regarding the implementation of treatment algorithms made. The acceptance of the algorithms sparks an intense



phase of training of service providers and upgrading of service facilities, ultimately improving the ability of local programs to control and prevent STDs and HIV/AIDS.

**LogFRAME Output 1. Improved multidimensional programs designed, implemented, and evaluated.**

Multidimensional programs, including behavior change communication, condom programming, and STD prevention and control, have been designed and are currently in the implementation phase in 18 countries in the Africa, Asia, and Latin America/Caribbean regions. This past year, AIDSCAP also worked in an additional 18 countries and in five areas of affinity in the Asia region, supporting more limited activities and providing technical assistance to Missions and to pre-existing projects.

AIDSCAP has achieved remarkable success in increasing the coverage of populations by HIV/STD prevention activities. This can be seen in the ever-growing number of organizations (140 current, 240 total) implementing activities through the AIDSCAP program. It is also evident in the number of persons trained in FY95 in the various skills required for HIV/AIDS prevention efforts (32,494), as well as the number of persons reached through educational activities (2,445,112) and the number of condoms (free and socially marketed: 58,857,761) and printed materials distributed (2,517,931).

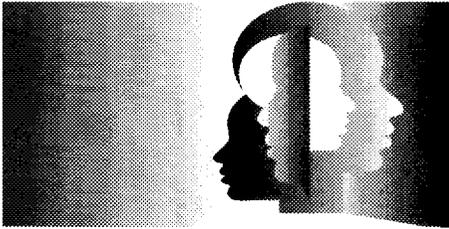
Programming in several countries ended this fiscal year. The AIDSCAP program in Lesotho ended with the closing of the United States Agency for International Development (USAID) Mission there, and programs were also closed in Costa Rica, Mexico, and Mali. A number of the projects have succeeded in securing other resources and will continue the efforts in HIV/AIDS prevention initiated under AIDSCAP.

During FY95, AIDSCAP completed program reviews in Ethiopia, Cameroon, the Dominican Republic, and Nepal. These internal reviews, conducted by AIDSCAP senior management and USAID, assess program progress in light of original strategic and implementation plans, quantity and quality of technical assistance, and program management, and provide recommendations for improvement. Two program reviews planned in Nigeria and Tanzania for this fiscal year were re-scheduled.

AIDSCAP is also refining its plans for the final evaluation of its subprojects and country programs. This process has been complicated by the pending, but not yet approved, extension of the project through FY97.

**LogFRAME Output 2. Findings from behavioral research applied to interventions.**

AIDSCAP continues to emphasize the use of formative research in the design and



**AIDSCAP**

8

---

refinement of interventions. In addition, AIDSCAP is conducting larger-scale research in several sites to explore specific questions relevant to HIV/AIDS and STD prevention.

During the past year, AIDSCAP supported special efforts in program-related behavioral research to identify strategies that influence behavior change within a target group of adolescents in the Dominican Republic, to address the issue of HIV transmission in stable relationships in Kenya, and to assess the degree to which violence and alcohol need to be addressed in interventions for high-risk populations in Nicaragua.

This past year, AIDSCAP also completed and submitted the final report for the AIDSTECH Behavioral Research Grants and Fellowship programs. These studies yielded valuable information that has been incorporated into programming in Jamaica, Thailand, Haiti, and Indonesia.

Studies funded under the AIDSCAP Thematic Grants Program advance the scientific understanding of risk behaviors and methods of modifying those risk behaviors for HIV/AIDS prevention. In Chiang Mai, Thailand, AIDSCAP provided support for a Johns Hopkins University study of sexual decision making and practices among both men and women at high risk for HIV infection and of controlled interventions to reduce the risk of HIV in adolescents and young adults age 15 to 35 in northern Thailand.

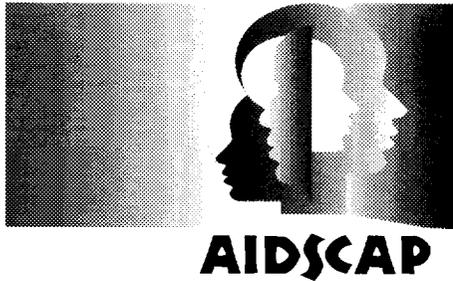
AIDSCAP is also co-conducting the HIV Counseling and Testing (C&T) Efficacy research study with the World Health Organization/Global Programme on AIDS (WHO/GPA). AIDSCAP sites are in Tanzania and Kenya, while GPA is supporting study sites in Trinidad and Indonesia (Indonesia replaces China as a GPA site).

The C&T study was developed because, though it is generally accepted that voluntary HIV counseling and testing can be of benefit in the care and support of individuals, research findings to date have been inconsistent on the impact of HIV counseling and testing on risk behaviors. This multicenter study will provide information on the potential contribution of counseling and testing programs to behavior change and will serve to guide public health practice and policy.

The two AIDSCAP study sites in Kenya and Tanzania are currently operational. Formative research was conducted in December 1994 in both countries, with pilot testing of all the study procedures conducted at both sites in April and May 1995. Both sites began recruitment in June 1995, and the majority of participants have been processed. The two GPA sites are in the preparatory phase and are expected to start recruitment in early November 1995.

### **LogFRAME Output 3. Critical policy issues resolved.**

The AIDSCAP policy strategy has evolved significantly beyond the perspective outlined in the project LogFRAME. AIDSCAP continues to approach policy as a process rather than a product, with an emphasis on the nature of responses to the



epidemic. In the absence of a policy process to address HIV/AIDS, programmatic responses to the epidemic become vulnerable to budget struggles, ambiguity, and confusion.

This past year, AIDSCAP has given special attention to skill building among policy influencers—technical and analytical specialists and journalists in a position to advise and inform policy makers—and among existing and potential advocacy organizations. AIDSCAP continued development of resources such as modeling, epidemiology, training, and action plan guidelines for policy influencers and undertook a review of factors influencing public and private, national and organizational policy responses to the epidemic. Case studies of policy responses over the past decade in Thailand, Kenya, and Brazil and in a number of private sector companies in Africa were completed.

AIDSCAP is one of the few organizations that has tried to measure cost-effectiveness of interventions and place the results in a wider context of sustainability. A cost analysis of STD clinics and workplace peer education programs in Bangkok, Thailand, yielded valuable new information about those interventions. In addition, AIDSCAP has collaborated with WHO/GPA in developing costing guidelines. During the AIDSCAP-sponsored AIDS Economic Network Meeting (a peer group of economists and policy analysts) in April 1995, these costing guidelines were reviewed and adapted.

Numerous private sector firms have expressed a need for examples of peer responses to the HIV/AIDS epidemic in order to design their own policies and programs. A publication, "African Workplace Profiles," was produced for distribution throughout Africa. The Private Sector AIDS Policy Presentation (PSAPP) resources were field tested and will be published early in FY96.

---

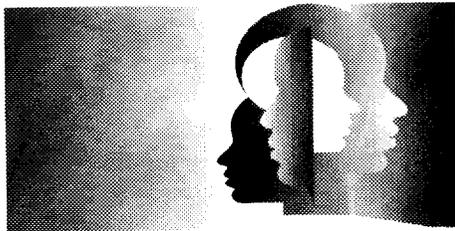
**ADDITIONAL  
ACCOMPLISH-  
MENTS**

---

In addition to progress toward achieving the specific outputs described above, AIDSCAP completed additional activities outlined in the FY95 work plan, in many cases surpassing the projected accomplishments.

During the past year, AIDSCAP began work on a new methodology for estimating the impact of HIV/AIDS prevention programs. The relatively simple methodology, designed to provide data on historical, primary HIV infections averted by specific programs and target populations, is useful to the field as well as to wider audiences. The methodology applies an equation incorporating behavioral and biologic parameters (e.g., condom use, STD and HIV prevalence) to specific intervention efforts to estimate a range of the number of primary HIV infections that were averted over the life of the project as a direct result of the intervention.

The Behavioral Surveillance Survey (BSS) methodology, conceived and supported by AIDSCAP, continues to be used in Thailand as a system for quantitatively assessing sexual behavior change. The methodology consists of structured questionnaires administered periodically to samples of target groups in specific geographic areas. Several countries both inside and outside the AIDSCAP Project are



**AIDSCAP**

10

interested in adapting the methodology to their needs to facilitate the periodic assessment of key indicators among certain target groups for HIV prevention programming. AIDSCAP has begun planning to field test the methodology in Africa and further refine the technique for regions with more difficult sampling frames.

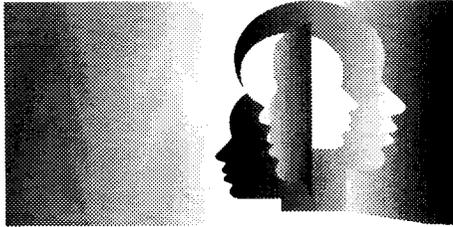
The AIDSCAP Women's Initiative has promoted the development of several activities with a regional and/or global impact, thus greatly expanding the reach of AIDSCAP's leadership in defining the nature of response appropriate to the increased level of HIV/AIDS among women. Among these is the Women's Council, with members from 18 organizations, in which participants work on such issues as the appropriate paradigm for women and AIDS.

Over the past year, AIDSCAP directed the coordination and planning of a range of activities through "Women and AIDS: A Coalition Educating for Empowerment and Prevention," a network of ten organizations formed to maximize attention to HIV/AIDS at the NGO Forum to the United Nations Fourth World Conference on Women in Beijing. Eleven panels were conducted, more than 30,000 copies of materials on women and HIV/AIDS were distributed, and a long-range media strategy on women and AIDS was announced. Fifteen hundred copies of "Cairo and Beijing: Defining the Women and AIDS Agenda," a compilation of presentations from the AIDSCAP panel on women and HIV/AIDS at the International Conference on Population and Development in Cairo, were published by AIDSCAP and distributed at the Beijing conference.

AIDSCAP participated in multiple ways in international conferences during FY95, including the overall coordination of the 3rd USAID Prevention Conference, held in Washington, D.C., August 7-9, 1995, sponsored developing country input through more than 150 oral and poster presentations, and was represented in conference workshops and roundtable discussions. In addition to various conference presentations, 43 articles by AIDSCAP staff or project implementors were published in scholarly journals.

AIDSCAP published two issues of *AIDScaptions* in FY95 and distributed each to 5,500 individuals and organizations throughout the world. In addition, quarterly English language packets of current articles on HIV/AIDS and STD prevention were sent to 850 health and development professionals around the world, and two mailings of information in French were disseminated to 200 recipients globally. AIDSCAP also responded to more than 3,200 requests for specific information about its programs and HIV/AIDS prevention in general.

AIDSCAP collaborates closely with a wide range of organizations, only some of which are AIDSCAP program implementing agencies. In the past year, AIDSCAP worked closely with the Global Programme on AIDS (WHO/GPA) in a number of areas, ranging from research studies of the efficacy of counseling and testing for prevention to development and refinement of approaches to measure the economic impact of HIV and AIDS in the developing world. AIDSCAP is also working



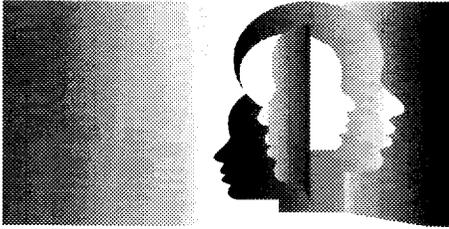
**AIDSCAP**

---

closely with the new Joint United Nations Programme on HIV/AIDS (UNAIDS), sharing organizational experience and planning for the future.

This past year AIDSCAP also worked closely with UNICEF, the U.S. Peace Corps, and several other USAID-supported projects. For example, AIDSCAP provided technical and editorial input and support to the Evaluation Project in the Reproductive Health Indicators Working Group effort related to STD and HIV/AIDS.

Further details on these and many other activities are provided in subsequent sections of this report.

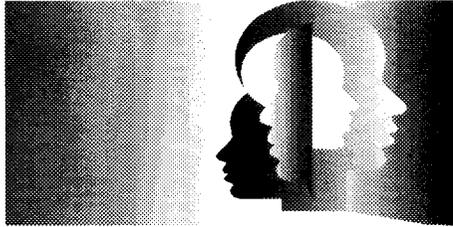


**AIDSCAP**

## Worldwide Process Indicator Data

|                                     | Total FY95 | Cumulative  |
|-------------------------------------|------------|-------------|
| <b>Total People Educated:</b>       | 2,445,112  | 4,451,127   |
| <b>Males</b>                        | 1,037,288  | 1,875,393   |
| <b>Females</b>                      | 998,463    | 1,724,088   |
| <b>No Gender Specified</b>          | 392,271    | 850,746     |
| <b>Total People Trained:</b>        | 32,494     | 72,801      |
| <b>Males</b>                        | 10,073     | 22,834      |
| <b>Females</b>                      | 10,639     | 21,717      |
| <b>No Gender Specified</b>          | 11,768     | 28,250      |
| <b>Total Condoms Distributed:</b>   | 58,857,761 | 152,154,307 |
| <b>Free</b>                         | 8,690,223  | 41,006,427  |
| <b>Sold</b>                         | 50,167,538 | 111,147,900 |
| <b>Total Condom Outlets:</b>        | 9,871      | 45,320      |
| <b>Total Media Spots:</b>           | 61,223     | 93,618      |
| <b>Total Materials Distributed:</b> | 2,517,931  | 4,077,973   |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

13

---

**SUMMARY OF**

---

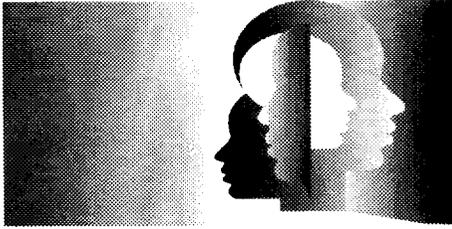
**COUNTRY**

---

**ACCOMPLISHMENTS**

---

**AFRICA**



# AIDSCAP

-  Priority Country
-  Associate Country





# AFRICA REGIONAL OVERVIEW

15

As of mid-1995, the World Health Organization/Global Programme on AIDS (WHO/GPA) has estimated that 18.5 million adults worldwide have been infected with HIV. Of these, 11 million (60 percent) are in sub-Saharan Africa. In some countries in sub-Saharan Africa, the HIV/AIDS epidemic has dramatically changed both morbidity and mortality patterns. Pressure on health care facilities has become so heavy that many patients who should be in the hospital receiving acute medical care have to be sent home to make room for more acutely ill patients. Infant and young adult mortality rates have increased rapidly and continue to rise. There are reports that in some cities in eastern and southern Africa rapid increases in the number of deaths are overburdening funeral service providers and leaving cemetery space in short supply.

The maturity of the HIV/AIDS epidemic in Africa has brought with it new and unique challenges in the struggle against HIV/AIDS. While five to ten years ago the main challenge was to prevent the 500 million people of sub-Saharan Africa from becoming infected, today other challenges have been added:

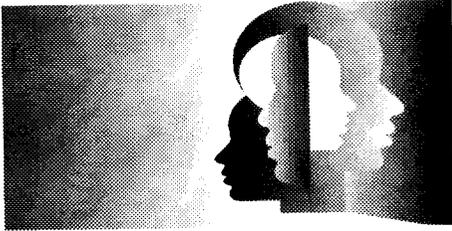
- Helping the 11 million people who have been already been infected remain healthy for as long as possible.
- Helping those who have already started suffering from the various syndromes associated with HIV infection to cope with their illness.
- Helping or equipping families of those already infected with the skills and resources to care for them at home.
- Helping the growing number of AIDS widows, widowers, and orphans support themselves and remain productive members of their communities.

Indeed, more resources and energy should and must go into preventing the 489 million who are uninfected from becoming infected. But humanity cannot ignore or wish away the plight of the men and women who have already become infected with HIV. In Africa, care and management programs need to be strengthened.

## AIDSCAP'S RESPONSE

During FY95, the AIDSCAP project supported comprehensive, integrated programs in Senegal, Nigeria, Cameroon, Ethiopia, Kenya, Tanzania, Rwanda, Zimbabwe, and South Africa, and smaller programs in Côte d'Ivoire, Mali, Morocco, Zambia, and Lesotho.

Recognizing the diversity in Africa (religion, culture, socioeconomic status, and status of the epidemic in different countries), AIDSCAP's regional approach in Africa has been flexible in the implementation of the main strategies against HIV (i.e., changing behaviors, preventing and managing sexually transmitted diseases, increasing accessibility to condoms through condom social marketing, and policy formulation and change). In FY95, more than 75 new subprojects were introduced to promote behaviors that reduce the sexual transmission of HIV. These subprojects encourage young people to delay sexual debut, promote and encourage mutually faithful relationships between couples, promote consistent condom use by those



## AIDSCAP

who practice high-risk behaviors, and foster treatment-seeking behavior by persons with STDs.

Working in collaboration with USAID Missions and host-country governments, the subprojects were developed with and are being implemented by a wide variety of governmental and nongovernmental agencies, including ministries of health and education, churches, community-based organizations, universities, and other institutions of education, industry, and commerce.

In partnership, AIDSCAP has forged strong alliances with:

- Religious leaders—to equip them with the technical knowledge and facts about HIV/AIDS.
- Government and other policy makers—to help them project the enormity of the epidemic and consequent socioeconomic impact and make appropriate policy decisions for action.
- Journalists and other mass media workers—to equip them to educate the public through mass communication channels.
- Individuals at high risk, including truck drivers, military personnel, commercial sex workers, and students—to equip peer educators among these groups to counsel their colleagues to practice less risky behaviors.
- Leaders of educational institutions and other educators—to help them guide students and pupils appropriately.
- Private industry and commerce—to demonstrate the impact of HIV/AIDS on productivity and profitability and to develop effective workplace HIV/AIDS prevention activities.
- Health care workers and training institutions—to improve their skills in accurate diagnosis and treatment of sexually transmitted diseases using the syndromic approach.
- Literally tens of thousands of shopkeepers, merchants, restaurateurs, bar owners, and other commercial establishment workers who are selling socially marketed condoms to their communities.

### REGIONAL HIGHLIGHTS

FY95 proved to be a particularly productive year for AIDSCAP in Africa. While at the end of FY94 a total of 45 subprojects were under way and 24 subprojects had been completed, at the end of FY95 122 subprojects are actively being implemented, 38 have been completed, and only four subprojects remain to be developed. These significant strides are the result of the solid partnerships carefully established over the first four years of the project between dedicated and professional implementing agencies and AIDSCAP staff.



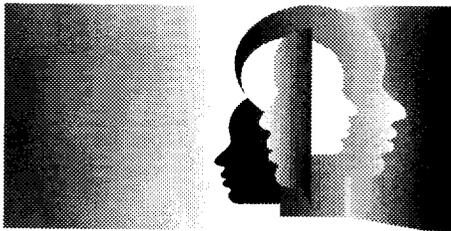
Progress was particularly impressive in some countries. For example, the AIDSCAP country office in Zimbabwe opened in the first quarter of FY95. By the end of the third quarter, the country office was fully established, nearly all the subagreements were developed, and subproject activities were well under way. This was largely due to a very supportive USAID Mission and good working relationships among the AIDSCAP country office, government, and implementing agencies.

In Tanzania, a new approach to AIDSCAP subproject development was tested with the intent of increasing implementing agency capacity in subproject development while decreasing development time. It was a resounding success: within two weeks (1) implementing agencies and country office personnel were trained in subproject design, proposal writing, and subproject implementation and management, and (2) seven subagreements were fully developed and approved by AIDSCAP and USAID. Within the next two-week period, the initial disbursement of funds to the implementing agencies had begun.

Another important development during the year was the reopening of the AIDSCAP/Rwanda office following the return of relative peace to that country. AIDSCAP was the first non-emergency/relief organization to return to Rwanda. World AIDS Day 1994 was observed with a re-launch of AIDS prevention activities in Rwanda using the theme "AIDS is still here despite the war." The campaign was the product of a collaboration by the Centre d'Information et de Documentation (CIDC), the new government authorities, USAID, and the AIDSCAP/Rwanda country office, which coordinated the effort though it had only re-opened a few weeks prior to World AIDS Day.

Although AIDSCAP's FY95 activities in Africa focused primarily on program implementation, program sustainability also received priority attention. For example, in Senegal and Kenya AIDSCAP collaborated with the national AIDS control programs to demonstrate the economic value to corporations of introducing AIDS control activities for their work forces. Corporation managers were shown the cost of AIDS to their operations and how their companies could initiate HIV prevention activities. The response has been very encouraging: companies are willing to invest their resources in HIV/AIDS prevention. Such private sector resource leveraging is critical, since governments alone do not have the financial and human resources to fully address the challenge posed by the HIV/AIDS epidemic.

Finally, one of the characteristics of the AIDSCAP Africa regional approach to HIV/AIDS prevention has been the availability of small grants—sometimes as little as \$400—to community-based organizations. These "rapid response fund" grants support implementation of distinct short-term activities within communities or provide seed money to launch larger efforts. While such small grants can be time consuming to manage and are sometimes difficult to evaluate on an impact level, this approach effectively encourages and enables community participation. The "NGO cluster" approach initiated in the USAID/Tanzania-sponsored Tanzania



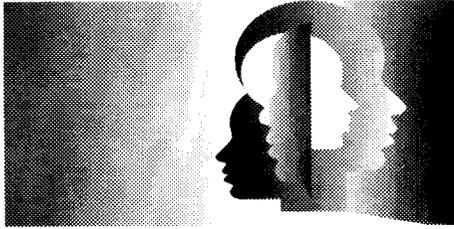
**AIDSCAP**

AIDS Project (TAP) is being closely monitored as a possible solution to these problems. Under this concept, funds are channeled to smaller or novice groups through a stronger, more experienced, locally based "anchor" NGO that assumes overall responsibility for implementation of all community-based organization (CBO) activities in the cluster.

## Africa Regional Process Indicator Data

|                                     | FY95       | Cumulative |
|-------------------------------------|------------|------------|
| <b>Total People Educated:</b>       | 1,511,662  | 2,521,337  |
| <b>Males</b>                        | 629,520    | 1,139,840  |
| <b>Females</b>                      | 538,819    | 970,255    |
| <b>No Gender Specified</b>          | 343,323    | 410,342    |
| <b>Total People Trained:</b>        | 18,433     | 44,490     |
| <b>Males</b>                        | 4,356      | 12,131     |
| <b>Females</b>                      | 3,599      | 9,729      |
| <b>No Gender Specified</b>          | 10,470     | 22,630     |
| <b>Total Condoms Distributed:</b>   | 34,401,927 | 88,226,757 |
| <b>Free</b>                         | 5,891,254  | 19,257,432 |
| <b>Sold</b>                         | 28,510,671 | 68,969,118 |
| <b>Total Condom Outlets:</b>        | 2,567      | 32,456     |
| <b>Media Spots Aired:</b>           | 17,618     | 21,545     |
| <b>Total Materials Distributed:</b> | 1,039,292  | 1,753,468  |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

---

**PRIORITY**

---

**COUNTRIES**

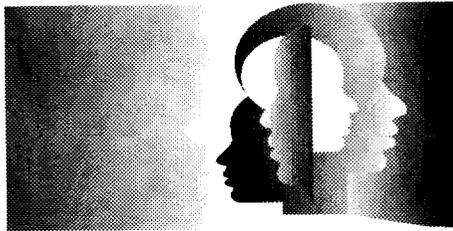
---

**IN**

---

**AFRICA**

---



**AIDSCAP**

## **CAMEROON**

20

### **PROGRAM DESCRIPTION**

The AIDSCAP program in Cameroon was designed in October 1992 to address several unmet needs in HIV prevention. The program focuses on improving behavior change communication for select targeted groups at higher risk, expanding condom distribution through condom social marketing, and helping to establish a national sexually transmitted disease (STD) control service.

AIDSCAP/Cameroon is housed within the National AIDS Control Program (NACP) of the Ministry of Health. Its primary responsibility is assisting the NACP (including the Ministries of Health, Higher Education and Defense) to build its capacity to design, implement, evaluate, and sustain programs that prevent sexual transmission of HIV and STDs. In addition, AIDSCAP/Cameroon provides technical and financial assistance to international NGOs to implement AIDS prevention interventions. The program collaborates closely with the German Technical Assistance Cooperation (GTZ) and the World Health Organization (WHO) on sentinel surveillance, and with GTZ on the development of national STD treatment guidelines and peer education activities.

The USAID-funded AIDSCAP/Cameroon program is one of the most mature programs in Africa. AIDSCAP-supported intervention projects are active across the country.

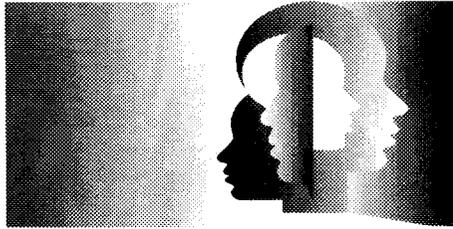
During the past year, AIDSCAP activities focused on the following target groups in the following locations:

- Commercial sex workers (CSWs), their clients, bar patrons, and STD patients in Yaoundé, Douala, Maroua, Garoua, Ebolowa, and Kribi.
- The armed forces in Yaoundé, Douala, Buea, Bamenda, Bafoussam, Koutaba, Bertoua, Maroua, Ngaoundere, and Garoua.
- University students in Yaoundé I, Yaoundé II, Douala, Buea, Dschang/Bandjoun, and Ngaoundere universities.
- Truck drivers, youth, and rural and urban migrants in the Far North Province of Cameroon.
- Youth in and out of school in the Eastern Province.

Since the official closing of the USAID/Cameroon Mission on September 30, 1994, USAID support for the AIDSCAP program in Cameroon has been provided through USAID Africa Bureau and HIV-AIDS Division core funding.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

AIDSCAP's pioneering behavior change interventions in Cameroon have inspired the peer education models currently used around the world. Interventions with CSWs, their clients, STD patients, the military and police, and university students are well established. During the year, the focus was on further capacity building for sustainability through (1) the development and production of peer health education manuals for CSWs, the armed forces, and university students, (2) the



**AIDSCAP**

development of additional communication materials, (3) refresher training for peer health educators at all project sites, (4) production of a training-of-trainers manual, and (5) a project management workshop for all project managers and field coordinators. Peer education programming for university students was expanded to two additional sites and for the armed services to four additional cities. NGO activities with youth in the Eastern Province implemented by CARE, and with truck drivers and migrant populations in the Far North Province implemented by Save the Children, overcame program hurdles (e.g., secondary school closings and funding constraints) and are making strong progress. To date, more than 400,000 people have been reached through these peer education efforts.

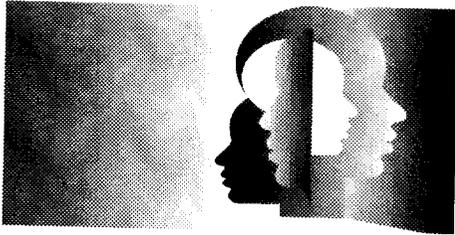
Under the STD component, FY95 AIDSCAP/Cameroon efforts led by an AIDSCAP subcontractor, the Institute of Tropical Medicine (ITM), concentrated on supporting the NACP in the development of national STD guidelines. Such guidelines are essential for effective, appropriate treatment of STDs as well as for promoting rational, cost-effective use of antibiotics. A series of meetings and workshops were organized with STD specialists, medical authorities, decision makers, and other medical personnel in ongoing efforts to improve STD case management. As part of this initiative, AIDSCAP supported a collaboration with the Centre Pasteur du Cameroun to study the sensitivity of *Neisseria gonorrhoeae* to ten antibiotics commonly used in Cameroon. The results of the study will be used to validate the proposed treatment guidelines and to assist care givers in efficacious treatment of gonorrhea.

The condom social marketing (CSM) program in Cameroon continues to be one of the most successful programs in Africa. The project, implemented through AIDSCAP subcontractor Population Services International (PSI), is active in all ten provinces of Cameroon, with total annual sales of approximately 7.6 million.

In FY95, AIDSCAP/Cameroon continued to support a number of important meetings of policy makers and other leaders to promote priority status for HIV/AIDS on the national agenda. Meetings in FY95 included the first conference on STD and HIV in military and police medicine, Cameroon AIDS Days (a week-long observation of AIDS), and a workshop to mobilize political, traditional, and religious leaders in the fight against AIDS.

**PROGRAM  
STATUS**

The three intervention projects implemented through the National AIDS Control Program in collaboration with the ministries of health, higher education, and defense are mature, solid prevention projects with well-seasoned staff. All three projects have developed their own behavior change communication (BCC) approaches and finalized their training manuals, and are successfully reaching their respective target populations as well as the larger communities in which they operate. The NGO interventions are also clearly on track and making an important contribution. Sentinel surveillance continues at all sites, despite periodic shortages of reagents. The CSM program continues to provide support to targeted interven-



## AIDSCAP

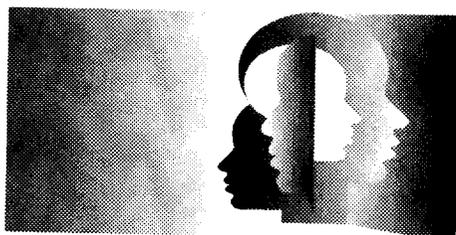
22

---

tion projects. Efforts to introduce national STD guidelines based on syndromic diagnosis are making steady though not rapid progress, since achieving consensus on specific algorithms to be used in different parts of the country is a politically delicate process.

An internal program review was conducted of the Cameroon program by senior AIDSCAP and USAID managers in FY95. The team concluded that the program was making a significant contribution to HIV/AIDS efforts. From its inception, the Cameroon program has been a testing ground for innovation. It was the first program to use CSWs as CSM promoters and the first country to test prepackaged STD therapy. The program presents an excellent model of collaboration between host-country governments and donors.

The lessons learned in Cameroon have benefitted HIV prevention programs around the world. However, the fate of this important program is uncertain at the end of FY95. Long-term financial sustainability—jeopardized by the unavoidable closing of the USAID Mission at the end of September 1994 and the inability of the government to absorb program costs—remains a concern for program staff. The review team recommended a number of actions that can strengthen the program in the time remaining and increase the likelihood of program sustainability, including placing greater efforts on information dissemination, refresher training, and the search for broader donor support.

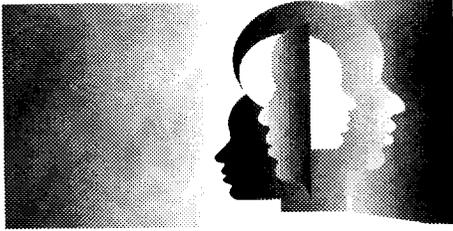


**AIDSCAP**

## Cameroon Process Indicator Data

|                                     | FY95             | Cumulative        |
|-------------------------------------|------------------|-------------------|
| <b>Total People Educated:</b>       | <b>273,762</b>   | <b>416,812</b>    |
| <b>Males</b>                        | <b>129,101</b>   | <b>202,671</b>    |
| <b>Females</b>                      | <b>94,670</b>    | <b>154,976</b>    |
| <b>No Gender Specified</b>          | <b>49,991</b>    | <b>59,165</b>     |
| <b>Total People Trained:</b>        | <b>1,351</b>     | <b>8,701</b>      |
| <b>Males</b>                        | <b>884</b>       | <b>2,834</b>      |
| <b>Females</b>                      | <b>467</b>       | <b>3,114</b>      |
| <b>No Gender Specified</b>          | <b>0</b>         | <b>2,753</b>      |
| <b>Total Condoms Distributed:</b>   | <b>7,656,836</b> | <b>18,434,473</b> |
| <b>Free</b>                         | <b>491,656</b>   | <b>571,116</b>    |
| <b>Sold</b>                         | <b>7,165,180</b> | <b>17,863,357</b> |
| <b>Total Condom Outlets:</b>        | <b>240</b>       | <b>2,772</b>      |
| <b>Media Spots Aired:</b>           | <b>75</b>        | <b>168</b>        |
| <b>Total Materials Distributed:</b> | <b>77,783</b>    | <b>249,210</b>    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## Cameroon Baseline Indicators

|                       | High-risk   |                                   | Low-risk           |                  |                   |
|-----------------------|---|-----------------------------------|--------------------|------------------|-------------------|
|                       | Males   | Females                           | Males              | Females          |                   |
| <b>SEROPREVALENCE</b> | HIV prevalence  | 6 <sup>1</sup>                    | 26-45 <sup>3</sup> | —                | 2-6 <sup>6</sup>  |
|                       | Syphilis prevalence   | 5 <sup>1</sup>                    | 24-34 <sup>3</sup> | —                | 1-15 <sup>6</sup> |
| <b>PARTNERS</b>       | Had non-regular partners (past month, among sexually active)    | 21 <sup>1</sup> ; 53 <sup>4</sup> | —                  | 20 <sup>2</sup>  | 2 <sup>2</sup>    |
|                       | Two or more sexual partners (past month, among sexually active) | —                                 | —                  | 40 <sup>5</sup>  | 17 <sup>5</sup>   |
|                       | <b>CONDOM USE</b>   |                                   |                    |                  |                   |
|                       | Condom use by type of partner                                   |                                   |                    |                  |                   |
|                       | Always use  | 3 <sup>1</sup> ; 9 <sup>4</sup>   | 13 <sup>3</sup>    | 6 <sup>2*</sup>  | 67 <sup>2*</sup>  |
|                       | Occasional CSWs   | 23 <sup>1</sup> ; 53 <sup>4</sup> | 56 <sup>3</sup>    | 93 <sup>2</sup>  | —                 |
|                       | Paying partner  | 48 <sup>1</sup> ; 61 <sup>4</sup> | 52 <sup>3</sup>    | —                | —                 |
|                       | Last intercourse  |                                   |                    |                  |                   |
|                       | Occasional CSWs   | 40 <sup>1</sup> ; 68 <sup>4</sup> | 74 <sup>3</sup>    | 79 <sup>2*</sup> | —                 |
|                       | Paying partner  | 70 <sup>1</sup> ; 75 <sup>4</sup> | 69 <sup>3</sup>    | —                | —                 |
| <b>STDs</b>           | Self-reported STDs (past six months)                            | 36 <sup>1</sup> ; 29 <sup>4</sup> | 41 <sup>3</sup>    | 4-9 <sup>2</sup> | 3-8 <sup>2</sup>  |
|                       | Sought appropriate STD treatment                                | 81 <sup>1</sup> ; 68 <sup>4</sup> | 73 <sup>3</sup>    | 61 <sup>2*</sup> | —                 |
| <b>OTHER</b>          | Paid for sex (past month)                                       | 12 <sup>1</sup> ; 54 <sup>4</sup> | —                  | 5 <sup>2</sup>   | —                 |

See table notes on following page.



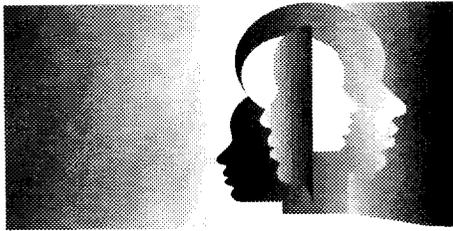
Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDSCAP in time for this report. Future tables and analyses will present gender differences in each category.

*Sources:*

1. Personnel des Forces Armées et Police Face aux MST/SIDA, 1994 (n=1,812, male armed forces and police)
2. Les étudiants des universités de Douala et Yaoundé face aux MST et au Sida, 1993 (n=739 male students and 261 female students)
3. Evaluation de l'Impact du Project: Enquête CACP Aupres des Prostituées, de Leur Clients et des Patients de MST, 1994 (n=800; commercial sex workers in urban centers)
4. Evaluation de l'Impact du Project: Enquête CACP Aupres des Prostituées, de Leur Clients et des Patients de MST, 1994 (n=800; clients of commercial sex workers in urban centers)
5. Enquête CAPC sur le SIDA et les MST dans la Province de l'Est, CARE, 1994 (n=450; in and out of school youth age 12-24)
6. Sentinel surveillance reports on pregnant women in six urban and semi-urban sites, 1992-1994.

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

## **ETHIOPIA**

26

### **PROGRAM DESCRIPTION**

The AIDSCAP Program in Ethiopia has been implemented under USAID/Ethiopia's Support to AIDS Control (STAC) Project with the Government of Ethiopia. The main purpose of STAC is to strengthen internal Ethiopian capacity to design and implement programs that reduce sexually transmitted diseases, increase condom use, and reduce high-risk behavior. Prevention programs target populations at high risk of acquiring HIV, including in- and out-of-school youth, and men and women with multiple partner sexual contacts (MPSCs). AIDSCAP/Ethiopia's emphasis in FY95 was to strengthen project interventions in four regions ("focus sites") of Ethiopia: Tigray, Amhara, Oromia, and the Southern People's Region.

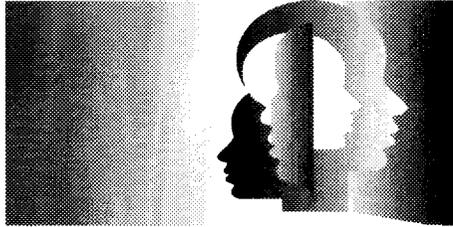
The major implementing agency supported under the STAC Project is the Ministry of Health (MOH). AIDSCAP/Ethiopia has been working with the MOH, first by providing it with a subagreement and more recently by directly funding MOH activities, to upgrade sexually transmitted disease (STD) services and implement behavior change interventions for MPSC persons at selected sites. Ten sites were identified for both activities in the first phase and another ten for the second phase of the project. Due to geographic constraints, the number of sites for intensive, integrated STD and behavior change communication (BCC) programming for MPSCs and youth was reduced to four, while the remaining 16 sites will receive only STD equipment and supplies and service upgrading.

AIDSCAP/Ethiopia is also working with the Ministry of Education (MOE) on an in-school youth STD and HIV/AIDS prevention program and with 14 nongovernmental organizations (NGOs) on a variety of interventions, some of which are aimed at out-of-school youth. The NGOs are supported by competitive and non-competitive grants and rapid-response funds.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

Major achievements in FY95 include:

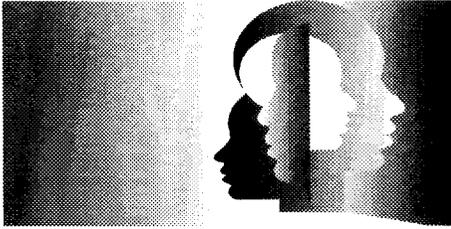
- The first ten STD clinical sites, including the four focus sites, were provided with essential drugs and supplies. Activities are in full implementation in the four focus sites and Region 14 (Addis Ababa), as well as in the other six first-phase STD clinical sites. Refurbishment is taking place at seven of the ten additional STD clinical sites. Approximately 5,000 STD patients were treated at focus site health facilities; another 4,000 STD patients were treated in the other six first-phase clinic sites.
- A targeted intervention research (TIR) study examining knowledge, attitudes, and practices related to STD treatment-seeking has been conducted in the focus sites. The interim report was presented to the study's technical advisory group members in mid-September for the first five components of the study; work on components five to nine continued.
- A study to determine the sensitivity of specific antibiotics to STD pathogens began in August at Awassa Regional Laboratory. Physicians and



**AIDSCAP**

laboratory technicians were provided with a study orientation. Plans are under way to include Gondar Medical College in the study.

- MPSCs attended training seminars at focus sites and in Addis Ababa to increase knowledge and encourage behavior change to prevent STDs. The training was initially undertaken by core trainers who went on to train community health agents, MPSC group leaders, and AIDS communicators as peer educators.
- Sensitization seminars and refresher courses on reducing STDs and HIV/AIDS transmission were held for bar owners, government officials and other key people at each site to expand HIV/AIDS prevention work into new organizations and workplaces.
- Equipment, including computers and printers, was supplied and focus site staff trained in its use in order to upgrade the sentinel surveillance system. Other equipment, such as televisions, video cassette recorders, and vehicles, were supplied to the focus sites and Region 14 to strengthen intervention activities and improve monitoring and supervision at clinic sites in the regions.
- BCC activities through the Ministry of Education were strengthened through materials development, including posters, flip charts, and caps. Newly developed STD/BCC materials, including three leaflets, three posters, a calendar, and a flip chart, were pretested and submitted to printers. AIDS booklets were distributed to 17 senior secondary schools.
- Nearly 40,000 copies of leaflets, posters, booklets, and calendars were printed and distributed through the NGO Program. Ten dramas for youth were produced and staged; some were videotaped. One of the dramas will soon be performed for the public in a popular theater house. A video film, "On the Danger of AIDS," has been produced and is being edited. Peer education activities have been particularly successful. The 330 trained peer health educators exceeded their target and reached over 100,000 community members with prevention education. In addition, approximately 131,000 condoms were sold and 168,000 distributed free of charge.
- Several workshops were conducted for (1) core trainers on program coordination and training skills, (2) health care providers on STD case management, (3) implementing agency project managers to define lessons learned, (4) NGOs on STD/BCC materials development for hard-to-reach populations, and (5) school directors, guidance counselors, teachers, anti-AIDS club leaders, and student peer educators on HIV/AIDS education and prevention.
- The condom social marketing program, which received partial funding from AIDSCAP in FY95, is managed by DKT Ethiopia. During the year, the CSM project boasted several record and near-record sales months, contin-



**AIDSCAP**

28

---

ued geographic expansion, and ongoing BCC activities and promotional campaigns. HIWOT condom sales for the year surpassed the 15 million condoms sold in FY94. Sales were accomplished through 1,353 outlets nationwide, including grocery stores, kiosks, bars, and hotels.

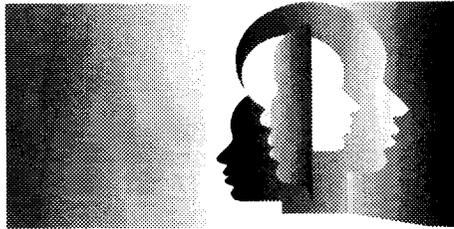
---

**CURRENT  
PROGRAM  
STATUS**

---

An internal program review of the Ethiopia program was conducted by senior managers from AIDSCAP, USAID/Ethiopia, and USAID/HIV-AIDS Division. The team noted the significant constraints that have faced the program, including the downsizing of the Department of AIDS Control from 57 to 3 staff members, the decentralization of AIDS programming to the newly empowered regional governments, and delays in receiving commodities procured by the World Health Organization. Despite these problems, the program has initiated major collaborative efforts with the public and NGOs, and, as a result, condom sales have skyrocketed. The Ethiopia country program is at a very promising stage of implementation. All subprojects are under way, and a collaborative approach has been adopted between implementing agencies, USAID/Ethiopia, and AIDSCAP/Ethiopia. The partnership approach has facilitated project implementation.

Continuing program momentum in Ethiopia faces a potentially serious obstacle. The STAC Project concluded on September 30, 1995, at which time USAID/Ethiopia had not yet defined a formal mechanism for continuing AIDSCAP's work in the country. Unless a formal mechanism is defined, subprojects are at risk of curtailment, and work under the MOH could suffer. It is hoped that this situation will be resolved early in FY96.



**AIDSCAP**

## Ethiopia Process Indicator Data

|                                     | FY95       | Cumulative |
|-------------------------------------|------------|------------|
| <b>Total People Educated:</b>       | 213,519    | 268,460    |
| <b>Males</b>                        | 70,771     | 90,855     |
| <b>Females</b>                      | 55,690     | 83,492     |
| <b>No Gender Specified</b>          | 87,058     | 94,113     |
| <b>Total People Trained:</b>        | 498        | 3,661      |
| <b>Males</b>                        | 277        | 1,775      |
| <b>Females</b>                      | 171        | 1,649      |
| <b>No Gender Specified</b>          | 50         | 237        |
| <b>Total Condoms Distributed:</b>   | 17,330,941 | 43,693,555 |
| <b>Free</b>                         | 162,225    | 168,476    |
| <b>Sold</b>                         | 17,168,716 | 43,525,079 |
| <b>Total Condom Outlets:</b>        | 1,353      | 4,861      |
| <b>Media Spots Aired:</b>           | 710        | 2,227      |
| <b>Total Materials Distributed:</b> | 370,392    | 440,421    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



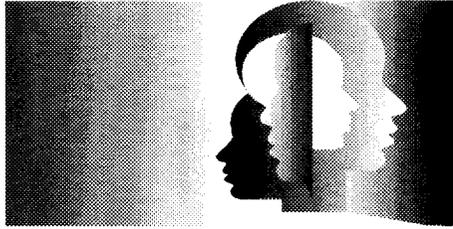
## Ethiopia Baseline Indicators

|  | High-risk   |   | Low-risk                          |                                   |
|--|---|---|-----------------------------------|-----------------------------------|
|  | Males   | Females   | Males                             | Females                           |
| <b>SEROPREVALENCE</b>                  |   |   |                                   |                                   |
| HIV prevalence                         | —   | —   | —                                 | 14 <sup>1</sup>                   |
| Syphilis prevalence                    | —   | —   | 9 <sup>1</sup>                    | —                                 |
| <b>KNOWLEDGE</b>                       |   |   |                                   |                                   |
| Knowledge of two methods of prevention | 84 <sup>6</sup>                                     | 62 <sup>2</sup>   | 49 <sup>2</sup> ; 94 <sup>1</sup> | 21 <sup>2</sup> ; 84 <sup>1</sup> |
| <b>CONDOM USE</b>                      |   |   |                                   |                                   |
| Condom use by type of partner          |   |   |                                   |                                   |
| Always use                             |   |   |                                   |                                   |
| Regular partner                        | 17 <sup>4</sup> ; 20 <sup>5</sup>                   | 55 <sup>4</sup> ; 64 <sup>5</sup>                         | —                                 | —                                 |
| Paying partner                         | 62 <sup>4</sup> ; 88-90 <sup>5</sup>                | 55 <sup>4</sup> ; 77-85 <sup>5</sup>                      | —                                 | —                                 |
| Last intercourse                       |   |   |                                   |                                   |
| Regular partner                        | —   | 46-57 <sup>5</sup> (nonpaid)<br>79-83 <sup>5</sup> (paid) | 7 <sup>3</sup> -21 <sup>3</sup>   | —                                 |
| Non-regular                            | —   | 75 <sup>3</sup> ; 80-89 <sup>5</sup>                      | 48 <sup>1</sup> ; 65 <sup>3</sup> | 47 <sup>1</sup>                   |
| Condom use (ever)                      | 54 <sup>4</sup> ; 60 <sup>5</sup> ; 40 <sup>6</sup> | 50-97 <sup>2</sup> ; 86 <sup>3</sup>                      | 56 <sup>3</sup>                   | 20 <sup>3</sup>                   |
| <b>STDs</b>                            |   |   |                                   |                                   |
| Self-reported STDs                     | 54 <sup>4</sup>                                     | 30 <sup>4</sup> ; 32-48 <sup>5</sup>                      | 5 <sup>1</sup>                    | —                                 |
| <b>OTHER</b>                           |   |   |                                   |                                   |
| Paid for sex (past month)              | 22 <sup>4</sup> ; 15 <sup>5</sup>                   | —   | —                                 | —                                 |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

*Sources:*

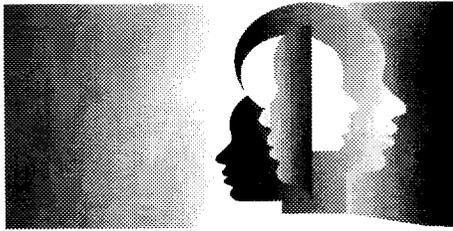
1. WHO/GPA field test of prevention indicators (urban sample) 1993; total n=6,885.
2. NGO subproject baselines 1994.
3. PSI 1993 (n=200 adult males, 195 adolescent males, 195 CSWs, 65 adult females)



**AIDSCAP**

4. WHO MPSC baseline 1990 (n=360 bar ladies, 362 bar customers).
5. WHO MPSC follow-up 1995 (n=433 bar ladies, 408 bar customers).
6. GOAL/Ethiopia study with truck drivers 1995 (n=150).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations



**AIDSCAP**

**KENYA**

32

---

**PROGRAM  
DESCRIPTION**

---

The USAID-funded Kenya country program operates both at a national level and in geographically focused areas. The target groups are men and women in the workplace and those attending sexually transmitted disease (STD) or family planning (FP) clinics. The program incorporates the AIDSCAP strategies of behavior change communication and upgrading of STD services, supported by interventions in policy development, capacity building, and behavioral research. In Kenya, condom social marketing is provided through a separate USAID agreement with Population Services International, with whom AIDSCAP collaborates closely.

National interventions were designed to strengthen the framework for local HIV/AIDS prevention activities. Policy activities provide support for leadership to set the agenda for HIV/AIDS prevention, including analysis of the socioeconomic impact of HIV/AIDS; work with church leaders through MAP International, a church-related private voluntary organization (PVO); and support for policy discussions at the district level through the Kenya AIDS NGO Consortium. AIDSCAP is also working to strengthen long-term institutional capacity by (1) upgrading the National AIDS Control Program's HIV/AIDS sentinel site surveillance system, (2) supporting the NGO Consortium's resource center, (3) providing materials development training for NGOs, and (4) developing STD/HIV/AIDS training curricula. Media projects include a national radio show, a regular column in a national newspaper, and support of a theater company.

Local activities are focused in three urban sites: Nairobi, Mombasa, and Eldoret. Projects in these areas include peer education in workplaces and institutions of higher education, supported by improved STD/HIV services provided by Family Planning Private Sector (FPPS) clinic staff who have participated in the program's STD/HIV training subproject.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

Nine new subprojects were developed in FY95. Three, developed through FPPS, are (1) training in STD case management for FP providers through which an STD case management curriculum will be developed and added to existing curriculum on HIV/AIDS counseling and family planning methods, (2) HIV/AIDS/STD peer education programs in the workplace, and (3) a peer education program with students from institutions of higher learning. The STD training will involve supervisors and clinic workers from FPPS's 200 clinics and personnel from private institutions and municipal clinics. The peer education programs target 26 work sites and 10 institutions of higher learning in Nairobi, Eldoret, and Mombasa. In Eldoret, FPPS's STD training will be complemented by a new subagreement with Moi University to train 120 private practitioners in the syndromic approach to case management.

Other subprojects include (1) support to the Kenya AIDS NGO Consortium to carry out policy activities at the local level through a series of district and national workshops, supported by preparation of articles and papers on HIV/AIDS-related policy issues, and (2) HIV/AIDS policy work with government ministries through

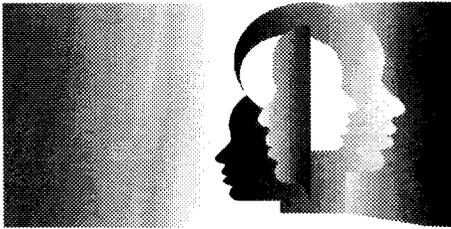


the National AIDS Control Program to present the AIDS Impact Model (AIM) to officials at the provincial level. AIDSCAP has also contributed to the government's effort to control the epidemic by extending the NACP's sentinel surveillance system to six rural sites.

An agreement was also signed with the Kenya Association of Professional Counsellors to establish a set of strategies for negotiating sexual behaviors in stable heterosexual relationships and for changing high-risk behavior. Finally, under a follow-on project, the Miujiza Players will continue to create and perform interactive theater on HIV/AIDS prevention.

The AIDSCAP Program, funded by USAID/Kenya, has achieved notable successes in FY95. For example:

- There has been an overwhelming response to the weekly radio shows, which are broadcast in five languages. The show's producer received 4,716 letters from listeners in the April-June quarter.
- The Program for Appropriate Technology in Health (PATH), with AIDSCAP funding, has undertaken a two-year project to train representatives from 20 nongovernmental organizations (NGOs) in the design and creation of appropriate behavior change communication (BCC) materials. Final versions of the materials will be printed by early 1996.
- The MAP project is working with representatives from the major church denominations to discuss issues in HIV prevention. In FY95, the project held a policy workshop attended by representatives of 19 denominations, three pastoral counseling workshops attended by 80 people, and a workshop with 40 teachers to discuss sexuality education for youth. MAP also carried out a knowledge, attitudes, beliefs, and practices (KABP) survey with religious leaders and youth. By the end of FY95, MAP had distributed 1,202 counseling manuals and 1,021 awareness packets for men and women church leaders. MAP's video, "Springs of Life," is being circulated within churches and pastoral training schools and has been seen by more than 800,000 people throughout Kenya.
- AIDSCAP/Kenya has been a site for testing AIDSCAP's Private Sector AIDS Policy Project (PSAPP) materials. The PSAPP tools provide businesses with the means to evaluate the impact of the epidemic on their industries and encourage them to establish workplace policies and programs. The materials were pilot tested in presentations and at a luncheon attended by businesspeople from 13 companies, and in a subsequent one-day workshop attended by 20 businesspeople. Participants expressed commitment to further action.
- Kenya is one of four country research sites for the international HIV Counseling and Testing Research Project. In FY95, Kenya was also selected as one of the sites for a qualitative research study on the acceptability of



## AIDSCAP

34

---

the female condom, funded under the AIDSCAP Women's Initiative. The study will evaluate responses to use of the condom among established couples and assess needed skills to support use of the device.

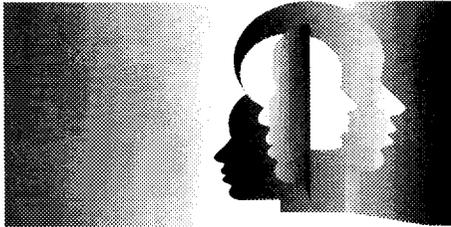
- The increased capacity of the Kenya AIDS NGO Consortium, made up of 75 member agencies, demonstrates the value of long-term support from both AIDSTECH and AIDSCAP. The consortium's Resource Center now receives up to 130 inquiries per week and has established links with regional and international databases and organizations, instituted a Kenya-specific project tracking system, and linked up with international databases. With regard to long-term sustainability, local NGOs are now asking the consortium to provide training in AIDS prevention, information management and institutional development, and the consortium is discussing the option of providing these services on a fee-paying basis. Further, the consortium has been asked to play a key role in the World Bank's Sexually Transmitted Infections (STI) Project.
- The STD Case Management Project with FPPS has conducted training using the newly approved national STD syndromic guidelines. A draft curriculum developed under the project has been used in seven seminars conducted for 145 participants. Skills developed at the workshop are now being applied in clinics, using locally available drugs. This element of the program will be closely monitored to gauge long-term effectiveness.

---

### CURRENT PROGRAM STATUS

---

In summary, both the regional and national elements of the AIDSCAP/Kenya country program are now under way, under the operational direction of local organizations. In the next year, AIDSCAP's role at the subproject level will increasingly be one of responding to requests for technical assistance and of promoting synergy and sharing information among projects. At the program level, AIDSCAP will work with subprojects to address issues of long-term sustainability and with USAID/Kenya to incorporate lessons learned and key elements of the program into the Mission's AIDS Population and Health Integrated Assistance (APHIA) Project.

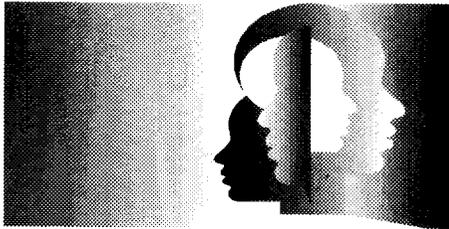


**AIDSCAP**

## Kenya Process Indicator Data

|                                     | FY95          | Cumulative    |
|-------------------------------------|---------------|---------------|
| <b>Total People Educated:</b>       | <b>48,707</b> | <b>57,120</b> |
| <b>Males</b>                        | <b>10,796</b> | <b>10,805</b> |
| <b>Females</b>                      | <b>6,505</b>  | <b>6,518</b>  |
| <b>No Gender Specified</b>          | <b>31,406</b> | <b>39,797</b> |
| <b>Total People Trained:</b>        | <b>563</b>    | <b>1,017</b>  |
| <b>Males</b>                        | <b>216</b>    | <b>393</b>    |
| <b>Females</b>                      | <b>346</b>    | <b>623</b>    |
| <b>No Gender Specified</b>          | <b>1</b>      | <b>1</b>      |
| <b>Total Condoms Distributed:</b>   | <b>33,434</b> | <b>45,850</b> |
| <b>Free</b>                         | <b>33,434</b> | <b>45,850</b> |
| <b>Sold</b>                         | <b>0</b>      | <b>0</b>      |
| <b>Total Condom Outlets:</b>        | <b>8</b>      | <b>8</b>      |
| <b>Media Spots Aired:</b>           | <b>1,172</b>  | <b>1,172</b>  |
| <b>Total Materials Distributed:</b> | <b>2,932</b>  | <b>3,042</b>  |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDS CAP**

## Kenya Baseline Indicators

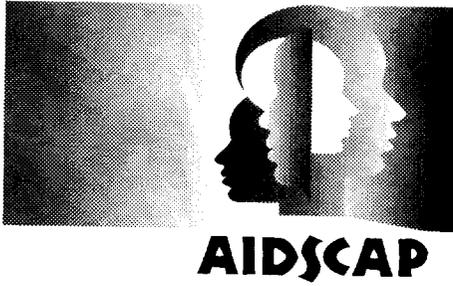
|                       | High-risk                                |         | Low-risk                               |   |
|-----------------------|--|---------|--|---|
|                       | Males                                    | Females | Males                                  | Females   |
| <b>SEROPREVALENCE</b> | HIV prevalence                           |         | 56-86 <sup>7*</sup>                    |   |
|                       |  |         | 4-12 <sup>8*</sup>                     |   |
| <b>KNOWLEDGE</b>      | Knowledge of two methods of transmission |         | 57 <sup>2</sup>                        | 48 <sup>2</sup>                                       |
| <b>PARTNERS</b>       | Two or more sexual partners              |         | 58 <sup>4</sup><br>(last three months) | 42 <sup>3</sup> ; 7 <sup>3</sup><br>(past six months) |
| <b>CONDOM USE</b>     | Ever                                     |         | 49 <sup>1</sup>                        | 46 <sup>1</sup>                                       |
|                       |  |         | 19 <sup>2</sup><br>(past six months)   | 6 <sup>2</sup><br>(past six months)                   |
| <b>OTHER</b>          | Paid for sex                             |         | 32 <sup>4</sup><br>(past three months) | —   |
|                       | Appropriate perception of risk           |         | 8 <sup>5</sup>                         | —   |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDS CAP in time for this report. Future tables and analyses will present gender differences in each category.

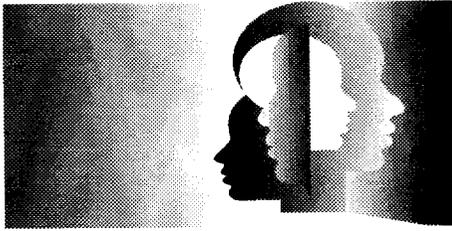
*Sources:*

1. AMREF Truckers Project, 1992 (n=407 men, 287 women).
2. Demographic Health Survey (1993) (n=7,540 women 15-49 yrs., 2,336 men 20-54 yrs.).
3. AIDS Care 1994;6(2) 173-81 (n=3,018 secondary students).



4. Int'l Conf. on AIDS 1994 Aug 7-12; 10(2) (n=874 truckers and women at truck stops).
5. Clin. Infect. Dis. 1994 Sept;19(3) 441-7 (n=787 men aged 17-54 yrs).
6. AIDS 1994 Jan;8(1) 93-9 (n=4,404 women, Nairobi peri-urban family planning attenders).
7. U.S. Bureau of the Census, Int'l Programs Center, 1994 (urban population).
8. NACP AIDS in Kenya Report 1993 (Prevalence reported at 4-5% for rural areas and 11-12% for urban areas).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



# NIGERIA

## AIDSCAP

38

### PROGRAM DESCRIPTION

The USAID/Nigeria-funded AIDSCAP program was initiated in October 1992. As originally designed, the program was developed to operate in three states: Cross River, Jigawa, and Lagos. It has two primary target groups, commercial sex workers (CSWs) and long-distance lorry drivers (LLD), as well as two secondary target groups, youth in tertiary institutions and men in workplaces. The program employs three main strategies: (1) behavior change communication through peer health education (PHE) outreach, (2) sexually transmitted disease (STD) management emphasizing a syndromic diagnosis and treatment approach, and (3) the promotion of condoms. Policy development, research, evaluation, and networking have also enhanced project implementation and acceptability.

AIDSCAP has six active behavior intervention subprojects in Nigeria reaching:

- Commercial sex workers in Cross River State.
- Lorry drivers in Cross River and Jigawa.
- Tertiary school students in Cross River and Jigawa.
- Dock workers in Lagos.

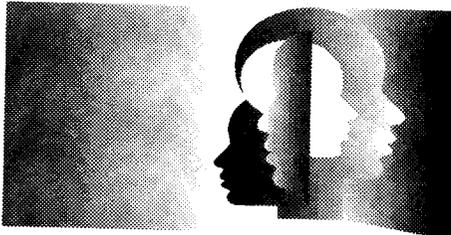
Other activities include mass media AIDS awareness, STD program strengthening, and a small grants program for nongovernmental organizations (NGOs).

In FY95, the USAID Mission launched a major initiative to reposition and expand the AIDSCAP program focus in Nigeria. Building on the new program objectives articulated by the Mission, the focus of AIDSCAP is expected to shift significantly in FY96 from its primary concentration in three states to a primary or supportive function in up to ten states. Under the new design, AIDSCAP's work will also be more closely integrated with the Mission's family planning objectives and the local and expatriate cooperating agencies implementing USAID Mission programming in Nigeria. An implementation plan for further defining the revised scope of work will be developed early in FY96.

### FY95 COUNTRY PROGRAM ACCOMPLISHMENTS

Through USAID/Nigeria support, AIDSCAP initiated or expanded a number of projects in FY95:

- A workplace intervention with dock workers in Lagos was initiated in two ports (Tincan and Apapa) with the Nigerian Society for Environmental Management and Planning (NSEMP), targeting 4,000 men through peer education, promotion of STD treatment-seeking behavior and referral, and condom social marketing. To date, the project has trained 38 peer health educators and established a working relationship with the dock workers' union.
- Phase II of the Tertiary Institution Peer Education Intervention was initiated by the Nigerian Youth AIDS Program (NYAP) in Cross River State, which seeks to reach 36,000 youth and to expand into secondary schools.

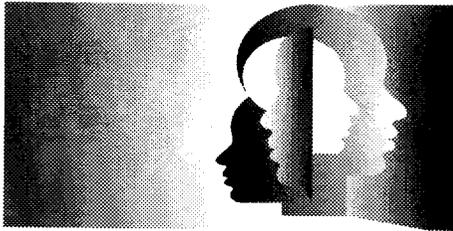


**AIDSCAP**

In FY95, NYAP developed and incorporated an HIV/AIDS curriculum in the general studies program of the University of Calabar, held meetings with the Ministries of Education and Health to develop guidelines for implementation of an HIV/AIDS/STD curriculum in secondary schools, and developed a national PHE training curriculum for secondary/tertiary institutions.

- The commercial sex worker intervention started several years ago under the Cross River AIDS Committee (CRAC) was turned over to Nka Iban Uko ("Women of Courage"), a local NGO. The project has been expanded to include a major literacy and vocational training component for the CSWs. NIU also facilitated the production and exhibition of AIDS quilts in Nigeria and San Francisco as part of the United Nations' 50th anniversary.
- In Jigawa State, the Jigawa State Youth AIDS Program (JSYAP) initiated a peer education project targeting 3,000 youth at five college sites. The only college-based HIV/AIDS intervention project in the north of the country, it has established a fully equipped and functional resource center at the College of Education in Gumel and trained 49 peer health educators from four colleges in Jigawa.
- The Society Against the Spread of AIDS/Cross River State (SASA/CRS), the implementing agency for long-distance truck drivers and river transport workers in Cross River State, is operating two health stands in Ikom and Calabar and has successfully involved local transport unions in the development of HIV/AIDS-related policies for transport workers.
- STOPAIDS, the implementing agency for the truck drivers project in Jigawa, established health stands at Kazaure and Hadejia, conducted two road transport union leaders workshops at both sites, and conducted biweekly rallies for truck drivers, transport workers, and others frequenting truck stops.
- AIDSMEMO, produced by Media Alliance, is a weekly newspaper column intended to sensitize and educate the general population about HIV/AIDS that was also initiated this year. A total of 23 published articles on HIV/AIDS/STDs have promoted awareness about USAID/Nigeria's AIDSCAP activities.
- Through its subcontractor, the University of North Carolina, and local consultants, AIDSCAP/Nigeria developed guidelines for syndromic management of STDs, patient counseling, and training curricula on management/support for different cadres of health workers.

In addition to these major activities, AIDSCAP kept a strong focus on building the capacity of Nigerian institutions. For example, a total of 19 rapid response fund micro-grants were made to small NGOs to support their short-term behavior change communication (BCC) activities, to expand their program coverage and focus, and, most importantly, to help them build their capability to manage larger



## AIDSCAP

40

---

grants. An example of this program is the "traffic jam intervention," an HIV education behavior change activity conducted by an NGO at a bus terminal in Lagos. Over the life of this project, individuals on more than 40,000 commuter buses were reached with targeted messages. The project cost a total of \$3,000. The project will continue in FY96 under a larger grant from AIDSCAP.

AIDSCAP projects also capitalized on other opportunities to share expertise across projects. For example, SASA provided technical assistance to beneficiaries of AIDSCAP rapid response funds and provided attachments for ten students of social public work at the University of Calabar by allowing them to work with the project for six weeks. Youth Health facilitated an interagency National Youth Health Workshop, using the NYAP peer education project as a resource. NYAP also provided technical assistance in interpersonal communication and materials development to other subprojects. The Africare NGO capacity building subagreement was completed this fiscal year.

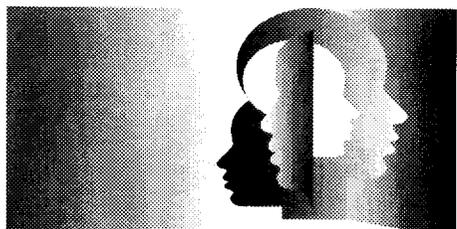
---

### CURRENT PROGRAM STATUS

---

As noted above, AIDSCAP program activities in Nigeria are being redefined within the more integrated family planning, child survival, and HIV/AIDS strategies of the Mission. It is expected that current mature HIV prevention projects, such as the CSW project with Nka Iban Uko, the tertiary student programs with NYAP/CRS and JSYAP/Jigawa, the truck driver projects with STOPAIDS and SASA, and the AIDSMEMO project with the Media Alliance, will all continue and will be the source of technical expertise to similar initiatives with youth in Lagos and CSWs in Jigawa. The recently launched dock workers intervention with NSEMP will also continue.

Anticipated new activities include a number of AIDSCAP Women's Initiative (AWI) activities targeting grassroots networks and market women with Women in Nigeria-Cross River State (WIN-CRS), Women in Nigeria-Lagos (WIN-Lagos), and the Federation of Muslim Women Association of Nigeria (FOMWAN-Jigawa); a traffic jam intervention with Health Matters-Lagos; a project for youth in tertiary institutions with NYAP-Lagos; and CSW peer education with the National Counsel of Women Societies (NCWS-Jigawa).

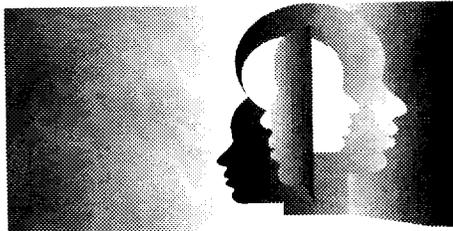


**AIDSCAP**

## Nigeria Process Indicator Data

|                                     | FY95           | Cumulative     |
|-------------------------------------|----------------|----------------|
| <b>Total People Educated:</b>       | <b>142,331</b> | <b>169,436</b> |
| <b>Males</b>                        | <b>40,925</b>  | <b>49,186</b>  |
| <b>Females</b>                      | <b>20,500</b>  | <b>26,484</b>  |
| <b>No Gender Specified</b>          | <b>80,906</b>  | <b>93,766</b>  |
| <b>Total People Trained:</b>        | <b>3,930</b>   | <b>4,524</b>   |
| <b>Males</b>                        | <b>350</b>     | <b>456</b>     |
| <b>Females</b>                      | <b>155</b>     | <b>283</b>     |
| <b>No Gender Specified</b>          | <b>3,425</b>   | <b>3,785</b>   |
| <b>Total Condoms Distributed:</b>   | <b>610,505</b> | <b>987,981</b> |
| <b>Free</b>                         | <b>424,293</b> | <b>518,209</b> |
| <b>Sold</b>                         | <b>186,212</b> | <b>469,772</b> |
| <b>Total Condom Outlets:</b>        | <b>388</b>     | <b>1,144</b>   |
| <b>Media Spots Aired:</b>           | <b>159</b>     | <b>172</b>     |
| <b>Total Materials Distributed:</b> | <b>65,223</b>  | <b>89,525</b>  |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## Nigeria Baseline Indicators

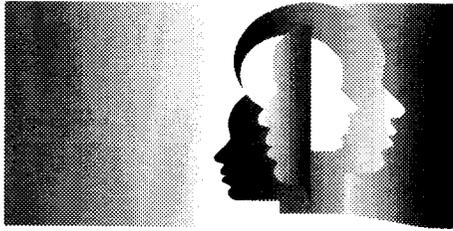
|                       | High-risk                                     |         | Low-risk           |                                     |
|-----------------------|---|---------|--------------------|-------------------------------------|
|                       | Males   | Females | Males              | Females                             |
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>                         |         | —                  | 6 <sup>1</sup>                      |
|                       | <b>Syphilis prevalence</b>                    |         | —                  | 5-7 <sup>3</sup>                    |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b> |         | 24-60 <sup>4</sup> | —                                   |
|                       | <b>CONDOM USE</b>                             |         |                    |                                     |
|                       | <b>Always</b>                                 |         | —                  | —                                   |
|                       | <b>Always, occasional partner</b>             |         | —                  | 18 <sup>5*</sup> ; 10 <sup>4*</sup> |
|                       | <b>Last intercourse, non-regular partner</b>  |         | —                  | —                                   |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDSCAP in time for this report. Future tables and analyses will present gender differences in each category.

**Sources:**

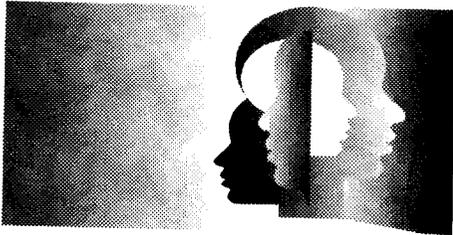
1. Nigeria Bulletin of Epidemiology, 1992 ("high-risk" = STD clinic attenders, "low-risk females" = antenatal clinic attenders).
2. AIDSTECH Cross River AIDS Committee Final Report, 1992, (CSWs). Current (1993-94) data show an overall prevalence rate of 22.5% for CSWs (Nigeria Sentinel Surveillance Report, 1995).
3. Nigeria 1993-94 Sentinel Seroprevalence Surveillance Report, NACP (published in 1995).
4. Nigeria Youth AIDS Programme KABP survey report 1993 (n=864; 442 males and 398 females, youth).
5. University of Lagos KABP survey report 1992 (n=480 males, 320 females; university students).



**AIDSCAP**

6. AIDSTECH CRAC final report, 1990 (n=100 women and 126 men; CSWs and clients).
7. SASA, KABP Survey Report, 1994 (n=411 men, 88 women; long-distance truck drivers).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

## **RWANDA**

44

### **PROGRAM DESCRIPTION**

AIDSCAP/Rwanda reopened its office in October 1994, the first agency concerned with HIV/STD prevention activities to do so since the war. The reactivated program, following discussions between USAID and the Ministry of Health and the National AIDS Control Program, will target the same groups as outlined in the original country strategic plan: those living in population centers, military personnel, sexually transmitted disease (STD) patients, youth, single women, and commercial sex workers (CSWs). Displaced persons are being targeted separately through the refugee project managed by CARE International in Tanzania.

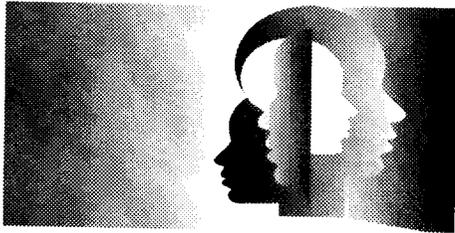
Working through local government institutions and nongovernmental organizations (NGOs), AIDSCAP will help implement comprehensive interventions targeting selected regions, including the upgrading of STD services at clinic sites in key population centers. It also will support activities with a national reach that complement these regionally based interventions, including nationwide expansion of the condom social marketing activities and a mass media campaign closely linked to other communication and condom promotion activities in the country.

The two pre-war, core-funded behavioral research components, targeted intervention research (TIR) and voluntary testing and counseling (VTC), have been discontinued due to the permanent evacuation of all expatriate staff, including the behavioral research specialist.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

Major accomplishments in FY95 included the following:

- Two projects were developed in the Gitarama Prefecture. The Gitarama Health Region provides STD control and prevention through its clinics and health centers, and community-based condom social marketing in collaboration with Population Services International (PSI) through community-based outlets and health workers. This project will be complemented by a community-based peer education project implemented by CARE International targeting women, youth, CSWs, and truck drivers. The project will collaborate closely with the Gitarama Health Region and PSI on materials development, STD referrals, and condom promotion.
- A national mass media campaign was launched on World AIDS Day 1994 in collaboration with the Centre d'Information de Developpement et Communication (CIDC). Using the theme, "AIDS is still here despite the war," the campaign targeted the general population, youth, and sexually active adults, promoting the use of condoms for all sexual encounters.
- A broader nationwide project was developed with CIDC to improve the quality of communication resources in Rwanda. Under this project, AIDSCAP provides funds and technical assistance for mass and print media and for use of such alternative media events as festivals, theater, and song competitions to reach women as the primary target group and "the population at large" in major population centers as a second target group.



## AIDSCAP

- PSI's Rwanda office was reopened to restart condom promotion and distribution activities in March. A "Soirée Prudence" was hosted at the Butare University campus as the first in a series of regional promotional events. "Prudence" brand condom sales, despite some initial setbacks due to condom shortages, totaled 280,638 condoms in the four months since sales resumed.
- Two projects were initiated with the National AIDS Control Program (PNLS). The first is a peer educator intervention with the armed forces initiated in April 1995 with training of trainers workshops in French and English for military and civil medical and training staff. The second PNLS project, initiated in August, will provide support in implementing a nationwide prevention effort, with emphasis on behavior change communication (BCC) and STD control.

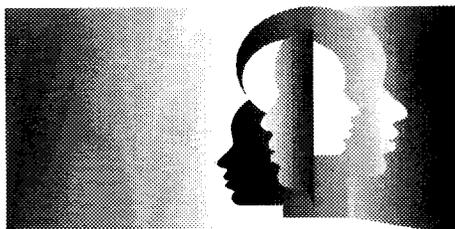
Capacity building has been the major objective of AIDSCAP activities in Rwanda. The strengthening of the PNLS is an AIDSCAP joint effort with the World Health Organization (WHO) and the United Nations Development Programme (UNDP). WHO and UNDP are providing technical experts and financial assistance to improve the organizational development capacity of the PNLS, while AIDSCAP is upgrading BCC and STD skills and monitoring the capabilities of the PNLS. An STD Treatment Guidelines Consensus Meeting held in FY95, co-sponsored by AIDSCAP and WHO, was the first step in assisting the PNLS to develop a comprehensive approach to STD control.

### **RWANDA REFUGEE PROGRAM IN NGARA, TANZANIA**

After the outbreak of civil war in Rwanda, AIDSCAP was asked by USAID to support HIV/AIDS prevention programming to the Rwanda refugee population in Tanzania. Because of its experience in relief and previous HIV/AIDS prevention work in Rwanda, CARE International was selected by AIDSCAP as the lead agency to provide community-based AIDS intervention services. AIDSCAP subcontractors John Snow International (JSI) and PSI were selected to provide additional assistance in needs assessment/evaluation and condom distribution and promotion, respectively.

Based on the needs assessment, services for community outreach, STD treatment, and condom promotion/distribution were initiated in cooperation with other relief organizations. CARE trained community educators to provide HIV/AIDS prevention education and counseling, referral to STD services, and condom promotion. PSI distributed more than 1,559,000 condoms.

The project has demonstrated that there is both a need for and the ability to introduce effective community-based HIV/AIDS prevention programming even within the physically difficult, emotionally stressful environment of a refugee camp. The project was able to engage the participation of the refugees themselves in all levels of program activities from planning to evaluation. A final report on the program will be available in FY96.



## AIDSCAP

46

### CURRENT PROGRAM STATUS

All target groups identified in the original Rwanda country program are now being reached through subprojects at varying stages of implementation. Over the next year, activities outlined in each subproject's work plan should be achieved. The AIDSCAP country office will play a pivotal role to ensure that the subprojects share information and materials and coordinate in selected training of their staff in order to avoid duplication of effort.

The refugee project at Ngara, Tanzania, will continue during the next year through a new project between CARE and AIDSCAP. In addition, the CARE/Ngara and CARE/Gitarama projects will share information and lessons learned to improve both projects.

## Rwanda Process Indicator Data

|                                     | FY95             | Cumulative       |
|-------------------------------------|------------------|------------------|
| <b>Total People Educated:</b>       | <b>121,802</b>   | <b>123,205</b>   |
| <b>Males</b>                        | <b>59,938</b>    | <b>60,827</b>    |
| <b>Females</b>                      | <b>61,478</b>    | <b>61,992</b>    |
| <b>No Gender Specified</b>          | <b>386</b>       | <b>386</b>       |
| <b>Total People Trained:</b>        | <b>7,309</b>     | <b>7,366</b>     |
| <b>Males</b>                        | <b>322</b>       | <b>353</b>       |
| <b>Females</b>                      | <b>89</b>        | <b>115</b>       |
| <b>No Gender Specified</b>          | <b>6,898</b>     | <b>6,898</b>     |
| <b>Total Condoms Distributed:</b>   | <b>1,868,326</b> | <b>2,549,184</b> |
| <b>Free</b>                         | <b>1,587,688</b> | <b>1,684,916</b> |
| <b>Sold</b>                         | <b>280,638</b>   | <b>864,268</b>   |
| <b>Media Spots Aired:</b>           | <b>416</b>       | <b>416</b>       |
| <b>Total Materials Distributed:</b> | <b>81,038</b>    | <b>81,038</b>    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold



through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.

## Rwanda Baseline Indicators

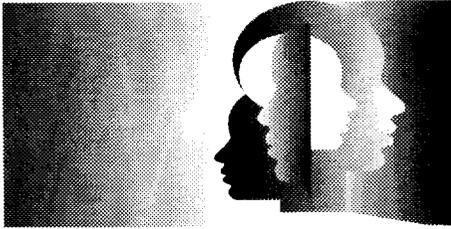
|                       | High-risk   | Low-risk                  |
|-----------------------|---|---------------------------|
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>   | <b>67-83<sup>1*</sup></b> |
|                       |   | <b>2-3<sup>1*</sup></b>   |
|                       | <b>Benaco Refugee Camp, Ngara, Tanzania<sup>2</sup></b>                 |                           |
|                       | <b>Males</b>  | <b>Females</b>            |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b>                           | <b>89*</b>                |
| <b>PARTNERS</b>       | <b>Two or more sexual partners (past month, among sexually active )</b> | <b>20</b>                 |
|                       |   | <b>3</b>                  |
| <b>CONDOM USE</b>     | <b>Ever</b>   | <b>35</b>                 |
|                       | <b>Last intercourse</b>   | <b>13</b>                 |
|                       |   | <b>5</b>                  |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDSCAP in time for this report. Future tables and analyses will present gender differences in each category.

**Sources:**

1. PNLS, 1992; USAID Responds to AIDS, FY94 report (high risk=urban populations; low risk=rural populations).



## AIDSCAP

### 2. Baseline Survey (KAPB), 1994 (n=559 adults 15-49 years).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



# SENEGAL

## PROGRAM DESCRIPTION

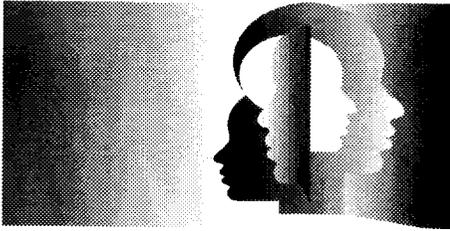
AIDSCAP provides HIV/AIDS prevention assistance in Senegal through the support of a USAID-funded program started in July 1993. Responding to the government's wish to decentralize the HIV/AIDS control program, USAID/Senegal has asked AIDSCAP to work in four regions: Dakar, Thiès, Kaolack, and Ziguinchor. Major components of the National STD/AIDS Control Program supported by AIDSCAP include behavior change communication (BCC), strengthening sexually transmitted disease (STD) case management, and the promotion and distribution of condoms nationwide. While these three components are considered crucial, other important program components include: (1) policy dialogue, (2) support to the national and regional AIDS control programs in strategic planning, (3) grant support to national and international nongovernmental organizations (NGOs) as part of capacity building, (4) behavioral and operational research, and (5) evaluation, including support for sentinel surveillance. These components are being implemented simultaneously as the three primary strategies. AIDSCAP/Senegal is primarily targeting its activities toward populations at highest risk, including commercial sex workers (CSWs), men and women with multiple partners, youth, and the military.

FY95 has seen the focus of activities shift from development of subprojects to monitoring of and/or technical assistance to subprojects implemented by the National AIDS Control Program (NACP), the Ministry of Health, the Christian Reformed World Relief Committee, Aprosor, Jamra, Sud Communication, and other indigenous and international NGOs.

## FY95 COUNTRY PROGRAM ACCOMPLISHMENTS

Twelve major subprojects developed in 1994-95 were signed and are currently under way. In addition, 27 rapid response fund micro-grants were approved, and 13 letters of agreement are under implementation. Significant progress was made in all program categories (policy, BCC, STD, condoms, surveillance, institutional support, and capacity building). Notable successes include the following:

- The highlight for FY95 was the first national Colloquium on AIDS and Religion held in March 1995, during which Islamic religious leaders learned about HIV/AIDS and offered recommendations about their roles and responsibilities vis-à-vis HIV/AIDS. This meeting was the first of its kind in Africa and the first time in the history of Senegal that government and religious leaders met to exchange views on any subject. It is being followed by a series of regional political seminars to inform political and religious leaders about HIV/AIDS.
- Mass media interventions were launched with radio stations and newspapers in all four focus regions. In addition, communication activities were activated by Education Pour la Santé (EPS), which is responsible for the design and production of HIV/AIDS prevention and education materials and for ensuring that they are readily available to private and public institutions and sister organizations collaborating with AIDSCAP projects.



## AIDSCAP

50

- All proposed subprojects targeting workers, university students, commercial sex workers, women in the marketplace, women consulting for prenatal care, and many others are fully implemented.
- STD activities targeting public and private sector STD services were initiated in FY95 and are fully implemented. The initial algorithm training curriculum was completed by a joint team of the NACP and AIDSCAP's partner, the University of Washington, and the training of health personnel in pilot STD sites in collaboration with the European Economic Community (EEC) nationwide is under way. The results of an ethnographic research study to gain information regarding treatment-seeking practices of STD patients was presented to NACP.
- SOMARC, responsible for condom social marketing (CSM) in Senegal, conducted condom promotion training for 292 pharmacists and pharmacy assistants funded by AIDSCAP. This training was followed by the official launch of the CSM program. Parallel to the CSM program, a free quarterly distribution of condoms to Senegal's ten regions was carried out three times during FY95. Free distribution of condoms is guaranteed for the implementing agencies funded by AIDSCAP.
- The *Bulletin Epidemiologique*, which presented the results of the FY94 sentinel surveillance study, was published. The sentinel surveillance subproject ensures the epidemiologic surveillance of different target groups.
- Support to the NACP at both the national and regional level included training in project design using the Logical Framework (LogFRAME), the provision of computer equipment to the central unit, and printed materials and publications to the documentation center. AIDSCAP also supported Senegalese participants to attend international conferences inside and outside Senegal.
- Capacity building efforts for individuals and NGOs included (1) AIDSCAP training in program, administrative, and financial management organized for potential recipients of grants to ensure proper management and correct handling of funds; and (2) AIDSCAP training in STD/HIV/AIDS for health personnel, social workers, school teachers, youth organizers, and those concerned with women's issues.

---

**CURRENT  
PROGRAM  
STATUS**

---

AIDSCAP's program in Senegal is in full implementation in all four pilot regions. AIDSCAP acts as a catalyst for governmental and nongovernmental agencies, communities, and individuals to join the fight against AIDS. To date, more than 50 organizations have become involved in HIV/AIDS prevention.

Although the global program is under full implementation, during the coming

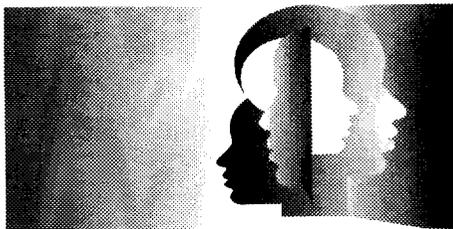


year special emphasis will be placed on supporting the following components: (1) additional sentinel surveys to study the evolution of the epidemic in Senegal, (2) mass media communication through production and broadcasting of TV spots to reach the general population with HIV/AIDS prevention messages, and (3) evaluation methodologies for measuring program impact.

## Senegal Process Indicator Data

|                                     | FY95           | Cumulative       |
|-------------------------------------|----------------|------------------|
| <b>Total People Educated:</b>       | <b>75,837</b>  | <b>75,881</b>    |
| <b>Males</b>                        | <b>22,676</b>  | <b>22,697</b>    |
| <b>Females</b>                      | <b>15,675</b>  | <b>15,698</b>    |
| <b>No Gender Specified</b>          | <b>37,486</b>  | <b>37,486</b>    |
| <b>Total People Trained:</b>        | <b>819</b>     | <b>845</b>       |
| <b>Males</b>                        | <b>353</b>     | <b>353</b>       |
| <b>Females</b>                      | <b>394</b>     | <b>420</b>       |
| <b>No Gender Specified</b>          | <b>72</b>      | <b>72</b>        |
| <b>Total Condoms Distributed:</b>   | <b>100,137</b> | <b>1,824,537</b> |
| <b>Free</b>                         | <b>63,722</b>  | <b>1,788,122</b> |
| <b>Sold</b>                         | <b>36,415</b>  | <b>36,415</b>    |
| <b>Total Condom Outlets:</b>        | <b>3</b>       | <b>3</b>         |
| <b>Media Spots Aired:</b>           | <b>29</b>      | <b>29</b>        |
| <b>Total Materials Distributed:</b> | <b>98,744</b>  | <b>98,962</b>    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDS CAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDS CAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## Senegal Baseline Indicators

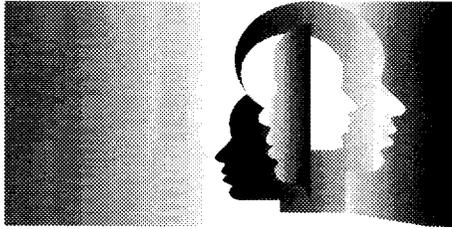
|                |  | High-risk         |                    | Low-risk        |                  |
|----------------|--|-------------------|--------------------|-----------------|------------------|
|                |  | Males             | Females            | Males           | Females          |
| SEROPREVALENCE | HIV prevalence                                 | 2-5 <sup>1</sup>  | 10-30 <sup>2</sup> | —               | 1-2 <sup>3</sup> |
|                | Syphilis prevalence                            | 7-14 <sup>4</sup> | 18-48 <sup>5</sup> | —               | 1-3 <sup>6</sup> |
| KNOWLEDGE      | Knowledge of at least one method of prevention | —                 | —                  | 73 <sup>9</sup> | 68 <sup>7</sup>  |
|                | Knowledge of source of condoms                 | —                 | 26 <sup>8</sup>    | —               | —                |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

*Sources:*

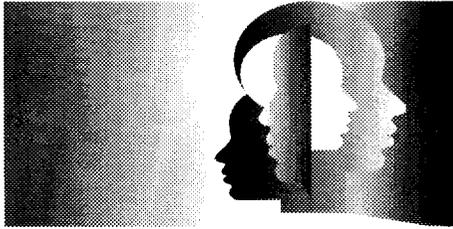
HIV Epidemiologic Bulletin, 1994:

1. (Dakar 2% n=267, Kaolack 3%, Ziguinchor 2% n=92, Thiès 5% n=61; male STD patients).
2. (Dakar 10% n=347, Kaolack 30% n=94, Ziguinchor 12% n=141, Thiès 15% n=75; female commercial sex workers).
3. (Dakar 1% n=219, Kaolack 2% n=359, Ziguinchor 1% n=671, Thiès 1% n=221; pregnant women).
4. (Dakar 14%, Kaolack 11%, Ziguinchor 7%, Thiès 8%; male STD patients).
5. (Dakar 48%, Kaolack 26%, Ziguinchor 18%, Thiès 26%, female commercial sex workers).
6. (Dakar 3%, Kaolack 2%, Ziguinchor 3%, Thiès 1%; pregnant women) Demographic and Health Survey, 1992/93. Dakar, Senegal.
7. (n=6310; women in general population).
8. (n=5118; urban and rural women).
9. (n=1300; urban and rural men).



**AIDSCAP**

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the “high-risk” category reflects subpopulations practicing high levels of “multiple partner behavior” including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. “Low-risk” populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

# TANZANIA

54

---

**PROGRAM  
DESCRIPTION**

---

AIDSCAP's activities in Tanzania, administered as the USAID Mission's Tanzania AIDS Project (TAP), aim to reduce the social and economic impact of AIDS on Tanzanian society by reducing HIV transmission and improving the socioeconomic well-being of AIDS orphans. To achieve this goal, the project uses an integrated strategy, including behavior change communication, improving sexually transmitted disease (STD) case management and service delivery, increasing demand for and availability of condoms, strengthening the management capacities of implementing agencies, and creating a supportive policy environment. Project target groups include persons with AIDS (PWAs), AIDS orphans and their families, sexually active youth and adults, commercial sex workers (CSWs), truck drivers, and business owners and their workers. TAP is implemented by a Project Support Unit (PSU) staffed by AIDSCAP plus a Social Marketing Unit (SMU) staffed by Population Services International (PSI).

At the heart of this innovative project is an "NGO cluster" strategy in which geographically concentrated nongovernmental organizations (NGOs) develop and coordinate a program of action managed by and funded through a subproject with an identified lead NGO. This year, project activities expanded to cover approximately half the country, implemented by more than 100 local and international NGOs through nine NGO clusters. Key collaborators are the Tanzania Ministry of Health and its National AIDS Control Program (NACP), with increasing coordination with other donors such as the governments of the Netherlands, Japan, Great Britain, and Norway.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

The project hit full stride this year with the development and launch of 12 new subprojects. A major achievement was the creation of seven regional NGO clusters, each made up of approximately 12 indigenous NGOs providing an array of targeted and coordinated AIDS prevention and PWA/orphan support interventions. More than 100 nongovernmental organizations are now engaged in AIDSCAP-funded activities countrywide. The TAP PSU played a key role in designing and developing the NGO clusters, a completely new approach to delivering effective HIV/AIDS prevention services in the Africa region.

PSI's social marketing program achieved dramatic success in promoting the sale of condoms, in a country with a traditionally weak private sector. As of August 1995, project sales reached 4.3 million condoms, more than double the full-year goal of 2 million and already exceeding the 4 million sales goal for next year.

The TAP PSU, in collaboration with the NACP, spearheaded the development and adoption of revised STD diagnosis and treatment guidelines and the production of a manual for training health care providers (HCPs) in the new case management methods. An initial 120 HCPs received training in the new methods.

TAP also played a major role this year in filling the information gap on AIDS in Tanzania. The Behavior Change Communication (BCC) Unit produced (1) a very popular magazine targeting youth with articles and information on AIDS,



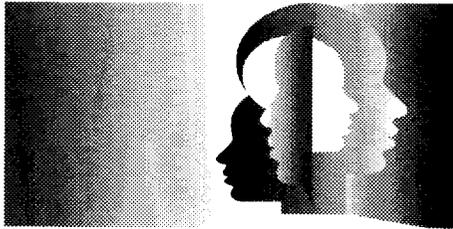
sexuality, and family life advice, (2) a second magazine targeting adults, (3) a promotional newsletter about TAP activities, and (4) an array of informational brochures and booklets. The unit also produced a comprehensive *Managers' Manual* now being used as an introductory "platform" for TAP's work site interventions. The SMU also launched an aggressive nationwide program of cine-van projections of AIDS/STD prevention films along with SMU-produced local clips publicizing regional activities of the NGO clusters. In the absence of a national TV system and with a limited national radio network, these events draw large crowds and high interest.

TAP has also taken the lead in the Africa region in seeking supplementary funding from other donors to extend the basic USAID funding. Japan is contributing an additional two cine-vans/delivery vehicles and the Netherlands will donate 40 million condoms (US\$1.6 million) to support future condom social marketing efforts. TAP is also working with USAID on a proposal for Britain's Overseas Development Agency (ODA) to provide \$1 million for expanded STD treatment and case management training, and the Dutch are considering a \$12,000 grant to continue production of the youth magazine developed by the BCC Unit.

In the absence of aggressive policy support for HIV/AIDS prevention activities from the Government of Tanzania, TAP has launched initiatives at regional and local levels to promote the development of supportive policy dialogues with community leaders and influential people. TAP sponsored a very successful policy workshop in collaboration with Iringa Region leaders, and replication of the model — at roughly quarterly intervals — has been written into the new cluster subagreements of other regions. PSU also took the lead in providing an important forum for PWAs to meet and talk openly about their plight — a first for Tanzania. Subsequently, TAP, in collaboration with the Dutch government, UNICEF, and the Norwegian Development Assistance Agency (NORAD), sponsored the participation of 15 PWAs at the Capetown International Conference for PWAs. The 15 participants have since formed an action group for HIV/AIDS education.

In addition to supporting the launch of a number of NGO subprojects in FY95, TAP played a major role in enhancing the capacity of NGOs, community groups, and the Tanzania government to plan and execute effective AIDS interventions. Selected capacity building activities include the following:

- AIDS CAP partner John Snow International (JSI) provided technical assistance to the government's National AIDS Control Program to improve the logistical capabilities of the NACP's public sector condom distribution program, and the SMU loaned manpower to reorganize stockkeeping systems at the condom warehouse.
- TAP established informal, ongoing, supportive "advise-and-counsel" relationships at national, regional, and district levels with key NACP personnel.



## AIDSCAP

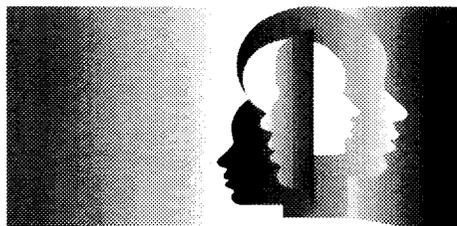
56

- TAP's PSU sponsored a unique series of regional workshops for local NGOs that led in the course of the year to the identification of viable community-based organizations and to their eventual self-directed consolidation as seven regional NGO clusters eligible for funding as AIDSCAP implementing agencies. More than 100 NGOs are now linked by coordination/collaboration agreements through the cluster concept.
- AIDSCAP headquarters, the Africa Regional Office, and TAP collaborated in an intensive two-week workshop to train 32 representatives from the new clusters and TAP project support staff in effective program design and proposal writing. These skills will help NGOs sustain their efforts through other donors after AIDSCAP.
- Representatives from these clusters subsequently were trained in community-based development of BCC materials, in training peer educators to execute planned interventions, and in sound management and reporting of project finances.
- TAP's internal capacities were enhanced by the participation of key TAP staff in the cluster workshops and follow-up technical training. Separate courses in computer skills were also arranged for TAP staff members.
- Sixteen personnel from two Tanzanian training institutions were trained in methods of training HCPs in applying new STD case management techniques.
- The Workplace Initiative Coordinator from TAP and a representative from the National Association of Trade Unions (OTTU), the implementing agency for the workplace AIDS prevention subproject, attended a two-week training session on methods of alerting business organizations and employers to the need for HIV/AIDS prevention programs and policies in the workplace.

### CURRENT PROGRAM STATUS

The Tanzania AIDS Project came into its own during this reporting period. All the programmatic elements of TAP foreseen in the implementation plan are now in place. These elements are popular with their constituencies and largely demand-driven, making this project dynamic, complex, and a challenge to manage.

The project is rapidly approaching maturity, with eight of the nine NGO clusters now in operation. Project services staff are increasingly skilled at program management and confident of their abilities, and socially marketed condoms are increasingly available in all intervention areas.

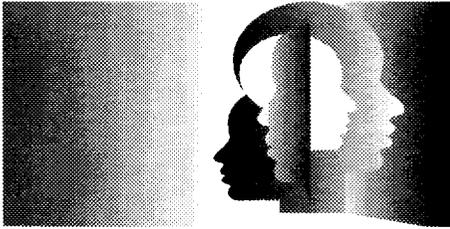


**AIDSCAP**

## Tanzania Process Indicator Data

|                                     | FY95      | Cumulative |
|-------------------------------------|-----------|------------|
| <b>Total People Educated:</b>       | 70,030    | 418,932    |
| <b>Males</b>                        | 17,751    | 186,200    |
| <b>Females</b>                      | 14,540    | 166,490    |
| <b>No Gender Specified</b>          | 37,739    | 66,242     |
| <b>Total People Trained:</b>        | 1,054     | 12,512     |
| <b>Males</b>                        | 521       | 4,268      |
| <b>Females</b>                      | 513       | 1,850      |
| <b>No Gender Specified</b>          | 20        | 6,394      |
| <b>Total Condoms Distributed:</b>   | 4,329,915 | 13,671,515 |
| <b>Free</b>                         | 1,058,811 | 7,871,427  |
| <b>Sold</b>                         | 3,271,104 | 5,800,088  |
| <b>Total Condom Outlets:</b>        | 6         | 6          |
| <b>Media Spots Aired:</b>           | 6         | 20         |
| <b>Total Materials Distributed:</b> | 14,333    | 314,280    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

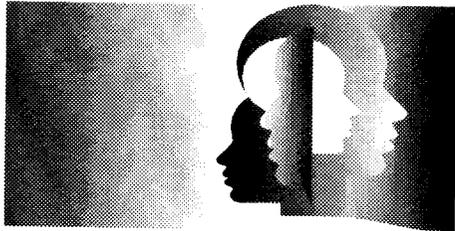
## Tanzania Baseline Indicators

|                       |   | High-risk          |                    | Low-risk                         |  |
|-----------------------|---|--------------------|--------------------|----------------------------------|--|
|                       |   | Males              | Females            | Males                            | Females  |
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>                           | 33 <sup>1</sup>    | 56 <sup>2</sup>    | 5 <sup>3</sup> ; 12 <sup>9</sup> | 7 <sup>3</sup> ; 25 <sup>9</sup> ; 12 <sup>5</sup> |
|                       | <b>Syphilis prevalence</b>                      | 15-18 <sup>4</sup> | 12-32 <sup>2</sup> | —                                | 3 <sup>6</sup>                                     |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b>   | 54 <sup>7</sup>    | 34 <sup>7</sup>    | —                                | —  |
|                       | <b>Two or more sexual partners in last year</b> | —                  | —                  | 25-27 <sup>7</sup>               | 6-7 <sup>7</sup> ; 15 <sup>5</sup>                 |
| <b>PARTNERS</b>       | <b>Last five times with:</b>                    |                    |                    |                                  |  |
|                       | <b>Occasional partner</b>                       | 66 <sup>8</sup>    | 53 <sup>8</sup>    | —                                | —  |
|                       | <b>Regular partner</b>                          | 47 <sup>8</sup>    | 43 <sup>8</sup>    | —                                | —  |
|                       | <b>Last intercourse with:</b>                   |                    |                    |                                  |  |
|                       | <b>Non-regular partner</b>                      | —                  | —                  | 36 <sup>7</sup>                  | 20 <sup>7</sup>                                    |
| <b>OTHER</b>          | <b>Self-reported STDs in last 12 months</b>     | —                  | —                  | 4 <sup>7</sup>                   | 2 <sup>7</sup>                                     |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

**Sources:**

1. Mwizarubi et al. Targeting Truckers in Tanzania. *AIDS and Society*, 2(3) Apr/ May 1991, p. 4 (professional drivers).
2. AMREF/Tanzania, 1991 (females living at truck stops).
3. National data, 1993; cited in Hunter, *The Tanzania AIDS Project (TAP)*. Sociétés d'Afrique and SIDA, July 1995, p. 10.
4. AMREF/Tanzania, 1991 (professional drivers).
5. Kapiga et al. Predictors of AIDS Knowledge, Condom Use and High-Risk Sexual Behavior among Women in Dar-es-Salaam, Tanzania. *International*



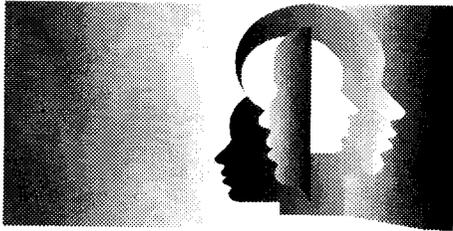
## AIDSCAP

---

Journal of STD and AIDS, 1995; 6: 175-183. Data collected 1991-92 (n=2,285 females in family planning clinics).

6. Antenatal clinic attenders, 1993.
7. Tanzania KAP Survey (TKAPS), Demographic and Health Surveys, preliminary and final reports, 1994 (n=9,238 women and 2,114 men).
8. AMREF/Tanzania, 1993 (n=1,161 females at truck stops).
9. Seroprevalence in high prevalence areas among antenatal clients, cited in TAP Implementation Plan, 1994; p. 11.

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

61

---

**ASSOCIATE**

---

**COUNTRIES**

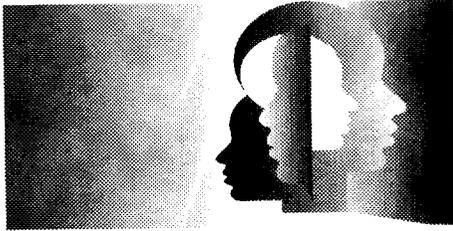
---

**IN**

---

**AFRICA**

---



**AIDSCAP**

## **CÔTE D'IVOIRE**

62

### **PROGRAM DESCRIPTION**

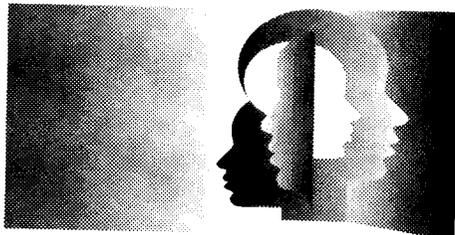
AIDS was first diagnosed in Côte d'Ivoire in 1985. HIV prevalence is currently estimated at 10 percent among the general population in Abidjan (1990 data). Syphilis prevalence among antenatal clinic attenders in Abidjan increased from 8.8 percent in 1988 to 11.7 percent in 1992.

AIDSCAP is working in Côte d'Ivoire solely through the Africare Guiglo Project. With funding from the AIDSCAP competitive grant program, Africare is implementing a three-year project to reduce risky sexual behavior among in- and out-of-school youth aged 15 to 25 in Guiglo Department. This department consists of four prefectures and is located in the country's Western Region bordering Liberia. The project has established a target of training 60 community outreach health educators to conduct HIV/AIDS prevention education activities with out-of-school youth using existing networks. Secondary school nurses trained by Africare are reaching youth through formal presentations and informal group discussions conducted in school. The project is also facilitating the selection and training of a six-member HIV/AIDS advisory committee that will help define health policies and strategies for the region. The project expects to reach 50,000 youth through the outreach program and 4,000 students through the school program. It also targets rural farmers and migrants through a community-based approach, using existing networks for rural development.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

Major accomplishments in FY95 included the following:

- The project exceeded the original target of providing HIV/AIDS education to 60 villages.
- Training sessions were held for teachers of private and public primary schools in the city to reach vulnerable populations with HIV/AIDS prevention messages. A contest called "AIDS: What do I know?" was subsequently organized in collaboration with the Guiglo Inspection de l'Enseignement Primaire (Bureau of Primary Education) to assess how well the teachers had educated their students on HIV/AIDS prevention, and results revealed a high level of awareness.
- An HIV/AIDS advisory committee was established and held preliminary meetings.
- The project team edited and published 100 copies of the first edition of *MST/SOS/SIDA*, a newsletter published in French and English and organized by students at the local lycée.
- In FY95, 188 community outreach health educators were trained in HIV/AIDS prevention awareness; 67 school nurses were trained in HIV/AIDS prevention awareness; 140 people attended quarterly refresher/in-service sessions; 120 people were trained in social marketing/condom promotion; 21,952 people were reached with HIV/AIDS messages; 1,115 students were



**AIDSCAP**

reached with HIV/AIDS prevention messages; and 3,543 educational materials have been distributed.

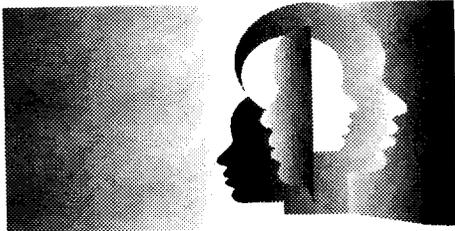
**CURRENT  
PROGRAM  
STATUS**

Despite local political disturbances within the last year, the Guiglo Project is on target and is expected to reach all of the output indicators.

**Côte d'Ivoire  
Process Indicator Data**

|                                     | <b>FY95</b>   | <b>Cumulative</b> |
|-------------------------------------|---------------|-------------------|
| <b>Total People Educated:</b>       | <b>28,801</b> | <b>31,947</b>     |
| <b>Males</b>                        | <b>16,930</b> | <b>19,274</b>     |
| <b>Females</b>                      | <b>11,871</b> | <b>12,673</b>     |
| <b>No Gender Specified</b>          | <b>0</b>      | <b>0</b>          |
| <b>Total People Trained:</b>        | <b>329</b>    | <b>535</b>        |
| <b>Males</b>                        | <b>201</b>    | <b>381</b>        |
| <b>Females</b>                      | <b>128</b>    | <b>154</b>        |
| <b>No Gender Specified</b>          | <b>0</b>      | <b>0</b>          |
| <b>Total Materials Distributed:</b> | <b>10,433</b> | <b>10,733</b>     |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **LESOTHO**

64

### **PROGRAM DESCRIPTION**

Despite HIV prevalence rates ranging from 12 to 21 percent in sexually transmitted disease (STD) patients and from 3 to 6 percent in antenatal clinic attenders, until recently there was little acknowledgment of the HIV/AIDS epidemic in Lesotho. Today, however, after two years of collaboration between AIDSCAP and the STD Unit of the Ministry of Health (MOH), CARE, the Lesotho Red Cross Society (LRCS), and Population Services International (PSI), AIDS is clearly on the public health agenda. Initiated in early 1993, the AIDSCAP program targeted vulnerable groups principally through STD prevention and control, peer education, and condom promotion. Peer education interventions targeted youth, football players, and at-risk populations in the four districts of Lesotho. Condom promotion and distribution and STD interventions have been national efforts.

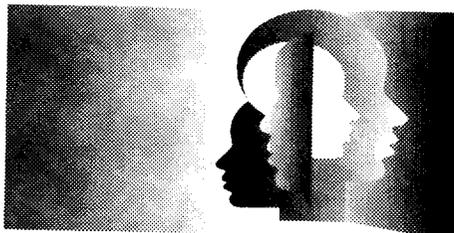
Despite program successes, AIDSCAP/Lesotho was closed on September 30, 1995, as required by the USAID/Lesotho Mission closure.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

FY95 was a tumultuous year for the USAID/Lesotho-funded AIDSCAP program. Program activities, suspended when the democratically elected government was removed from power in FY94, returned to normal in October when the government was reinstated. However, even as subprojects worked to regain the momentum lost during the suspension, AIDSCAP and its partners faced the need to orchestrate AIDSCAP phase-out with the planned closure of the USAID/Lesotho country program at the end of FY95.

A number of important successes were achieved during this final year:

- The syndromic management approach to diagnosis and treatment of STDs was adopted as national public health policy. The approval followed the convening of an AIDSCAP-supported National STD Consensus Workshop. To facilitate this important policy decision, AIDSCAP supported the training of 295 medical personnel (physicians, nurses, and pharmacy assistants) in the syndromic approach and produced the required educational materials, including STD clinic reporting and contact forms, stickers for existing reporting forms, and STD awareness brochures, and reprinted a condom use brochure.
- CARE/Lesotho subproject activities focused on capacity building and on launching a successful World AIDS Day special event targeting football players and their fans. Specifically, two HIV/AIDS training-of-trainers workshops were conducted for participants from 14 Division A teams, peer educators initiated AIDS/sports medicine clinics at the team level, and the subproject developed, printed, and distributed communication materials to football teams. A "Footballers Against AIDS" soccer game was used to literally "kick off" World AIDS Day. The game, which generated considerable interest and awareness about HIV/AIDS, was coordinated with the MOH and Lesotho nongovernmental organizations (NGOs).



## AIDSCAP

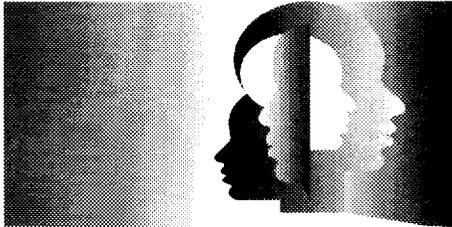
- The MOH approved the use of an innovative communication program called "Puppets Against AIDS," which it had originally resisted despite the popularity and effectiveness of this methodology. Following discussions between AIDSCAP/Lesotho, PSI, and the MOH on puppetry in AIDS education, the MOH approved the strategy for World AIDS Day activities.
- Despite the short duration of the PSI condom social marketing project, condom sales were encouraging. Increased accessibility and availability of condoms to target populations in urban and rural settings have increased demand for condoms.
- In an effort to build local capacity, AIDSCAP/Lesotho supported an HIV/AIDS prevention materials development workshop for MOH and NGO staff implementing HIV/AIDS projects. Materials developed at the workshop were pretested, and selected materials were produced with AIDSCAP funding. Additional donor support will be sought to supplement AIDSCAP's contribution.

### OVERALL ACHIEVEMENTS AND LESSONS LEARNED

Due to the short duration of the Lesotho program and temporary suspension of activities, AIDSCAP was not able to conduct an in-depth evaluation of program. However, a mini-assessment conducted by AIDSCAP's Africa Regional Office staff during close-out activities in September 1995 revealed that both the STD and CARE subprojects exceeded their project outputs. The Red Cross subproject exceeded amended outputs in all areas except in the total number of volunteer peer AIDS educators retained. PSI's attempt to blanket Lesotho with affordable, attractive, and sensitively packaged condoms, along with establishing a motivational AIDS information and education campaign, was relatively successful, given the short duration of the project.

A number of lessons were learned during the brief period of AIDSCAP's Lesotho program. These include:

- The capacity of NGOs in Lesotho to develop and manage AIDS projects was more limited than initially assumed, particularly given the complexity of AIDSCAP's contractual requirements. For the Lesotho program, the emphasis on capacity building did not evolve until well into the life of the program.
- Implementing and funding agencies often underestimate the level of staffing required to effectively implement a project. The development of realistic budgets to ensure sufficient numbers of project staff is crucial to the management and implementation of project activities to achieve desired outputs.
- Finally, it is important to set realistic project output targets, mindful of external factors that can impinge on project activities.

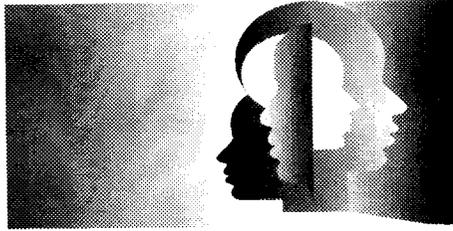


**AIDSCAP**

## Lesotho Process Indicator Data

|                                     | FY95           | Cumulative     |
|-------------------------------------|----------------|----------------|
| <b>Total People Educated:</b>       | <b>13,903</b>  | <b>20,539</b>  |
| <b>Males</b>                        | <b>5,615</b>   | <b>8,144</b>   |
| <b>Females</b>                      | <b>2,946</b>   | <b>6,221</b>   |
| <b>No Gender Specified</b>          | <b>5,342</b>   | <b>6,174</b>   |
| <b>Total People Trained:</b>        | <b>839</b>     | <b>956</b>     |
| <b>Males</b>                        | <b>239</b>     | <b>273</b>     |
| <b>Females</b>                      | <b>600</b>     | <b>628</b>     |
| <b>No Gender Specified</b>          | <b>0</b>       | <b>55</b>      |
| <b>Total Condoms Distributed:</b>   | <b>871,786</b> | <b>956,445</b> |
| <b>Free</b>                         | <b>664,898</b> | <b>741,619</b> |
| <b>Sold</b>                         | <b>206,888</b> | <b>214,826</b> |
| <b>Total Condom Outlets:</b>        | <b>190</b>     | <b>452</b>     |
| <b>Media Spots Aired:</b>           | <b>1,750</b>   | <b>1,750</b>   |
| <b>Total Materials Distributed:</b> | <b>278,459</b> | <b>342,587</b> |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

**MALI**

**67**

---

**PROGRAM  
DESCRIPTION**

---

Within the framework of the Ministry of Health's National AIDS Control Program, funded by a variety of donors including USAID, the World Bank, the World Health Organization (WHO), and UNICEF, the AIDSCAP Project, which was semi-independent, played a modest but crucial role. The Mali AIDSCAP intervention, which began in September 1992, built on preceding AIDSTECH activities and was completed in March 1995.

The program targeted mainly women with multiple partners (WMP) in the city of Bamako and the Segou and Sikasso districts with HIV/AIDS education and condom promotion and distribution. A complementary outreach project targeted the clients of WPM through behavior change communication (BCC) sessions, drama presentations, and informal visits to bars and brothels. The ultimate goal of the intervention was to reinforce messages promoting behavior change that reduce transmission of HIV and other sexually transmitted diseases (STDs) among WMPs, bar patrons, and other groups at high risk, such as transport workers and the military. Condoms were distributed free of charge throughout the project. Brothel-based WPMs also benefitted from systematic sexually transmitted disease (STD) diagnosis and treatment. The program also included the funding and training of local nongovernmental organizations (NGOs) to run HIV/AIDS prevention projects in various districts and shantytowns of Bamako. By the end of the project, 15 NGO projects had received both technical and financial assistance.

---

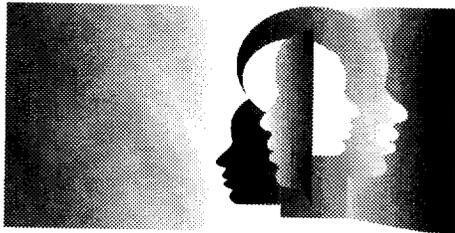
**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

The AIDSCAP program has been moderately successful in its two-and-a-half years of operation. Its approach can be characterized as innovative in this predominantly Muslim country, in which taboos on sex-related subjects are still very strong and the media play only a minor role in the fight against AIDS. The project was known for its frank discussions of high-risk sexual behavior and its demonstrations and promotion of correct condom use. Although the project cannot claim to have reached the majority of WMPs in Bamako through its peer educator program, it established direct, warm, and lasting relationships with a substantial number of WMPs working in brothels (averaging 150 at any given time) and with streetwalkers (averaging about 50 at any given time).

The most important part of the project's activities, the intervention with the WMPs, has been taken over by the Swiss-funded NGO Danaya So, and several of the AIDSCAP peer leaders have been recruited to run the project. In addition, Danaya So is adapting the AIDSCAP/Cameroon peer leader manual for use in its project. Danaya So has offices in downtown Bamako, where it offers education, medical check-ups, treatment, and counseling to both brothel- and street-based WMPs. In addition, the group is providing small loans to women who want to leave the profession.

In a country where condom use has been very low, the project raised the level of condom awareness and use and paved the way for the social marketing project implemented by SOMARC in Mali. The project distributed close to 2 million free



## AIDSCAP

68

condoms. During the end-of-project survey, 85 percent of project beneficiaries declared they would continue to use condoms even though they would have to pay for them.

Secondary target groups such as the military and workers were reached through STD case management and AIDS awareness training given to medical personnel in the army and in the union-based medical centers.

Many of the small, indigenous NGOs that started HIV/AIDS interventions under the AIDSCAP small grants program have since received long-term funding for activities in HIV/AIDS prevention and/or family planning through the Groupe Pivot et Survie de l'Enfant, a USAID-funded NGO umbrella organization, and Plan International, which is also funded by USAID. The training and experience received by these NGOs facilitated their entry to larger funded projects. The combined NGO projects reached over 3,000 people in greater Bamako. In addition, NGO staff and local youth were trained as AIDS educators by AIDSCAP Project staff.

### OVERALL ACHIEVEMENTS AND LESSONS LEARNED

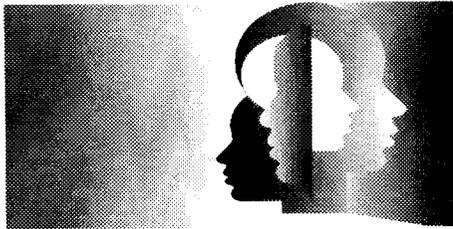
The AIDSCAP program, in collaboration with both national and international governmental and nongovernmental organizations, has contributed to enhanced awareness of the existence and the dangers of HIV/AIDS among a large proportion of primarily urban Malians. Through its free distribution of approximately 2 million condoms, the program has tackled existing prejudices and taboos and created a climate in which safe sex is increasingly negotiable. The quality of the project's relationship with WMPs has made the use of condoms a group-enforced standard code of behavior among them.

A knowledge, attitudes, beliefs, and practices (KABP) survey conducted at the end of the project found that:

- Knowledge about HIV/AIDS and its transmission and prevention was very high among all target groups: 94 to 95 percent.
- Reported condom use among brothel-based WMPs with their clients was close to 100 percent in Bamako, although reported condom use with regular partners, at between 30 and 40 percent, is still low. Reported condom use with last non-regular partner by bar patrons and transport workers was 65 percent.

There was a remarkable decrease in STD prevalence among the brothel-based WMPs. Results from several STD surveys conducted by AIDSCAP and one by the World Bank showed that from 1991 to 1994:

- Prevalence of gonorrhea decreased from 72 percent to 11 percent.
- Prevalence of trichomonas vaginalis decreased from 15.6 percent to 4.1 percent.



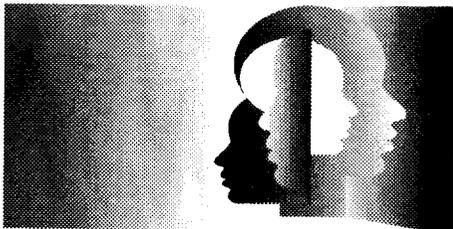
**AIDSCAP**

- Prevalence of syphilis decreased from 24 percent to 3.2 percent.

Finally, the project's collaboration with local NGOs in the context of the small grants program was a major success both in its own right but also from a capacity building perspective.

A number of important lessons were learned during the project. These include:

- Regular partners of sex workers are not perceived as sources of infection; therefore, appropriate messages need to be developed to target regular partners of WMPs to use condoms and to convince WMPs of the importance of using condoms with their regular partners. Future STD prevalence studies should target regular partners and clients to establish regular partners as a source of STDs and to verify claims of condom use with clients.
- Once sensitized, people at risk are willing to pay for condoms.
- A small, single project costs proportionally more money, time, and effort than larger multi-project country programs.
- A project within a government structure, however small, benefits from a paid part-time resident consultant or advisor and paid project staff.

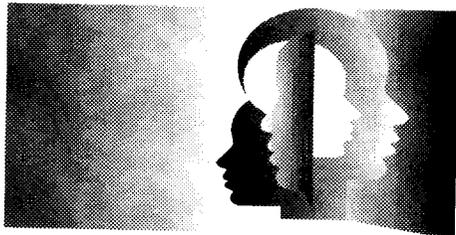


**AIDSCAP**

## Mali Process Indicator Data

|                                     | FY95    | Cumulative |
|-------------------------------------|---------|------------|
| <b>Total People Educated:</b>       | 2,481   | 6,065      |
| <b>Males</b>                        | 1,486   | 3,637      |
| <b>Females</b>                      | 995     | 2,428      |
| <b>No Gender Specified</b>          | 0       | 0          |
| <b>Total People Trained:</b>        | 168     | 334        |
| <b>Males</b>                        | 89      | 137        |
| <b>Females</b>                      | 75      | 151        |
| <b>No Gender Specified</b>          | 4       | 46         |
| <b>Total Condoms Distributed:</b>   | 246,900 | 246,900    |
| <b>Free</b>                         | 246,900 | 246,900    |
| <b>Sold</b>                         | 0       | 0          |
| <b>Total Condom Outlets:</b>        | 0       | 0          |
| <b>Media Spots Aired:</b>           | 0       | 1,145      |
| <b>Total Materials Distributed:</b> | 7,300   | 8,098      |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



# MOROCCO

## AIDSCAP

---

**PROGRAM DESCRIPTION**

---

AIDSCAP provides technical assistance, supervision, and coordination of a sexually transmitted disease (STD) services strengthening activity for project sites in three Moroccan provinces: Tanger, Marrakech, and Agadir. The project scope of work consists of procuring equipment and supplies to upgrade select sites; designing, executing, and monitoring an assessment of the prevalence of selected major STDs among approximately 750 clients in pilot project sites; training personnel in the clinical diagnosis and management of common STDs and laboratory technicians from the same sites in basic laboratory skills related to STD identification; training clinicians and pharmacists from the public and private sectors in appropriate STD care and prevention; providing in-country STD technical assistance as required; and providing project management and maintaining appropriate accountability and communication links with USAID/Morocco and the Moroccan Ministry of Public Health.

---

**FY95 COUNTRY PROGRAM ACCOMPLISHMENTS**

---

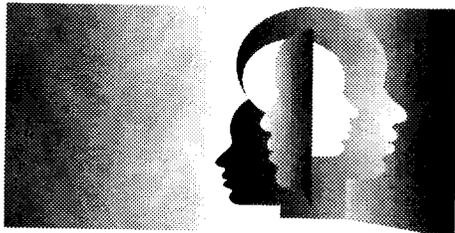
Pilot sites were selected, and procurement, dissemination, and training in use of the equipment completed. Training curricula and materials for clinical staff and laboratory staff were designed, and the training of a microbiologist, personnel from pilot service delivery sites, and clinicians and pharmacists from the public and private sectors was completed. The prevalence study questionnaires and protocol were pretested and are in the field. Finally, the STD laboratory at the National Institute of Hygiene was established.

---

**CURRENT PROGRAM STATUS**

---

The project has faced a number of constraints, including the departure of the head of the STD/AIDS division for a cabinet-level position and difficulties in clearing equipment and supplies through customs. FY96 activities will consist primarily of executing the STD prevalence assessment, collecting data, and providing ongoing project monitoring and technical assistance.



**AIDSCAP**

## **SOUTH AFRICA**

**72**

### **PROGRAM DESCRIPTION**

AIDSCAP's strategy in South Africa is to provide training, technical assistance, and program resources to support HIV/AIDS prevention activities currently being implemented by the South African government and nongovernmental organizations (NGOs), as well as to initiate new activities.

The main focus within the South African program is on capacity building of local resources. Educational and international study tours and training, NGO small grants, networking, and resource center creation are particularly strong components in the South African program design that support capacity building.

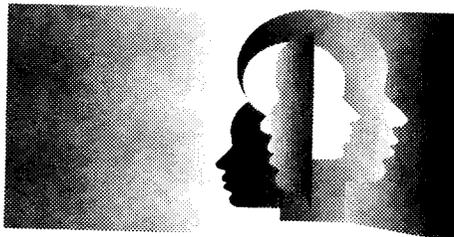
Local organizations and institutions implement the technical interventions themselves. Selection of implementing agencies is based upon a competitive process that assesses a number of criteria, including technical and managerial capacity and access to and experience working with the targeted populations. The targeted populations consist of persons living with AIDS (PWAs), youth, commercial sex workers (CSWs), traditional healers, and miners (including migrant populations) and their home communities within all nine provinces of the country.

Key collaborators in the country are the new democratic government, the National AIDS Coordinating Committee of South Africa (NACOSA), the Society for Family Health, the National Association of Child Care Workers, the National Progressive Primary Health Care Network, the South African Red Cross, Vista University, the University of South Africa, the AIDS Consortium, and many NGOs involved in HIV/AIDS prevention.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

FY95 was a year of subproject development and initiation. The following major activities were accomplished:

- The Goldfields Mining AIDS Prevention and Control Project was launched to address major factors that contribute to increased HIV transmission among migrant labor and residents of single-sex hostels in mining areas. In this subproject, AIDSCAP is collaborating with Vista University (Welkom), the National Progressive Primary Health Care Network, and the National Reference Center of the South African Institute of Medical Research. Subproject staff have benefitted from educational and international study tours and training. In collaboration with the National Reference Center, the subproject will introduce the syndromic approach to sexually transmitted disease (STD) management.
- Given the major role of traditional healers in the provision of health services including HIV/AIDS, AIDSCAP/South Africa conducted an HIV/AIDS training workshop and a subsequent follow-up workshop for traditional healers from all provinces. The first workshop coincided with a needs assessment and feasibility study conducted with traditional healers by the Washington-based Center for Natural and Traditional Medicine (CNTM), funded by AIDSCAP.



**AIDSCAP**

- A policy subproject with NACOSA is currently under review at the regional office; subproject activities are expected to be in place in the first quarter of FY96. NACOSA is comprised of NGOs and government bodies from all nine provinces; its HIV/AIDS Plan has been adopted by the government as the national country plan for HIV/AIDS but needs to be adopted and disseminated at the regional level. AIDSCAP/South Africa participated in the NACOSA policy formulation process by providing technical and programmatic leadership, and will assist NACOSA in the subproject with technical assistance and funding.
- In collaboration with the University of South Africa (UNISA) and the U.S. Centers for Disease Control, AIDSCAP is developing an HIV/AIDS Resource Center. UNISA will benefit from educational and international study tours and training that will be offered by the resource center.
- As part of AIDSCAP's capacity building strategy, four small grants were awarded to community-based organizations to work with targeted populations.
- AIDSCAP/South Africa has continued to support the subproject Community HIV Prevention Model for Prevention and Support (CHAMPS) in collaboration with the National Association for Child Care Workers. FY95 saw the beginning of the second phase of this subproject.
- AIDSCAP/South Africa participated in World AIDS Day by sponsoring a March Against AIDS of traditional healers.
- To foster information exchange, AIDSCAP/South Africa sponsored the participation of 14 PWAs in the GNP+ Conference held in Cape Town in March 1995 and funded the conference's AIDS film festival. AIDSCAP also funded HIV/AIDS prevention and care specialist educational travel and travel to USAID's 3rd HIV/AIDS Prevention Conference in Washington.

**CURRENT  
PROGRAM  
STATUS**

Full staffing of the country office started at the beginning of FY95 with a resident advisor and a deputy resident advisor and was completed with the hiring of community liaison officers (an NGO coordinator and an evaluation associate).

The country program is slowly approaching full implementation, with only a few more components to be put in place. AIDSCAP/South Africa plans to launch all planned activities in FY96 so that the office can focus on monitoring and providing the necessary technical assistance to enhance the skills needed for HIV/AIDS prevention and control.



## South Africa Process Indicator Data

|                                     | FY95           | Cumulative     |
|-------------------------------------|----------------|----------------|
| <b>Total People Educated:</b>       | <b>2,626</b>   | <b>2,626</b>   |
| <b>Males</b>                        | <b>1,000</b>   | <b>1,000</b>   |
| <b>Females</b>                      | <b>1,626</b>   | <b>1,626</b>   |
| <b>No Gender Specified</b>          | <b>0</b>       | <b>0</b>       |
| <b>Total People Trained:</b>        | <b>20</b>      | <b>20</b>      |
| <b>Males</b>                        | <b>2</b>       | <b>2</b>       |
| <b>Females</b>                      | <b>18</b>      | <b>18</b>      |
| <b>No Gender Specified</b>          | <b>0</b>       | <b>0</b>       |
| <b>Total Condoms Distributed:</b>   | <b>205,947</b> | <b>205,947</b> |
| <b>Free</b>                         | <b>10,427</b>  | <b>10,427</b>  |
| <b>Sold</b>                         | <b>195,520</b> | <b>195,520</b> |
| <b>Total Condom Outlets:</b>        | <b>79</b>      | <b>79</b>      |
| <b>Media Spots Aired:</b>           | <b>169</b>     | <b>169</b>     |
| <b>Total Materials Distributed:</b> | <b>305</b>     | <b>305</b>     |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



## South Africa Baseline Indicators

|                |                               | High-risk  |                 | Low-risk |                   |
|----------------|-------------------------------|--|-----------------|----------|-------------------|
|                |                               | Males  | Females         | Males    | Females           |
| SEROPREVALENCE | HIV prevalence                | 13 <sup>3</sup>                                    | —               | —        | 1-14 <sup>1</sup> |
|                | KNOWLEDGE                     | Knowledge of one method of prevention (condom use) | 85 <sup>2</sup> | —        | 82 <sup>4*</sup>  |
| CONDOM USE     | Condom use (last intercourse) | 67 <sup>2</sup>                                    | —               | —        | —                 |

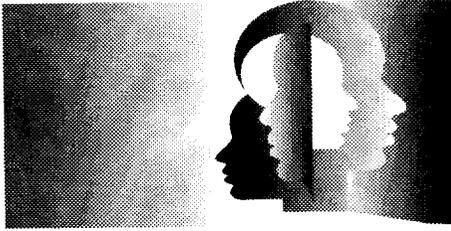
Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDSCAP in time for this report. Future tables and analyses will present gender differences in each category.

*Sources:*

1. Epidemiological Comments 22(5), May 1995 (ANC attenders).
2. Knowledge, Attitudes and Practices of Goldminers in the Welkom Area, July 1995 (n=928; gold miners).
3. AIDS and HIV Statistics and Trends, June 1995 (n=1191; miners).
4. Knowledge and Attitudes Related to Condoms among High school Students, November 1990 (n=265; high school students).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

**UGANDA**

76

---

**PROGRAM  
DESCRIPTION**

---

In FY95, AIDSCAP provided technical assistance to USAID/Uganda in the evaluation of their five-year AIDS Prevention and Control (APAC) Project and in the design of a follow-on project.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

The evaluation found that the grantee, World Learning, Inc., had succeeded in encouraging and facilitating the participation of government agencies and nongovernmental organizations (NGOs) in HIV/AIDS prevention and AIDS care and management. Over the life of the project, 14 grants were awarded to indigenous organizations to initiate programs across the country.

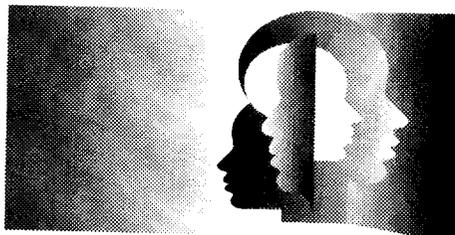
The project was successful in strengthening the capacities of the participating NGOs, particularly in the area of financial management, and notable achievements resulted from program efforts. The evaluators found that APAC struggled with the tension between focusing program support versus "going to scale" to maximize coverage. In general, the projects opted for maximizing coverage over smaller, more intense programming with stronger monitoring and re-training. AIDSCAP assistance in the new design effort helped create the shape of the technical design component of USAID/Uganda's District Integrated Services for Health (DISH) project.

---

**CURRENT  
PROGRAM  
STATUS**

---

The Mission will finalize design of the new HIV/AIDS component and will competitively bid the implementation in FY96.



**AIDSCAP**

# ZAMBIA

**PROGRAM  
DESCRIPTION**

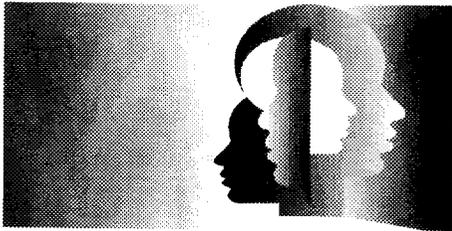
HIV prevalence in Zambia is among the highest in the world. In 1992 it was estimated that 70 percent of the sexually transmitted disease (STD) clinic attenders in Lusaka and 32 percent in rural areas were HIV-positive. Over the past year, Morehouse and Tulane universities have implemented an HIV prevention project in the Ndola urban district focusing on workplace, youth, and traditional healer activities, funded by USAID. In FY95, AIDSCAP was asked by the USAID Mission to augment the Morehouse/Tulane program to increase the proportion of the Zambia population with access to quality STD care by improving case management of STD and the availability of STD prevention information. An intervention focusing on STD is appropriate because Ndola has one of the highest rates of HIV in Zambia, and it is known that STD prevention and control are critical to HIV prevention.

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

AIDSCAP support to Zambia was initiated in July with the approval of a subproject entitled "Improving STD Prevention and Control in Zambia." Activities to be implemented under this subproject include the development and distribution of communication and educational materials for the youth, traditional healer, and workplace components of the Morehouse project. Workplace clinic personnel and private and public sector health care providers will be trained in STD management according to national guidelines.

**CURRENT  
PROGRAM  
STATUS**

The subproject began in the last quarter of FY95. To date, activities are on schedule, and the project has encountered no major constraints. A minor constraint—underestimating the cost of local procurement—will require minimal administrative work to reallocate funds.



**AIDSCAP**

## ZIMBABWE

78

### PROGRAM DESCRIPTION

The AIDSCAP/Zimbabwe program is one component of the USAID Mission's Zimbabwe AIDS Prevention and Control Project (ZAPAC). The AIDSCAP strategy focuses solely on behavior change communication (BCC) within workplace populations. Target populations include commercial farm workers, long-distance drivers, commercial sex workers, army and air force personnel, and factory workers. The BCC strategy is primarily implemented through peer educators within the target populations. To increase outreach to truck drivers, bar and lodge owners are also being trained as health educators.

Since prevention of HIV infection is a priority of Zimbabwe's government, the work of AIDSCAP/Zimbabwe is fully integrated within the overall program of the National AIDS Coordination Programme (NACP). The NACP helped AIDSCAP identify the populations to target to guarantee that donor funds and efforts are maximized and duplication is avoided. Information is exchanged continually among AIDSCAP/Zimbabwe and all other agencies in the country involved in preventing HIV/AIDS and other sexually transmitted diseases (STDs).

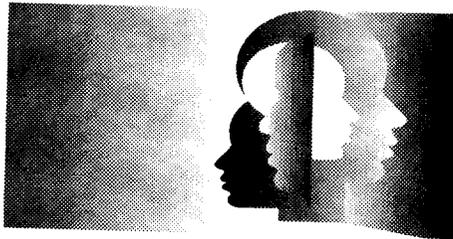
AIDSCAP/Zimbabwe is the newest country program in Africa. Its office in Harare opened in November 1994. By March 1995 most staff positions had been filled and two subprojects had begun.

### FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS

During the year, AIDSCAP/Zimbabwe developed and launched a total of seven subprojects, with the following partners:

- The Commercial Farmers' Union (CFU), to expand a large-scale peer education program within the union.
- The National Employment Council for the Transportation Operating Industry (NECTOI), which also focuses on peer education for workers.
- CONNECT, a training organization that is coordinating HIV/AIDS prevention activities with the Zimbabwe air force and army.
- Zimbabwe National Railways, which builds upon an existing peer education program within the railways.
- Delta Corporation, the largest business concern in the country, to establish a cadre of trainers of peer educators.
- The University of Zimbabwe (UZ), to spearhead two evaluation subprojects related to the subagreements with CFU/NECTOI and CONNECT.

Though the AIDSCAP program is limited to BCC, the subprojects cover large numbers of people throughout Zimbabwe. The groups selected as subgrantees have outreach throughout the country; hence, these seven subprojects have the potential to have a national impact. The CFU subproject plans to reach one million farm workers and their family members with prevention education. The NECTOI subproject projects expect to reach 30,000 transport workers. CONNECT plans to



## AIDSCAP

reach approximately 60,000 military personnel, and the Zimbabwe National Railways is planning to reach 14,000 workers. The Delta Corporation subproject is unique in that AIDSCAP is providing limited funding to train trainers of peer educators, and Delta has committed itself to supporting a full-scale peer education program within the conglomerate.

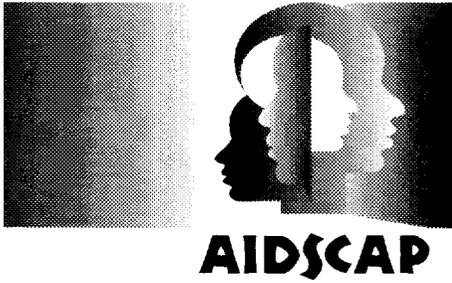
Despite its short duration, AIDSCAP/Zimbabwe has established links with most organizations in the country involved in STD and HIV/AIDS prevention, including UNICEF, the World Health Organization (WHO), academic institutions, and local nongovernmental organizations (NGOs), and encouraged collaboration between groups. For example, the subproject with CONNECT involves collaboration among four different groups: CONNECT as the coordinating NGO, the army and air force as targeted groups, and the Department of Community Medicine at the University of Zimbabwe, which conducted the baseline surveys for the army and air force. AIDSCAP/Zimbabwe also plays an important role as USAID/Zimbabwe's technical body on STD and HIV/AIDS control activities.

AIDSCAP/Zimbabwe is proactively building local capacity as it implements the country program. Most national staff within the country program are provided with on-the-job training in technical and programmatic issues to ensure sustainability. In the case of implementing agencies, most of the top staff have been trained in technical and programmatic issues as a prerequisite for subproject finalization. Staff from the country office and from implementing agencies also continue to attend international conferences to enhance their knowledge of STDs and HIV/AIDS.

### CURRENT PROGRAM STATUS

Although Zimbabwe represents AIDSCAP's youngest program in Africa, it is nonetheless nearly fully implemented. All but one subagreement have been finalized and are being implemented, although they are at different stages. All procurement of equipment and materials for subproject subagreements is complete. Two letters of agreement for evaluation remain to be developed. The baseline knowledge, attitudes, beliefs, and practices (KABP) information is being forwarded from some of the subprojects and will be used for reprogramming and as evaluation indicators.

The country program has progressed well, in large part due to the speed with which the country office became fully functional. Recruitment of country office staff and logistical support for the project occurred with minimal problems. Within the first four months of FY95, all computers, photocopiers, vehicles, and other equipment were procured. The start-up phase was eased as a result of positive support from USAID/Zimbabwe.

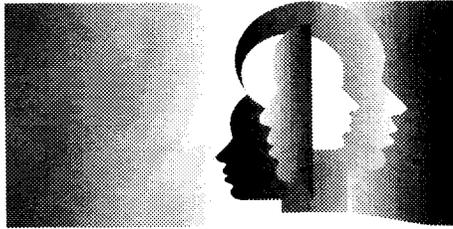


## Zimbabwe Process Indicator Data

|                                     | FY95             | Cumulative       |
|-------------------------------------|------------------|------------------|
| <b>Total People Educated:</b>       | <b>517,863</b>   | <b>927,142</b>   |
| <b>Males</b>                        | <b>252,531</b>   | <b>484,336</b>   |
| <b>Females</b>                      | <b>252,323</b>   | <b>429,593</b>   |
| <b>No Gender Specified</b>          | <b>13,009</b>    | <b>13,213</b>    |
| <b>Total People Trained:</b>        | <b>1,545</b>     | <b>2,851</b>     |
| <b>Males</b>                        | <b>902</b>       | <b>906</b>       |
| <b>Females</b>                      | <b>643</b>       | <b>716</b>       |
| <b>No Gender Specified</b>          | <b>0</b>         | <b>1,229</b>     |
| <b>Total Condoms Distributed:</b>   | <b>1,147,200</b> | <b>3,714,706</b> |
| <b>Free</b>                         | <b>1,147,200</b> | <b>3,714,706</b> |
| <b>Sold</b>                         | <b>0</b>         | <b>0</b>         |
| <b>Total Condom Outlets:</b>        | <b>300</b>       | <b>22,528</b>    |
| <b>Media Spots Aired:</b>           | <b>13,132</b>    | <b>13,132</b>    |
| <b>Total Materials Distributed:</b> | <b>32,350</b>    | <b>114,337</b>   |

*Note:* Pre-FY95 cumulative data reflect an earlier AIDSCAP subproject pre-ZAPAC.

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

81

---

**SUMMARY OF**

---

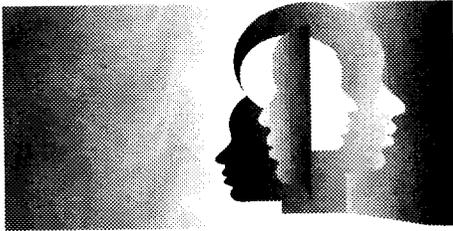
**COUNTRY**

---

**ACCOMPLISHMENTS**

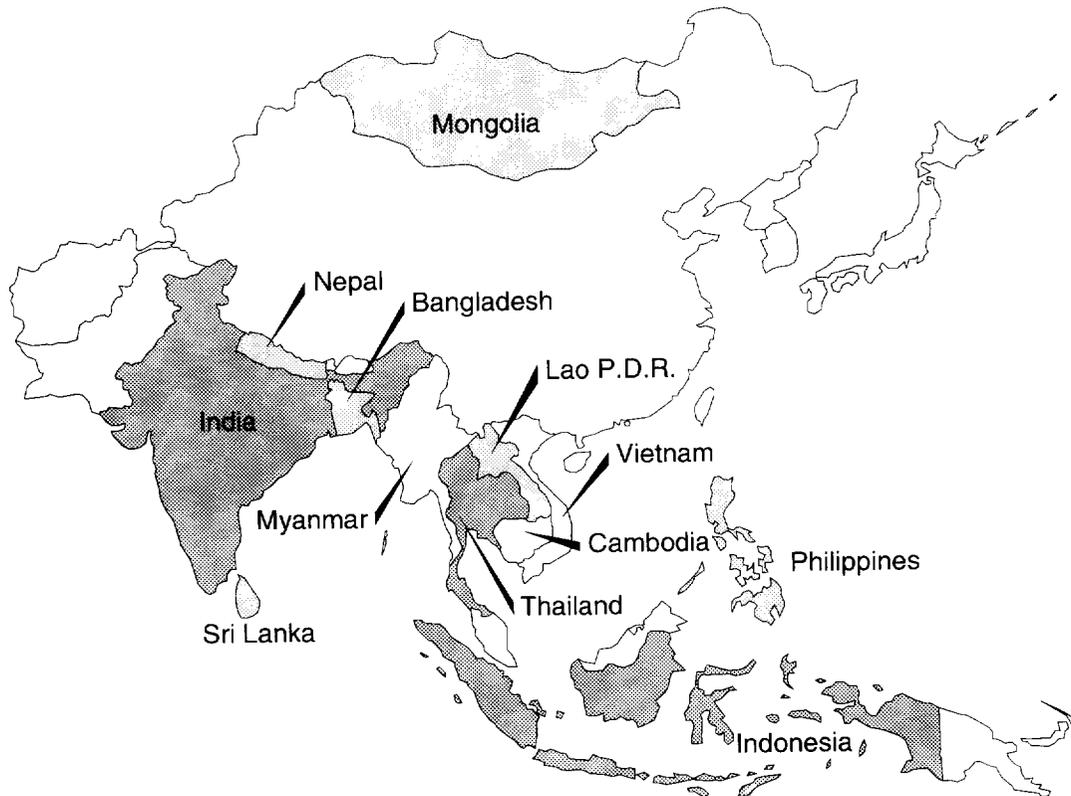
---

**ASIA**



# AIDSCAP

-  Priority Country
-  Associate Country





# ASIA REGIONAL OVERVIEW

83

The HIV/AIDS epidemic in Asia is still in an early phase compared to other regions, but rates of infection are now estimated to be increasing faster than anywhere in the world. The Global AIDS Policy Coalition estimates that 3 million individuals are infected with HIV in Southeast Asia alone, representing 14 percent of the world's total and ranking only behind sub-Saharan Africa in numbers of people infected. The number of HIV-infected people in Southeast Asia now exceeds the total for the entire industrialized world.

The Indian subcontinent is the other major nucleus of the epidemic in Asia. With its large, dense population and with HIV infection rates rising in virtually all groups, India had an estimated 2 million HIV-infected individuals in 1994, more than any other country in the world.

While Asia as a whole can be considered the last epidemiologic frontier for rising HIV rates, the region actually has a series of subregional epidemics, all in different phases with varying potential for further increase. Thailand, for example, where the epidemic has been the most widespread in Asia, may be reaching a critical turning point. While the country will continue to face huge increases in AIDS cases over the next decade, recent data show that new HIV infections in high-risk groups may be decreasing, a powerful signal that prevention strategies may be having an impact. Meanwhile, Thailand's border countries—Myanmar, Cambodia, and the Lao People's Democratic Republic—are not sharing in these infection declines and are expected to register significant HIV infection increases over the next few years.

According to the World Health Organization (WHO), more individuals will be infected annually in Asia than in any other continent by the year 2000. This projection is based on the existence of a large, mobile population, commercial sex industries in selected cities, and substantial existing epidemics of other sexually transmitted diseases (STDs) that facilitate HIV transmission.

## AIDSCAP'S RESPONSE

While cultural and political factors vary widely among Asian countries, large and increasingly urbanized populations, rapid economic growth, migrant labor populations, and high rates of STDs are common characteristics in the region that fuel the HIV epidemic. In order to implement prevention strategies that are appropriate within these socioeconomic and public health contexts, AIDSCAP collaborates with USAID's HIV/AIDS Division, the Asia Near East Bureau (ANE), and USAID Missions to implement regional and country-specific strategies. The advantages of a regional program in conjunction with country-driven programs include increased opportunities to share information among countries, less duplication of effort (e.g., regional resource centers), and greater coordination of programs across the region. Country investment and responses to the HIV/AIDS epidemic vary widely in Asia. Thailand, for example, is an Asian and global leader in developing and implementing HIV/AIDS and STD control strategies, and AIDSCAP has actively promoted the transfer of this country's successes to neighboring Asian countries.



---

**REGIONAL  
HIGHLIGHTS**

---

For country programs, AIDSCAP in Asia broadly follows the three-pronged strategy developed for the worldwide project: condom social marketing and distribution, STD management, behavior change communication. These strategies are supported by three other components: policy, behavioral research, and evaluation. The implementation of all these components, however, depends on country-specific factors and existing programs.

The AIDSCAP Asia regional programs and activities funded by the USAID ANE Bureau continued to expand during FY95. The regional programs operating out of the AIDSCAP Asia Regional Office include policy analysis and advocacy, epidemiologic modeling and research to further prevention responses, the development of country-specific STD protocols, a regional resource center, support of Asian participants at conferences and regional workshops on HIV/AIDS and other STDs, and activities in "areas of affinity," or bordering countries with similar populations and problems regarding HIV/STD control and prevention. Most projects in these areas focus on border-crossing populations.

The Nepal program moved into full implementation of all the technical components of its comprehensive strategy. USAID/India's AIDS Prevention and Control (APAC) bilateral program received formal government approval and began hiring staff through its implementing agency, Voluntary Health Services (VHS). AIDSCAP set the stage for initiating program implementation in India through a series of technical assistance visits.

Thailand, the oldest AIDSCAP country program, began to close down projects in the face of severe budget cuts and an uncertain future. Despite the uncertainties, more than a dozen subprojects continued to function throughout the year. At the close of FY95, AIDSCAP/Thailand received notice from USAID/Washington that a limited number of activities would continue into FY96, despite the closing of the USAID Mission in Thailand.

AIDSCAP anticipated that the Indonesia Mission's HIV/AIDS Prevention Project (HAPP) would begin during the year, but lengthy negotiations between USAID and the Government of Indonesia (GOI) delayed start-up. Meanwhile, AIDSCAP started a series of subprojects funded by the ANE Bureau and participated in a number of technical assistance visits in preparation for a rapid start-up of HAPP activities.

AIDSCAP research projects and data collection activities in the Philippines and the Lao P.D.R. are influencing the design of new HIV/STD interventions. In the Philippines, STD research on antibiotic resistance to the treatment of gonorrhea resulted in changes to the Ministry of Health's STD drug treatment guidelines. Further research on the health-seeking behavior of sex workers and male clients is being used to improve provider services. In Lao P.D.R., a series of focus group discussions and in-depth interviews observation in three border areas near Thai-



land provided data for the design of a behavior change communication intervention. Interventions in Lao P.D.R. have been delayed pending government approval of the next phase of implementation.

Associate country activities have expanded across the region. New subprojects focusing on STD case management began in Sri Lanka and Mongolia. In Bangladesh, AIDSCAP completed work with the International Centre for Diarrhoeal Disease Research (ICDDR,B) to train nongovernmental organization (NGO) managers in conducting HIV/AIDS education in the workplace. ICDDR,B also produced a manual for other NGO managers. USAID/Bangladesh requested AIDSCAP technical assistance for a Population Services International (PSI) HIV/AIDS prevention project among commercial sex workers and their clients. In Cambodia, AIDSCAP initiated discussions with the Ministry of Health and USAID/Cambodia on potential areas for AIDSCAP technical assistance. An initial assessment of the HIV/STD situation in Vietnam was completed in December, supported by corporate funds from Family Health International.

A number of technical accomplishments marked the year. Through two of its centers of excellence, Dhurakijpundit University and the Women's Studies Center at Chiang Mai University, AIDSCAP co-sponsored four workshops and training sessions during the year for a total of 53 participants. AIDSCAP evaluation staff developed the fourth AIDSCAP Evaluation Module based on the Bangkok Behavioral Surveillance Survey. This methodology is now being adopted by other AIDSCAP country programs within and outside the region, and increasing interest is being shown by non-AIDSCAP program planners as well. AIDSCAP hosted and cosponsored the Asia Regional Course on the Control of Sexually Transmitted Diseases in Developing Countries, which included 20 program managers from South and Southeast Asia. The curriculum was especially written and adapted within the Asian context. AIDSCAP put new emphasis on the AIDSCAP Women's Initiative (AWI) and capacity building activities, resulting in a number of new undertakings.

Finally, an indication of the breadth of AIDSCAP activity within the region and of lessons learned was the representation of AIDSCAP/Asia abstracts, posters, and oral presentations accepted at international AIDS and STD conferences held during FY95. The Philippines resident advisor and Asia regional STD officer gave papers and participated in roundtable discussions at the IUVDT World STD/AIDS Congress in Singapore, March 19-23, 1995. Several papers were presented at the 3rd USAID HIV/AIDS Prevention Conference, August 7-9, 1995 in Washington, D.C., and a number of accomplishments, particularly in the Thailand program, were cited repeatedly in plenary sessions. Seven papers and 15 poster sessions from AIDSCAP/Asia projects were presented at the Third International Conference on AIDS in Asia and the Pacific, September 17-21, 1995, in Chiang Mai, Thailand, and AIDSCAP hosted or co-sponsored two preconference workshops and served as organizers for two symposiums at the conference.



## REGIONAL ACTIVITIES

86

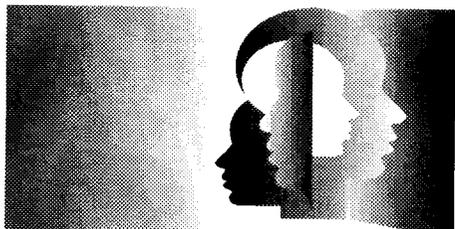
The AIDSCAP Asia Regional Office manages a number of regional activities funded by the Asia Near East Bureau (ANE) and USAID, including policy analysis and advocacy, epidemiologic modeling and research, the development of country-specific STD protocols, a regional resource center, and support for Asian participants to attend conferences and regional workshops on HIV/AIDS and other STDs. Additional regional activities, such as the AIDSCAP Women's Initiative and capacity building, are funded through other core funding.

### POLICY AND EPIDEMIOLOGY

AIDSCAP sponsored several activities and consultancies in FY95 to promote better policy responses to the HIV/AIDS epidemic in Asia as well as better understanding of the epidemiological trends in the region. These activities included:

- Sponsoring workshops and working group meetings on the estimation and projection of HIV and AIDS cases in Nepal and India in October 1994. Each in-country meeting included representatives from the Ministry of Health and other government agencies, NGOs, and donor agencies. Existing HIV sentinel surveillance data were reviewed and estimates of HIV prevalence in both countries were developed. In India, follow-up meetings are planned to address strategies on how to present epidemiologic data to policy makers to promote a more proactive HIV prevention response.
- Technical assistance to Ministry of Health officials in Indonesia regarding the estimation of HIV infection using the iwgAIDS model.
- Conducting a study by Mahidol University in Thailand that identified "triggers" in the policy process: events that moved Thailand from denial to active response. Such triggers may help other countries develop their HIV prevention portfolios more quickly and effectively.
- Conducting a cost-effectiveness study by AIDSCAP and Thai collaborators on selected interventions of the AIDSCAP Thai project. Four interventions — public and private STD clinics, and small and large workplace interventions — were assessed so that future estimates for maintenance and sustainability could be calculated.

During the next year, AIDSCAP plans to continue to assist governments in defining policies and understanding the epidemic within their own borders. Activities will include (1) the continued calculation and revision of HIV estimates based on new country data, (2) assessments in India and Indonesia regarding institutional and policy responses to the epidemic, (3) AIDSCAP support for journalist workshops in a number of countries, and (4) intraregional or area of affinity workshops on women, families, and AIDS to focus on policy planning for mobilizing community resources for HIV/AIDS control for women.



## AIDSCAP

### STANDARDIZING STD TREATMENT PROTOCOLS

The objectives of this technical area are to provide financial and technical assistance to (1) assess the epidemiological and antimicrobial sensitivity patterns of STDs in major urban centers in the region, (2) recognize common patterns among countries in the region, (3) develop standard treatment protocols based on World Health Organization/Global Programme on AIDS (WHO/GPA) protocols and epidemiological findings, as well as local laboratory and therapeutic capabilities, and (4) validate these protocols as needed in the field.

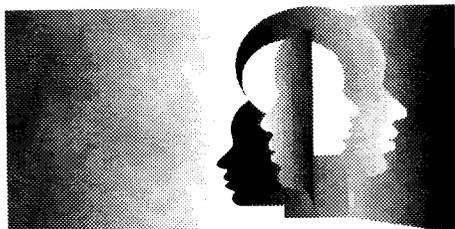
To meet these objectives, AIDSCAP/Asia conducted a number of activities in FY95 including (1) a study of the prevalence of STDs among registered and unregistered commercial sex workers (CSWs) in Cebu and Manila that revealed that unregistered CSWs are at higher risk for acquiring and transmitting STDs, and (2) a study of the antibiotic resistance pattern of *Neisseria gonorrhoeae* isolated in Cebu and Manila that showed antibiotic resistance to fluoroquinolone antibiotics, which caused the Philippine Ministry of Health to revise its treatment recommendations for gonorrhea from ciprofloxacin (a fluoroquinolone) to cefixime (a third-generation cephalosporin).

With AIDSCAP assistance, the following national institutions have adopted the syndromic approach to STD case management:

- The Thai Medical Society for the Study of STDs (TMS-STD) in Thailand.
- The Independent Medical Practitioners' Association (IMPA) in Sri Lanka.
- The Nepal Medical Association (NMA) in Nepal.
- The STD/AIDS Unit, Department of Health, in the Philippines.
- The Center for Dermatology and Venereology (CDV), Department of Health, in Mongolia.

During the past year, AIDSCAP provided assistance to several of these institutions to establish STD case management training programs for private practitioners, particularly general practitioners, including a series of one-day workshops for private practitioners in Bangkok, long-distance training modules for general practitioners in Sri Lanka, and regional two-day workshops on STD case management for physicians in Bharatpur/Chitwan, Birgunj, and Janakpur, Nepal. STD training has also been provided in the Philippines and Mongolia.

AIDSCAP is providing assistance in the development of STD training programs to strengthen the role of pharmacy staff to become STD/AIDS educators and condom promoters through the Nepal Chemists and Druggists Association (NCDA). AIDSCAP also organized the Asia Regional Course on the Control of Sexually Transmitted Diseases in Developing Countries, September 6-15, 1995. A total of 20 program managers from 11 countries participated in this intensive course.



## AIDSCAP

88

### CONFERENCES

Recognizing the need to support USAID Missions in providing learning opportunities to staff of implementing agencies in FY95, AIDSCAP/Asia provided support for participants to attend the following meetings:

- The Workshop on Communication Strategies and Techniques for Sexual Behavior Change II (April 17-28, 1995), conducted by the Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit University.
- USAID's 3rd HIV/AIDS Prevention Conference in Washington, D.C. (August 7-9, 1995).
- The NGO Forum on Women (August 30 - September 8, 1995) in Beijing, China.
- The Third International Conference on AIDS in Asia and the Pacific (September 17-21, 1995) in Chiang Mai, Thailand.

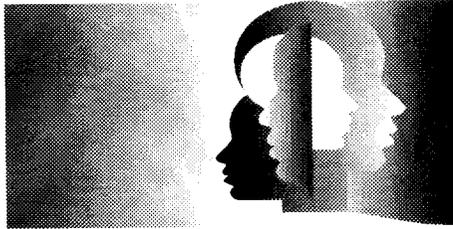
### REGIONAL AIDS TRAINING EDUCATION (RATE) PROGRAM

Key players in governmental and nongovernmental organizations require academically rigorous training in all aspects of HIV/STD prevention and control. In response to this training need, ANE Bureau funds have provided training opportunities for participants from government and nongovernmental agencies through AIDSCAP's Regional AIDS Training and Education Program (RATE), established in 1993. RATE aims to collaborate with several institutions with experience in international training in public health to provide training courses in HIV/STD. RATE's principles emphasize institutional capacity building and sustainability.

The Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit University in Bangkok serves as the center of excellence in communication—with an emphasis on behavior change communication—and training skills development. ADCC is currently staffed by communication experts who receive training as "master trainers" in HIV/AIDS education. With technical assistance from the AIDSCAP Asia Regional Office and an AIDSCAP partner, the Program for Appropriate Technology in Health (PATH), the ADCC conducted and organized the Workshop on Communication Strategies and Techniques for Sexual Behavior Change (November 7-18, 1994) and the Training of Trainers for HIV/AIDS Communication Programs (February 6-24, 1995).

During the next fiscal year, AIDSCAP will conduct an in-country follow-up activity for past participants of the RATE program.

A subproject was initiated with the Women's Studies Center (WSC) of Chiang Mai University in Thailand to organize and conduct a workshop entitled "Women, Family and AIDS Prevention," July 3-7, 1995, to establish a network of women and AIDS in the area of affinity (AOA) including Thailand, Cambodia, Lao P.D.R., Vietnam, and the Yunnan Province of China. WSC will serve as the center of excellence in women and AIDS prevention. With assistance from AIDSCAP, WSC



**AIDSCAP**

was able to obtain additional financial support from the United Nations Development Programme (UNDP) and the Ford Foundation to sponsor participants from Yunnan Province and Vietnam whose expenses could not be covered by USAID funds.

---

**REGIONAL  
RESOURCE  
CENTER**

---

AIDSCAP developed a subproject to establish an AIDS Control and Prevention Resource Material Collection Center with the Population and Community Development Association (PDA), a nonprofit, nongovernmental organization. PDA set up facilities and equipment for establishing the resource center at its office in Bangkok, hired a librarian and secretary, and collected a large volume of BCC materials (communication tools, pamphlets, posters, announcements, brochures, cassettes, and videotapes) from government agencies, NGOs, and international organizations in Asia. Selected portions of the messages will be translated into English and catalogued. More than 500 copies of printed catalogues of BCC materials in the Resource Material Collection Project were distributed at the Third International Conference on AIDS in Asia and the Pacific held in Chiang Mai, Thailand, between September 17-21, 1995.

In the next fiscal year, a communication consultant will be hired to design evaluation methods for each type of BCC material. An information expert will be hired to design a computerized database system for electronic cataloguing and retrieval. In addition, AIDSCAP and PDA plan to conduct a one-day workshop on BCC evaluation methods and techniques to transfer methods and techniques of materials evaluation to communication personnel in NGOs.

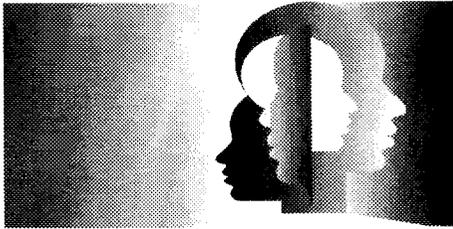
---

**AIDSCAP  
WOMEN'S  
INITIATIVE IN  
ASIA**

---

Working collaboratively with AIDSCAP Women's Initiative (AWI) staff in Arlington and with resident advisors, the Asia Regional Office in FY95 developed program objectives to bring special attention to the concerns of women in the HIV/AIDS epidemic. These objectives included the development of gender analysis guidelines for HIV programming, the promotion of women and AIDS networks, the funding of women-focused projects, and building the capacity of institutions to incorporate an integrated, gender-sensitive HIV prevention strategy.

In FY95, AIDSCAP initiated a USAID/Women in Development (WID)-funded subproject on HIV/AIDS prevention and care in Thailand. This project conducts outreach and support activities to women's groups and youth in schools and is implemented by HIV-positive women and men from the Life and Hope group in collaboration with the Association for the Promotion of the Status of Women. The first AWI rapid response grant was also awarded in Thailand to the Mirror Art Group, a drama/performance art troupe that will perform short skits for factory workers targeting messages to young adult women.



**AIDSCAP**

90

---

In July, AIDSCAP co-sponsored the Women, Family and AIDS Prevention Workshop, and in September, two preconference workshops: one on women's networks at the Third International Conference on AIDS in Asia and the Pacific, "Creating a Women and AIDS Network in Asia," and one entitled "Creating an Asian Pacific Network for Commercial Sex Workers and Service Providers" in Chiang Mai, Thailand.

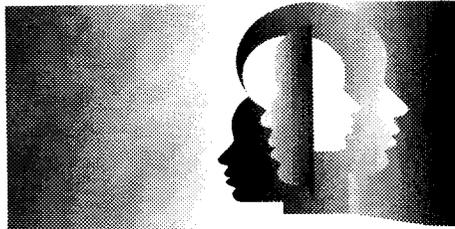
---

**CAPACITY  
BUILDING**

---

One of AIDSCAP's project-wide objectives is to promote the capacity of local institutions to implement and sustain HIV/AIDS programs. Although AIDSCAP has supported many institutional and individual capacity building efforts, it has only just begun to document these activities. To improve AIDSCAP skills, resident advisors and regional staff participated in a two-day capacity building workshop during its Semiannual Asia Meeting at the end of September. The workshop focused on conducting institutional assessments and strategic planning.

Meanwhile, capacity building efforts continued. Examples include working in India and Indonesia with past participants from a regional journalist workshop on HIV/AIDS reporting to design similar workshops in their countries in local languages. Having worked with the Office for Population Technical Assistance (OPTA) in the design, implementation, and analysis of the Bangkok Behavioral Surveillance Survey (BSS), AIDSCAP is now being asked by other countries to conduct similar research activities. Through working groups and technical advisory groups in Nepal, Thailand, and the Philippines, technical and programmatic skills have been transferred and exchanged among participants and have promoted a sense of ownership around program and project goals and objectives.

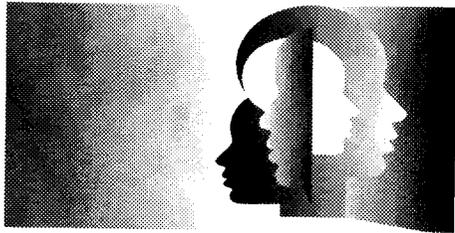


**AIDSCAP**

## Asia Regional Process Indicator Data

|                                     | FY95             | Cumulative       |
|-------------------------------------|------------------|------------------|
| <b>Total People Educated:</b>       | <b>221,176</b>   | <b>642,625</b>   |
| <b>Males</b>                        | <b>100,962</b>   | <b>278,017</b>   |
| <b>Females</b>                      | <b>74,663</b>    | <b>190,251</b>   |
| <b>No Gender Specified</b>          | <b>45,551</b>    | <b>174,357</b>   |
| <b>Total People Trained:</b>        | <b>5,529</b>     | <b>12,631</b>    |
| <b>Males</b>                        | <b>1,918</b>     | <b>4,522</b>     |
| <b>Females</b>                      | <b>2,455</b>     | <b>4,997</b>     |
| <b>No Gender Specified</b>          | <b>1,156</b>     | <b>3,112</b>     |
| <b>Total Condoms Distributed:</b>   | <b>3,053,334</b> | <b>6,946,576</b> |
| <b>Free</b>                         | <b>140,053</b>   | <b>1,342,195</b> |
| <b>Sold</b>                         | <b>2,913,281</b> | <b>5,604,381</b> |
| <b>Total Condom Outlets:</b>        | <b>2,618</b>     | <b>7,229</b>     |
| <b>Total Materials Distributed:</b> | <b>239,054</b>   | <b>512,749</b>   |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

---

**PRIORITY**

---

**COUNTRIES**

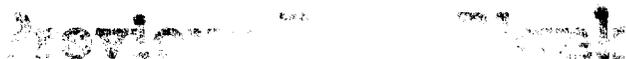
---

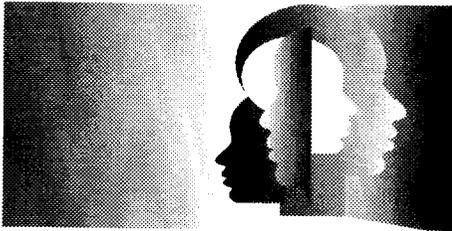
**IN**

---

**ASIA**

---





## INDIA

### AIDSCAP

94

#### PROGRAM DESCRIPTION

The current estimate of HIV prevalence is 2 million (0.25 percent of the population), which makes India the country with the most infections in the world — probably more than the rest of Asia combined. The Government of India's nationwide \$100 million, five-year effort will attempt to strengthen the government health care infrastructure so that it accelerates a massive HIV/AIDS prevention effort, including the establishment of a safe blood supply. Increasing community awareness of the HIV/AIDS threat is a priority of the government program, although only a small portion of the funds is earmarked for nongovernmental organizations (NGOs) to work with difficult-to-reach groups.

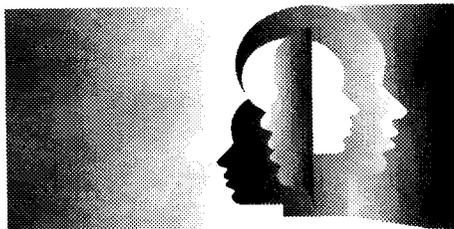
AIDSCAP's role in India is primarily to provide technical assistance to USAID/India's bilateral AIDS Prevention and Control (APAC) Project in the state of Tamil Nadu. APAC is a seven-year, \$10 million initiative implemented by Voluntary Health Services (VHS) under the supervision of USAID and the Government of India. Its objective is to reduce the sexual transmission of HIV in the state of Tamil Nadu, which has a population of about 55 million.

The APAC Project was originally designed in early 1992. Its strategy is the control of sexually transmitted diseases (STDs), condom promotion, and behavior change communication (BCC) among the highest-risk populations. While VHS is the key agency, the grassroots work will be implemented through grants to NGOs throughout the state. This approach complements and supplements the Indian government's own efforts. Following lengthy negotiations with the government, a tripartite agreement was signed in January 1995, by the government, USAID, and VHS, allowing VHS to begin the APAC Project.

#### FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS

Major activities included the following:

- As a follow-up to the area of affinity assessment completed last year on the India-Nepal border, a subproject was developed with the Bhoruka Research Centre for Hematology and Blood Transfusion (BRCHBT) for an STD treatment facility targeted at mobile groups who routinely cross the border. Project staff are working in close coordination with AIDSCAP/Nepal activities over the border in Birganj, Nepal. (See the section of this report on areas of affinity.)
- The PLAN/MYRADA project in the Belgaum District of Karnataka received technical assistance from the AIDSCAP Women's Initiative, which is helping the project to more closely examine gender issues. A syndromic treatment workshop for STD specialists and general physicians was organized with support from the AIDSCAP/Asia Regional Office. PLAN/MYRADA is currently developing a module to orient and train indigenous practitioners.
- Small grants have been used effectively by NGOs in Tamil Nadu. For example, Nalamdana was awarded \$3,000 to organize 35 street dramas



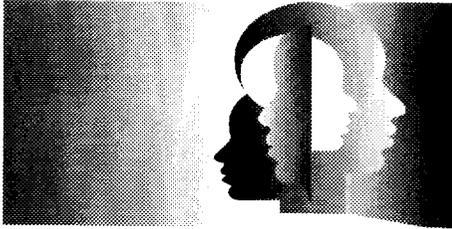
**AIDSCAP**

with five different scripts on HIV/AIDS, with each event reaching about 250 people. The Society for AIDS Awareness and Prevention received a \$3,000 grant to produce six issues of a newsletter in easy-to-read Tamil. Approximately 4,000 high-risk individuals and 11,000 others received and read the newsletter.

- AIDSCAP supported technical assistance to the National AIDS Control Organization (NACO) to validate its projections of HIV infections and AIDS caseloads. The HIV projections were presented to senior government officials, donor agencies, and a number of NGOs in New Delhi.
- A baseline report, a draft evaluation plan, a status paper on behavioral research, and a draft BCC strategy paper were prepared by AIDSCAP to assist APAC staff in the early design and implementation of prevention activities.
- APAC developed its competitive grants program for NGOs. The project calls for proposals from NGOs in Tamil Nadu in the first quarter of FY96 and has a target completion date of 2002.
- Finally, AIDSCAP assisted in the identification and recruitment of key APAC staff and provided orientation and training for specialists in BCC, training and counseling, behavioral research, and STD management. A condom promotion specialist remains to be recruited.

**CURRENT  
PROGRAM  
STATUS**

The AIDSCAP country office has been established for more than two years, providing ongoing technical assistance to USAID/India in the design and development of the APAC Project, and has supported a number of small projects and a grant to a private voluntary organization. With the initiation of the APAC Project, the AIDSCAP country program will have increased demands in technical assistance.

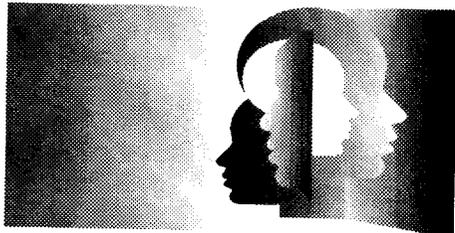


**AIDSCAP**

## India Process Indicator Data

|                                     | FY95           | Cumulative     |
|-------------------------------------|----------------|----------------|
| <b>Total People Educated:</b>       | <b>153,616</b> | <b>426,299</b> |
| <b>Males</b>                        | <b>73,180</b>  | <b>242,982</b> |
| <b>Females</b>                      | <b>55,910</b>  | <b>140,996</b> |
| <b>No Gender Specified</b>          | <b>24,526</b>  | <b>42,321</b>  |
| <b>Total People Trained:</b>        | <b>3,304</b>   | <b>7,789</b>   |
| <b>Males</b>                        | <b>1,202</b>   | <b>3,632</b>   |
| <b>Females</b>                      | <b>1,906</b>   | <b>3,921</b>   |
| <b>No Gender Specified</b>          | <b>196</b>     | <b>236</b>     |
| <b>Total Condoms Distributed:</b>   | <b>25,800</b>  | <b>34,320</b>  |
| <b>Free</b>                         | <b>1,080</b>   | <b>1,800</b>   |
| <b>Sold</b>                         | <b>24,720</b>  | <b>32,520</b>  |
| <b>Total Materials Distributed:</b> | <b>58,678</b>  | <b>149,506</b> |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **INDONESIA**

**97**

### **PROGRAM DESCRIPTION**

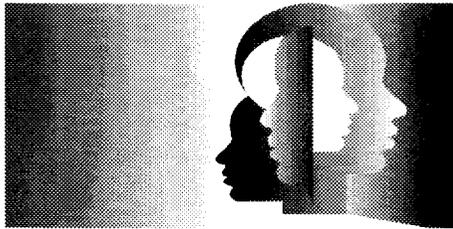
Indonesia is the fourth most populous nation in the world, with an estimated population of 190 million. Official estimates of current HIV/AIDS infection in Indonesia range from 60,000 to 80,000. Over the last two years, AIDSCAP has worked with USAID/Indonesia to prepare for and design the Mission-funded HIV/AIDS Prevention Project (HAPP). HAPP is a five-year, \$20 million USAID project to support the implementation of the Government of Indonesia's (GOI) national strategy. The project was designed in December 1993; USAID negotiations with the GOI continued until March 31, 1995. At the close of the fiscal year, AIDSCAP signed a delivery order with the Mission to begin implementation of designated aspects of HAPP.

HAPP will be directed by the Ministry of Health, with technical assistance and subproject administration assigned to AIDSCAP. The HAPP team will also include seconded staff from The Futures Group in the area of condom social marketing and the U.S. Centers for Disease Control and Prevention (CDC) in the area of sexually transmitted disease (STD) control. HAPP is an integrated HIV/AIDS prevention project comprised of four major technical components: (1) improved management of STDs, (2) communication for behavior change, (3) improved access to and promotion of condoms, and (4) policy support and dissemination. The geographic focus of the program will be North Jakarta and Surabaya, both on the island of Java, with a third site yet to be determined.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

During FY95, AIDSCAP completed and initiated a number of subprojects funded primarily by the Asia Near East Bureau, with some Mission funds. Specifically:

- AIDSCAP provided significant technical support to the Ministry of Health's Center for Health Education (Pusat Penyuluhan Kesehatan Masyarakat, or PKM) to improve its capacity to plan and conduct HIV/AIDS education. Major accomplishments included (1) implementation of an intensive training program, Strategic Planning for AIDS Education and Communication, for PKM staff, (2) development and initial implementation of behavior change communication (BCC) strategies for reaching specific target groups, (3) assistance in the development of the BCC strategy component of the National AIDS Strategy, and (4) development of an AIDS/STD research database and publication of an AIDS research directory.
- At the request of PKM, a number of smaller activities were developed in response to evolving needs, including cosponsoring the first National Ministry of Health (MOH) HIV/AIDS Conference in June 1994, with participation by MOH representatives and Provincial AIDS Committee members from all 27 provinces, and planning and facilitating a workshop to develop games and simulations for use in BCC training. An AIDS training manual for field workers, which includes these games and simulations, was written, pretested, and published.



**AIDSCAP**

98

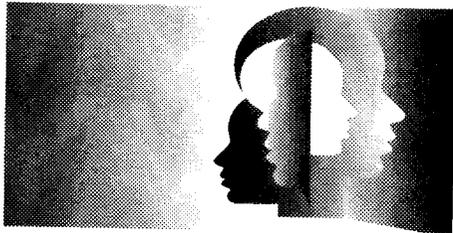
- Close working relationships were developed between the AIDSCAP consultants and PKM staff, as a result of collaboratively implementing the activities mentioned above. These good working relationships were cited frequently during negotiations for HAPP as examples of effective collaboration between the GOI and AIDSCAP.
- A new subproject was developed with PKM to broadly disseminate copies of the HIV/STD Research Directory Database and the Training Module for Games/Simulations for HIV/AIDS Prevention and host workshops in six provinces to train local health personnel in the HIV BCC strategy of the MOH. In addition, PKM staff have targeted women's groups for outreach and general HIV/AIDS prevention information.
- Policy activities during the year included (1) technical assistance to key Ministry of Health officials in using the iwgAIDS module for HIV projections and estimates, (2) support to ten journalists, five each from Surabaya and Jakarta, to participate in a July 1995 workshop, HIV/AIDS Training for Journalists, hosted by the AIDS Media Training Center in Yogyakarta, and (3) a presentation at the 3rd HIV/AIDS USAID Prevention Conference in Washington on the policy study tours of Indonesian policy makers to Thailand. A number of past participants of these study tours have formed an informal network called the Bangkok Group, which continues to meet semi-regularly to discuss HIV/AIDS policy in Indonesia.
- A behavior research study begun under the AIDSTECH project ended in December 1994. The research included a multilevel assessment of behavioral interventions for the reduction of STD/HIV transmission among sex workers in Bali. The project was implemented by Udayana University and the University of Michigan.
- In August 1995, AIDSCAP initiated a subproject with the Center for Health Research at the University of Indonesia to conduct baseline research and interviews in Islamic institutions to guide development of an intervention for youth in Islamic schools.
- A second subproject targeting youth was begun with PACT/Indonesia to enable NGOs to develop creative outreach strategies for HIV/AIDS and STD prevention and awareness for street children in Jakarta. Initial baseline and ethnographic data on street children have been gathered and the NGOs have been selected to initiate outreach to youth through street educators.

---

**CURRENT  
PROGRAM  
STATUS**

---

AIDSCAP provided significant technical assistance to USAID/Indonesia from April to July to prepare for HAPP both technically and programmatically. In addition to initiating HAPP activities during the next year, AIDSCAP will also begin a number of new area of affinity projects in Indonesia funded by the Asia Near East Bureau.

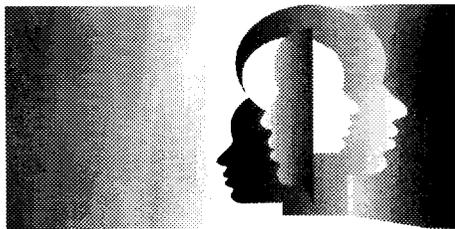


**AIDSCAP**

## Indonesia Process Indicator Data

|                              | <b>FY95</b> | <b>Cumulative</b> |
|------------------------------|-------------|-------------------|
| <b>Total People Trained:</b> | <b>10</b>   | <b>10</b>         |
| <b>Males</b>                 | <b>3</b>    | <b>3</b>          |
| <b>Females</b>               | <b>7</b>    | <b>7</b>          |
| <b>No Gender Specified</b>   | <b>0</b>    | <b>0</b>          |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

**THAILAND**

100

---

**PROGRAM  
DESCRIPTION**

---

The AIDSCAP/Thailand program focuses almost exclusively on Bangkok, which has a population of 6-8 million. AIDSCAP has been instrumental in expanding the Bangkok Fights AIDS (BFA) program, which targets lower-income groups, age 15-29, totaling 1.5 million people, in workplaces, health facilities, and households. The project began in early 1992, with some city-wide activities and some intensive activities in six target districts of Bangkok's 38 districts. The BFA Program is conducted in collaboration with the Bangkok Metropolitan Administration (BMA) and 20 other agencies, both governmental and nongovernmental organizations (NGOs).

The BFA aims to slow the spread of HIV by reducing sexually transmitted disease (STD) infections, increasing the use of condoms, and reducing the number of sex partners through interactive, interpersonal communication and mass media. These initiatives seek to reduce the risk of HIV infection and create an atmosphere that is conducive to social norm change among the target populations. In addition to providing services, the BFA supports capacity building and strengthening the infrastructure that can sustain the efforts in the long run with increasing resources mobilized locally from all potential sectors.

As USAID ends its bilateral support to Thailand at the close of this fiscal year, the status of the AIDSCAP/Thailand program into FY96 has been uncertain. A Thailand Graduation Plan was submitted to USAID to continue HIV/AIDS programs through FY96; recently, project staff were notified that limited AIDS prevention activities would be allowed to continue for one more year. Unfortunately, country program budget cuts have forced a number of subprojects to end prematurely and will not allow the full expansion of the BFA strategy as originally designed.

**COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

Major program activities during the year were accomplished in the areas of outreach education, community mobilization, institutional development, mass media, project cost analysis, AIDS care and management, and skills upgrading. Specific highlights include the following:

- The second phase of the service workers outreach education project was initiated. The project aims to reduce the level of STD incidence in the service worker population age 15-29 by promoting lower-risk behaviors for transmission of STDs and HIV among approximately 103,000 workers in 1,300 work sites. The 18-month project, implemented by the Foundation for Thailand Rural Reconstruction Movement (TRRM) with four other NGOs, will end in August 1996.
- AIDSCAP supported a Bangkok Metropolitan Market (BMM) May Day Fair from April 30 to May 7 at a youth center in a factory zone in Bangkok. The activity raised AIDS awareness among the low-income workers, boosted the coordination between Bangkok NGOs and the BMA, and encouraged the private sector to participate in educating the public about HIV/AIDS prevention.



- In August, the mass media campaign project for the BFA program implemented through the Program for Appropriate Technology in Health (PATH)/Thailand was approved. It will enhance outreach education and communication for 100,000 to 150,000 mobile or less-established work site populations and will boost coordination among NGOs, government, and private sectors in HIV/AIDS prevention. The BMA is presented as the leader of the BFA program, and the private sector is encouraged to provide more support for HIV/AIDS prevention. While awaiting approval for the Bangkok mass media campaign, PATH/Thailand initiated several small activities. A "Bangkok Fights AIDS" live radio program was developed, featuring such issues as love and sexual health for youth. The program has been on the air for 90 minutes weekly since July.
- AIDSCAP supported the BMA's efforts to strengthen the capabilities of District AIDS Committees in community mobilization and networking by funding the Mahidol University School of Public Health to conduct a series of workshops on the development of the districts' AIDS plans, on methods of securing the BMA AIDS Center, and on developing resource lists for district networks.
- AIDSCAP also supported the AIDS Control Division of the BMA in organizing a seminar in August to design a bottom-up planning process for the BMA's fifth Five-Year AIDS Plan for the period 1997-2001.
- A project entitled "Women and HIV Prevention and Living with AIDS" was initiated with the Association for the Promotion of the Status of Women in collaboration with the Life and Hope group.
- Through a rapid response grant, Empower Foundation, in collaboration with International Voluntary Services, organized a conference and workshop on HIV/AIDS caregivers in Chiang Mai from May 29-31, introducing 49 participants to specific practices of caring for people with HIV/AIDS, massage therapy, counseling and herbal treatment, and providing a forum for exchanges of experiences. Participants came from Thailand, Lao P.D.R., Cambodia, Vietnam, Bangladesh, and the United States.
- A cost assessment and analysis of four BFA activities was conducted, analyzing services at STD clinics in the private and public sectors and outreach interventions at large factories and service workers' projects.

---

**CURRENT  
PROGRAM  
STATUS**

---

The Thailand program is one of AIDSCAP's most mature programs. The AIDSCAP/Thailand office is in the process of revising its program plans for FY96 in light of the approved graduation plan to best contribute to the prevention of HIV/AIDS in Thailand as it prepares to close the program by the end of FY96.



## Thailand Process Indicator Data

|                                     | FY95           | Cumulative       |
|-------------------------------------|----------------|------------------|
| <b>Total People Educated:</b>       | <b>55,085</b>  | <b>203,851</b>   |
| <b>Males</b>                        | <b>19,445</b>  | <b>26,698</b>    |
| <b>Females</b>                      | <b>14,915</b>  | <b>45,417</b>    |
| <b>No Gender Specified</b>          | <b>20,725</b>  | <b>131,736</b>   |
| <b>Total People Trained:</b>        | <b>2,101</b>   | <b>4,718</b>     |
| <b>Males</b>                        | <b>694</b>     | <b>868</b>       |
| <b>Females</b>                      | <b>513</b>     | <b>1,040</b>     |
| <b>No Gender Specified</b>          | <b>894</b>     | <b>2,810</b>     |
| <b>Total Condoms Distributed:</b>   | <b>133,785</b> | <b>1,334,949</b> |
| <b>Free</b>                         | <b>133,785</b> | <b>1,334,949</b> |
| <b>Sold</b>                         | <b>0</b>       | <b>0</b>         |
| <b>Total Materials Distributed:</b> | <b>154,681</b> | <b>337,548</b>   |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDS CAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDS CAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



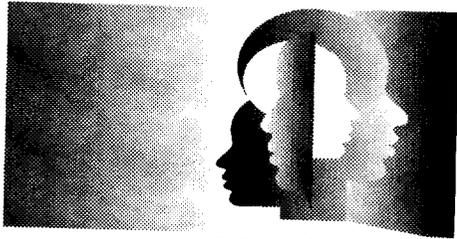
## Thailand Baseline Indicators

|                       |  | High-risk       |                    | Low-risk         |                    |
|-----------------------|--|-----------------|--------------------|------------------|--------------------|
|                       |  | Males           | Females            | Males            | Females            |
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>  | 6 <sup>1</sup>  | 5-13 <sup>1</sup>  | —                | 1 <sup>1</sup>     |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b>                        | 89 <sup>2</sup> | 33-41 <sup>2</sup> | 81 <sup>2</sup>  | 59-65 <sup>2</sup> |
| <b>PARTNERS</b>       | <b>Two or more sexual partners (last year)</b>                       | 32 <sup>2</sup> | —                  | 6 <sup>2</sup>   | 1 <sup>2</sup>     |
| <b>CONDOM USE</b>     | <b>Condom use in high-risk situations</b>                            | 64 <sup>2</sup> | 56-87 <sup>2</sup> | 88 <sup>2</sup>  | 18 <sup>2</sup>    |
| <b>STDs</b>           | <b>Self-reported STDs</b>  | 55 <sup>2</sup> | 36-55 <sup>2</sup> | 3-5 <sup>2</sup> | 2 <sup>4</sup>     |
| <b>OTHER</b>          | <b>Agree that women are able to carry condoms</b>                    | —               | —                  | 62 <sup>3</sup>  | 40 <sup>3</sup>    |
|                       | <b>Agree that women should participate in sexual decision making</b> | —               | —                  | 51 <sup>3</sup>  | 51 <sup>3</sup>    |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

*Sources:*

1. Ministry of Public Health, Thailand, 1993.
2. Bangkok Behavioral Surveillance Survey, 1993.
3. Low Income Residence Outreach Project Baseline Report, 1994.
4. Syphilis in Pregnancy, Data from three hospitals in Bangkok, 1992.

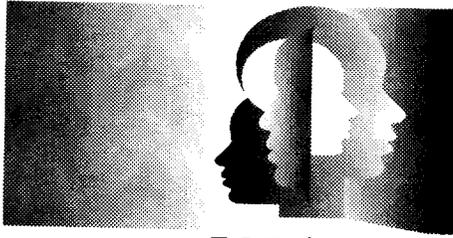


## AIDSCAP

104

---

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

---

105

---

**ASSOCIATE**

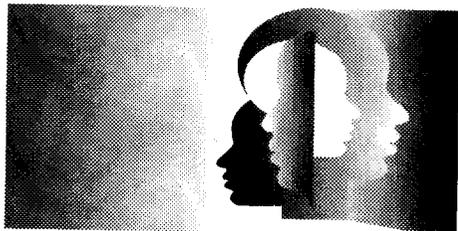
---

**COUNTRIES**

---

**IN ASIA**

---



**AIDSCAP**

## **BANGLADESH**

106

### **PROGRAM DESCRIPTION**

Bangladesh is the most densely populated country in the world, with a population estimated in 1994 to be 117 million, about 85 percent of whom are Moslems. The threat of the increased spread of HIV/AIDS within Bangladesh is linked to its proximity to India, Myanmar, and Thailand, where the HIV/AIDS epidemic is firmly entrenched.

The Asia Near East (ANE) Bureau designated funds in fiscal year 1993 for AIDSCAP to conduct an initial HIV/AIDS assessment and develop a strategy in Bangladesh. However, AIDSCAP has limited its activities to training assistance and consultancies on targeted interventions in line with the Mission's strategy.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

During FY95, the ANE Bureau allocated funds to AIDSCAP to conduct an HIV/STD awareness workshop for local nongovernmental organizations (NGOs) and for providing technical assistance to Population Services International (PSI) to design a condom social marketing program for preventing HIV/AIDS. Under a subagreement with the local social marketing company, SMC, PSI has already successfully implemented a family planning condom social marketing project and will now extend its activities to HIV prevention among high-risk populations. During the initial needs assessment, it was determined that PSI would have projects in Tangail, Narayanganj, and two other locations where commercial sex is concentrated.

At the request of USAID/Bangladesh, AIDSCAP organized a three-day competency-based workshop to train coordinators of the STD/AIDS Network. This network was formed in October 1992 under the coordination of the Voluntary Health Services Society (VHS) and represents a group of individuals, nongovernmental organizations (NGOs), and other private agencies that address sexually transmitted diseases (STDs) and HIV/AIDS. The workshops, Training Coordinators/Trainers in Developing Countries and Implementing Curriculum for HIV/STD Prevention Education for Employees, took place in December 1994. Approximately 24 representatives of the STD/AIDS Network participated in the workshops. The International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) sponsored the workshop with funding and technical assistance from AIDSCAP. The result was the development of a staff training curriculum which individual member organizations of the HIV/STD Network will use to create AIDS awareness among employees of their institutions.

### **CURRENT PROGRAM STATUS**

AIDSCAP activities in Bangladesh are on schedule. During the next fiscal year, AIDSCAP will provide technical assistance to PSI's long-standing local condom social marketing project to conduct baseline research and to design an outreach peer education training package for motivating target audiences in the project areas. In addition, AIDSCAP will provide technical assistance to HIV/AIDS programs in Bangladesh at the request of USAID/Bangladesh.



# LAO PEOPLE'S DEMOCRATIC REPUBLIC

107

---

**PROGRAM  
DESCRIPTION**

---

The HIV/AIDS epidemic in the Lao People's Democratic Republic is at a relatively early stage compared to many other countries. The first HIV-positive person diagnosed was a woman from Thailand suspected of being a commercial sex worker (CSW) in 1989. To date, ten AIDS deaths have been reported to the Lao National Committee for the Control of AIDS (NCCA).

An initial HIV/AIDS assessment in Lao P.D.R. along the Thai-Lao border was conducted by AIDSCAP with CARE in February 1994. The proposed AIDSCAP strategy included the primary strategies of behavior change communication (BCC), the reduction of sexually transmitted diseases (STDs), and condom promotion and access, with secondary support for policy advocacy and evaluation for HIV/AIDS programs. The target groups include (1) border-crossing populations, (2) urban populations, and (3) ethnic populations in the geographic provinces along the Thai border and in Vientiane Municipality.

The AIDSCAP/Lao P.D.R. associate country program is funded by the Asia Near East (ANE) Bureau and the USAID Regional Support Mission (RSM) in Bangkok. The AIDSCAP strategic and implementation plan was submitted for approval to the NCCA in August 1994, but in the absence of clearly defined procedures for gaining formal Lao P. D. R. government approval, the plan was not approved until July 1995.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

In July 1995, a team of AIDSCAP and RSM staff went to Vientiane to meet with representatives from the U.S. Embassy, NCCA, and CARE. During that time, the RSM determined that AIDSCAP proceed with implementing only the BCC component through CARE/Lao P.D.R. CARE/Lao P.D.R., in turn, will seek independent NCCA approval for this single intervention.

Formative research was approved by the NCCA in early 1995. Focus group discussions, in-depth interviews, and participant observation were conducted among the Lao-Thai border populations. A three-city BCC project was awarded to CARE /Lao P.D.R. in August 1995 to work with cross-border populations.

---

**CURRENT  
PROGRAM  
STATUS**

---

At the close of the fiscal year, CARE had still not received permission from the NCCA to initiate the project. Population Services International (PSI) is also exploring options for a condom social marketing program in Laos to complement the communication interventions funded through AIDSCAP. AIDSCAP will continue to provide technical assistance in the area of communication planning and will work directly with project site committees on the development of BCC materials in FY96.



# LAO PEOPLE'S DEMOCRATIC REPUBLIC

107

---

**PROGRAM  
DESCRIPTION**

---

The HIV/AIDS epidemic in the Lao People's Democratic Republic is at a relatively early stage compared to many other countries. The first HIV-positive person diagnosed was a woman from Thailand suspected of being a commercial sex worker (CSW) in 1989. To date, ten AIDS deaths have been reported to the Lao National Committee for the Control of AIDS (NCCA).

An initial HIV/AIDS assessment in Lao P.D.R. along the Thai-Lao border was conducted by AIDSCAP with CARE in February 1994. The proposed AIDSCAP strategy included the primary strategies of behavior change communication (BCC), the reduction of sexually transmitted diseases (STDs), and condom promotion and access, with secondary support for policy advocacy and evaluation for HIV/AIDS programs. The target groups include (1) border-crossing populations, (2) urban populations, and (3) ethnic populations in the geographic provinces along the Thai border and in Vientiane Municipality.

The AIDSCAP/Lao P.D.R. associate country program is funded by the Asia Near East (ANE) Bureau and the USAID Regional Support Mission (RSM) in Bangkok. The AIDSCAP strategic and implementation plan was submitted for approval to the NCCA in August 1994, but in the absence of clearly defined procedures for gaining formal Lao P. D. R. government approval, the plan was not approved until July 1995.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

In July 1995, a team of AIDSCAP and RSM staff went to Vientiane to meet with representatives from the U.S. Embassy, NCCA, and CARE. During that time, the RSM determined that AIDSCAP proceed with implementing only the BCC component through CARE/Lao P.D.R. CARE/Lao P.D.R., in turn, will seek independent NCCA approval for this single intervention.

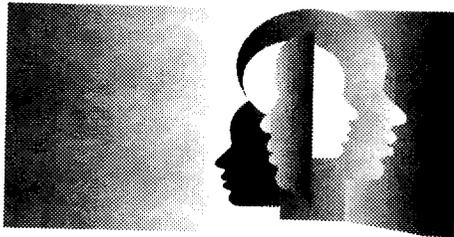
Formative research was approved by the NCCA in early 1995. Focus group discussions, in-depth interviews, and participant observation were conducted among the Lao-Thai border populations. A three-city BCC project was awarded to CARE /Lao P.D.R. in August 1995 to work with cross-border populations.

---

**CURRENT  
PROGRAM  
STATUS**

---

At the close of the fiscal year, CARE had still not received permission from the NCCA to initiate the project. Population Services International (PSI) is also exploring options for a condom social marketing program in Laos to complement the communication interventions funded through AIDSCAP. AIDSCAP will continue to provide technical assistance in the area of communication planning and will work directly with project site committees on the development of BCC materials in FY96.



**AIDSCAP**

## **MONGOLIA**

**108**

### **PROGRAM DESCRIPTION**

The HIV/AIDS epidemic in Mongolia appears to be at an early stage. To date, only one Mongolian with HIV infection has been reported. However, the high prevalence of sexually transmitted diseases (STDs) other than HIV constitutes a serious risk factor that will fuel the spread of HIV infection in the country.

Mongolia has a vertical system of STD clinics. In 1946, the Dermatology and Venereology Hospital was established in Ulaanbaatar to provide both ambulatory and in-patient services. In 1962, ambulatory services were separated from in-patient services, and the National Center for Dermatology and Venereology (NCDV) was established by the Ministry of Health. Today, the NCDV serves as a clinical and laboratory referral and reference center for the network of dermatology and STD branch clinics throughout Mongolia.

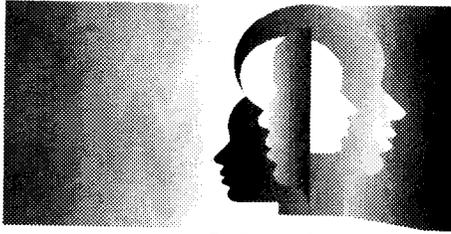
Until recently, most STD patients had little choice but to seek treatment from this government-run network. Now patients have access to an increasing number of private doctors, both qualified and unqualified to manage STD cases. More important, patients have access to a rapidly growing number of informal providers, such as drug vendors who sell newly imported antibiotics with little attention paid to their indication or quality. A new national health insurance program was introduced in 1994 that is also likely to have an impact on health-seeking behavior.

During the past fiscal year, AIDSCAP, with Asia Near East Bureau (ANE) funding, developed a project with Mongolia's Ministry of Health to support the development and management of a series of workshops in STD case management for physicians. The project has the following objectives and outputs:

- To develop national guidelines for STD case management for health care providers (physicians).
- To train physicians through a series of STD case management workshops in communication skills, syndromic diagnosis and treatment, prevention education messages, condom demonstration, and partner notification.
- To translate, adapt, and reproduce STD patient education materials.
- To address issues related to the supply of condoms and drugs recommended for the treatment of STDs at government health centers that provide STD services.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

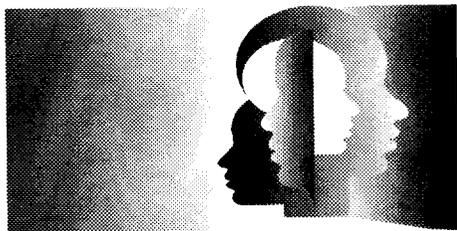
The project was launched in FY95. The acting national AIDS control manager and a senior consultant at NCDV participated in the Asia Regional Course on the Control of Sexually Transmitted Diseases in Developing Countries, organized by AIDSCAP in Bangkok, September 6-15, 1995. The first candidate was sponsored by the Mongolian Ministry of Health through funds from the World Health Organization/Global Programme on AIDS (WHO/GPA).



**AIDSCAP**

**CURRENT  
PROGRAM  
STATUS**

AIDSCAP activities in Mongolia are progressing well. AIDSCAP will continue to provide technical assistance in the design of the national guidelines for STD case management and in the development of workshop training modules in STD case management into the next fiscal year.



## NEPAL

### AIDSCAP

110

#### PROGRAM DESCRIPTION

As of June 1995, Nepal's National Centre for AIDS and Sexually Transmitted Disease (STD) Control reported a large increase in the official numbers of HIV-positive people from 258 to 319. Of this total, 167 were male and 152 were female. Forty-nine individuals were diagnosed with AIDS, and eight deaths were reported.

The Strategic and Implementation Plan for the Nepal AIDSCAP Project, completed in mid-1993, serves as the strategic planning document for the subproject design of the AIDSCAP/Nepal country program. The strategy seeks to reduce the rate of sexually transmitted HIV infection among those at highest risk, which in Nepal includes transient, migratory groups, most particularly commercial sex workers (CSWs) and their clients.

Due to the country's rural economy, its current economic condition, and its unique commercial and migratory labor ties with its large neighbors to the south, it was determined that Nepal's border areas and primary transport routes in the Terai/Central regions should be AIDSCAP's geographic focus. To reach the targeted populations, program activities are implemented in large and small communities and commercial centers adjacent to the Prithvi, Tribhuvan, and Mahendra highways in the Central Development Region.

The AIDSCAP/Nepal program is co-funded by USAID/Nepal and the Asia Near East (ANE) Bureau. In collaboration with local nonprofit and private sector partners, the Nepal program is currently implementing and planning further efforts to integrate mutually reinforcing HIV/AIDS and STD prevention initiatives.

#### FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS

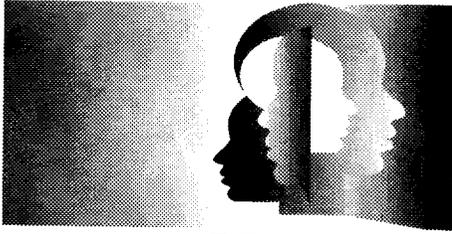
Significant progress has been made within the Nepal program in FY95.

- STD program components are well under way. The Nepal Medical Association completed its training course in STD case management for 53 practitioners from the Central Region. The final training curriculum package is the most comprehensive curriculum for general practitioners in the syndromic approach to STD diagnosis and treatment and has been used by other organizations as the basis for similar curricula for other health care workers.
- To strengthen the role of chemists, pharmacists, and other alternative health providers in the prevention and control of STD/HIV, the Nepal Chemists and Druggists Association is developing a curriculum and sponsoring a workshop series for local pharmacists. The curriculum for these workshops was finalized at the end of the fiscal year. The Family Planning Association of Nepal (FPAN) will expand its current service delivery to include STD diagnosis, treatment, and counseling for women and their partners at FPAN's Chitwan Static Clinic in Bharatpur.
- In the area of condom promotion, Contraceptive Retail Sales (CRS) expanded condom distribution beyond pharmacy retail shops to nontraditional sales outlets in the Terai/Central Region with innovative sales



initiatives. CRS has been supported in this effort by Stimulus Advertisers and Himalayan International Marketing Associates (HIMAL) and has received technical assistance from The Futures Group (TFG). In May, CRS reported that its sales volume in 22 AIDSCAP targeted districts increased to 437,928. A condom logo featuring an animated condom character was designed, and many educational materials were developed integrating the new logo design. A multi-media campaign to promote condoms for disease prevention was launched in July. The launch was well attended by prominent health and government officials, the media, donors, and USAID representatives, as well as Nepal's HIV/AIDS nongovernmental community and AIDSCAP's partner organizations.

- AIDSCAP's major outreach education project, implemented by General Welfare Pratisthan (GWP) in collaboration with the Lifesaving and Lifegiving Society (LALS), provides intensive community-based outreach education activities to AIDSCAP's nine target districts with a current focus on CSWs and transport and other transient workers. Over time, the outreach teams will forge links with local health offices, community organizations, clubs, transport unions, industrial estates, and local campuses to develop networks of trained peer educators and to develop and distribute culturally appropriate HIV/AIDS/STD prevention messages and materials.
- AIDSCAP/Nepal funded Save the Children/US for an eight-month project to provide technical support to promote program coordination among Nepali NGOs implementing STD/HIV/AIDS behavior change communication (BCC), counseling, and condom social marketing.
- A baseline survey of CSWs and their clients along the primary Central Region transport route and in adjacent control areas was completed by the research firm New Era. The survey results were presented in April in a dissemination workshop of related studies cosponsored by AIDSCAP and the National Center for AIDS and STD Control.
- Although limited funds are available for policy reform at the national level, last year AIDSCAP assisted the Ministry of Health in updating HIV projections for Nepal. Future plans include an Asia regional policy tour and capacity building media workshops for local journalists once Nepal's current domestic political crisis is resolved.
- AIDSCAP provided support to the Kathmandu Valley NGO Network's World AIDS Day event. Press kits were distributed, theme advertising was placed in the national newspapers, people dressed in condom costumes joined the Kathmandu rally, banners with condom promotion messages were distributed, and balloon displays were created. The events attracted much public attention, and the newly elected prime minister referred to them in his first public speech. Also in December, AIDSCAP partially



## AIDSCAP

112

---

supported and participated in the first National AIDS Conference in Nepal.

- AIDSCAP/Nepal program has played a strong leadership role in Nepal, including facilitating the coordination of HIV prevention efforts through the formation of a Technical Advisory Group to periodically review and advise the project. AIDSCAP has also hosted a number of nongovernmental organization (NGO) and donor coordination meetings.

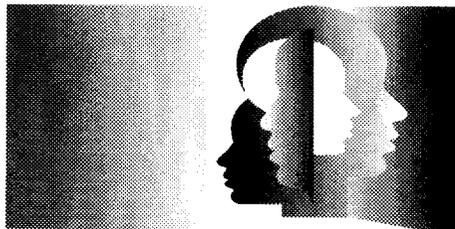
---

### **CURRENT PROGRAM STATUS**

---

An internal program review was conducted by AIDSCAP senior management, USAID/Nepal, and USAID/HIV-AIDS Division in September. The team found a mature, technically sound program implemented by dedicated and competent field staff. While impressed with the quality of programming in the targeted region of the country, team members also noted that significant expansion of HIV prevention efforts across the country was needed. The team recommended closer coordination with other donors to avoid duplication and ensure better coverage.

Over the remaining 12 months, the program will continue to focus on the field implementation of STD training, condom promotion, and expansion of condom retail outlets, and intensive community-based outreach education activities. The AIDSCAP implementation approach will be closely monitored, and the project will be evaluated to determine sustainability of activities beyond the life of AIDSCAP.

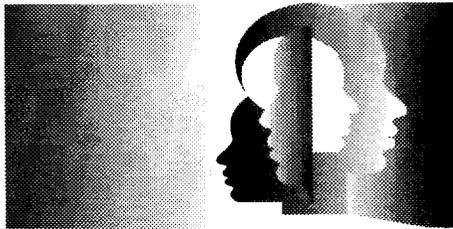


**AIDSCAP**

## Nepal Process Indicator Data

|                                     | FY95      | Cumulative |
|-------------------------------------|-----------|------------|
| <b>Total People Educated:</b>       | 12,475    | 12,475     |
| <b>Males</b>                        | 8,337     | 8,337      |
| <b>Females</b>                      | 3,838     | 3,838      |
| <b>No Gender Specified</b>          | 300       | 300        |
| <b>Total People Trained:</b>        | 114       | 114        |
| <b>Males</b>                        | 19        | 19         |
| <b>Females</b>                      | 29        | 29         |
| <b>No Gender Specified</b>          | 66        | 66         |
| <b>Total Condoms Distributed:</b>   | 2,893,749 | 5,577,307  |
| <b>Free</b>                         | 5,188     | 5,446      |
| <b>Sold</b>                         | 2,888,561 | 5,571,861  |
| <b>Total Condom Outlets:</b>        | 2,618     | 7,229      |
| <b>Total Materials Distributed:</b> | 25,695    | 25,695     |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## Nepal Baseline Indicators

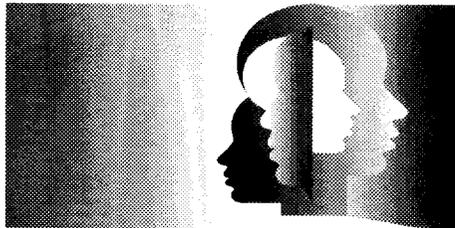
|                       |  | High-risk        |                 |
|-----------------------|--|------------------|-----------------|
|                       |  | Males            | Females         |
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>                          | 1-3 <sup>1</sup> | 2 <sup>1</sup>  |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b>  | 35 <sup>2</sup>  | 15 <sup>2</sup> |
| <b>PARTNERS</b>       | <b>Two or more sexual partners (last year)</b> | 73 <sup>2</sup>  | —               |
| <b>CONDOM USE</b>     | <b>Condom use in high-risk situations</b>      | 34 <sup>2</sup>  | 35 <sup>2</sup> |
| <b>STDs</b>           | <b>Self-reported STDs</b>                      | 7 <sup>2</sup>   | 23 <sup>2</sup> |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

*Sources:*

1. Center for National AIDS and STD Prevention and Control, MOH, Nepal, 1993 (STD clinic attenders).
2. New Era Research/ AIDSCAP, 1994 (Baseline survey of commercial sex workers and their clients).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

## **PHILIPPINES**

**115**

---

**PROGRAM  
DESCRIPTION**

---

USAID/Manila is currently implementing a \$6.5 million AIDS Surveillance and Education Project (ASEP) through the Program for Appropriate Technology in Health (PATH) and the Department of Health. In 1993, the Asia Near East (ANE) Bureau allocated additional funds to USAID/Philippines through AIDSCAP to address a third significant component of HIV/AIDS prevention: sexually transmitted disease (STD) control.

AIDSCAP/Philippines is helping the Department of Health (DOH) to establish priorities and select the most appropriate and rational strategies for STD control. The objectives of the STD control program are to respond to the needs of the population, promote public and private sector partnership, and fully coordinate STD prevention and treatment efforts with HIV/AIDS control activities.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

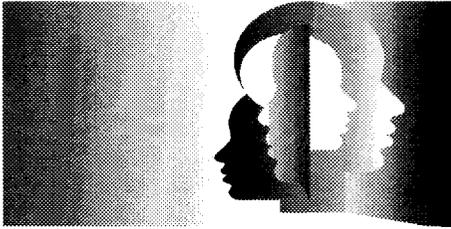
---

During the year, AIDSCAP conducted a cross-sectional survey of common STDs and their socioeconomic and behavioral correlates in metropolitan Manila and Cebu. Baseline data on priority target groups and their STD-health-seeking behaviors and perceptions of STDs were identified and used to assess current STD management practices. These data are also being used by the DOH and regional coordinators to develop national STD case management guidelines and prepare a five-year STD control plan for the Philippines.

Initial findings from targeted intervention research (TIR) in STD control, sponsored by the University of the Philippines, were incorporated into the National STD Country Report, which was sponsored by the East West Center. Further analysis of the data is being conducted and will provide the additional data for the preparation of a national STD control program for the DOH.

AIDSCAP provided ongoing technical assistance to the DOH in formulating the national STD guidelines, developing a manual of operations in STDs for social hygiene physicians, and providing inputs in the development of STD management guidelines. The AIDSCAP/Philippines resident advisor also assisted in training 150 nongovernmental organizations (NGOs) and STD physicians in the syndromic approach in the management of STDs. The training was funded by the World Health Organization and implemented by the Philippines Society of Venereologists and the DOH. The resident advisor made a presentation on the syndromic diagnosis of STDs at the annual convention of the Philippine Medical Society.

AIDSCAP provided training to three Filipino participants from various NGOs at the Training of Trainers for HIV/AIDS Communication Programs in Bangkok, Thailand. Following this experience in Bangkok, the three participants provided similar training to the staff of NGOs currently implementing ASEP. To further improve the national STD control program, AIDSCAP sponsored one participant from the DOH to participate in the STD Manager's Course conducted in Bangkok, Thailand.



## **AIDSCAP**

**116**

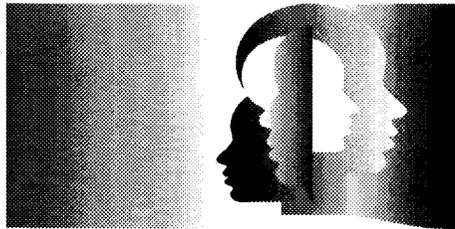
---

---

**CURRENT  
PROGRAM  
STATUS**

---

This program is making steady progress and is contributing to the development of an effective STD program in the Philippines.



**AIDSCAP**

## **SRI LANKA**

**117**

---

**PROGRAM  
DESCRIPTION**

---

A rapid assessment of the sexually transmitted disease (STD) situation in Sri Lanka was performed by the World Health Organization (WHO) in 1991. Extrapolating from key informant interviews with health providers in Colombo and other urban centers (primarily in the southwestern region of the country), it was estimated that more than 200,000 STD infections occur annually.

At the request of USAID/Sri Lanka and with funding from the Asia Near East (ANE) Bureau, AIDSCAP conducted an assessment of the HIV/AIDS and STD situation in February 1994. The assessment recommended a comprehensive HIV/AIDS and STD prevention program including (1) STD clinic outreach to commercial sex workers (CSWs) in Colombo, (2) STD management distance learning modules, (3) training opportunities in HIV/AIDS and STD policy and behavior change communication (BCC), (4) capacity building for nongovernmental organizations (NGOs) in HIV/AIDS prevention through NGO coordination, policy/advocacy, and training, and (5) technical assistance in human resource development, the policy process, and evaluation strategies. The concept of the STD distance learning modules was well received by the Mission and Sri Lankan counterparts.

---

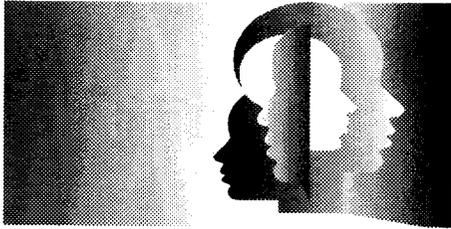
**COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

During the year, a subproject was designed with the Independent Medical Practitioners Association (IMPA) of Sri Lanka to develop the competency and skills of general practitioners (GPs) in managing STDs through continuing education. GPs are a major source of primary care in Sri Lanka, since their ready accessibility and good rapport with clients frequently make them the preferred point of first contact for STDs and marital and family problems. The current role and potential impact of GPs in STD control in Sri Lanka was formally recognized at the Consultative Workshop on Upgrading of the STD Control Programme in Sri Lanka held in Colombo in January 1995, as was the need for a training program for GPs on the effective and comprehensive management of STDs.

The IMPA Continuing Education Programme (CEP) is currently developing a set of ten long-distance training modules which can be used for self-learning as well as for small group training sessions. The use of long-distance training modules has proven to be an appropriate training strategy for GPs in Sri Lanka, since most GPs practice solo and cannot readily leave their practices unattended to participate in a formal training course. The modules are currently being drafted, and AIDSCAP will provide technical assistance in the review of these documents.

A medical officer from the Central Venereology and Dermatology Center participated in the Asia Regional Course on the Control of Sexually Transmitted Diseases in Developing Countries organized by AIDSCAP in Bangkok, September 6-15, 1995.



**AIDSCAP**

---

**AREAS**

---

**OF**

---

**AFFINITY**

---

**IN**

---

**ASIA**

---



## AREAS OF AFFINITY IN ASIA

120

### INDIA/NEPAL/ BANGLADESH

The northern states of India that border on Nepal and Bangladesh are characterized by massive populations and pervasive poverty. Bihar State alone has a population of nearly 90 million, most of whom are engaged in subsistence farming. West Bengal, Bihar's eastern neighbor, has half the area but a population of 70 million and provides the sole road link between Nepal, India, and Bangladesh. Bihar and West Bengal are threatened by HIV because they are located on the highway crossroads connecting Nepal with Bombay, Calcutta, and Bangladesh. Ninety percent of the produce and raw materials for Nepal are transported on these truck routes. Every day and night, thousands of trucks ply the roads of northern India, transporting vital goods among the three countries.

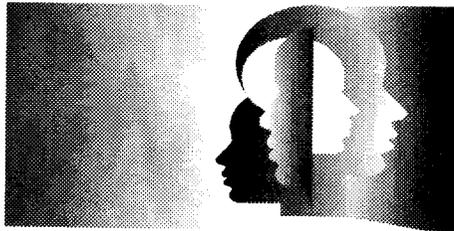
In late FY94, AIDSCAP, with Asia Near East (ANE) Bureau funds, sponsored an assessment along the routes from Calcutta to Nepal and from Calcutta to Bangladesh to investigate patterns of truck driver behavior, locales for commercial sex, and condom availability, and to explore the ability of the indigenous infrastructure to provide sexually transmitted disease (STD) counseling, diagnosis, and treatment. The final report of this assessment was completed in 1995 and was presented at the Third International Conference on AIDS in Asia and the Pacific.

Building on the assessment, AIDSCAP immediately initiated a subproject with the Bhoruka Research Centre for Hematology and Blood Transfusion (BRCHBT) in Calcutta. This project implements an intervention program based at the India-Nepal border at Raxaul. The AIDSCAP Regional Office provides technical assistance in behavior change communication (BCC) and helps link the activities in India with those in central Nepal. This cross-border project, which began in July 1995, is the first AIDSCAP intervention based on an area of affinity assessment and could serve as the model for other such efforts in South and Southeast Asia. The project will continue through the end of FY96.

### INDONESIA/ PHILIPPINES

Indonesia and the Philippines are neighboring archipelagoes, and this area of affinity was defined to examine common issues related to STD and HIV/AIDS transmission between islands and across borders. AIDSCAP's primary activity is an assessment of HIV/AIDS risk in five Indonesian cities, including one neighboring the Philippines, where significant cross-border transportation networks are evident. The cities include Bandung, Medan, Balikpapan, Manado, and Ambon.

This study is being implemented by the Program for Appropriate Technology in Health (PATH)/ Indonesia and will be completed in December 1995. The goal of the assessment is to help the Government of Indonesia (GOI) and other interested parties gain a more complete understanding of how HIV is transmitted and the resources available for prevention programming. The initiation of the research was delayed by nearly ten months pending GOI approval. During this wait, research tools and instruments were designed to assure similar methodological techniques at each site. PATH received permission to conduct the research in May 1995.



## AIDSCAP

Provincial AIDS teams, the Ministry of Health, and other local researchers are conducting assessments of HIV/AIDS epidemiology, with technical assistance from AIDSCAP and PATH. Local teams will be trained to conduct research and analyze results so that they can continue to monitor the situation in their provinces.

### THAILAND/ CAMBODIA/ VIETNAM

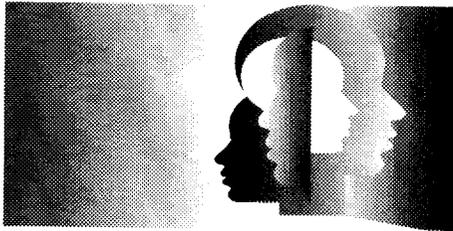
This area of affinity defined by common borders was shaped to determine the special risks of people in this border area related to HIV/STD transmission. Political constraints have slowed activities. U.S. government restrictions on development programming in Vietnam have not allowed any AIDSCAP-funded assessment of the epidemic in that country. However, an FHI-funded assessment took place in December 1994. Data from Vietnam suggest an already entrenched epidemic, and Vietnamese Ministry of Health officials are anxious to work with donors.

In Cambodia, the spread of HIV in this struggling nation of less than 10 million is among the most rapid in the history of the HIV/AIDS pandemic. HIV infection among blood donors increased from 0.8 percent in 1992 to 3 percent by the end of 1993 and rose to a remarkable 6 percent by the end of 1994. This trend suggests a doubling of prevalence every year.

In mid-1994, AIDSCAP commissioned an assessment of border migrants along the Thai-Cambodia border with funds from the Asia Near East (ANE) Bureau. The report of the assessment was completed this fiscal year. This assessment received considerable attention and was featured in the introduction of USAID's 1994 Report to Congress. Besides serving as a model for cross-border assessments, the study has informed HIV intervention activities that are now being conducted by Norwegian Church AID on the Thai-Cambodian border.

One lesson learned so far is that it is important to link local government health and administrative offices on both sides of the border as an umbrella for cross-border interventions. Projects should not necessarily attempt to obtain this linkage at the national or ministerial level, which may not be necessary, especially for those projects implemented by nongovernmental organizations.

USAID/Cambodia recognizes the seriousness of the HIV epidemic in Cambodia, and the ANE Bureau is awarding resources for interventions in FY96. Early in the next fiscal year, a multidisciplinary assessment will define the strategic priorities for USAID/AIDSCAP assistance and will be followed by a series of subproject contracts to begin program implementation.



**AIDSCAP**

123

---

**SUMMARY OF**

---

**COUNTRY**

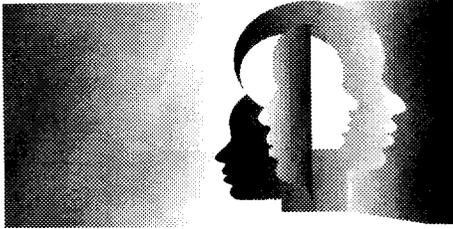
---

**ACCOMPLISHMENTS**

---

**LATIN  
AMERICA  
AND THE  
CARIBBEAN**

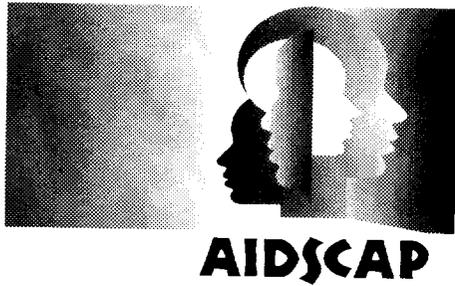
*Preview of the 1995 Annual Report*



# AIDSCAP

-  Priority Country
-  Associate Country





# LATIN AMERICA AND THE CARIBBEAN REGIONAL OVERVIEW

125

Diversity characterizes the epidemic in the countries of Latin America and the Caribbean. The annual incidence rates of AIDS vary by region from 19.5 per million population in the Andean region to 178 for the Caribbean. While many of the countries in the region such as Nicaragua, El Salvador, and Guatemala are in the very early stages of the epidemic, it is well advanced in such countries as Brazil, Honduras, and Haiti, and in Puerto Rico. The initiation of prevention programs in the region at earlier stages gives reason to hope that the spread of the virus may be contained in some areas.

According to the Pan American Health Organization (PAHO), 134,222 AIDS cases had been reported in Latin America and the Caribbean through September 10, 1995. In addition, PAHO estimates that there is 10 to 80 percent underreporting in the region and a one-to-two-year lag in data collection, which suggests the region may have 2 million HIV infections.

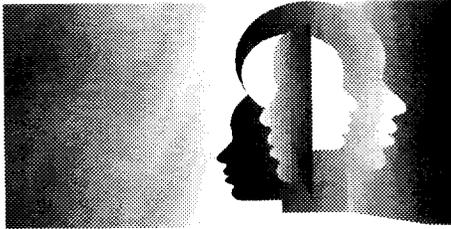
Sexual contact is the predominant risk factor throughout the region, accounting for an average of 80 percent of HIV infections, ranging from 64 percent in Brazil and the Southern Cone to as high as 93 percent in the Andean subregion. Heterosexual transmission accounts for a growing proportion of all infections. As a result, the epidemic is moving into the two groups that are the most vulnerable to infectious diseases: women and children.

While there is a growing acceptance by governments of the region that prevention is necessary, resource allocation has been limited for such programming. Except in a few countries, HIV/AIDS prevention programs are largely conducted by non-governmental organizations (NGOs), and national programs are substantially funded by PAHO.

## AIDSCAP'S RESPONSE

During FY95 AIDSCAP supported comprehensive prevention programs in Brazil, Haiti, Jamaica, and the Dominican Republic, and initiated a comprehensive program in Honduras. These programs integrate training of providers for improved management of sexually transmitted disease (STD), condom promotion targeting populations whose behavior places them at highest risk, and behavior change communication (BCC) for adolescents, commercial sex workers (CSWs), men who have sex with men, and others.

The AIDSCAP program in Latin America and the Caribbean grew substantially in FY95, with increased demand for AIDSCAP's technical assistance and implementation of new or expanded subprojects. The total number of subagreements developed in the region rose from 81 at the start of the fiscal year to 151 at the end. AIDSCAP provided policy leadership and technical assistance to develop new programs in Central America that are laying the groundwork for USAID's future regional initiative. Priority countries emphasized building the capacity of their NGOs throughout the year.



## AIDSCAP

126

### REGIONAL HIGHLIGHTS

Honduras became a priority country during FY95. A resident advisor was hired, who in turn identified a full complement of professional and support staff. AIDSCAP trained 26 nongovernmental organizations and representatives of the Ministry of Health and the Social Security Institute in project design and HIV/AIDS prevention and control strategies. The regional and country office followed up the training with an intensive subproject development effort that resulted in the finalization and funding of ten major activities in four health regions in four weeks. All of these activities occurred within a record six months for program start-up.

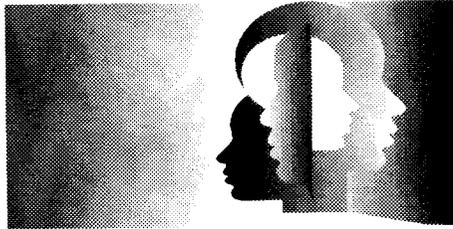
AIDSCAP initiated a program in FY95 designed to build political support for HIV/AIDS prevention programs. After conducting a socioeconomic assessment, AIDSCAP trained collaborating teams from Guatemala, Nicaragua, and El Salvador in the techniques of analyzing socioeconomic and health data to develop estimates of the future impact of the epidemic on various sectors, and using such data for policy advocacy. The teams have made presentations on the potential impact to policy makers in their countries, and efforts in the policy arena continue.

In Nicaragua, the first steps were taken in FY95 for development of a national strategy for BCC. AIDSCAP provided technical assistance to Fundación Nimehuatzin for research on the behavior of core groups in four cities in the country. The findings were used to develop a national NGO strategy for prevention communication activities with technical assistance from AIDSCAP.

In Costa Rica, the joint program implemented by the Ministry of Health and Social Security completed development and initiation of its adolescent peer education program. The curriculum for training adolescents and the trainers' guide are creative models with wide applicability. The curriculum and guide benefitted from the approach taken by the project's multidisciplinary team, which was one of continual revising based on lessons learned from training the adolescent educators and supervising their outreach activities in three cities.

During FY95, AIDSCAP/Dominican Republic conducted assessments of the organizational capacity of all NGOs that participate in the prevention program. The assessments resulted in a long-term plan for strengthening each NGO programmatically and managerially and for increasing sustainability. The AIDSCAP program provided leadership in sensitizing the private sector to the special risks and needs of women in HIV/AIDS prevention. AIDSCAP also provided technical assistance for the design of a creative national HIV/AIDS prevention strategy for adolescents that will be used by the NGOs and the Ministry of Health, as well as by AIDSCAP.

AIDSCAP/Haiti provided assistance to program NGOs in some unusual ways during FY95, but FY95 was an unusual year in Haiti. The year began with a strict embargo over the country, while negotiations continued to return the elected president to office after his ouster three years before. The AIDSCAP country office was the coordinating force for assuring the continuation of HIV/AIDS prevention



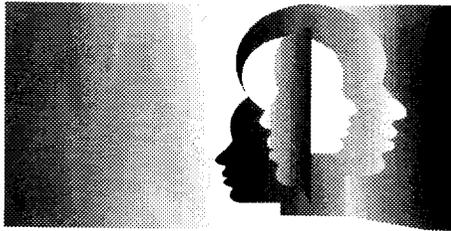
**AIDSCAP**

activities in the country. AIDSCAP coordinated storage and distribution of a humanitarian assistance donation of fuel for NGOs, organized cooperation among numerous NGOs for pooling resources, and provided badly needed moral support. Every prevention project was able to continue operating throughout the crisis.

Following the arrival of U.S. armed forces and the return of the elected president, technical assistance efforts increased, particularly in STD control. AIDSCAP evaluated the STD services that had been upgraded and found a dramatic improvement in case management and clinicians' correct treatment of STDs. Another important achievement in the STD policy sphere is the achievement of consensus in the public and private sectors on one set of algorithms for STD treatment that will be used countrywide.

Jamaica finished FY95 with the transfer of program direction from an expatriate resident advisor to a permanent resident of the country, following a period of preparation in the country office. The Medical Association of Jamaica completed training of private sector physicians in syndromic management of STDs and HIV surveillance through a series of workshops, each of which was given in three regions of the island. AIDSCAP provided technical assistance in designing, conducting and evaluating the training program.

In FY95, the AIDSCAP/Brazil program initiated semiannual meetings of agencies participating in the program to exchange experiences and jointly plan programs. Organizations working with the same target populations in different parts of the country are exchanging educational materials and strategies for overcoming problems. AIDSCAP/Brazil has succeeded in getting valuable information on HIV/AIDS into the media without cost to the program. The magazine *Claudia* has promised to run a six-to-eight page substantive article on HIV/AIDS in every monthly issue for one year. The first article appeared in September on the subject of heterosexual transmission. The topic for the October issue was monogamous women who are infected.

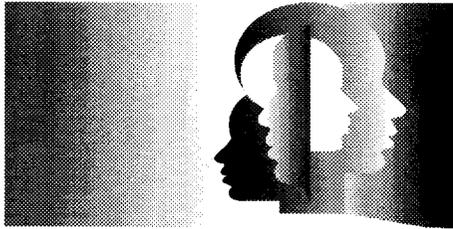


**AIDSCAP**

## LA/C Regional Process Indicator Data

|                                     | FY95       | Cumulative |
|-------------------------------------|------------|------------|
| <b>Total People Educated:</b>       | 712,274    | 1,287,165  |
| <b>Males</b>                        | 323,806    | 457,536    |
| <b>Females</b>                      | 384,981    | 563,582    |
| <b>No Gender Specified</b>          | 3,397      | 266,047    |
| <b>Total People Trained:</b>        | 8,532      | 15,680     |
| <b>Males</b>                        | 3,799      | 6,181      |
| <b>Females</b>                      | 4,585      | 6,991      |
| <b>No Gender Specified</b>          | 142        | 2,508      |
| <b>Total Condoms Distributed:</b>   | 21,402,502 | 56,981,201 |
| <b>Free</b>                         | 2,658,916  | 20,406,800 |
| <b>Sold</b>                         | 18,743,586 | 36,574,401 |
| <b>Total Condom Outlets:</b>        | 4,686      | 6,238      |
| <b>Media Spots Aired:</b>           | 43,605     | 35,394     |
| <b>Total Materials Distributed:</b> | 1,239,585  | 1,811,756  |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

---

**PRIORITY**

---

**COUNTRIES**

---

**IN**

---

**LATIN AMERICA**

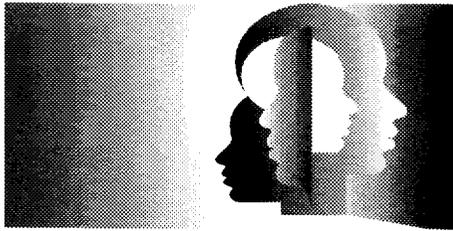
---

**AND**

---

**THE CARIBBEAN**

---



**AIDSCAP**

## **BRAZIL**

**130**

---

### **PROGRAM DESCRIPTION**

---

Brazil is the fifth most populous country in the world, with an estimated population of 158 million people. Estimates of HIV infections are between 300,000 and 425,000. The cumulative number of reported AIDS cases through March 1995 is 66,380, which places Brazil second in the world in reported cases. Currently, AIDS is the major cause of death among women age 20-34 in the city of São Paulo.

Since 1993, AIDSCAP has supported a comprehensive prevention program in the states of São Paulo and Rio de Janeiro, where 63 percent of all HIV infections are concentrated. The program includes a highly successful condom social marketing program, training in sexually transmitted disease (STD) case management, behavioral research in the port city of Santos, and behavior change communication programs for key groups whose behaviors place them at high risk of infection.

---

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

---

During 1995, the Brazil program reached a mature state, with all projects implemented:

- Nearly 14 million condoms were sold through the social marketing program implemented by DKT do Brasil, an increase of 61 percent over the previous year's sales. The price of the Prudence brand, the socially marketed condom, is one-fourth that of the other local brands. Nevertheless, the total market for condoms grew to nearly 100 million units, more than doubling its size since 1989. Much of this total growth is attributable to the DKT program and its aggressive marketing and advertising.
- An expansion of STD care and management is being carried out in collaboration with the public sector. AIDSCAP has supported improvement in the management information system (MIS) for STDs, training of health care providers, and improvements in logistics management for STD and HIV/AIDS drugs. A total of 464 health care providers were trained. Improvements were achieved in counseling and in provision of drugs, prescriptions, and condoms.
- AIDSCAP has successfully leveraged significant support from the private sector, both within and outside the core prevention activities. Most recently, *Claudia*, a Brazilian magazine with the second largest national circulation, initiated a special campaign designed to last for a full year. The magazine is working with AIDSCAP/Brazil to develop ideas and technical information for 12 monthly articles. *Claudia* staff reported that the first issue, devoted to women and HIV/AIDS, brought an unprecedented number of phone calls to their offices.
- Efforts to build the capacity of the local implementing agencies were strengthened through the introduction of twice-yearly retreats in which program managers exchange experiences and strategies. In addition, AIDSCAP/Brazil is working closely with other donors in the country to increase training opportunities and technology transfer to the HIV/AIDS nongovernmental organizations (NGOs).



**AIDSCAP**

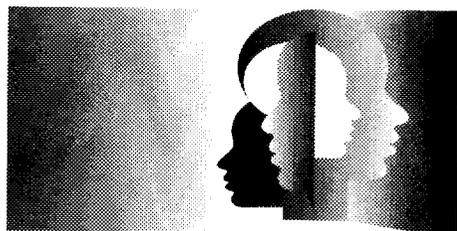
**CURRENT  
PROGRAM  
STATUS**

All planned subprojects have been implemented. All baseline data have been collected and some interim evaluation surveys have been conducted.

**Brazil  
Process Indicator Data**

|                                     | <b>FY95</b>       | <b>Cumulative</b> |
|-------------------------------------|-------------------|-------------------|
| <b>Total People Educated:</b>       | <b>27,913</b>     | <b>63,275</b>     |
| <b>Males</b>                        | <b>13,289</b>     | <b>22,477</b>     |
| <b>Females</b>                      | <b>14,115</b>     | <b>19,463</b>     |
| <b>No Gender Specified</b>          | <b>509</b>        | <b>21,335</b>     |
| <b>Total People Trained:</b>        | <b>1,486</b>      | <b>2,409</b>      |
| <b>Males</b>                        | <b>518</b>        | <b>762</b>        |
| <b>Females</b>                      | <b>839</b>        | <b>1,345</b>      |
| <b>No Gender Specified</b>          | <b>129</b>        | <b>302</b>        |
| <b>Total Condoms Distributed:</b>   | <b>15,351,323</b> | <b>28,394,585</b> |
| <b>Free</b>                         | <b>1,557,543</b>  | <b>3,898,857</b>  |
| <b>Sold</b>                         | <b>13,793,780</b> | <b>24,495,728</b> |
| <b>Total Condom Outlets:</b>        | <b>1,290</b>      | <b>5,030</b>      |
| <b>Media Spots Aired:</b>           | <b>1,940</b>      | <b>3,449</b>      |
| <b>Total Materials Distributed:</b> | <b>534,199</b>    | <b>820,131</b>    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDS CAP**

## Brazil Baseline Indicators

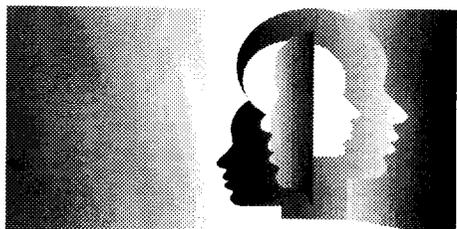
|                |   | High-risk                         |                                    | Low-risk                           |                                       |
|----------------|---|-----------------------------------|------------------------------------|------------------------------------|---------------------------------------|
|                |   | Males                             | Females                            | Males                              | Females                               |
| SEROPREVALENCE | HIV prevalence                                  | 47 <sup>1</sup>                   | 27 <sup>2</sup>                    | 0.55 <sup>3</sup>                  | 0 <sup>4</sup> ; 5 <sup>5</sup>       |
|                | Syphilis prevalence                             | 47 <sup>1</sup>                   | 69 <sup>2</sup>                    | 7 <sup>6*</sup>                    |                                       |
| KNOWLEDGE      | Knowledge of two methods of prevention          | 55 <sup>7</sup> ; 81 <sup>8</sup> |                                    | 29 <sup>9</sup> ; 79 <sup>10</sup> |                                       |
| PARTNERS       | Two or more sexual partners (past three months) | —                                 | 100 <sup>2</sup>                   | 10-23 <sup>14</sup>                | 0 <sup>12,13</sup> ; 14 <sup>12</sup> |
| CONDOM USE     | Condom use in high-risk situations              | —                                 | 73 <sup>10</sup> ; 83 <sup>9</sup> | 9 <sup>14</sup>                    | 19-35 <sup>11*</sup>                  |
| OTHER          | Can identify clinic source for STD treatment    | —                                 | 49 <sup>9</sup>                    | 30 <sup>6*</sup>                   |                                       |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\* Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDS CAP in time for this report. Future tables and analyses will present gender differences in each category.

*Sources:*

1. J. Grandi, Infecção por HIV e Sífilis: Estudo Comparativo entre a Prostituição Viril e Travestida na cidade de São Paulo, 1995 (n=300; male transvestites).
2. M. E. Fernandes, Epidemiological Study, 1991 (n=600; CSWs in urban areas).
3. D. Souza, AIDS National Serology Laboratory System. International AIDS Conference in San Francisco, 1990 (n=754,000 blood donors).



## AIDSCAP

4. MOH, Boletim Epidemiológico, Ano VII, No.8, 1994 (n=402, Rio de Janeiro; n=737, São Paulo).
5. V. Martins, Clinical Records, 1993 (n=371; pregnant women in urban area).
6. Projecto Papos, Clinical Records & KABP, 1994 (n=449; out of school youth and students).
7. ABIA, Project Report, 1994 (n=300; MWM in urban area).
8. R. Parker, Project Report, 1993 (n=300; MWM in urban areas).
9. R. Moreno, KABP, 1992 (n=177; CSWs in urban area).
10. C. Paterson, KABP, 1993 (n=125; CSWs in rural area).
11. G. Barker, KABP, 1994 (n=449; low-income youth).
12. N. Santos, Women and AIDS, Master's Dissertation, University of São Paulo, 1994.
13. D. Martin, Women and AIDS: An Anthropological Approach, Master's Dissertation, University of São Paulo, 1995.
14. CLEMES, Survey Report, 1993 (males, general population).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



## DOMINICAN REPUBLIC

134

### PROGRAM DESCRIPTION

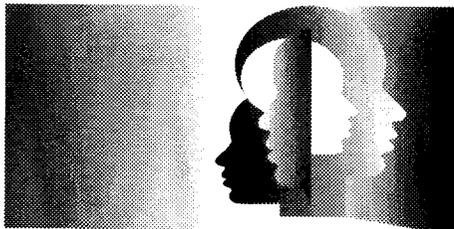
The AIDSCAP program in the Dominican Republic (DR) is part of the larger Family Planning and Health Project supported by USAID/Dominican Republic. Following AIDSCAP's overall mission of reducing sexual transmission of HIV/AIDS, the DR country program collaborates with community-based organizations, nongovernmental organizations (NGOs), government offices, international donor agencies, private organizations, and universities promoting community participation and mobilizing resources to broaden the national response to the epidemic.

AIDSCAP/DR strategic objectives are to (1) raise general awareness about the severity of the epidemic in the DR, (2) leverage more private and public sector interest and support for AIDS prevention, and (3) strengthen the capacity of local organizations to implement HIV/AIDS prevention activities.

### COUNTRY PROGRAM ACCOMPLISH- MENTS

Significant progress was made in the Mission's AIDS program, supported by AIDSCAP technical and managerial assistance over the past year. Major accomplishments include the following:

- A project was launched to increase access to and improve the quality of sexually transmitted disease (STD) services nationwide by training clinicians, lab technicians, and health promoters in the syndromic approach to STD treatment. This training program is being implemented by a local university (INTEC) in conjunction with the STD department of the Dermatologic Institute.
- A commercial sex worker (CSW) project (Avancemos) implemented by the Centro de Orientación e Investigación Integral (COIN) has demonstrated a reduction in the STD seroprevalence rates among CSWs within reach of its peer education project from 11 percent to 5.4 percent, after an upward trend during 1990-93. CSWs from the project have developed their own support network and produce a monthly newsletter. Another result of this empowerment was the First National Commercial Sex Workers Congress held in April. COIN has also been successful in generating agreement among brothel/bar owners for a 100 percent condom use policy.
- The adolescent project implemented by Coordinadora de Animación Socio-Cultural (CASCO) and Instituto Dominicano de Desarrollo Integral (IDDI) is the first project in the DR to introduce gender-specific training for health messenger leaders. This gender-specific training was the first AIDSCAP Women's Initiative (AWI) activity in the DR and has served as a pilot for other projects.
- The CSW/hotel project implemented by the Comité de Vigilancia y Control de SIDA (COVICOSIDA) took technical leadership in the northern region with the public and private sector by orchestrating the first regional health forum and providing assistance to the Patronato de Solidaridad (PASO) in creating community-based groups in 14 provinces.



## AIDSCAP

- AIDSCAP/DR, in collaboration with NGOs and the National AIDS Control Program (NACP), developed a national AIDS prevention strategy and campaign for adolescents. This is the direct result of the priorities established within the national behavior change communication (BCC) strategy for HIV/AIDS prevention developed last year with AIDSCAP assistance. AIDSCAP played a leading technical role not only in the development of the strategy but in the production and launching of the campaign itself.
- The NACP's Sentinel Surveillance Department received AIDSCAP assistance in the production and printing of a policy manual on the current HIV/AIDS epidemic in the DR and future projections to 2000. Two versions were produced: one for lay people in simple language, and a more extensive version that included details on the methodology for technical audiences. This manual is considered an essential tool in guiding HIV/AIDS control and prevention action. It is being used by PROCETS, the Dominican Republic government's Sexually Transmitted Diseases and AIDS Control Program, and other organizations as reference material in most HIV/AIDS awareness/diffusion activities.
- A joint community-based distribution and private sector partnership was negotiated through AIDSCAP to increase condom distribution nationwide. This self-sustaining project, which will assure access to quality, low-priced condoms for the entire population, is an example of AIDSCAP's strategy of leveraging the private sector's support for HIV/AIDS prevention efforts.
- AIDSCAP/DR provided support to PROCETS in the design of a database of HIV infections and STD and AIDS cases. To promote attention to the special issues surrounding women and HIV/AIDS, AIDSCAP/DR supported INSALUD in holding a General Encounter on Women and AIDS in the Dominican Republic. The purpose of this activity was to create awareness about STDs and HIV/AIDS and women and to promote support for the definition of specific STDs and HIV/AIDS action plans for women.

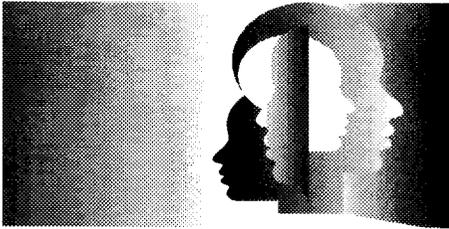
During the last year, AIDSCAP continued its support of institutional development and strengthening of HIV/AIDS prevention NGOs. In addition to ongoing training, the AIDSCAP country office has begun developing individual strengthening and sustainability plans for each NGO. These plans will provide the framework for future assistance and serve as a tool for the NGOs to leverage support from other donors.

---

### CURRENT PROGRAM STATUS

---

The AIDSCAP/DR country program is evolving along with the epidemic. Although it continues to support interventions targeted to the original core groups with great success, it has moved beyond these core groups to address such areas as women and HIV/AIDS, STD training, program-related research, mobilization of policy makers and country leaders, and private sector leveraging.



**AIDSCAP**

AIDSCAP/DR's proven leadership among all organizations working in HIV/AIDS prevention in the country has increased the demand for technical guidance and assistance. This demand has driven the program beyond its initial responsibilities, requiring far more flexibility and more innovative approaches. AIDSCAP/DR has been successful in making good use of local resources to implement the program. In doing so, it has enhanced the local capacity to design, implement, and evaluate AIDS prevention programs.

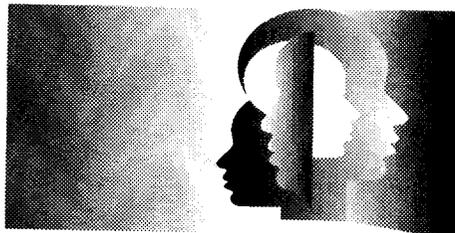
The key word for FY96 is consolidation. This entails fine-tuning programmatic strategies, evaluation systems, and administrative and financial policies and procedures, both within the office and with local counterparts.

## Dominican Republic Process Indicator Data

|                                     | <b>FY95*</b>   |
|-------------------------------------|----------------|
| <b>Total People Educated:</b>       | <b>141,763</b> |
| <b>Males</b>                        | <b>69,089</b>  |
| <b>Females</b>                      | <b>70,842</b>  |
| <b>No Gender Specified</b>          | <b>1,832</b>   |
| <b>Total People Trained:</b>        | <b>2,452</b>   |
| <b>Males</b>                        | <b>1,224</b>   |
| <b>Females</b>                      | <b>1,228</b>   |
| <b>Total Condoms Distributed:</b>   | <b>624,419</b> |
| <b>Free</b>                         | <b>164,343</b> |
| <b>Sold</b>                         | <b>460,076</b> |
| <b>Media Spots Aired:</b>           | <b>8,974</b>   |
| <b>Total Materials Distributed:</b> | <b>73,545</b>  |

\*Cumulative data are currently under review.

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new



**AIDSCAP**

outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.

## Dominican Republic Baseline Indicators

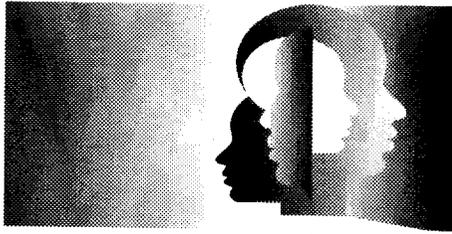
|                       | High-risk  |         | Low-risk            |                  |
|-----------------------|--|---------|---------------------|------------------|
|                       | Males  | Females | Males               | Females          |
| <b>SEROPREVALENCE</b> | <b>HIV prevalence</b>  |         | 3-5 <sup>1*</sup>   |                  |
|                       | <b>Syphilis prevalence</b>                                     |         | 6 <sup>2</sup>      | 7 <sup>6</sup>   |
| <b>KNOWLEDGE</b>      | <b>Knowledge of two methods of prevention</b>                  |         | 68 <sup>6</sup>     | 93 <sup>7*</sup> |
|                       | <b>Partners</b>  |         |                     |                  |
| <b>PARTNERS</b>       | <b>Two or more sexual partners (past year)</b>                 |         | 61 <sup>3</sup>     | 20 <sup>6*</sup> |
|                       | <b>Youth reporting one regular sexual partner in past year</b> |         | 33-49 <sup>5*</sup> |                  |
| <b>CONDOM USE</b>     | <b>Condom use in high-risk situations (past 12 months)</b>     |         | 67 <sup>3</sup>     | 29 <sup>5</sup>  |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDSCAP in time for this report. Future tables and analyses will present gender differences in each category.

*Sources:*

1. USAID FY94 Report (urban population).



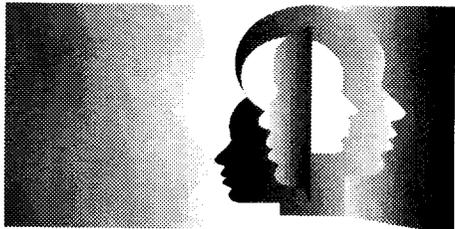
## AIDSCAP

138

---

2. S. Tabet, Project Report, 1994 (n=358; urban men who have sex with men: MWM).
3. S. Tabet, KABPS 1995 (n=354; urban MWM).
4. Proyecto Haina, KABP 1993 (n=300; industrial workers).
5. CASCO, KABP 1993 (n=288; youth and adolescents).
6. COVICOSIDA, KABP 1993 (n=275; hotel employees).
7. IEPD/CDC, National Survey 1993 (n=4,000; general population).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

## **HAITI**

**139**

### **PROGRAM DESCRIPTION**

Haiti is the poorest and most densely populated country in the Western Hemisphere. It also has the region's most advanced HIV/AIDS epidemic: nearly one in ten Haitians in urban areas is estimated to be infected with the virus.

The Aba SIDA/AIDSCAP Project was designed in April 1991 as a major effort of USAID to help the Haitian government reduce the spread of HIV/AIDS. This was to be achieved by strengthening the capacity of the Ministry of Public Health and Population, the nongovernmental organizations (NGOs), and the private sector to address this major public health challenge.

Five months after the program was launched, the coup d'état that overthrew the elected president caused all donors to withdraw support to the public sector. The AIDSCAP country strategic plan was revised to focus solely on building capacity of the NGOs and the private sector by enhancing their ability to (1) promote sexual behavior change, (2) increase access to condoms, especially through social marketing, and (3) improve the diagnosis, treatment, and prevention of sexually transmitted diseases (STDs) that increase the risk of acquiring or transmitting HIV. In addition, the AIDSCAP country program sponsors research to identify better ways to encourage behavior change and support families affected by HIV/AIDS.

With the restoration of democratic government, new avenues and opportunities exist to reinforce STD and HIV/AIDS interventions.

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

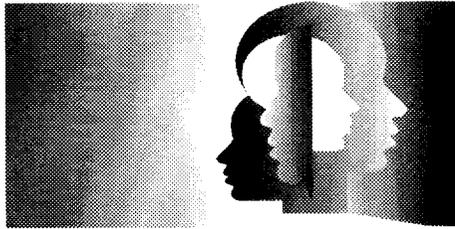
The Haiti program has proven itself to be a strong, dynamic force in HIV/AIDS prevention efforts. Major successes in FY95 included the following:

- As of September 1995, the AIDSCAP country program, despite political, economic and logistical constraints, had successfully implemented 11 projects. These include: Centre pour la Développement de la Santé (CDS), which provides clinic-based services and an extensive network of volunteer collaborators who make home visits to the urban poor; IMPACT/Inter-Aide, which conducts outreach education for commercial sex workers (CSWs) and their clients and sells condoms using monitors trained in group facilitation and participatory techniques; Groupe de Lutte Anti-SIDA (GLAS), which uses trained monitors to provide education on HIV/STD transmission and condom use in 35 factories reaching over 8,000 workers a year; Centre de Promotion des Femmes Ouvrières (CPFO), whose trained staff provides low-income women with integrated personal development that incorporates HIV/AIDS prevention; Haitian Center for Social Service (CHASS), which focuses on poor urban youth through a volunteer youth network and collaborates with community-based organizations; Volontariat pour le Développement d'Haiti (VDH), which provides peer education to 10,000 youths; Save the Children, which supports a coalition of community-based groups in the Central Plateau; and Cornell/GHESKIO, which provides training for field physicians and



nurses, sponsors a national center of excellence on STDs, and conducts research on STDs and HIV.

- The project sponsored the first forum on women and HIV/AIDS in Haiti and initiated a dialogue to ensure that women's concerns are addressed when the country's new plan of action for HIV/AIDS prevention is created. Financial and technical assistance was provided to the Alliance des Femmes Haitiennes (ADH), a coalition of 34 women's organizations, to organize a forum series to solicit additional recommendations and to ensure that these recommendations will be included in the Haitian National Plan of Action for AIDS.
- Consensus was achieved among the three main STD programs in the country on a standardized preventive approach to STD diagnosis and treatment. In addition, the project is supporting a comprehensive STD control program conducted by CDS in northeastern Haiti and by a coalition of ten NGOs in the Central Plateau. These programs train staff to provide education and counseling to STD patients and their partners and to promote safer sexual behavior, including condom use. After two and a half years, an assessment found that STD case management in CDS centers had improved significantly. Drugs were available at all centers and the percentage of clinicians treating the most common STD syndrome properly had increased from 10 percent to 69 percent. The NGO Coalition Program, which began in 1994, has established systematic syphilis screening at prenatal clinics in the Central Plateau. Adoption of the new guidelines for STD case management has resulted in a 50 percent decrease in laboratory service costs.
- The condom social marketing project sold 5.7 million condoms, increasing annual condom sales by 40 percent.
- The Aba SIDA Project and its partners have used a combination of face-to-face communication and mass media to reach the target groups. Examples of innovative Aba SIDA communication projects include (1) a video showing ten different scenarios for sexual negotiation to stimulate discussion among women about how to persuade their partners to use condoms, (2) a monthly radio call-in show on HIV/STD prevention that gives young people an open, non-judgmental, anonymous forum for expressing ideas and discussing concerns, and (3) "Sultana mon Amour," a highly popular soap opera broadcast weekly on national television, which uses the story of a young woman whose husband dies of AIDS to promote safer sexual behavior.
- Since the beginning, most Aba SIDA/AIDSCAP programs have focused on HIV prevention, but as the number of people with AIDS in Haiti continues to increase, the project has begun to expand its support for counseling and care for people living with AIDS. Three NGOs were awarded small grants



**AIDSCAP**

for AIDS care and management in 1994. Grace Children's Hospital is training health personnel and traditional healers to provide home care to people living with HIV/AIDS in ten slum areas of Port-au-Prince. It is also creating income-generating activities for HIV-positive women and women caring for family members with AIDS. Hospital Albert Schweitzer is using the grant to change its emphasis from hospital care to community-based HIV prevention and home-based management of people with HIV/AIDS. A third grantee, the Baptist mission hospital in Fermeche, is training health workers, community volunteers, and family members to care for people with AIDS and is providing financial support, including scholarships and child care, to 92 families affected by HIV/AIDS. In addition, the project established the first association for persons living with AIDS (PWAs) and developed models to provide loans to members and their families.

The development of a national HIV/AIDS program was halted with the fall of the Aristide government in 1991 and has yet to be revived. The prevention effort of NGOs constitutes the nation's only HIV/AIDS program. The Aba SIDA Project has worked closely with these groups to promote a coordinated, comprehensive response to the epidemic in Haiti and to ensure that the NGOs have the skills to sustain prevention programs in the future. Efforts have included providing technical assistance to the Ministry of Health to develop a comprehensive five-year plan for the control of STDs (1995-2000), sponsoring the first forum on women and AIDS to initiate dialogue to address women's concerns in the country's plan of action, and offering NGOs an integrated communication strategy for behavior change, condom social marketing, and STD control which they have adopted and adapted. AIDSCAP also holds regular meetings of all project managers to encourage NGOs to share results, educational materials, and other best practices.

---

**CURRENT  
PROGRAM  
STATUS**

---

The AIDSCAP country program is approaching its end in March 1996. Most Aba SIDA activities have been fully implemented, with the exception of a few qualitative and quantitative data still to be collected. USAID is committed to work with both the public and private sectors to expand and sustain effective efforts. Through its consolidated project known as Health System 2004, HIV/AIDS prevention efforts will be integrated into basic health services. How this will be done and what the role of NGOs will be need to be addressed in the near future.



## Haiti Process Indicator Data

|                                     | FY95      | Cumulative |
|-------------------------------------|-----------|------------|
| <b>Total People Educated:</b>       | 226,351   | 616,585    |
| <b>Males</b>                        | 88,544    | 167,161    |
| <b>Females</b>                      | 136,661   | 260,459    |
| <b>No Gender Specified</b>          | 1,056     | 188,965    |
| <b>Total People Trained:</b>        | 1,787     | 5,750      |
| <b>Males</b>                        | 1,067     | 2,759      |
| <b>Females</b>                      | 717       | 2,015      |
| <b>No Gender Specified</b>          | 3         | 976        |
| <b>Total Condoms Distributed:</b>   | 4,915,684 | 27,071,981 |
| <b>Free</b>                         | 429,864   | 15,540,364 |
| <b>Sold</b>                         | 4,485,820 | 11,531,617 |
| <b>Total Condom Outlets:</b>        | 3,371     | 5,438      |
| <b>Media Spots Aired:</b>           | 32,547    | 79,839     |
| <b>Total Materials Distributed:</b> | 218,114   | 330,622    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDS CAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDS CAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



## Haiti Baseline Indicators

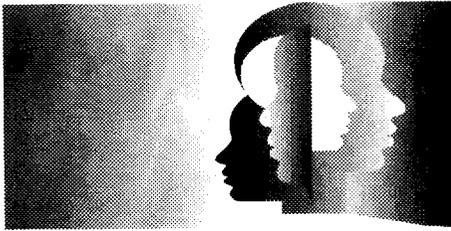
|                |   | High-risk       |                 | Low-risk   |                                   |
|----------------|---|-----------------|-----------------|--|-----------------------------------|
|                |   | Males           | Females         | Males  | Females                           |
| SEROPREVALENCE | HIV prevalence  | —               | —               | —  | 11 <sup>1</sup>                   |
|                | Syphilis prevalence                                       | —               | —               | —  | 8 <sup>1</sup>                    |
| KNOWLEDGE      | Knowledge of two methods of prevention                    | —               | —               | 32 <sup>2</sup> ; 36 <sup>3*</sup>                                   |                                   |
| PARTNERS       | Two or more sexual partners (past 12 months)              | —               | —               | 22 <sup>3</sup> ; 20 <sup>7</sup> ; 2 <sup>3</sup> ; 58 <sup>8</sup> | 10 <sup>8</sup>                   |
| CONDOM USE     | Condom use (non-regular partner) (most recent sexual act) | 50 <sup>5</sup> | 80 <sup>5</sup> | 16 <sup>2</sup> ; 32 <sup>7</sup>                                    | 6 <sup>2</sup> ; 12 <sup>7</sup>  |
| OTHER          | Talked with partner(s) about AIDS (past 3 months)         | —               | —               | 35 <sup>4</sup>  | 50 <sup>4</sup>                   |
|                | Appropriate perception of risk                            | 75 <sup>5</sup> | 34 <sup>5</sup> | 74 <sup>7</sup>  | 66 <sup>4</sup> ; 69 <sup>7</sup> |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

\*Males and females combined. Gender-aggregated data are presented in cases where gender-specific data were not provided to AIDS CAP in time for this report. Future tables and analyses will present gender differences in each category.

*Sources:*

1. F. Behets, Project Report, 1994 (n=996; rural pregnant women).
2. A. Adrien & M. Cayemittes, KABP, 1991 (general population).
3. GLAS/IHE, KABP, 1994 (n=401; urban population).



## AIDSCAP

4. Save the Children, KABP, 1994 (n=956 rural population).
5. PSI/IHE, KABP, 1994 (CSWs and males).
6. E. Genece, F. Behets, G. Dallabetta study, 1995 (n=1,000 urban women).
7. DHS, Preliminary Report, 1994 (general population).
8. PREKHOMAS/IHE, KABP, 1995 (n=600; youth, urban area).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



# HONDURAS

---

**PROGRAM  
DESCRIPTION**

---

The primary goal of the AIDSCAP/Honduras program is to provide technical, administrative, and financial assistance to institutions in both the public and private sectors in order to reduce the growing incidence of HIV/AIDS and sexually transmitted diseases (STDs). The basic objectives of the program are to increase awareness of the problem of HIV/AIDS/STDs at all levels in order to generate support and resources that will allow for sustainable prevention interventions, increase access of target populations to HIV/AIDS/STD prevention services, and strengthen the capacity of local communities and institutions to carry out HIV/AIDS/STD prevention programs.

Honduras became a priority country for the AIDSCAP program in mid-FY95. A country office was opened and staffed by the beginning of the summer. In early July, the Latin America/Caribbean Regional Office provided technical assistance to train 52 people from the private and public sectors in project design and subagreement development. In August, a contingent of five regional office staff members joined the country office staff for a two-week period of rapid subagreement development. Ten subagreements were finalized and signed in-country with the Ministry of Health, the Municipality of San Pedro Sula, the Honduran Social Security Institute, and several nongovernmental organizations (NGOs), including Women Against AIDS, two groups that work with the Garífuna population along the northern coast, an organization of retired teachers, a broad-based HIV/AIDS NGO in San Pedro Sula (the Central American city with the highest HIV prevalence), a group that works with men who have sex with men (MWM) in the same city, and an NGO that works with commercial sex workers (CSWs) in Comayagua.

---

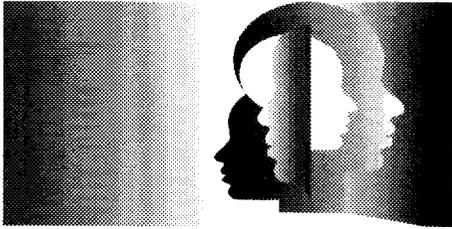
**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

The Comayagua NGO, Centro de Estudios para el Desarrollo y la Participación Social (CEDEPS), visited the places where CSWs normally work — brothels, bars, discotheques and hotels — to identify mediators between the CSWs and their clients. These “gatekeepers” will be a target audience for the prevention program in addition to the CSWs and their clients. In San Pedro Sula, the NGO Fraternidad also contacted gatekeepers in the city and began distributing announcements about a drop-in center and educational programs.

The Municipality of San Pedro Sula selected the first ten assembly factories in which a prevention program will be implemented. Presentations were made to factory managers about the need for the program to gain their support.

In La Ceiba on the north coast, staff from NGO Centro de Orientación y Capacitación en SIDA (COCSIDA) met with the Taxi Drivers Association and the CSWs who visit the local sexually transmitted disease (STD) clinic for regular check-ups to encourage their participation in the project. They also met with the local law enforcement authorities to discuss the project and secure their support. Also in La Ceiba, Organización de Desarrollo Ético Comunitario (ODECO), one of the Garífuna NGOs, presented a workshop entitled “HIV/AIDS and the



## AIDSCAP

146

---

Garífuna Community" in four communities. Leaders from those communities were selected and trained as educators.

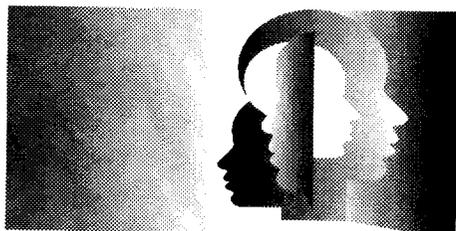
Women Against AIDS began remodeling the project facilities in the capital of Tegucigalpa and initiated a knowledge, attitudes, beliefs, and practices (KABP) study among STD/AIDS clinic staff.

---

**CURRENT  
PROGRAM  
STATUS**

---

All projects are in the early stages of implementation, recruiting and training staff, and communicating with local communities and officials to gain their support and participation.



**AIDSCAP**

# JAMAICA

## PROGRAM DESCRIPTION

The AIDSCAP Program in Jamaica was designed in 1992 to expand the existing USAID-funded HIV/AIDS prevention activities, which began in 1988. Under the expanded program, AIDSCAP works in close collaboration with USAID/Kingston and the Ministry of Health (MOH) National HIV/STD Control Program to reduce the rate of sexually transmitted HIV. The primary program objectives are to decrease the incidence of sexually transmitted diseases (STDs), increase condom use, and reduce the number of sexual partners in selected target groups.

Although several project activities take place throughout the island, AIDSCAP projects are concentrated in the densely populated areas of Kingston and St. Andrew. A coordinator for the Western Region was hired earlier this year as a result of the need to decentralize activities in response to the rapid spread of HIV/AIDS in tourist areas.

## FY95 COUNTRY PROGRAM ACCOMPLISHMENTS

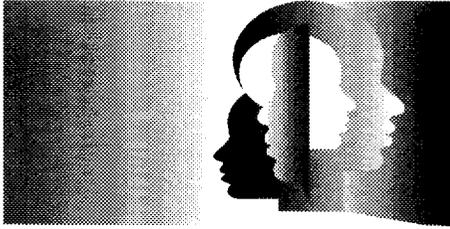
As of September 1995, the AIDSCAP program has successfully implemented five subprojects.

These include:

- Phase II of the evaluation of AIDSCAP/Jamaica, which continues to provide evaluation services to the National HIV/STD Program.
- The HIV/AIDS risk reduction subproject working with commercial sex workers and STD clinic attenders.
- AIDS in the Workplace, which works with businesses to implement sustainable self-funded workplace education programs and nondiscriminatory policies for HIV-infected employees.
- The Sentinel Surveillance Project, to strengthen the Ministry of Health's ability to track seroprevalence.
- Support for AIDSCAP/Jamaica country office personnel and support to the Epidemiology Unit of the MOH in financial and administrative management.

In addition to the development of the six new projects, AIDSCAP also experienced the following successes:

- The Medical Association of Jamaica (MAJ), under the STD Training of Private Practitioners Subproject and with technical support from the University of North Carolina and the MOH, concluded its successful series of six continuing education seminars on STDs. More than 1,000 health care providers participated in the series.
- Under the Strengthening STD Services and Case Management Subproject, all 13 public STD clinics plus four satellite rural clinics began conducting rapid plasma reagin (RPR) testing on STD and antenatal patients. RPR



## AIDSCAP

148

---

testing has also been extended to the principal obstetric hospital on the island in an attempt to control the high rate of syphilis among pregnant women.

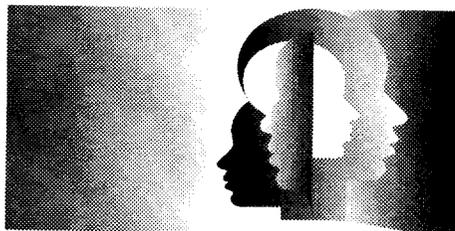
- The Jamaican Red Cross, under the Jamaica Island-wide HIV/STD Prevention Subproject, launched a 12-part radio drama serial, "Andrew's Story," aimed at adolescents.
- The Public Relations HIV/AIDS Risk Reduction Subproject increased public awareness of HIV/AIDS and STDs through the placement of numerous articles in the print media and through radio and television interviews and discussion programs. The project also spearheaded the strengthening of collaboration between the Jamaican Council of Churches and the National AIDS Committee.

---

### CURRENT PROGRAM STATUS

---

Slated to end in August 1996, the AIDSCAP program in Jamaica is firmly established and well on its way to achieving projected objectives. However, budget cuts during the year have resulted in the termination of plans to develop a mass media campaign and a second condom promotion subproject, as well as several research and policy initiatives. In addition, activities planned under several subprojects will need to be refocused to ensure that programs are maintained among the priority groups.

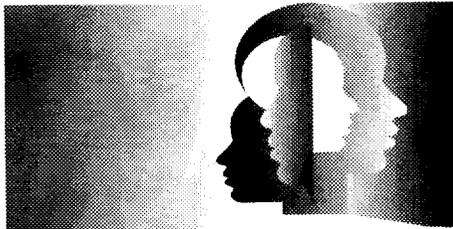


**AIDSCAP**

## Jamaica Process Indicator Data

|                                     | FY95    | Cumulative |
|-------------------------------------|---------|------------|
| <b>Total People Educated:</b>       | 307,146 | 449,275    |
| <b>Males</b>                        | 148,454 | 193,333    |
| <b>Females</b>                      | 158,692 | 206,473    |
| <b>No Gender Specified</b>          | 0       | 49,469     |
| <b>Total People Trained:</b>        | 2,419   | 3,352      |
| <b>Males</b>                        | 800     | 1,132      |
| <b>Females</b>                      | 1,609   | 1,973      |
| <b>No Gender Specified</b>          | 10      | 247        |
| <b>Total Condoms Distributed:</b>   | 498,594 | 793,164    |
| <b>Free</b>                         | 498,594 | 793,164    |
| <b>Sold</b>                         | 0       | 0          |
| <b>Total Condom Outlets:</b>        | 25      | 27         |
| <b>Media Spots Aired:</b>           | 144     | 211        |
| <b>Total Materials Distributed:</b> | 403,069 | 562,523    |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books. educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

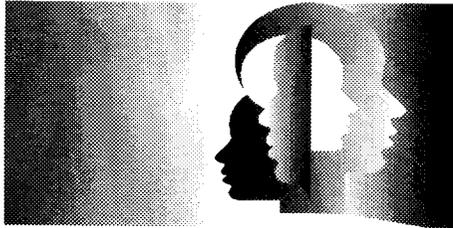
## Jamaica Baseline Indicators

|                            | High-risk                              |   | Low-risk  |  |
|----------------------------|--|---|---|--|
|                            | Males                                  | Females   | Males   | Females  |
| <b>SEROPREVALENCE</b>      | HIV prevalence                         | 1 <sup>13</sup> ; 7 <sup>14</sup>   | —   | —  |
|                            | Syphilis prevalence                    | 5 <sup>15</sup> ; 10 <sup>16</sup>  | 5 <sup>15</sup> ; 21 <sup>13</sup>                                    | 1 <sup>17</sup> ; 9 <sup>18</sup> 1 <sup>17</sup> ; 19 <sup>18</sup>                                   |
| <b>KNOWLEDGE</b>           | Knowledge of two methods of prevention | 33 <sup>2</sup> ; 13 <sup>3</sup> ; 65 <sup>5</sup> ; 66 <sup>6</sup> ; 85 <sup>8</sup>                                     | 35 <sup>2</sup> ; 21 <sup>3</sup> ; 34 <sup>6</sup>                   | 63 <sup>1</sup> ; 7 <sup>4</sup> ; 57 <sup>7</sup> 40 <sup>1</sup> ; 12 <sup>4</sup> ; 44 <sup>7</sup> |
|                            | <b>PARTNERS</b>                        | Two or more sexual partners (past year)   | 79 <sup>2</sup>   | 20 <sup>2</sup>  |
| Had non-regular partner(s) |  | 83 <sup>5</sup>   | —   | —  |
| <b>CONDOM USE</b>          | Condom use with non-regular partner    | 79 <sup>2</sup> ; 68 <sup>3</sup> ; 51 <sup>11</sup> ; 81 <sup>11</sup> ; 33 <sup>10</sup>                                  | 33 <sup>2</sup> ; 46 <sup>3</sup> ; 85 <sup>9</sup>                   | 77 <sup>1</sup> 38 <sup>1</sup>  |
|                            | Consistent condom use                  | —   | —   | 25 <sup>12</sup> 28 <sup>12</sup>  |
| <b>OTHER</b>               | Appropriate perception of risk         | 60 <sup>2</sup> ; 56 <sup>3</sup> ; 68 <sup>2</sup> ; 61 <sup>3</sup> ; 68 <sup>8</sup> ; 9 <sup>10</sup> ; 46 <sup>6</sup> | 68 <sup>2</sup> ; 61 <sup>3</sup> ; 47 <sup>6</sup> ; 69 <sup>9</sup> | 43 <sup>1</sup> ; 60 <sup>4</sup> 39 <sup>1</sup> ; 72 <sup>4</sup>                                    |

Data expressed in percentages; ranges reflect multiple subpopulations within one study.

*Sources:*

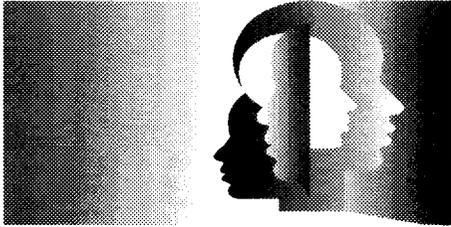
1. General Population KABP, 1992 (n=1,184).
2. Marginal KABP Report, 1993 (n=293; multiple partners).
3. TCI KABP, 1995 (n=438).
4. KABP 1994 (n=556; sexually active adolescents).



**AIDSCAP**

5. KABP 1995 (n=198; male STD clinic attenders).
6. KABP Survey Reanalyzed, 1992 (n=403; multiple partners from general population).
7. KABP Survey Reanalyzed, 1992 (n=576; young adults ages 19-30 from general population).
8. KABP 1993 (n=101; men with men).
9. KABP 1993 (n=68; female CSWs).
10. KABP 1995 (n=198; STD clinic attenders).
11. KABP 1993 (n=85; men with men insertives and receptives).
12. KABP 1994 (n=195; sexually active adolescents).
13. MOH, STD clinic attenders study, 1991.
14. MOH, Program Review, 1994 (n=634).
15. Hope Enterprises, Overview of Jamaica Country Program, 1994 (n=1,184; ANC attenders and blood donors).
16. USBC, Surveillance Database, 1993 (n=125).
17. MOH, Annual Report, 1990 (n=1,901).
18. MOH Report, 1993 (n=101 males; n=290 females).

Baseline tables represent a summary of some of the quantitative data from the baseline assessment for each AIDSCAP program. These statistics give an overview of the self-reported behavioral and biologic aspects of the epidemic in each country at the beginning of the AIDSCAP program. The tables include secondary data as well as data collected by AIDSCAP-funded researchers and implementing agencies. In some cases, more recent data are included to provide a more complete picture. In general, the "high-risk" category reflects subpopulations practicing high levels of "multiple partner behavior" including, but not limited to, STD clinic attenders, commercial sex workers and their clients, the military, and other mobile male populations. "Low-risk" populations include youth, the general population, ANC clinic attenders, and general workplace populations.



**AIDSCAP**

153

---

**ASSOCIATE**

---

**COUNTRIES**

---

**IN**

---

**LATIN AMERICA**

---

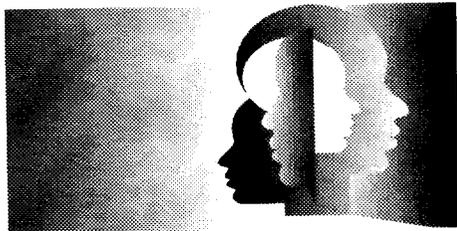
**AND**

---

**THE CARIBBEAN**

---

Previous year's report: ["AIDS in Latin America and the Caribbean"](#)



**AIDSCAP**

## **COLOMBIA**

**I 54**

---

---

**PROGRAM  
DESCRIPTION**

---

Colombia has the largest number of reported AIDS cases in the Andean subregion, with 5,577 through 1994. In 1993, AIDSCAP supported a prevention program with a Colombian nongovernmental organization (NGO). A small amount of support continues in 1995-96.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

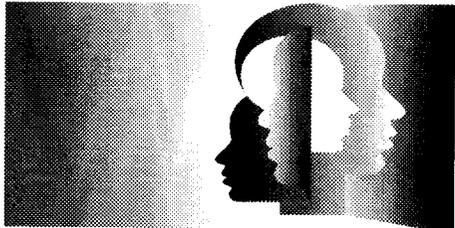
During FY95, AIDSCAP sponsored the participation of three Colombians at the 3rd USAID HIV/AIDS Prevention Conference held in Washington, D.C., in August 1995. The three participants represented the Ministry of Health and one of the leading HIV/AIDS NGOs, APOYÉMONOS.

---

**CURRENT  
PROGRAM  
STATUS**

---

In FY96, AIDSCAP will support sexually transmitted disease (STD) management training for a representative of the Ministry of Health to complete activities.



**AIDSCAP**

## **COSTA RICA**

**155**

---

**PROGRAM  
DESCRIPTION**

---

AIDSCAP has supported an adolescent HIV/AIDS prevention project jointly managed by the Costa Rican Social Security Institute and Ministry of Health since mid-1994. A model curriculum and trainers' materials were developed, tested, and refined throughout a year of project implementation.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

A skilled multidisciplinary project team was assembled that included social workers, psychologists, and health care personnel, and they contracted a consultant with long experience working with HIV/AIDS and adolescents to draft the curriculum. Professionals from the existing adolescent health program in three cities — San José, Limón and Puntarenas— were trained as trainers for the HIV/AIDS program.

A total of 113 female and 120 male peer health educators were trained. They in turn developed and carried out their own work plans. Educational sessions were held in schools and work sites with support from parents, school personnel, and employers.

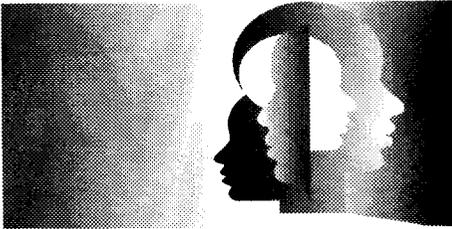
The project mastered the development of a model curriculum, which includes a manual for the trainers and many creative exercises to be used in training activities. The project created an infrastructure in three areas of the country for the training and supervision of young health educators and created a nucleus of young people who have the knowledge and enthusiasm to educate their peers about the risks of HIV/AIDS and sexually transmitted diseases (STDs) and to promote changes in behavior that will help young Costa Ricans avoid these diseases.

---

**CURRENT  
PROGRAM  
STATUS**

---

The implementing agency completed subproject activities, including evaluation, prior to the end of the year. No future activities are contemplated, since the USAID Mission is closing in the coming year.

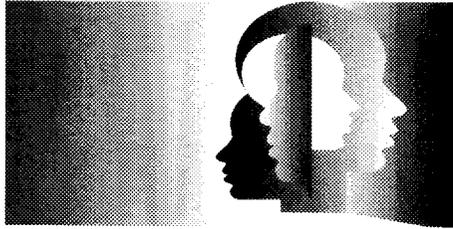


**AIDSCAP**

## Costa Rica Process Indicator Data

|                                     | FY95  | Cumulative |
|-------------------------------------|-------|------------|
| <b>Total People Educated:</b>       | 917   | 917        |
| <b>Males</b>                        | 393   | 393        |
| <b>Females</b>                      | 524   | 524        |
| <b>No Gender Specified</b>          | 0     | 0          |
| <b>Total People Trained:</b>        | 335   | 424        |
| <b>Males</b>                        | 173   | 200        |
| <b>Females</b>                      | 162   | 224        |
| <b>No Gender Specified</b>          | 0     | 0          |
| <b>Total Condoms Distributed:</b>   | 1,722 | 1,722      |
| <b>Free</b>                         | 1,722 | 1,722      |
| <b>Sold</b>                         | 0     | 0          |
| <b>Total Materials Distributed:</b> | 5,690 | 6,690      |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **ECUADOR**

**157**

---

**PROGRAM  
DESCRIPTION**

---

Ecuador currently has one of the lowest reported number of AIDS cases in Latin America, with 491 through early 1995. To help contain the spread of HIV/AIDS, AIDSCAP began in 1993 supporting two projects in Ecuador: one with the Ecuadorian Red Cross to improve laboratory procedures, and the other with Fundación Futura to conduct behavior change communication activities with commercial sex workers (CSWs). The family planning association that operates in the Guayaquil area, the country's principal industrial, commercial, and port city, will expand its menu of services to include an educational program for CSWs in the area.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

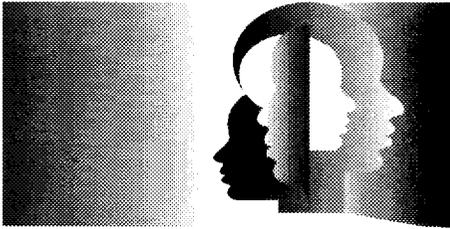
During FY95, AIDSCAP developed a subagreement with the Asociación Pro Bienestar de la Familia Ecuatoriana (APROFE), based in Guayaquil. The project supports educational work with CSWs in the province of Guayas, an important industrial and shipping center in the tropical part of the country. APROFE will develop a team of peer health educators who will hold weekly meetings with CSWs and recruit volunteer promoters. The Hermanas Adoratrices, an order of Catholic nuns, will collaborate by arranging the logistics of the meetings between APROFE and the CSWs and by providing space for the meetings.

---

**CURRENT  
PROGRAM  
STATUS**

---

By the end of the fiscal year, APROFE was just beginning implementation of the project.



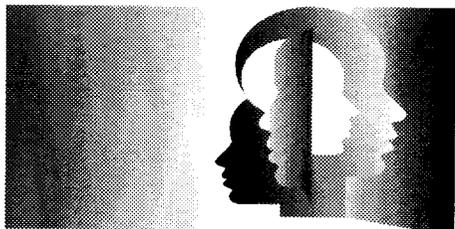
**AIDSCAP**

## Ecuador Process Indicator Data

|                                     | FY95 | Cumulative* |
|-------------------------------------|------|-------------|
| <b>Total People Educated:</b>       | 0    | 4,446       |
| <b>Males</b>                        | 0    | 0           |
| <b>Females</b>                      | 0    | 0           |
| <b>No Gender Specified</b>          | 0    | 4,446       |
| <b>Total People Trained:</b>        | 0    | 888         |
| <b>Males</b>                        | 0    | 0           |
| <b>Females</b>                      | 0    | 0           |
| <b>No Gender Specified</b>          | 0    | 888         |
| <b>Total Condoms Distributed:</b>   | 0    | 73,720      |
| <b>Free</b>                         | 0    | 0           |
| <b>Sold</b>                         | 0    | 73,720      |
| <b>Total Materials Distributed:</b> | 0    | 10,000      |

\*The cumulative data represent earlier pre-FY95 programming

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **EL SALVADOR**

**159**

---

**PROGRAM  
DESCRIPTION**

---

El Salvador is in the middle range for countries of Central America in number of reported AIDS cases, with 1,096 through early 1995. The country has devoted few resources to prevention programs. AIDSCAP has supported policy activities designed to raise awareness of the need for expanded prevention activities and began work with the Social Security Institute to assist in the development of a workplace program.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

AIDSCAP sponsored a team that included the director of El Salvador's National AIDS Control Program (NACP) to participate in its regional workshop on analysis of the future socioeconomic impact of the epidemic. The socioeconomic impact studies were based on epidemiologic, demographic, and economic data gathered by the NACP in each participating country. Data collection was initiated prior to the workshop, with technical assistance from AIDSCAP. During the three-week workshop, which was held in Guatemala in February 1995, the team was trained in the use of computer models (EpiModel, DemProj, and the AIDS Impact Model) and in direct and indirect costing methodologies.

The lower estimate for El Salvador projects an HIV prevalence of 0.26 percent with 0.52 percent as the higher estimate. Projections from the AIDS Impact Model (AIM) estimate between 9,000 and 18,000 HIV-infected persons in El Salvador in 1994, with HIV infections potentially reaching between 25,000 and 50,000 by the year 2000.

The action plan developed at the end of the workshop and partially completed by the end of FY95 included presentations to gain the support of El Salvador's Minister of Health and cabinet so that resources devoted to HIV/AIDS prevention will be increased.

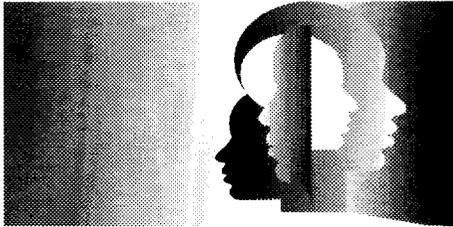
AIDSCAP developed an initial plan for working with the Social Security Institute, the Ministry of Health, and the National Foundation for the Prevention, Education, and Control of AIDS (FUNDASIDA) on a behavior change communication program for the workplace. A site visit was conducted during which a broad outline for future support was developed.

---

**CURRENT  
PROGRAM  
STATUS**

---

Activities to educate policy makers about the potential impact of the epidemic and support for and technical assistance to the workplace program of the Social Security Institute will continue during the coming year.



**AIDSCAP**

## El Salvador Process Indicator Data

|                              | <b>FY95</b> | <b>Cumulative</b> |
|------------------------------|-------------|-------------------|
| <b>Total People Trained:</b> | <b>8</b>    | <b>8</b>          |
| <b>Males</b>                 | <b>3</b>    | <b>3</b>          |
| <b>Females</b>               | <b>5</b>    | <b>5</b>          |
| <b>No Gender Specified</b>   | <b>0</b>    | <b>0</b>          |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



# GUATEMALA

---

**PROGRAM DESCRIPTION**

---

Guatemala is in the middle range for number of reported cases of AIDS among the countries of the Central American isthmus, with 594 reported through 1994. Sexual transmission of HIV is the predominant mode of infection.

The major constraint for an effective national HIV/AIDS prevention and control program is the society's denial that HIV/AIDS is a problem. This resistance is evidenced by the inadequate governmental budget for prevention programs and the low level of political concern. AIDSCAP has supported policy activities designed to develop broad political support for a strengthened prevention program.

---

**FY95 COUNTRY PROGRAM ACCOMPLISHMENTS**

---

AIDSCAP trained representatives from Guatemala, El Salvador, and Nicaragua in the techniques of using extant data to develop projections of the future course of the epidemic and its socioeconomic impact on a country in the absence of strong prevention programs. The country teams developed work plans for presenting the projections to policy makers and opinion leaders in each country. They have begun implementation of these work plans and will continue this work over the coming months.

Guatemala identified 0.2 percent as the lower estimate for current HIV prevalence and 0.4 percent as the higher estimate. The lower prevalence estimate was extrapolated from available serosurveys and sentinel surveillance. Based on these prevalence estimates, projections from the AIDS Impact Model (AIM) estimated between 13,000 and 25,000 HIV infections in 1994, with projections increasing from 41,000 to 81,000 by the year 2000.

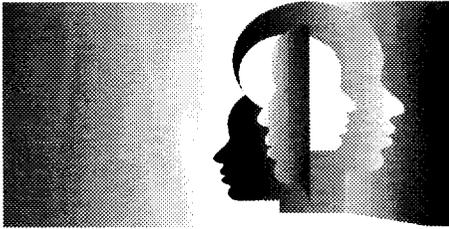
In Guatemala, AIDSCAP conducted a technical assessment in December 1994. The findings suggest that the HIV/AIDS epidemic is now well established in the country. Since the first reported AIDS case in 1984, the number of HIV-infected individuals has multiplied dramatically. Not accounting for weaknesses in the current surveillance system and underreporting, 1,281 cases of HIV infection had been reported to the National AIDS Prevention and Control Program of the Ministry of Health as of July 1994. Conservative projections indicate that by the end of 1995, 4,000 to 7,000 total cases will be reported.

---

**CURRENT PROGRAM STATUS**

---

Additional activities will be undertaken in the coming year to highlight the results of the socioeconomic impact analysis and thus promote support for an expanded prevention program in Guatemala.

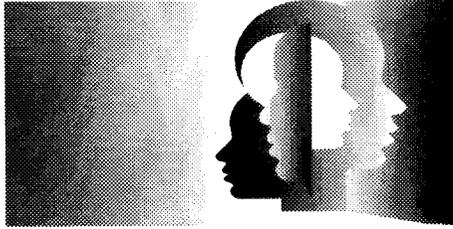


**AIDSCAP**

## Guatemala Process Indicator Data

|                              | FY95 | Cumulative |
|------------------------------|------|------------|
| <b>Total People Trained:</b> | 10   | 10         |
| <b>Males</b>                 | 6    | 6          |
| <b>Females</b>               | 4    | 4          |
| <b>No Gender Specified</b>   | 0    | 0          |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **MEXICO**

**163**

---

### **PROGRAM DESCRIPTION**

---

Mexico is second only to Brazil in the number of reported cases of AIDS in Latin America and the Caribbean. During 1995, AIDSCAP continued support for a workplace-based prevention program in Ciudad Juárez, a border city adjacent to El Paso, Texas.

---

### **FY95 COUNTRY PROGRAM ACCOMPLISH- MENTS**

---

AIDSCAP continued support to the educational program implemented by the Mexican Federation of Private Health and Community Development Associations (FEMAP) in six assembly factories in Ciudad Juárez. The project carried out regular educational activities in the factories and sold condoms at factory exits and in the home communities of the trained peer health educators. Project staff and educators developed inexpensive but attractive packaging for the condoms following a condom social marketing workshop presented by AIDSCAP staff. The program also strengthened the peer health educator network during FY95 and began outreach to other factories in the city.

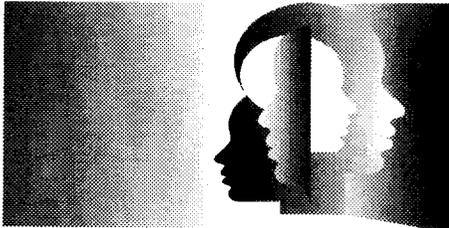
In August 1995, FEMAP held a conference of HIV/AIDS health educators at the Hospital de la Familia in Ciudad Juárez. Speakers were primarily the project health educators. Presentations covered epidemiological data at the national and state levels, and the importance of prevention, health educators' experiences in educating their peers about sexually transmitted diseases (STDs), the difficulties in distributing condoms in a factory setting, and pregnancy, care of newborns, and the difficulties in finding child care near the factories. Among the conference participants were representatives of the municipal health services and social services.

---

### **CURRENT PROGRAM STATUS**

---

In 1996, the principal activity will be dissemination of lessons learned.

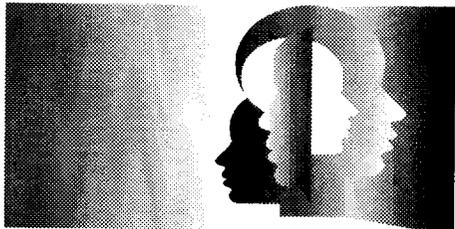


**AIDSCAP**

## Mexico Process Indicator Data

|                                     | FY95          | Cumulative    |
|-------------------------------------|---------------|---------------|
| <b>Total People Educated:</b>       | <b>8,184</b>  | <b>10,904</b> |
| <b>Males</b>                        | <b>4,037</b>  | <b>5,083</b>  |
| <b>Females</b>                      | <b>4,147</b>  | <b>5,821</b>  |
| <b>No Gender Specified</b>          | <b>0</b>      | <b>0</b>      |
| <b>Total People Trained:</b>        | <b>28</b>     | <b>380</b>    |
| <b>Males</b>                        | <b>7</b>      | <b>94</b>     |
| <b>Females</b>                      | <b>21</b>     | <b>191</b>    |
| <b>No Gender Specified</b>          | <b>0</b>      | <b>95</b>     |
| <b>Total Condoms Distributed:</b>   | <b>10,760</b> | <b>21,610</b> |
| <b>Free</b>                         | <b>6,850</b>  | <b>8,350</b>  |
| <b>Sold</b>                         | <b>3,910</b>  | <b>13,260</b> |
| <b>Total Condom Outlets:</b>        | <b>0</b>      | <b>16</b>     |
| <b>Total Materials Distributed:</b> | <b>4,968</b>  | <b>8,245</b>  |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



# NICARAGUA

**AIDSCAP**

**165**

---

**PROGRAM  
DESCRIPTION**

---

With Belize, Nicaragua has the lowest number of reported AIDS cases in Central America, although underreporting is a significant problem. AIDSCAP initiated a small-scale program to support increased political commitment to prevention, behavioral research on which to base a prevention program, and technical assistance in qualitative research techniques.

---

**FY95  
COUNTRY  
PROGRAM  
ACCOMPLISH-  
MENTS**

---

A qualitative study was conducted by Fundación Nimehuatzin, a leading AIDS nongovernmental organization (NGO) based in the capital, Managua, among commercial sex workers (CSWs), their clients, men who have sex with men, and health care workers. The research was conducted in four highly diverse cities: Managua, Corinto, Bluefields and Puerto Cabezas. The populations of these cities speak Spanish, English, and Meskito (an Indian dialect). The study was conducted using focus group discussions and in-depth interviews. Findings will be used to develop a behavior change communications (BCC) strategy with NGOs around the country. Fundación Nimehuatzin also developed an inventory of NGOs involved in HIV/AIDS prevention activities.

AIDSCAP subcontracted with Socio-Medical Resources to provide training and technical assistance in qualitative research methods to Fundación Nimehuatzin. Training was provided at the beginning of the study and included practice focus groups and interviews with CSWs and representatives of the health care community.

Representatives from Nicaragua also participated in training in the methodology for analyzing extant data to estimate the future socioeconomic impact of the epidemic on the country. This training was conducted in February and March 1995 in Guatemala City for representatives from Nicaragua, El Salvador and Guatemala. Nicaraguan participants estimated their countries' HIV prevalence to be between 0.07 percent and 0.22 percent. Using the AIDS Impact Model (AIM), based on these two scenarios, Nicaragua's HIV infections in 1994 were estimated to increase to between 2,000 and 6,000, with projections indicating an increase to 8,000 and 25,000 by the year 2000.

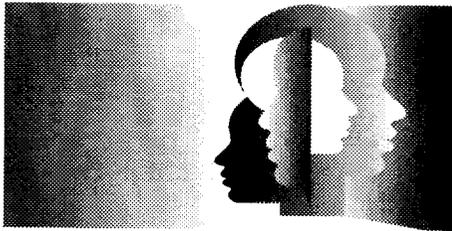
AIDSCAP supported the participation of the president of Fundación Nimehuatzin and sponsored a technical advisor in AIDS and a child survival advisor to USAID/Nicaragua at the Mission in the 3rd USAID HIV/AIDS Prevention Conference in Washington, D.C., in August 1995.

---

**CURRENT  
PROGRAM  
STATUS**

---

The behavioral research and training in socioeconomic impact analysis were the first steps in the program. Future activities will include completing a BCC strategy, support for NGO activities in behavior change communication, additional technical assistance, a seroprevalence survey, and continuing policy activities to highlight the epidemic's potential impact on the country's development.

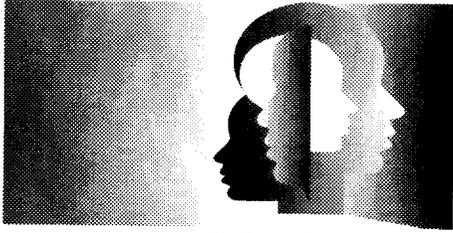


**AIDSCAP**

## Nicaragua Process Indicator Data

|                              | <b>FY95</b> | <b>Cumulative</b> |
|------------------------------|-------------|-------------------|
| <b>Total People Trained:</b> | <b>7</b>    | <b>7</b>          |
| <b>Males</b>                 | <b>1</b>    | <b>1</b>          |
| <b>Females</b>               | <b>6</b>    | <b>6</b>          |
| <b>No Gender Specified</b>   | <b>0</b>    | <b>0</b>          |

Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Condom outlets* are new outlets created by AIDSCAP interventions. *Media spots* includes radio and television episodes, announcements, and advertisements about HIV/STD prevention and condom promotion. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

---

167

---

**TECHNICAL**

---

**AND**

---

**PROGRAMMATIC**

---

**ACCOMPLISHMENTS**

---



# PROGRAM MANAGEMENT SUPPORT

168

---

## MANAGEMENT

---

AIDSCAP entered its fourth year implementing major, comprehensive HIV/AIDS prevention programs in 14 countries: Cameroon, Ethiopia, Kenya, Nigeria, Rwanda, Senegal, South Africa, and Tanzania in Africa; Haiti, Jamaica, the Dominican Republic, and Brazil in Latin America/Caribbean; and Thailand and Nepal in Asia.

In addition, USAID/Harare had just initiated a delivery order for programming with AIDSCAP under its Zimbabwe AIDS Prevention and Control (ZAPAC) Project; USAID/Honduras was negotiating a delivery order with AIDSCAP for technical assistance to support HIV/AIDS activities of the National AIDS Control Program; USAID/Indonesia was finalizing the design of its HIV/AIDS Prevention Project (HAPP); and the institutional roadblocks that had delayed signing of the formal Government of India approvals for the AIDS Prevention and Control (APAC) Project in India had been removed, signaling the formal launch of activities there. During the year, programs were launched in each of these countries except Indonesia, where a longer-than-anticipated negotiation process with the government slowed down implementation. Even in Indonesia, AIDSCAP carried out a number of activities under USAID's Asia and Near East (ANE) Bureau's buy-in to AIDSCAP in preparation for HAPP.

The focus during the year was clearly on improving and enhancing AIDSCAP management systems by building on the increasing expertise of the field offices and the growing list of important management lessons learned by this large project. In addition, AIDSCAP expanded its capacity building efforts to include a special initiative to share programmatic lessons learned across borders through AIDSCAP's domestic areas of affinity program.

---

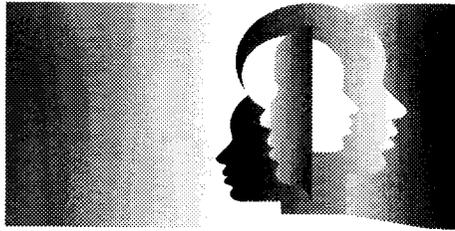
### Further Decentralization

In FY94, AIDSCAP decentralized subagreement technical review to the regional offices. Eliminating the second technical review of subagreements at headquarters decreased approval time and placed responsibility for subproject technical design in the field. In FY95, AIDSCAP decentralized the financial and contractual review to two regions on a pilot basis. Limited subagreement approvals also were decentralized to these regions.

---

### Accelerated Subproject Development

In the interest of strengthening the capabilities of nongovernmental organizations (NGOs) in subproject design and reducing the time for review and revision of subagreements, AIDSCAP developed and pilot tested an innovative strategy for accelerating subproject development. Two pilot sites were chosen for this effort: Honduras and Tanzania. Both countries had significant numbers of subprojects to be designed due to the recent negotiation of delivery orders. The pilot was tested differently in each site.



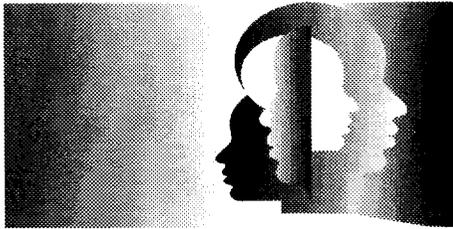
**AIDSCAP**

In Tanzania, USAID and AIDSCAP have introduced an innovative “cluster” strategy for working with NGOs, whereby a number of NGOs or community-based organizations combine in an ad hoc coalition led by one of the stronger NGOs in the coalition (called the NGO “anchor”). The AIDSCAP country office had previously identified the NGOs for nine geographic clusters; undertaken preliminary discussions with them, which included identifying the strengths, weaknesses, opportunities, and constraints surrounding the possibilities for HIV/AIDS programming in the communities; and had asked the clusters to develop ideas for cluster activities. In June, an AIDSCAP team from the country, regional, and headquarters offices with both technical and program management expertise organized training in effective HIV/AIDS programming and proposal design in Dar es Salaam for two members from each cluster. Cluster representatives came to the training sessions with their ideas and possible activity costs from previous meetings with their partner NGOs.

During the course of the first week of training, the NGOs learned project design using the LogFRAME technique. As training exercises, the participants incorporated their cluster’s information into the specific proposal component addressed during the day’s training. During the second week of the training, AIDSCAP staff provided one-on-one consultation and technical assistance to the NGOs to review and complete their proposals. AIDSCAP standard subgrant cover pages and provisions were attached to these complete proposals, which were submitted to the USAID Mission for approval. At the end of the two-week training, complete USAID-approved subagreements were signed by AIDSCAP and, within two weeks, the initial disbursements of funds against the grants were sent to the field. A total of nine subprojects were designed through this process.

In Honduras, the final selection of implementing agencies had not been made before the subproject training was designed. USAID and the Ministry of Health (MOH) invited a number of potential implementing agencies based on the scope of work in the delivery order between USAID/Honduras and AIDSCAP. AIDSCAP regional and country office staff conducted a one-week training for these organizations, which included an orientation to the USAID/Honduras program as well as a training in proposal development. Following the week of training, NGOs were sent back to their organizations to develop proposals for submission to AIDSCAP. After a week of proposal development, an AIDSCAP team of technical and program experts reviewed each proposal and provided one-on-one technical guidance to strengthen and finalize the proposals. AIDSCAP “boilerplate” cover pages and standard subgrant provisions were incorporated, and the subagreements were reviewed and approved by the USAID Mission with an official signing ceremony to complete the process. Nine subprojects were developed and approved.

Both of these processes succeeded in increasing the skills of implementing agencies in subproject design and proposal writing. Both processes significantly shortened the time required for drafting, review, and approval of subprojects. Both also resulted in important additional benefits that bode well for future project imple-



**AIDSCAP**

170

---

mentation. Specifically, Tanzanian country office staff were encouraged to participate in the training as facilitators and participants attached to the specific clusters for which they had a continuing monitoring and management role. This gave them opportunity to refresh their project design skills and to strengthen their relationships with the NGO staff with whom they were working. In both countries, the two weeks of interaction among indigenous agencies implementing the country program strengthened ties and collaboration among these key players and allowed ideas to be shared. Finally, in both countries the process developed a sense of shared vision and purpose. AIDSCAP plans to introduce this methodology — again, adapted for the country-specific situation — to the launch of HAPP in Indonesia in FY96.

A total of 390 subprojects have been developed under the AIDSCAP Project since its inception in 1991. To help track these subprojects and to be able to retrieve critical information about AIDSCAP subprojects, AIDSCAP developed a subproject index that serves as part of AIDSCAP's management information system. The subproject index allows searches of the entire database of subprojects by subject area, including type of implementing agency, intervention, technical strategy, geographic focus, target group, duration, start or end date, and funding level. To augment the use of this database, a full narrative abstract is written for each subproject and is available in a companion database. AIDSCAP has also expanded its electronic central files system through which staff can search and retrieve documents on file.

---

**CAPACITY  
BUILDING**

---

Family Health International/AIDSCAP has a firm commitment to capacity building. The purpose of the AIDSCAP Project is to expand the capacity of host country institutions to develop and manage HIV/AIDS prevention programs. AIDSCAP provides assistance to public and private organizations and national AIDS control programs in design, implementation, management, and evaluation of HIV/AIDS prevention programs and activities.

Technical and organizational development assistance to AIDSCAP implementing agencies includes skill building in project design, financial and budget management, development of evaluation strategies, and materials development. Examples of AIDSCAP technical skill building for other in-country collaborators include strengthening country-level sexually transmitted disease (STD) services, protocol development for behavioral researchers, HIV/AIDS reporting workshops for journalists, and developing and using computer modeling as a policy dialogue tool. AIDSCAP has also provided technical assistance in the development of systems at the national as well as the implementing agency level; for example, a commodity logistics system was developed in Latin America.

In order to document AIDSCAP commitment to the process of capacity building and to share, disseminate, and expand expertise in this area, a systematic strategy for addressing capacity building has been instituted. The objectives of this capacity



building strategy are (1) to strengthen, systematize, and institutionalize AIDSCAP capacity building efforts, and (2) to design and initiate a process for comprehensive monitoring, reporting, and evaluation of capacity building efforts across AIDSCAP.

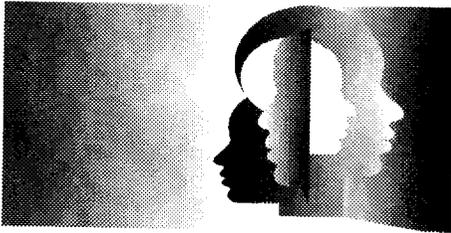
The AIDSCAP capacity building strategy provides a systematic process for:

- Conducting an inventory of capacity building efforts at the regional and country levels.
- Conducting needs assessments of implementing agencies and other in-country resources participating in the AIDSCAP country plan.
- Developing training modules and other capacity building tools.
- Developing strategies to help implementing agencies strengthen their capacity in specific technical, organizational, and managerial areas.
- Developing monitoring, reporting, and evaluation tools to capture and assess AIDSCAP capacity building efforts.

The strategy is implemented through and builds upon the collaborative efforts and current roles and functions of headquarters, regional office, and country office staff.

Accomplishments of the capacity building initiative in 1995 include the following:

- Completed an inventory of capacity building efforts through comprehensive interviews with resident advisors (RAs).
- Conducted an in-depth assessment of AIDSCAP country office strengths to provide capacity building assistance to implementing agencies.
- Developed capacity building manuals and tools based on the needs expressed by RAs during the interviews. Three tools were developed addressing priority needs: an organizational diagnostic, which can be used to help an organization assess its strengths and areas for improvement; a strategic planning manual, which can be used to help an organization address its needs; and a facilitators' manual for strategic planning, which can be used at workshops along with the strategic planning manual.
- Designed and facilitated regional-level workshops for RAs and regional office staff to familiarize them with the tools, provide opportunities to adapt the tools to their needs, and share their experiences in building local capacity.
- Developed standard capacity building monitoring, reporting, and evaluation systems. Ways to track and measure capacity building efforts are incorporated into each country-level evaluation plan. In addition, process information is collected every quarter. Consistent with AIDSCAP's evaluation strategy, process, outcome, and impact indicators of capacity building will be measured using qualitative and quantitative methodologies.



## AIDSCAP

172

The conceptualization and conduct of the outcome and impact evaluations will be more challenging. Ultimately, the intended impact should be increased ability within countries to design, implement, manage, and evaluate effective HIV prevention programs. Impact indicators may include evidence of sophisticated use of work plans, ability to develop and manage complex budgets that capture overhead requirements, ability to implement work on schedule or to effectively replan work following unexpected obstacles, ability to develop methodologically sound training curricula or research protocols, and so on. The use of qualitative methodologies will constitute the majority of such efforts. For example, AIDSCAP will complement the more quantitative institutional assessment with focus group discussions conducted with implementing agency staff and in-depth interviews with key individuals at different managerial levels.

### DOMESTIC AREAS OF AFFINITY

Community-based HIV/AIDS prevention programs have been providing services to their communities in developing and developed countries for nearly a decade. But could they learn from each others' experiences? Could NGOs working with Haitian women in Port-au-Prince learn from a community-based organization (CBO) in New York City reaching out to Haitian women?

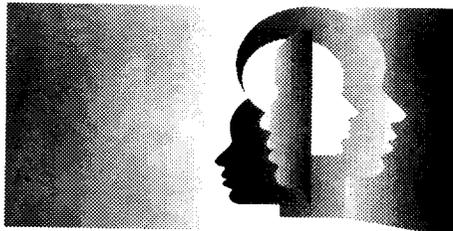
This hypothesis was tested in FY95 in a process that identified and paired five U.S.-based CBOs working with immigrant Haitians or Dominicans with CBOs in Santo Domingo and Port-au-Prince. The initial identification of NGOs was made through site visits and discussions with interested NGOs/CBOs. The paired NGOs/CBOs first met at a half-day meeting in Washington preceding USAID's 3rd AIDS Prevention Conference in August. Immediately following the conference, the international CBOs conducted site visits with their domestic partners, and a month later the domestic groups visited their international partners.

Preliminary results from these meetings have been extremely gratifying: exchanges of information, methodologies, and strategies used to support prevention programming in both organizations have been shared. Exploration of possible joint or linked programming has begun, and both formal and informal dialogue continues. AIDSCAP hopes to expand this concept in FY96, seeking private funding to support the domestic component of this exchange.

### INFORMATION DISSEMINATION

To strengthen its position at the forefront of international HIV/AIDS prevention, AIDSCAP has developed a five-point information dissemination strategy:

- Enhance support for HIV/AIDS prevention among U.S. policy makers.
- Generate regular updates on AIDSCAP accomplishments and lessons learned for the international and domestic HIV/AIDS prevention communities.



## AIDSCAP

- Provide the same to ministries of health, nongovernmental organizations, private voluntary organizations, and community-based groups in the countries in which AIDSCAP implements programs.
- Strengthen awareness and support for HIV/AIDS prevention programs among USAID Missions.
- Increase coverage of AIDSCAP events, news, and accomplishments in international and domestic media to underscore the importance of HIV/AIDS prevention to the public.

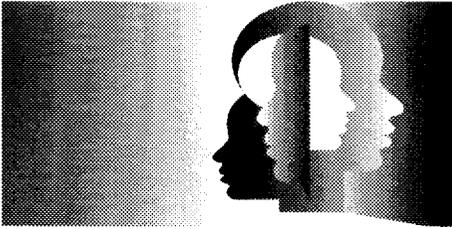
AIDSCAP reached its target audiences by disseminating project publications, responding to direct information requests, placing articles on AIDSCAP-funded projects and initiatives in journals, and delivering presentations at regional and international conferences. This year, AIDSCAP published issues of its magazine, *AIDScaptions*, on private sector initiatives to combat HIV/AIDS and on building the capacity of local NGOs to do the same. Each issue was disseminated to approximately 5,500 individuals and organizations. Approximately 3,000 received the inaugural issue of *AIDScaptions* in French.

AIDSCAP responded to more than 3,200 requests for information by providing database searches, photocopies of journal articles, and AIDSCAP publications. To meet the demand of information requests about project activities, AIDSCAP also generated seven new informational brochures/reports and reprinted six existing publications. Over 850 developing country policy makers, NGO leaders, and public health practitioners received quarterly mailings of English-language journal articles on HIV/AIDS prevention and STDs; over 200 received semiannual mailings of French-language journal articles.

In addition, AIDSCAP staff and representatives of AIDSCAP-funded projects delivered 149 conference/meeting presentations and placed 43 articles in scholarly journals (see appendix).

Throughout the year, project events and accomplishments attracted significant international and domestic media attention. Foremost was the 3rd USAID HIV/AIDS Prevention Conference held in Washington, D.C., August 7-9, 1995. AIDSCAP played a major role both in organizing and participating in this conference. Designed to highlight the progress-to-date in HIV/AIDS prevention, the conference drew 747 participants from 51 countries. Of these, 101 participants from 27 countries represented AIDSCAP-funded projects. More than 150 presentations by USAID and developing country officials, persons living with AIDS, AIDSCAP-funded project leaders, and AIDSCAP staff attracted representatives from C-Span, Newsday, National Public Radio, the U.S. Information Agency, United Press International, and the Associated Press.

Immediately after the conference, the AIDSCAP Technical Advisory Group (TAG), which meets twice a year to advise AIDSCAP on strategies and programs, convened on August 10 and 11, 1995. Information Programs developed the report of



## AIDSCAP

174

---

the gathering, the sixth to take place since AIDSCAP's inception. Issues covered at the meeting and in the report included integration of reproductive health and AIDS programs, AIDSCAP's programs in capacity building and private sector leveraging, and reconsidering AIDSCAP's goals.

AIDSCAP participation in World AIDS Day commemorations around the world also drew interest from both print and broadcast media from Bangkok to Lagos. At these events, the project distributed a special newsletter, *World AIDS Day 1994: AIDS and Families*, to approximately 5,000 attendees worldwide. The newsletter also was mailed to media and NGOs across the United States. Finally, the director of the AIDSCAP Project was quoted in an article entitled "Staging Ethical AIDS Trials in Africa" in *Science* magazine.



# BEHAVIOR CHANGE COMMUNICATION

175

The focus of the Behavior Change Communication (BCC) program during 1995 has been on providing field-level communication officers and information, education, and communication (IEC) specialists with practical and meaningful information and tools to help them continue to refine behavior change interventions.

Behavior change communication is a key element of 171 activities in 26 countries in the three AIDSCAP regions. These activities, undertaken by 113 different organizations, are guided by the seven principles articulated in the BCC technical strategy that was revised in January 1995 by AIDSCAP BCC staff in collaboration with academic and professional communication experts. The strategy is rooted in the principles of targeting, skill development, support, maintenance, collaboration, monitoring and evaluation, and sustainability, and serves to assist and advise field interventions. Copies of the strategy are available in English, French, and Spanish.

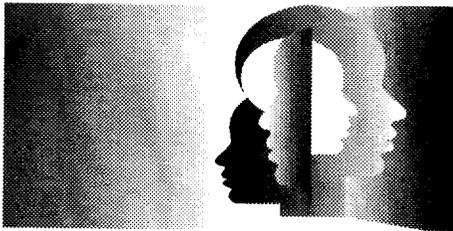
These strategic principles form the theme of a video produced by the BCC Unit during 1995. This video illustrates the seven principles with examples of activities taken from AIDSCAP projects worldwide. It has been disseminated to all AIDSCAP country programs and is used to teach and motivate implementors and to illustrate the BCC approach to donors and other agencies.

This video and the revised BCC technical strategy were among the topics addressed at the BCC Unit's Technical Working Group Meeting. The meeting, which took place in March 1995, brought together communication experts from the University of Pennsylvania, Pennsylvania State University, UNICEF, the Centers for Disease Control and Prevention, the Pan American Health Organization (PAHO), and others to discuss and advise on the future direction of the AIDSCAP BCC program.

## **"HOW-TO" HANDBOOKS**

During 1995, the BCC Unit has produced practical documents designed to support and guide implementing agencies in their BCC activities. Among them are the handbooks in the "How To" series. The first in this series, "How to Create an Effective Communication Project," takes the reader through the step-by-step process of planning BCC activities. It includes exercises to help readers determine risk behaviors and attitudes, target audiences, desired behavior and attitude changes, project objectives, messages, communication media, pretesting methods, interventions, and measures of success.

A second handbook is entitled "Assessment and Monitoring of BCC Interventions." This guide, based on the seven principles in the technical strategy, helps planners and implementors measure their projects against criteria representing the principles. Implementors can use the handbook to help them monitor programs because it can point out both the strengths and potential weaknesses of an ongoing intervention. The handbook can also be used as a planning tool because it highlights important points for the design and development of effective BCC programming.



## AIDSCAP

176

---

A third handbook on how to use mass media is being pretested and will be available in early 1996. Other upcoming booklets in the series include a handbook on using peer education effectively and a guide to conducting meaningful pretests.

---

### SUPPORT MATERIALS

---

In addition to these publications, BCC staff have worked to cultivate an ongoing supportive relationship with BCC specialists working on AIDSCAP subprojects. To this end, a biweekly distribution system has been established that provides the 14 communication officers and IEC specialists in AIDSCAP regional and country offices with professional development materials, such as current articles, innovative BCC materials, and information on state-of-the-art interventions. An electronic discussion forum for these officers will be introduced in 1996 as the necessary technology becomes available.

An example of materials support provided to country specialists is the dissemination of nearly 50,000 "Emma Says" comic books. This series of three comics (produced in both French and English) depicts positive behaviors, such as safer sex negotiation, sexually transmitted disease (STD) recognition, and condom use, with empathy and humor. The comics are based on a flip chart that proved to be an effective tool during the AIDSTECH Project. In addition, copies of videos such as "Faces of AIDS" and "VIBES," as well as print materials such as the "Developing Health and Family Planning Print Materials for Low-literate Audiences" guide, produced by the Program for Appropriate Technology in Health (PATH), are regularly distributed both to AIDSCAP projects and other interested groups.

---

### BCC DATABASE

---

Much of the materials support work of the BCC unit at headquarters was made possible by the creation of the BCC database in January 1995. The database is designed to store information on BCC materials created or reproduced by AIDSCAP programs. Currently, the database has more than 350 records. Each record contains extensive project and process details, in addition to important information such as BCC objectives, major messages, and utilization methods. Reference copies of each of the materials are kept in the database files. A tracking system ensures that all materials developed by AIDSCAP programs are included in the database. This system uses database reports and process indicator forms submitted by AIDSCAP's country offices to identify missing items.

The database is also designed to provide a forum for sharing BCC materials both within the project and with outside organizations. To facilitate internal access, the database was created in a shared database program (Procite) and is available through the computer network in AIDSCAP's Arlington office. A user's guide has been developed and distributed, and a presentation was given to AIDSCAP staff demonstrating how to use the database. Numerous search requests from outside organizations have been answered by the BCC Unit. In addition, the unit has used the database as a resource to provide examples of outstanding materials to BCC officers in the field.



The database also allows oversight of BCC materials produced in the field. To further this goal, an informal evaluation was incorporated in the BCC database submission form. Headquarters staff can review these evaluations or use the database independently to help determine where technical assistance in materials development may be useful.

---

**BCC  
STUDIES**

---

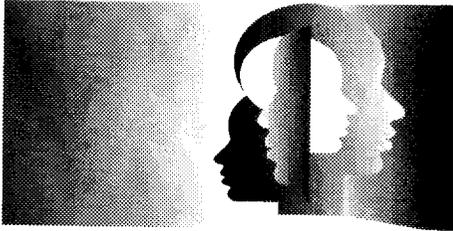
Another ongoing project during 1995 has been the design and development of two major studies. The first, a study of peer education interventions across the AIDS CAP Project, looks at the strengths, weaknesses, successes, barriers, and appropriate uses of peer education and will result in the publication of reports as well as a booklet in the "How To" series.

The other major study currently under way is a project-wide investigation of specific communication lessons learned. Data are being collected through key informant interviews and focus groups. The final results of this study will be reports and presentations on lessons learned and an index of innovative projects and hints for their successful implementation. This study is being undertaken in collaboration with the Evaluation Unit.

In addition to these major studies, BCC staff presented a paper entitled "Fear-based Messages: The Academic Perspective vs. the Field-based Reality" at USAID's 3rd HIV/AIDS Prevention Conference and co-authored a paper entitled "Communication for STD Programs: An Opportunity for Innovation" presented at the same conference and at the International Society for STD Research. An *AIDS CAP* article describing an innovative capacity building technique implemented in the Dominican Republic was also authored by unit staff. In addition, the BCC Unit provided technical support in communications to the Policy Unit's Private Sector AIDS Prevention Package (PSAPP) Manual.

Collaboration has been a fundamental part of BCC work in 1995. In particular, the AIDS CAP BCC program continues to take advantage of the expertise and support of the three BCC subcontractors: the Program for Appropriate Technology in Health (PATH), Ogilvy, Adams & Rinehart (OA&R), and Prospect Associates.

- With PATH, the unit conducted an STD materials development workshop in Ethiopia. Materials development planning was based on initial results from the STD Unit's target intervention research (TIR).
- Collaboration with OA&R continued through the seconded communication officer at AIDS CAP. Plans have been made to work with OA&R in the design and development of a mass media training curriculum for AIDS CAP implementing agencies. In addition, a BCC officer participated with OA&R staff in a UNICEF-sponsored communication meeting in Cairo.
- The unit's third subcontractor, Prospect Associates, worked closely with the BCC program to review and edit the final version of the BCC



**AIDSCAP**

178

---

Theoretical Framework and helped facilitate the BCC Technical Working Group Meeting.

Collaboration between AIDSCAP headquarters' BCC Unit and country offices was extensive. A prime example of such collaboration was the provision of technical assistance to the Tanzania country office. Together, AIDSCAP headquarters and Tanzania country office BCC staff devised a joint communication strategy for behavior change for the two units of the Tanzania AIDS Project (TAP). BCC staff also worked with the Ethiopia country office to revise its communication strategy, with the Senegal country office to refine its mass media strategy, with the Dominican Republic country office to study BCC projects, with the Haiti country office to develop an approach to qualitative BCC evaluation, and with the Zimbabwe and South Africa country offices to monitor the BCC process.



## BEHAVIORAL RESEARCH

179

The goal of AIDSCAP's behavioral research program is to gain scientific understanding of high-risk behaviors associated with the transmission of HIV/AIDS, the determinants and contexts of these behaviors, and methods for their modification. With this knowledge, AIDSCAP will contribute to ongoing prevention strategies worldwide.

### APPLYING THE BEHAVIORAL RESEARCH STRATEGY

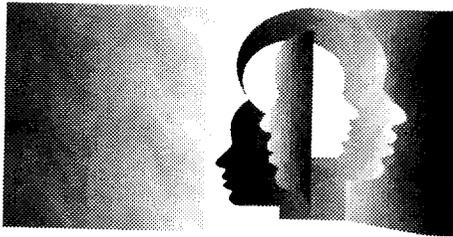
The staff of the Behavioral Research Unit (BRU) work with collaborators to develop, refine, and implement research projects. Moreover, BRU staff have been active in monitoring projects and in providing service to other behavioral researchers and colleagues in the field. For example, BRU staff have made site visits to Kenya, Tanzania, Uganda, and Thailand during the course of the year; have presented 11 papers at six different conferences; and have participated on eight different technical committees outside of AIDSCAP. The Behavioral Research Program (BRP) has also worked closely with Family Health International's Protection of Human Subjects Committee (PHSC) to obtain approvals for newly developed AIDSCAP research activities, as well as to clarify PHSC policies and procedures and to provide technical assistance to AIDSCAP staff. The primary subcontractor to the BRP is the Center for AIDS Prevention Studies (CAPS) at the University of California at San Francisco.

AIDSCAP social and behavioral research is designed to meet six objectives: (1) to explore the meanings, contexts, and determinants of sexual behavior that places people at risk, the process of behavior change, and methods for modifying sexual behavior, (2) to understand patterns of partner exchange, (3) to test and analyze new behavior change interventions and examine their efficacy in producing changes in sexual behavior, (4) to improve STD recognition and describe health-seeking and provider behaviors, (5) to understand the social and biomedical factors that influence the impact of HIV/AIDS on women and the effect of interventions, and (6) to support the capacity of developing country social scientists and institutions in priority countries to conduct HIV/AIDS behavioral research.

Three approaches are used to achieve these objectives: thematic grants, program-related research, and commissioned research.

### THEMATIC GRANTS

Studies funded under the AIDSCAP Thematic Grants Program advance the scientific understanding of risk behaviors and methods of modifying those risk behaviors for HIV/AIDS prevention through large-scale, multi-year research awards. All research grants must receive approval for funding based on reviews conducted by a technical working group and program committee to evaluate their scientific merit and policy relevance. Preference is given to proposals from institutions in developing countries or those that reflect a collaboration between institutions from developing and developed countries.



**AIDSCAP**

180

AIDSCAP works closely with investigators in project design, implementation, and dissemination of research results. For instance, a study supported by the AIDSCAP Behavioral Research Program and conducted by Johns Hopkins University and Chiang Mai University in Chiang Mai, Thailand, employed both qualitative and quantitative research methodologies. The study included qualitative research on sexual decision making and practices among both men and women at high risk for HIV infection, quantitative behavioral and epidemiologic investigations of sexual behavior and HIV risk reduction strategies, and controlled interventions to reduce the risks of heterosexual transmission of HIV in adolescents and young adults age 15 to 35 in northern Thailand. This study was completed this year.

---

**PROGRAM-  
RELATED  
RESEARCH**

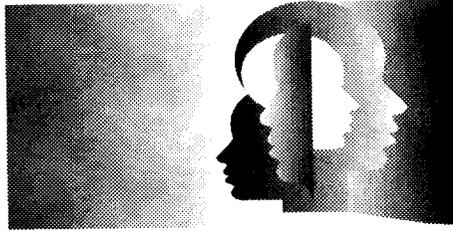
---

Program-related research allows investigators, in close collaboration with country programs, to test innovative approaches and respond to identified research needs through a small number of small-scale pilot studies. This research aims to contribute to the design, implementation, and evaluation of specific interventions. Resources are focused in areas closely linked to AIDSCAP's programmatic interests.

During the past year, AIDSCAP initiated program-related research in the Dominican Republic, Kenya, and Nicaragua. In the Dominican Republic, recent surveys revealed resistance on the part of females, age 15-24, to the use of condoms. In order to address this issue in interventions targeting youth, AIDSCAP, in collaboration with a Dominican NGO, the Coordinadora de Animación Socio-cultural (CASCO), is conducting focus group discussions with females age 15-24. One objective of the study is to identify strategies that influence behavior change within the target group.

In Kenya, program-related research is being used to address the issue of HIV transmission in stable relationships. In a three-phase study consisting of questionnaires and two rounds of focus group discussions, the investigator will develop and test innovative strategies for stable heterosexual couples to use when renegotiating their sexual relationships.

Program-related research completed this year in Nicaragua used focus group methodology to gather information that will be used in developing and implementing a behavior change strategy with high-risk groups. Over a six-month period, a series of focus groups was held with commercial sex workers (CSWs), their clients, and men who have sex with men. Results revealed that even though knowledge of HIV/AIDS and condoms was high among high-risk groups, condoms were rarely used. Clients of female sex workers often used the threat of violence, sometimes at gunpoint, to insist that a condom not be used. Even though they rarely use condoms, CSWs had positive attitudes about them. In all the risk groups, use of alcohol and drugs influenced behavior. Results from this study will be used to develop culturally appropriate communication strategies and materials.



## AIDS CAP

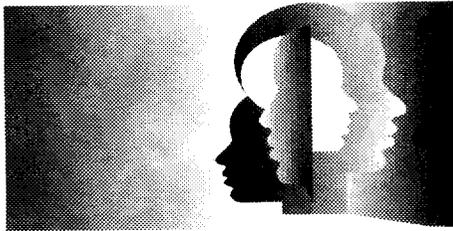
### COMMISSIONED RESEARCH

AIDSCAP-commissioned research identifies factors related to high-risk behavior in a given situation, launches field studies of methods for modifying those factors, and investigates interventions linked to specific situations that might be adapted later to other locales. Two commissioned studies are under way in Brazil as a collaborative effort between the Center for AIDS Prevention Studies (CAPS) and Brazilian researchers. The first study is being conducted in collaboration with the Municipal Health Department in the city of Santos, where the sexual behavior, condom use, and exposure to STDs of a cohort of 400 dock workers are the focus of the investigation. Results to date show that 97 percent of the men in the sample have a primary partner. However, 26 percent are either non-monogamous or single and do not use condoms consistently. Five percent of the sample have sex with other men, and 32 percent reported STD symptoms or STD diagnoses during the past year. Although the current level of HIV infection in the sample is only 1 percent, there is sufficient sexual risk to support the ongoing spread of HIV within the population. A community-based AIDS prevention program attempting to reach all 15,000 port workers is also under way. After an intervention phase, changes in reported risk behavior will be used to monitor the effectiveness of the intervention.

The second study, developed by the Núcleo de Estudos para a Prevenção da AIDS of the Universidade de São Paulo, evaluates an intervention aimed at night school students age 18 to 25 who live in a high HIV/AIDS incidence area in São Paulo. This study used a wait-list control group design in which four schools were randomized and four waves of an AIDS-related questionnaire were given at six-month intervals to 100 students at each of the schools. Between waves one and two, students at two of the schools received a four-session intervention, while the other two schools served as a wait-list control. After wave two, students at the two wait-list control schools received the intervention. The effect of the interventions at each school will then be measured by the third and fourth wave questionnaires.

A random sample of 483 night school students, stratified by age and gender, completed a self-administered questionnaire after waves 1 and 2. Their responses indicated that females rely more on monogamy as a preventive strategy than do males. Females also decide less frequently when and how to have sex and are less likely to perceive themselves as vulnerable to HIV infection and to believe that condoms are effective. These and other preliminary findings suggest that interventions should develop gender-sensitive approaches to address gender norms for men and women that may pose obstacles to safer sex.

Another commissioned study is the HIV Counseling and Testing Efficacy Study (C&T) being conducted by the Behavioral Research Program in collaboration with the World Health Organization/Global Programme on AIDS (WHO/GPA). CAPS is serving as the coordinating center for the study. AIDSCAP is conducting the study in Tanzania and Kenya, and GPA is supporting it in two additional sites, Trinidad and Indonesia (Indonesia replaces China, which was one of the two GPA sites).



**AIDSCAP**

**182**

The C&T study was developed because, although it is generally accepted that voluntary HIV counseling and testing can be of benefit in the care and support of individuals, research findings to date have been inconsistent on the impact of HIV counseling and testing on risk behaviors. The Behavioral Research Program (BRP) hopes to collect data on the efficacy and side effects of HIV counseling and testing, profiles of persons seeking these services, data on the cost-effectiveness and potential for cost recovery, and patterns of risk-related behaviors, STD incidence, and their correlates. This multicenter study will provide information on the potential contribution of counseling and testing programs to behavior change and will serve to guide public health practice and policy.

The two AIDSCAP study sites in Kenya and Tanzania are currently operational. Formative research to develop concise, culturally appropriate, and methodologically sensitive measures for use in the study was conducted in December 1994 in both countries. The findings of this formative research were used in the development of the study measurement instrument. Pilot tests of all the study procedures were conducted at both sites between April and May 1995. The Tanzania site opened on June 1, 1995, followed shortly by the Kenya site on June 19, 1995. Recruitment of study participants has been very successful: as of September 22, 1995, 672 participants, including 500 males, 130 females, and 21 couples, were recruited in Tanzania, and 676 participants, including 259 males, 291 females, and 63 couples, were recruited in Kenya. The two GPA sites are in the preparatory phase and are expected to start recruitment in November 1995.

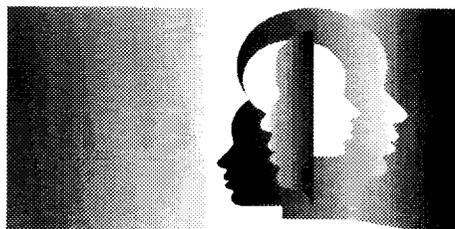
Activities for the coming year include (1) completion of the recruitment of study participants, (2) a six-month follow-up study, (3) a 12-month follow-up study, and (4) data analysis and dissemination of the findings.

---

**SCHOLARS  
PROGRAM**

---

As part of AIDSCAP's commitment to building the capacity of local collaborators, the BRP sponsors persons from priority countries to attend a ten-week visiting scholar summer program. Up to ten scientists from developing countries are selected each year to work with CAPS scientists in San Francisco. The program is administered in cooperation with the Center for AIDS Prevention Studies at the University of California, San Francisco, and the Fogarty International AIDS Training Program of the University of California at Berkeley. Each visiting scholar develops a protocol for a specific research project with relevance to AIDS prevention to be carried out in his or her own country. The July 1995 issue of *AIDS* (Supplement I) published the research results of the nine 1993 scholars. This year, AIDSCAP participated in the selection and support of eight visiting scholars from Brazil, Guatemala, Senegal, Indonesia, China, and Vietnam.



## AIDSCAP

---

### **AIDSTECH BEHAVIORAL RESEARCH GRANTS AND FELLOWS PROGRAM**

---

In 1992, AIDSCAP assumed responsibility for projects that were initiated in September 1990 under the AIDSTECH cooperative agreement, including the Behavioral Research Grants Program. This program was a collaborative project undertaken by USAID through FHI, the National Center for Nursing Research, the National Institute of Child Health and Human Development, and the National Institute of Aging, with communication coordinated by FHI. In addition to the projects and five research fellows supported through this program, AIDSCAP also funded an intervention study in Bali, Indonesia, which was an extension of the original AIDSTECH grant. The Bali project was completed in 1995. The final report for the AIDSTECH Behavioral Research Grants and Fellows was completed and submitted by the BRP this past year.

---

### **ISSUES AND IMPLICATIONS FOR THE FUTURE**

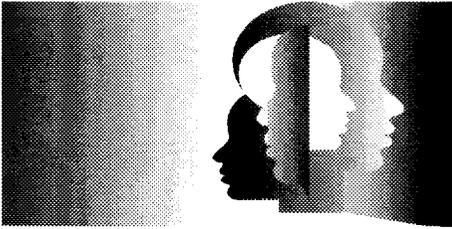
---

In 1994, BRP developed a strategy to address emerging issues and challenges facing people and programs in the field. This strategy consists of three parts: (1) identifying priority research questions, (2) developing concept papers detailing issues and research needs, and (3) working closely with field collaborators to develop and implement projects to answer the most pressing questions raised in the concept papers. The BRP technical working group endorsed this strategy at a November 1994 meeting. Since then, concept papers have been written on HIV transmission in stable relationships, structural and environmental determinants of HIV risk, care and prevention, HIV counseling and testing, and creative approaches to conducting community interventions. Several of these papers have been published in the peer-reviewed press. Moreover, the BRP has provided significant technical assistance for AIDSCAP-funded activities by developing protocols, conducting research, and identifying emerging priority research areas in collaboration with our colleagues in the field.

In the final year of the AIDSCAP project, the BRP will focus its efforts on three primary areas: (1) project monitoring, (2) technical support to meet project needs, and (3) codifying and disseminating lessons learned.

Project monitoring will be conducted to ensure that the technical quality of sponsored research is maintained and that all projects are implemented according to the approved protocol and in an ethical manner. This will be accomplished through a review of reports, discussions with principal investigators, and visits to study sites. Technical assistance will also be provided to ensure that study data are properly analyzed and interpreted.

Technical assistance will continue to be provided to both AIDSCAP staff and other colleagues. BRP staff will continue to develop research ideas, write papers for presentation and publication, and participate on technical committees. For example, the BRP is developing theory fact sheets to assist colleagues attempting to broaden their knowledge and use of behavioral theory, and staff are currently working on several publications and professional presentations.



**AIDSCAP**

A final and important task for the BRP will be to codify and disseminate lessons learned from the AIDSCAP behavioral research projects. This will include drafting the final report to USAID, working with collaborators in analysis and presentation of study findings, and publishing and presenting data gleaned from AIDSCAP studies whenever possible.



# CONDOM PROGRAMMING AND LOGISTICS MANAGEMENT

**AIDSCAP**

185

---

## **SOCIAL MARKETING**

---

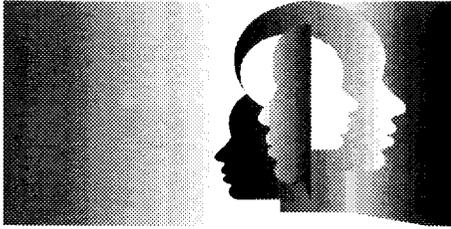
In FY95 substantial progress was made in achieving the social marketing objectives established in the early stages of the project. The strategies that guided activities encompassed a full range of condom programming initiatives: the acquisition of condoms from sources other than USAID, increased distribution of condoms ensuring accessibility to people determined to be at high risk, and the promotion of condoms, including both the benefits of condom use and the necessity for correct and consistent use.

The total sales and free distribution of condoms through AIDSCAP surpassed original expectations. The total number for the project through August 1995 (the most recent figures available) is almost 140 million. For the most recent 12-month period, August 1994 through August 1995, there was an 84 percent increase, or a net increase of 59.5 million condoms, provided to at-risk populations in AIDSCAP countries over the previous year. Of the total figures to date, 82 percent of the condoms were sold through six Population Services International (PSI) social marketing programs and one SOMARC program. The remaining 18 percent were distributed free through various cooperating nongovernmental organizations (NGOs).

It can be reasonably assumed that the condoms distributed through the NGOs are used almost exclusively by individuals targeted as practicing high-risk behavior, since that is the primary criterion for identifying those particular NGOs. Although the number of condoms sold through retail systems is more difficult to track, it is clear that their low prices and wide availability make them more conveniently accessible than they have been in the past. Moreover, of the more than 40,000 retail outlets now involved, a considerable number are nontraditional outlets in and around areas with commercial sex establishments. The volume of condoms distributed and the number of outlets suggest that the AIDSCAP strategy of making condoms widely available to target populations has been a success.

Condom sourcing has been a constraint to AIDSCAP from the beginning, in that funds for condom procurement were not directly available to the USAID Missions taking part. AIDSCAP has been fortunate that DKT International, a private foundation with strong links to PSI, has emerged as a major condom donor to augment condoms obtained directly from USAID. DKT International has provided 45 percent of the condoms distributed to date, while USAID has provided 55 percent.

Distribution—the physical movement of condoms to outlets convenient to the target market—is only part of the condom programming task. AIDSCAP strategy also focuses on an equally important condom programming requirement: the promotion of condom use. In the context of social marketing, promotion conveys a much broader meaning than is found in commercial marketing. It engages the broad gamut of information, education, and communication (IEC) techniques to raise awareness of AIDS, how it is transmitted, and how to protect oneself from infection. It also aggressively advertises the socially marketed brand, using every available method—electronic, print, and nontraditional channels—to prompt trial use and encourage continued use of that brand. In both categories of communica-



**AIDSCAP**

186

---

tion, the benefits of condom use and the attributes of the condom brand are emphasized.

An interesting example of merging generic and brand-specific messages is found in a recent 20-minute film produced by AIDSCAP/Nepal. Using the format of a light-hearted discussion between a truck driver and his young assistant while driving from the Indian border to Kathmandu on a road notorious for its many sex opportunities, the film describes the hazards of casual sex in the era of HIV/AIDS and the benefits of condom use. During the film, there are several close-ups of the Dhaal brand condom (the social-marketed brand) on the dashboard and shots of roadside billboards advertising Dhaal. The message is neither menacing nor intimidating, but a matter-of-fact conversation between a mentor and an impressionable youth, in a "slice-of-life" setting with comedic undertones.

Every AIDSCAP condom social marketing project devotes a great deal of time, energy, and financial resources to condom promotion. However, due to geographical and cultural differences, the promotion mechanism may differ. Because of the lack of rural electrification in Tanzania and Nepal, there is little opportunity to see or hear broadcast program messages. Hence, both AIDSCAP/Tanzania and AIDSCAP/Nepal take the messages to the hard-to-reach population segments by employing mobile video vans. Cameroon's social marketing has employed commercial sex workers both for barroom and street drama presentations to act as direct sales representatives for Prudence condoms. In Brazil, well-known entertainment personalities promote Prudence condoms, while in Haiti, local NGOs sell Pantè condoms in hard-to-reach retail areas.

AIDSCAP communication activities and social marketing have stimulated the growth of the commercial condom market in a number of countries. In Brazil, taxes on condoms have largely been eliminated (partly through policy efforts by AIDSCAP/Brazil), and the number of commercial brands has gone from three to eight. The total market for condoms doubled in the three years DKT/AIDSCAP has been active there. From 1992 to 1994, commercial condom companies sold 70 million more condoms than they would have had the market remained flat as in previous years. There are also indications that the impact of social marketing has been similar in Thailand. If this "halo effect" is even partially due to AIDSCAP activities, the programmatic impact of AIDSCAP has been far greater than the condom numbers cited above suggest.

---

#### **LOGISTICS MANAGEMENT**

---

The Logistics Management Section of the AIDSCAP Condom Unit continues to concentrate its technical assistance on ongoing projects in Brazil and the Dominican Republic. In all, nine visits were made to these countries, with three additional visits made for logistics assessments in Ethiopia, Senegal, and Tanzania.

Logistics advisors provide technical assistance to Brazil as part of an ongoing AIDSCAP effort to improve the public sector distribution system for STD/AIDS



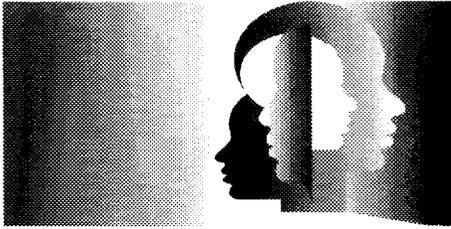
pharmaceuticals and condoms. The technical assistance provided under this project is designed to increase the institutional capacity of the Brazilian Ministry of Health (MOH) and the State Secretariats of Health in São Paulo and Rio de Janeiro. In FY95 there were five visits to Brazil for logistics technical assistance.

Accomplishments during FY95 include the following:

- More than 100 personnel from the state municipalities of São Paulo and Rio de Janeiro were trained in the fundamentals of logistics management, including the completion of the monthly stock report.
- Training sessions in São Paulo were designed and conducted entirely by São Paulo's STD/AIDS logistics coordinator.
- Fifteen personnel from the MOH and state programs were trained in ECMIS V2.0 operations and concepts. The Essential Commodity Management Information System (ECMIS), a software system used for condom forecasting, continues to function in São Paulo and Rio de Janeiro one year after its initial installation.
- The director and logistics coordinator of Rio de Janeiro's STD/AIDS Division were sponsored to participate in the John Snow International (JSI)/Family Planning Logistics Management's (FPLM) training held in Arlington, Virginia.
- In Rio de Janeiro, the DST/AIDS Division warehouse continues to operate one year after its inception.

Logistics advisors continue to provide technical assistance to the Dominican Republic on an ad hoc basis. In FY95, there were four technical assistance visits to the Dominican Republic. During FY95, AIDSCAP accomplished the following in the Dominican Republic:

- A five-year national condom requirements forecast (PROCETS) was prepared for the National AIDS Control Program (NACP).
- The logistics manager for the NGO warehouse was sponsored to participate in JSI/FPLM's logistics management training held in Arlington, Virginia.
- A national condom distribution project, which integrates AIDSCAP's NGOs and will have national coverage, was launched using private sector leveraging.



**AIDSCAP**

## **POLICY**

**188**

FY95 was a year in which the policy activities of AIDSCAP focused on building capacity of national collaborators in the processes of policy development. AIDSCAP has given special attention to skill building among policy influencers—technical and analytical specialists and journalists in a position to advise and inform policy makers—and existing and potential advocacy organizations. AIDSCAP continued to develop policy resources and tools for application by policy influencers in their efforts.

AIDSCAP undertook a review of factors influencing both public and private, national and organizational policy responses to the epidemic. Case studies were prepared of policy responses over the past decade in Thailand, Kenya, and Brazil and of a number of private sector companies in several African countries. More general assumptions for India were drawn from newspaper and secondary sources. Some of the findings of these analyses are summarized below.

---

### **THE BASIS OF HIV/AIDS POLICY DEVELOPMENT**

---

AIDSCAP's policy activities in FY95 built upon lessons learned in two areas: stimulating policy responses and strategizing for policy development. AIDSCAP applied its experience to assist collaborators in understanding and helping set in place factors that will stimulate a policy response to the epidemic. Also, AIDSCAP gave strong emphasis in its technical assistance and policy tools to ensuring that a strategy is in place to focus policy makers' attention on HIV/AIDS issues.

---

### **STIMULATING POLICY RESPONSES**

---

Four factors influence policy responses. During FY95, AIDSCAP's policy technical assistance and its development of resource materials and tools strengthened skills that help country collaborators take advantage of one or more of these factors to inform and stimulate policy activities.

First, the disclosure of HIV and AIDS estimates and projections of the future course of the epidemic have been instrumental in stimulating public consciousness and debate. During FY95, AIDSCAP technical assistance in modeling and socioeconomic impact analysis played a role in stimulating greater public and policy activism for prevention in India, Nepal, Thailand, Kenya, El Salvador, Guatemala, Honduras, Nicaragua, and the Dominican Republic.

Second, in some countries the inadequate government response to the epidemic generated nongovernmental organization (NGO) advocacy for more funding, adoption of appropriate policies, and policy change. AIDSCAP provided support to Brazilian NGOs to work vigorously with federal and state authorities to eliminate taxes on condoms, with partial success: condoms are now more affordable to a wider segment of the public. In Kenya, AIDSCAP provided technical assistance to the Kenya AIDS NGO Consortium in shaping its policy project, creating job descriptions for staff, structuring policy workshops, and designing advocacy strategies.



Third, the rising number of deaths from AIDS—which is evident in many countries in the mid-1990s—has moved the epidemic from an abstraction to a reality and forced policy makers to deal with the complex legal, social, cultural, and economic implications for families, communities, and the nation. In its policy technical assistance activities in Central America, Guinea, and Kenya, AIDSCAP provided guidance on preparing prevention recommendations to policy makers that reflected the dynamics of the epidemic.

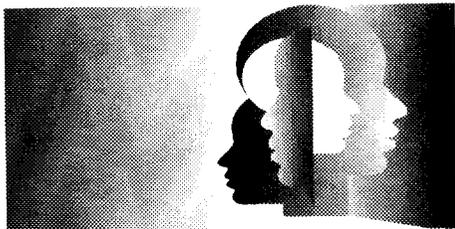
Fourth, policy workshops for policy makers and policy influencers provide technical skills for policy analysis and stimulate ideas and approaches not previously considered. For example, an AIDSCAP workshop in Nigeria focused on policy development for HIV/AIDS prevention in businesses. Participants from businesses, unions, and NGOs became familiar with appropriate workplace policies and were sufficiently motivated to apply the knowledge gained within the companies they work for and with.

### STRATEGIES FOR POLICY ENHANCEMENT

In cases where policy enhancement has occurred—such as the lowering of the federal tax on condoms in Brazil or the adoption by the new government in South Africa of an HIV/AIDS prevention strategy prepared by NGOs and community-based groups—an identified strategy for action existed. The lesson from both the successes and failures of policy development is that a well-considered strategy of action will improve chances of policy change. Thus, AIDSCAP has stressed in its policy work both the policy development process and socioeconomic impact analysis to better sensitize and inform policy makers. In 1995, these combined approaches were adapted to country situations in Central America, Kenya, South Africa, and Brazil. Also, AIDSCAP's studies of policy responses in Brazil, Thailand, and Kenya have contributed to a framework for devising policy development and advocacy strategies. Such strategies are likely to include:

- A clear agenda, not diluted by a proliferation of goals or sub-goals.
- Committed workers/activists.
- Reliable and persuasive information that can be adapted for presentation to different audiences.
- Identified leadership, with authority to make decisions.
- Organizational collaboration.
- Ability and willingness to advocate for policy action.
- Monitoring of eventual implementation.

AIDSCAP has also seen that advocacy frequently is eschewed by public health practitioners, who tend to be more focused on service delivery than policy development. This has been especially true in HIV/AIDS prevention. In South Africa and Kenya, AIDSCAP has encouraged NGOs and community-based organizations



## AIDSCAP

190

(CBOs) to identify their achievements and constraints as a critical first step in policy development. Even if NGOs/CBOs go no further than identifying achievements and constraints, others can translate those experiences into policy statements and recommendations.

---

### AIDSCAP POLICY ACCOMPLISH- MENTS

---

In its policy technical assistance and analysis in FY95, AIDSCAP contributed to capacity building of collaborators and a more thorough understanding of evidence and approaches to influence the policy development process.

---

## Microeconomic Impact Assessments

### Businesses

*Company impact assessments.* As part of the Private Sector AIDS Prevention Package (PSAPP) funded by USAID's Africa Bureau, AIDSCAP conducted, collaborated in, and sponsored assessments of the present and projected economic impact of HIV/AIDS of more than 25 formal sector companies in Kenya, Senegal, Botswana, Zambia, and Thailand. Case studies based upon the assessments will be published to demonstrate to other businesses the benefits of investing in workplace prevention interventions.

*Findings.* As an example, an analysis of a Kenyan transportation company revealed that even a conservative estimate of HIV prevalence in the workplace shows an 8 percent increase in the cost of labor. In the best-case scenario, it was projected that AIDS would increase labor costs by 16 percent within the next six years and would represent a significant annual decline in profitability.

The greatest declines in profitability are likely to stem from absenteeism, followed by additional training costs, lost productivity due to funeral attendance, and burial fees. Additional costs from health care expenditures, pensions, and life insurance are also likely to contribute to the financial concerns of the businesses.

*Policy impacts.* Numerous private sector firms have expressed a need for examples of peer responses to the HIV/AIDS epidemic to help them design their own policies and programs. The publication, *African Workplace Profiles*, was produced for distribution throughout Africa and through AIDSCAP's country offices, many of which are engaged in supporting HIV/AIDS workplace prevention interventions. PSAPP resources were field tested in FY95 and will be published in FY96.

### Households

*Household welfare and stability assessments.* AIDSCAP has distinguished three areas of household impact: increased medical, care, and transportation expenditures;



decreased revenues from loss of wages and household labor; and decreased investments in productive activities, education, and savings.

*Findings.* An AIDS CAP-supported assessment in Kenya indicated that the costs of medical treatment and related expenditures accounted for 25 to 50 percent of household expenditures. Significant expenditures are necessary to cover costs other than formal health care, including special diets and transportation.

As these costs rise, the household's ability to generate income is limited. The productivity of both the ill person and the caretakers is compromised or lost as a result of HIV and AIDS. AIDS CAP-supported studies in Kenya, Malawi, Honduras, Guatemala, El Salvador, and Nicaragua report that approximately 75 percent of an individual's productive years are lost due to early death from AIDS. Revenues are also lost if a family member's labor is reallocated from producing income outside the home—in trade, for example—to maintaining the family land, replacing those who are sick or have died, or caretaking.

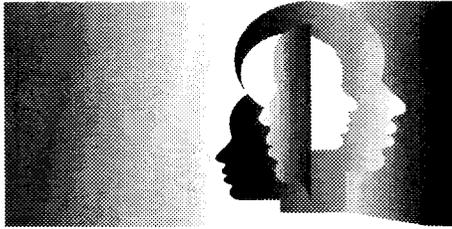
*Policy impacts.* Within governments and among nongovernmental organizations (NGOs) and religious-based service organizations, there is a growing concern about mitigating the impact of AIDS on households. AIDS CAP's findings point to particular needs for policy interventions that can sustain households over the course of several months or years. An AIDS CAP-edited study on the socioeconomic impact of HIV/AIDS in Kenya, with research and writing undertaken in FY95, will add substantial impetus to efforts to mitigate the impact of HIV/AIDS. In addition, background research on the household-level impact offers further evidence of the effects on women and how HIV/AIDS is contributing to the impoverishment of women. Kenya is responding to the increasing number of AIDS orphans by considering the expansion of an existing program that offers school fee waivers to orphans.

### **Health Sector Impacts**

*Costs to the health care system.* Increased health care demands occur because more patients with AIDS-related illnesses are entering hospitals and requiring treatment. AIDS CAP provided training to teams in Guatemala, El Salvador, Nicaragua, Guinea, and Kenya to measure the cost of formal hospital care.

*Findings.* The cost of institutional treatment and care for a patient with AIDS varies greatly by country. In Kenya, for example, the cost of hospital treatment alone for a patient with HIV/AIDS is estimated to be \$940. If this cost of care per person is maintained into the future, estimates are that the total cost of care in Kenya will soon overwhelm the health care system, at an annual cost of between \$35 million and \$170 million by the year 2000. It appears that the quality and availability of care for people with AIDS will decline quickly in the near future unless measures are taken immediately to prepare for this crisis.

*Policy impacts.* Exposure to projections of the potential cost of AIDS to the health sector has stimulated significant policy attention. Country teams have used the



**AIDSCAP**

projections to sensitize and motivate policy makers in all sectors. An assessment in Kenya contributed figures regularly cited by policy makers and policy influencers in government, religious, and business sectors seeking to expand prevention interventions. Assessments in Honduras and the Dominican Republic contributed to adoption of legal reforms to protect the rights of people with HIV. Epidemiological and cost modeling in Nepal has stimulated multisectoral coordination and responses.

---

### **Policy Assessments and Reviews**

*Activities.* These are assessments of national and sectoral policy environments—socioeconomic, political, and administrative—in relation to implementing HIV/AIDS prevention activities. Reviews in FY95 occurred in Tanzania, Thailand, and Brazil. Planning for reviews in India and Indonesia was initiated. A review of African Christian denominational responses to the epidemic took place. MAP International, with AIDSCAP support and policy technical assistance, held a series of meetings with Kenyan clergy to motivate them to take a more active role in HIV/AIDS prevention. Also in Kenya, AIDSCAP coordinated the writing of 12 chapters by Kenyan authorities and AIDSCAP staff and consultants for a book on the socioeconomic impact of HIV/AIDS on Kenyan society. The book, to be published in FY96, will be the most comprehensive review of the current and future impact of HIV/AIDS on any country in Africa.

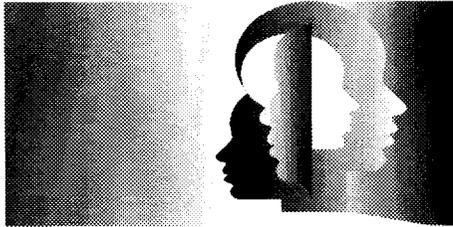
*Findings.* Assessments have identified and categorized the range of policy-related issues arising from the HIV/AIDS epidemic. The issues include access to health insurance, HIV testing connected with employment, and the legal status of orphans and widows. Gaps in training for clergy to provide counseling for families and individuals have also been identified.

*Policy impacts.* Cataloging and summarizing key issues have contributed to a tightened focus on policy development and advocacy attention, notably in Kenya and South Africa. The policy assessment in Kenya helped both the government and NGOs stimulate debates on issues and refine their priorities for immediate attention.

---

### **Cost Analysis and Sustainability**

*Activities.* Policy makers wonder if investments in condoms, STD prevention, and education actually do change the course of this deadly epidemic and if such investments can be sustained. AIDSCAP is one of the few organizations that has tried to measure cost-effectiveness of HIV/AIDS prevention interventions and to place the results in a wider context of sustainability. A cost analysis of STD clinics and workplace peer education programs in Bangkok, Thailand, yielded new information about those interventions. AIDSCAP has collaborated with the World



**AIDSCAP**

Health Organization/Global Programme on AIDS (WHO/GPA) in developing costing guidelines. During the AIDSCAP-sponsored AIDS Economic Network (a peer group of economists and policy analysts working in HIV/AIDS prevention) in April 1995, these costing guidelines were reviewed and adapted.

*Findings.* Cost analysis of workplace interventions in Bangkok, Thailand, found that such programs paid for themselves even when they were only 25 percent effective. AIDSCAP's best estimates are that the benefits of avoiding future treatment costs through targeted HIV/AIDS prevention strategies are 3.5 to 7.5 times greater than the costs of HIV prevention. In other words, for the country that invests \$1 in AIDS prevention today, the present value of the return they get on that investment is anywhere between \$3.50 and \$7.50.

*Policy impacts.* AIDSCAP is adding to and adapting these findings to contribute to a fuller understanding of the benefits of sustainable HIV/AIDS interventions. Policy makers are beset with multiple demands for funding. These findings can be used by AIDS activists to increase resource allocations for prevention. In Thailand, one immediate result was a decision by the Bangkok Metropolitan Authority to review reinstating evening hours at several STD clinics.

---

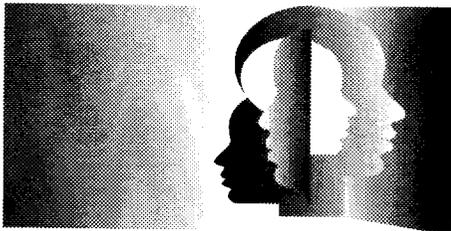
### **Private Sector**

*Activities.* AIDSCAP continued work on the development of the Private Sector AIDS Policy Project (PSAPP) materials. A complete draft of the materials was completed and field tested in Kenya and Senegal. Components of the materials were also tested in Nigeria and Zambia. The PSAPP materials are designed to inform business managers about the potential impact of HIV/AIDS on their operations and profits and to motivate them to adopt HIV/AIDS prevention programs and policies in the workplace.

The PSAPP materials consist of three parts. The first is a *Manager's Guide* which provides worksheets for determining the cost of prevention interventions and of the potential for lost profits to AIDS. Guidelines on preparing workplace policies and programs are offered. The second part is a *Trainer's Guide* for use by facilitators who will conduct workshops for business managers. The third is *African Business Profiles*, a set of 25 case studies of businesses in the region.

The draft materials will be revised, based upon the field testing experiences, published, and disseminated in FY96.

*Findings.* Testing of the PSAPP materials revealed that the private sector in Africa is deeply concerned about the impact that HIV/AIDS is having and will have on business. Demand is very strong for examples of what other businesses have done and for feasible guidelines for program and policy development. Also, participants in the testing workshops indicated that their companies would be willing to pay for such information.



**AIDSCAP**

194

---

*Policy impacts.* AIDSCAP's experience with private sector coalitions and firms has shown that companies need clear and practical means to assess the financial impact of AIDS and of prevention programs. Given this information, they are prepared to make reasonable decisions in support of prevention efforts in the workplace. Also, AIDSCAP has found that such evidence can be used by workers' associations, NGOs, and other organizations to leverage private sector resources to support prevention interventions. AIDSCAP's policy efforts will seek to take advantage of these openings in the private sector to expand the resource base for HIV/AIDS prevention.

---

**OTHER  
POLICY  
ACTIVITIES**

---

The third meeting of the Policy Technical Working Group (TWG) addressed issues and strategies around three themes: women and AIDS, cost analysis methodologies, and advocacy approaches. TWG members encouraged AIDSCAP to emphasize the policy aspects of the impact of HIV/AIDS on women, notably in the modeling projections and socioeconomic impact assessment work of the unit. There was strong support for pursuing cost analysis, as the results will be important for policy makers who must make informed decisions about the allocation of scarce resources.

The Policy Unit and AIDSCAP's Women's Initiative (AWI) collaborated throughout the year, sharing experiences and ideas. The Policy Unit is represented on the Women's Council, an external advisory group to AWI.

Two technical assistance visits were made to Guinea to provide training for ten National AIDS Control Program collaborators in socioeconomic impact analysis. The first three-week visit resulted in the development of a protocol for collecting epidemiological and economic data for the analysis. The second three-week visit involved interpreting, analyzing, and preparing the data for presentation to policy makers.

Two technical assistance visits were made to Thailand to collaborate in the collection and analysis of cost data on STD clinics and workplace peer education efforts. The findings and initial policy outcomes from this technical assistance are discussed above.

Planning, including the identification of collaborating institutions and consultants, occurred for a policy assessment in India. The assessment, to be undertaken in FY96, will focus on HIV/AIDS prevention issues of national concern, on the mechanisms driving HIV/AIDS policy development, and on identification of organizations willing and able to engage in policy advocacy for HIV/AIDS prevention.



# SEXUALLY TRANSMITTED DISEASE (STD)

AIDSCAP's sexually transmitted disease (STD) intervention projects currently operate in 22 priority and associate countries, including two associate country projects initiated this year in Morocco and Zambia. Specific activities include baseline assessments to determine prevalence and antibiotic susceptibility of STD pathogens, advocacy for syndromic management guidelines and partner referral strategies with in-country nationals, development of training curricula, training of health care providers in both public and private sectors, appropriate laboratory upgrading for centers of excellence and clinics, regional training of key STD experts in-country, and baseline ethnographic assessments of STD health-seeking behaviors.

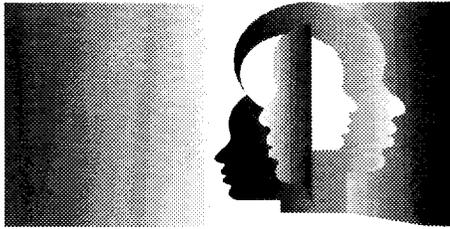
The following STD subcontractors provided the majority of technical assistance: the Institute for Tropical Medicine (ITM) in Antwerp, the University of North Carolina (UNC) at Chapel Hill, and the University of Washington (UW) in Seattle.

Six African and Asian countries are now involved in the implementation of an ethnographic research instrument for targeted intervention research (TIR), a collaborative project of AIDSCAP's Behavioral Research, STD, and Behavior Change Communication (BCC) units to assess clients' and providers' STD perceptions in selected communities. An adaptation of the guides for research among commercial sex workers has recently been completed. In addition, the STD Unit continues its participation in the design of the STD component of the Behavioral Research Program's counseling and testing protocol.

In the area of STDs and reproductive health, AIDSCAP is a technical resource to the USAID Office of Population's Family Planning Services Division on STD/HIV prevention integration with family planning (FP). On two occasions, AIDSCAP gave presentations on STD issues to the Population Council and functioned as the technical lead on reproductive health indicators with the Evaluation Project. AIDSCAP is continuing to work with the Centre for Development and Population Activities in its study of STD service integration at a family planning clinic in Kenya.

This year's AIDSCAP participation in regional and worldwide meetings on HIV and STDs with oral and poster presentations included:

- The International Union of Venereal Disease and Treponematoses (IUVDT) Conference held in Singapore.
- The Eleventh Meeting of the Society for International STD Research in New Orleans, Louisiana.
- The IXth International Conference on AIDS and STDs in Africa.
- A consultative meeting on STD algorithms with the World Health Organization (WHO).
- USAID's 3rd HIV/AIDS Prevention Conference in Washington, D.C.



**AIDSCAP**

- The second AIDSCAP National Meeting at Caxambu, Brazil, with AIDSCAP headquarters, USAID/Brazil, the Institute of Tropical Medicine (ITM), John Snow International (JSI), and all in-country implementing agencies.
- The First International Meeting on HIV/STD Among the Military in Francophone Africa.
- Regional meeting on Reproductive Tract Infections (RTIs) in collaboration with the Population Council in Bangkok, Thailand.
- The Interscience of Antimicrobial Agents and Chemotherapy (ICAC).
- The Third International Conference on AIDS in Asia and the Pacific in Chiang Mai, Thailand.

The STD Unit also organized and facilitated the following training and advocacy workshops for STD physicians:

- In conjunction with the Medical Association of Jamaica, AIDSCAP presented lectures at various sites on management of the vaginal discharge syndrome in children and adolescents.
- Developed the final agenda and STD curriculum for the Nepal Chemists and Druggists Association (NCDA) for the first meeting of the Technical Advisory Committee.
- The Medical Association of Jamaica STD Management Seminars.
- The Haiti STD Management Seminars.
- The Second Latin American STD Managers Course in conjunction with the European Community, Latin American Union Against Sexually Transmitted Disease, the Dominican Republic Union Against Sexually Transmitted Diseases, the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the International AIDS Society in Santo Domingo, the Dominican Republic.
- The STD Management Seminar in Bangkok, Thailand.

The AIDSCAP STD staff has worked closely with other organizations and has been active in mobilizing advocacy for a more public health approach to STD control through participation on an international level in such professional meetings as:

- The International STD meeting in New Orleans to review algorithms for WHO.
- The Reproductive Health Indicator Workshop, where staff provided the technical lead on the STD/HIV subcommittee.
- International Planned Parenthood Federation's STD/Family Planning Conference in Miami, Florida, where staff served as technical experts.



---

**ISSUES AND  
IMPLICATIONS  
FOR THE FUTURE**

---

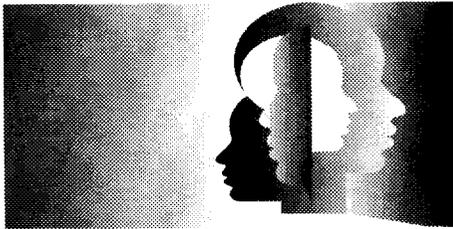
- Family Health International's Family Planning/STD Integration Seminar.
- WHO/AIDS CAP Meeting on Syndromic Management.
- WHO Training Manual in STD Syndromic Management (field testing).

The HIV/AIDS pandemic continues to generate an increasing global awareness of the consequences of other STDs. Recent data from a clinical trial completed in Tanzania provide strong evidence that STD control reduces HIV incidence. In countries around the world, care for clients with STDs is provided in many different settings by a variety of providers with diverse backgrounds and training. This makes it of paramount importance that countries have national STD treatment guidelines that reflect the current etiologic and antibiotic resistance patterns of STDs in the region and appropriate health care provider training and logistical resources to support the implementation of these guidelines.

Provision of optimal patient care at the point of first encounter with the health care system is central to AIDS CAP's STD strategy. The project emphasizes syndromic management of genital ulcer disease and discharges, as well as specific STDs most strongly associated with HIV transmission for which diagnosis and treatment are most feasible. AIDS CAP's approach to ensuring optimal care at the point of first encounter is channeled through local adaptations of the WHO/Global Programme on AIDS (WHO/GPA) syndromic management guidelines. The AIDS CAP Project works closely with WHO/GPA to ensure that the most recent data are available for consideration when designing guidelines. AIDS CAP is establishing a database of gonorrhea resistance studies to ensure that data are available to decision makers.

AIDS CAP's approach to advocacy for syndromic management varies by country but has included the following:

- Mobilizing advocacy through sponsorship of participation in international courses and workshops as well as presentations to national medical committees.
- Technical assistance and support to in-country technical advisory committees during the design of the country management guidelines.
- Linkages with other donor institutions to ensure broad implementation of recommendations and adequate resources for implementation.
- Technical assistance and support to in-country institutions in protocol development, implementation, analysis of baseline evaluations, and algorithm validations.
- Technical assistance in the development of training materials and training plans for in-service and pre-service training.



**AIDSCAP**

Optimal STD management uses education to decrease high-risk behavior at the first point of encounter. Case management will be facilitated by working with the BCC Unit to develop materials based on the results of targeted intervention research (TIR) studies and other STD country-specific information.

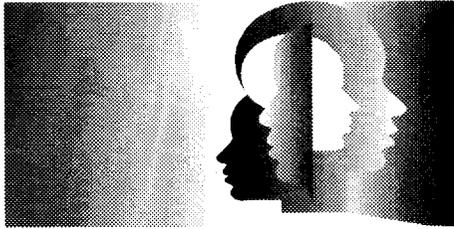
AIDSCAP's implementation of its STD strategy through targeted intervention research for the improvement of STD prevention, treatment, and partner referral has been a major focus this year. Countries involved in implementation to date include Senegal, Ethiopia, South Africa, Tanzania, and the Philippines.

The TIR is small-scale social science research geared to answer programmatic questions through qualitative and quantitative methods. The methodology modifies existing rapid data collection techniques with the goal of improving prior efforts to assist STD program managers in conducting and utilizing formative research. The TIR offers two unique modifications to previous approaches to rapid data collection: the determination of priority program needs to be addressed by the research through a technical advisory group (TAG) and the examination of factors affecting problems identified by the program managers at several levels of analysis.

An understanding of community perceptions of STDs, gained through one-on-one interviews, is utilized to create effective and sustainable STD services and to design and implement culturally appropriate interventions. TIR results are applied when designing STD services and developing messages to increase demand for services, improve prevention messages, and strengthen STD provider training in patient education and counseling. Key findings available from initiated and completed TIR studies are summarized as follows.

In Ethiopia, STD clinics are often the last resort for people with STD symptoms. The majority of people wait somewhere between ten days and one month before seeking care at a clinic. By the time most visited a clinic, they had already consulted a traditional healer, pharmacist, or friend for advice and/or treatment. For women, a general lack of privacy and fear of being examined by men are deterrents to seeking treatment; many felt stigmatized by separate "STD rooms" and free-standing STD clinics.

In Senegal, patients tend to first respond to symptoms by self-medicating with drugs at home or from street vendors, usually followed by a visit to the pharmacy or a traditional healer for treatment. Perceived lack of confidentiality at STD clinics leads patients to seek help from retired health workers or from health workers at their homes after hours. The issue of confidentiality should be addressed in Senegal, since it was found that concerns about this prompted patients to seek care far from home in order to remain anonymous.



## AIDSCAP

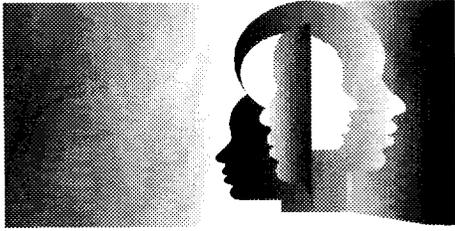
---

### FUTURE PROGRAMMING

---

For AIDSCAP's final year, STD efforts will focus on the following: (1) expanding the number of countries in which health providers implement a syndromic approach to STD treatment and comprehensive STD case management, (2) developing training guidelines and client and provider materials based on ethnographic and epidemiologic studies, (3) exploring new initiatives such as mass therapy, and (4) collaborating with AIDSCAP subcontractors and other donors in exploring effective approaches to making appropriate drugs affordable and accessible. In addition, there will be an expanded effort to disseminate findings of studies and tested strategies for improved STD prevention to professional groups at the local and international levels through publications, presentations, and training.

Finally, AIDSCAP will seek to take a critical look at the ways in which countries' policies related to STD programs often pose real and substantial barriers to improving outcomes. Policies such as charging poor women fees for syphilis testing, informing brothel owners of the HIV results of commercial sex workers, and denying services to adolescents are all counterproductive to the results sought through other endeavors such as epidemiological studies and provider training. It is only through concentrated work in the form of symposia, reports, and joint critical policy analyses with the appropriate local leaders, providers, and policy makers that other efforts in training, materials development, and treatment algorithms will reap the intended outcome of improved STD prevention and control.



**AIDSCAP**

## **EVALUATION**

200

During fiscal year 1995, the AIDSCAP evaluation staff continued to revise and expand the implementation of the evaluation strategy and began planning for end-of-project reporting. Recommendations from the September 1994 meeting of evaluation officers guided activities during the past fiscal year, directing efforts at a range of specific activities as well as defining broad thematic concerns. The year ended with a similar meeting, the AIDSCAP-sponsored Evaluation Consultative Meeting, in June 1995, which provided both a review of accomplishments to date and a discussion of future directions and demands.

Specific activities for FY95 included continued training and capacity building for evaluation research in AIDSCAP country offices, refinement of data collection instruments (including additional field tests of the Behavioral Surveillance Survey), improvement of data management systems, and the production and distribution of additional Evaluation Tools Modules.

---

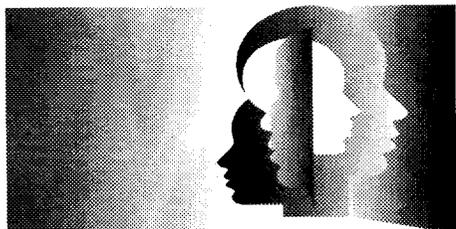
### **DATA COLLECTION**

---

Working with country programs and project managers on establishing behavioral data points for various target populations has helped AIDSCAP further refine its instruments for collecting both quantitative and qualitative data. Toward the end of the fiscal year, evaluation staff began to work on revising and updating target population knowledge, attitudes, beliefs, and practices (KABP) questionnaires, building on experience in using those core instruments worldwide. Semi-structured topic guides have also been developed and field tested, in collaboration with the Behavior Change Communication (BCC) Unit, for assessing lessons learned from the perspective of project implementors, as well as for examining the context of sexual behavior change among various target populations.

Though there remains a strong emphasis on collecting and reporting behavioral indicator data from primary and secondary sources, AIDSCAP continues to stress the value of and need for more qualitative information. The project is working to develop better approaches to evaluating capacity building, gender, and policy initiatives, as well as distributing, through its Evaluation Tools Modules series, information for project staff and managers on ways to improve their evaluation data collection.

One such improved method is the Behavioral Surveillance Survey methodology, which continues to be used in Thailand as a system for quantitatively tracking sexual behavior change. The survey consists of structured questionnaires, administered at regular intervals, to samples of defined target populations in specific geographic areas. The interest of several countries in adopting the methodology suggests that the idea of following trends of core indicators among key target groups may be an especially effective approach to tracking the effects of HIV prevention programming. AIDSCAP's evaluation staff have been working on plans for field testing the methodology in Africa and further refining the technique.



## AIDSCAP

---

### DATA MANAGEMENT

---

AIDSCAP has continued to refine and improve its Process Indicator Form (PIF) reporting system, building on plans for revisions developed during the previous fiscal year. This monitoring system uses the set of output level indicators and activities, as summarized in each subagreement LogFRAME, as a reporting form that exactly reflects the targeted outputs of each subproject. On a monthly basis, each implementing agency fills out its monthly PIF and reviews the agreed-upon set of deliverables for the project. Implementing the new system has helped project managers review and update their targets and has helped AIDSCAP streamline its reporting system. As the project moves closer to its end date, there will be an increase in requests for data from many sources. The revised PIF reporting system will continue to assist AIDSCAP at all levels in responding to those requests.

Recognizing the importance of developing systems to organize and manage the large quantities of data collected within the project, AIDSCAP's evaluation staff have worked this past year in collaboration with the project's Documentation and Information Management Services (DIMS) to establish comprehensive databases that will capture data and make them easily accessible project-wide. Databases for tracking quantitative indicators, qualitative research, and capacity building activities have reached the testing stage. Evaluation staff have also collaborated with the BCC Unit to develop instruments for documenting lessons learned. Some of these instruments have been pretested in Cameroon and Haiti. These activities help to focus efforts on developing end-of-project evaluation plans that will feed into the larger project system while still addressing the needs of individual subprojects and country programs.

---

### TOOLS MODULES

---

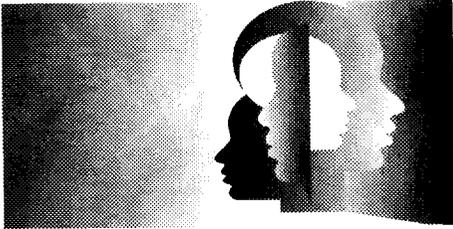
The first three modules in the Evaluation Tools Modules series have been important contributions by AIDSCAP to building local capacity to conduct evaluation research. A fourth module, "Application of a Behavioral Surveillance Survey Tool," based on AIDSCAP's experiences in Bangkok, was produced and distributed during the year. The earlier modules have been reprinted several times and continue to be distributed widely beyond their intended audiences of AIDSCAP staff and program managers. Four additional modules are in production. Two of the original modules were translated into French in Senegal and will be distributed to other French-speaking AIDSCAP countries during the next fiscal year.

---

### EVALUATION STAFFING

---

During FY95, AIDSCAP added country evaluation associates in most of the large country program offices to oversee evaluation activities in each country program. An additional evaluation officer joined the Africa Regional Office, making a total of four regional office-based evaluation officers.



## AIDSCAP

202

---

### **SUMMARY AND RECOMMENDATIONS FROM CONSULTATIVE MEETING**

---

The AIDSCAP-sponsored Consultative Meeting was attended by AIDSCAP and USAID staff, as well as by individuals from WHO's Global Programme on AIDS (WHO/GPA); the Center for AIDS Prevention Studies at the University of California, San Francisco; the U.S. Centers for Disease Control and Prevention; the Harvard School of Public Health; and the Tulane University School of Public Health and Tropical Medicine. In addition to addressing the overall evaluation strategy and its implementation within the project, the meeting examined several important evaluation issues defined by AIDSCAP.

The issues chosen for discussion at the meeting reflected commentary and concerns that arose from the Midterm Evaluation (MTE) of AIDSCAP (conducted during fall 1994) and the AIDSCAP Technical Advisory Group (TAG) at its meeting in November 1994. They included the overall design of the evaluation strategy, the appropriateness of the indicators, sustainability, the impracticality of demonstrating the biologic impact of HIV prevention efforts within a five-year timeframe, and interpretation and dissemination of AIDSCAP's overall findings.

---

### **USAID 3<sup>rd</sup> HIV/AIDS PREVENTION CONFERENCE**

---

The USAID 3rd HIV Prevention Conference followed closely on the heels of the Evaluation Consultative Meeting, toward the end of the fiscal year. At this conference, AIDSCAP evaluation staff contributed to a working group entitled "Benchmarks, Performance Indicators, and Evaluation," facilitated small group discussions, and acted as rapporteurs for the presentations. The conclusions of the working group emphasize the need to educate stakeholders about the value of being part of the evaluation process in both design and implementation, the importance of developing guidelines for data collection that take into account unique country-specific situations, the focus on building local capacity to evaluate projects, and the need for clearer linkages between projects to enable the sharing of insights and lessons learned. These conclusions, based on the experiences of individuals and organizations working worldwide in HIV/AIDS prevention, suggest that AIDSCAP's approach to evaluation is on the right track.

In summary, and in response to technical input from the TAG, the Consultative Meeting, and the Prevention Conference, AIDSCAP's evaluation staff is emphasizing the following tasks and ideas in its planning for end-of-project evaluation activities and reports: (1) "making a difference," (2) lessons learned (about implementation and its outcome), (3) future directions, (4) the information needs of stakeholders in USAID and Congress, (5) helping USAID missions to define successes and indicators, and (6) the continued development of the estimation methodology for HIV cases averted.



## UNICEF PROGRAM

203

### PROGRAM DESCRIPTION

FHI/AIDSCAP and UNICEF have a formal agreement, in effect from September 3, 1993, to August 26, 1996, to collaborate on HIV/AIDS prevention projects. This collaboration is financed through a \$500,000 technical assistance grant from USAID to UNICEF, from which funding has been made available directly from USAID to Family Health International (FHI) on a cost-reimbursement basis. Under the agreement, UNICEF and FHI collaborate through several mechanisms, including participation by FHI in the UNICEF-supported Technical Support Group (TSG) process to accelerate HIV/AIDS programming in UNICEF's strategic programming countries (SPCs), as well as evaluation and information support. Particular emphasis is placed on the Sexual and Reproductive Health Promotion TSG and the Mass Communication and Mobilization TSG. FHI representatives take part as full members of the TSGs, planning and ensuring the provision of technical support as requested by countries in the work plans they develop through the TSG process.

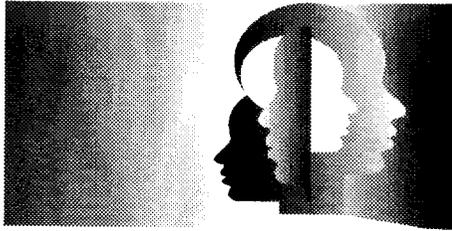
### FY95 ACCOMPLISH- MENTS

AIDSCAP has participated in meetings of the Sexual and Reproductive Health Promotion Technical Support Group (SRHP TSG) and provided technical support to UNICEF country programs in Zambia, Benin, and Swaziland.

In October 1994, Family Health International attended the third meeting of the SRHP TSG in Stockholm, Sweden. The meeting was attended by UNICEF headquarters staff; UNICEF representatives from Myanmar, Swaziland, and Benin; UNICEF health officers from Benin, Colombia, and Zambia; and technical partners from the Rockefeller Foundation, Family Care International (FCI), International Planned Parenthood Federation (IPPF), the Center for International Health Care and Research (IHCAR) at the Karolinska Institute, and, from the World Health Organization (WHO), the Adolescent Health Unit, the Global Programme on AIDS, and the Division of Family Health's Women's Health and Development Office. As a result of discussions at the meeting, technical support in work plan implementation was provided to several countries, as described in the country-specific sections below.

In June 1995, Family Health International participated in the fourth and final meeting of the SRHP TSG in Lusaka, Zambia. This final meeting was convened to produce a report on lessons learned and recommendations of the SRHP TSG. In attendance were the country members from Zambia, Swaziland, Benin, and Colombia and from the UNICEF Regional Office, and technical partners from FCI and Access to Voluntary and Safe Contraception (AVSC). The gathering recommended that there be continued collaboration with FHI and the other technical partners.

In April, AIDSCAP worked with the UNICEF Office in Cotonu, Benin, to design a targeted intervention research (TIR) study on sexually transmitted diseases (STDs) with a focus on youth and women and to develop an evaluation plan for UNICEF/Benin's sexual and reproductive health project. Interviews have begun and analysis of the TIR data is planned for October.



## AIDSCAP

204

---

AIDSCAP also reviewed the completed and planned activities of the project to assess indicators that had been developed, data collection methods, and gaps in the indicators and to recommend appropriate indicators for each project component and relevant methods of data collection for each indicator.

In February, AIDSCAP designed and initiated a TIR activity as part of the Zambia Maternal and Congenital Syphilis Prevention Project. The overall objective of this technical assistance is to develop an appropriate communication strategy, evaluation plan, and plan of action for increasing early and prompt (before 16 weeks of gestation) antenatal care attendance by pregnant women in Lusaka Urban. This formative research activity focuses on documenting health-seeking behavior relevant to early attendance at antenatal clinics and syphilis screening, patient-perceived characteristics of the service delivery system relevant to social marketing of services, patient-oriented language, and communication patterns and preferences. A technical lead/behavior researcher was identified to implement the formative research who met with a technical advisory group that will define research questions, revise the guides, and review the final report. All interviews are complete and data analysis is in progress.

A plan was submitted for utilization of the target intervention research data in developing a communications strategy, and FHI made a follow-up visit in September to review the TIR data and finalize the communication plan.

An FHI staff member traveled to Lusaka, Zambia, to work with the Ministry of Health and the Lusaka District Council to assess available data about the Maternal Syphilis Screening Programme for project evaluation and to write a report about the impact of the project, which will be the basis of an academic paper for publication. The paper will capture the following aspects of the project: the context and environment in which the project was planned and implemented (health reforms and the decentralization process, district capacity building); the operational aspects of providing quality and integrated services to women, especially the policy implications; and an analysis of the outcome indicators of the project.

In July, AIDSCAP provided technical assistance to UNICEF/Swaziland in conducting targeted intervention research on sexually transmitted diseases and reproductive health as formative research for the UNICEF/Swaziland Adolescent Sexual and Reproductive Health Promotion Project. The research will address STDs, antenatal care, and family planning for youth, and the data will be used to design appropriate communication and mobilization strategies and to develop indicators for behavior change for the SRHP project. AIDSCAP worked with UNICEF/Swaziland to identify a technical lead and a technical advisory group for the research. Since this visit, interviews have begun.



---

### **Mass Communication and Mobilization Technical Support Group (MCM TSG)**

Ogilvy, Adams & Rinehart, an AIDSCAP subcontractor, has completed work on materials produced as part of technical support to the Mass Communication and Mobilization Technical Support Group (MCM TSG). These materials include (1) an outline of a situation analysis to examine the options for use of mass communication in support of AIDS prevention among young people, and (2) a planning guide outlining ways in which the information from a situation analysis can be translated into effective programs.

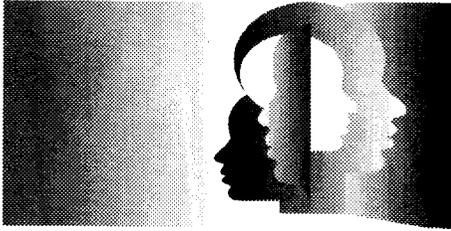
In March 1995, AIDSCAP participated in the UNICEF Mass Communication and Mobilization Technical Support Group meeting in Cairo, Egypt, where the group reviewed progress in-country and explored ways in which mass communication and mobilization can better respond to youth development in the age of HIV/AIDS. AIDSCAP elicited ideas and suggestions regarding the situation analysis document and the communication planning document, distributed the refined draft of the situation analysis document to all participants, and led a group discussion to solicit feedback. The document will be refined based on this review. AIDSCAP also participated in a brainstorming session with all meeting participants regarding the communication planning document and afterward prepared a draft of the document.

At the meeting, AIDSCAP worked with participants to (1) identify their countries' technical assistance needs to accelerate and improve UNICEF country office programming, (2) bring to the attention of the country offices the skills and experiences of FHI and FHI/AIDSCAP project staff — both U.S.- and field-based — who could provide valuable assistance to UNICEF country program developments, and (3) take initial steps to put UNICEF country office staff in touch with FHI and FHI/AIDSCAP project staff who may be of assistance to them. AIDSCAP also contributed the experience and knowledge of FHI to the peer review of country programs, the development of the situation analysis, planning and evaluation tools, and the development of the countries' six-month work plans.

---

### **Information Support**

In December 1994 AIDSCAP met at UNICEF headquarters with its Evaluation Unit to discuss plans for FHI to produce a CD-ROM with the UNICEF Health Promotion Unit. The UNICEF Evaluation Unit has already produced a CD-ROM with a database of all UNICEF evaluation documents. UNICEF made specific recommendations regarding the CD-ROM project, including a recommendation to use Folioviews, a full text retrieval software package. The first version of the CD-ROM will be a prototype that will be evaluated by users and then reviewed by peer reviewers before work begins on the second version. The longer-term goal is to



## **AIDSCAP**

206

---

produce an interactive newsletter that would refer people to the CD-ROM for more information and, eventually, a CD-ROM with a broader focus.

After the design and production of the CD-ROM began, letters were sent to more than 95 expert consultants identified by the project officers in the UNICEF Health Promotion Unit for suggested entries in the subject areas identified by UNICEF program officers. Responses were received from more than 45 of those contacted. In June, two assistants began work at AIDSCAP to assist in the design and production of the CD-ROM and a contract was signed with Global Village Publishing of Alexandria, Virginia, to produce the CD-ROM.

As of September 30, 1995 more than 200 copyrights had been obtained, 1,000 database entries had been indexed, and copies had been sent to the production company. In addition, menus and search mechanisms were designed, a user manual written, and the first version of the CD-ROM produced.



# AIDSCAP WOMEN'S INITIATIVE

207

## PROGRAM DESCRIPTION

The AIDSCAP Women's Initiative (AWI), an outgrowth of women and HIV/AIDS activities conducted during 1993 by the Behavioral Research Unit through a Women in Development (WID) buy-in, was established in March 1994 as an autonomous unit within the office of the AIDSCAP project director. While women benefit from the central AIDSCAP HIV/AIDS prevention approaches of condom promotion, STD control, and behavior change, the escalating prevalence of HIV/AIDS among women and girls in Africa, Asia, and Latin America and the Caribbean led to major changes in the AIDSCAP strategy targeting women. The Women's Initiative is a response to the shift, with the aim of heightening attention and commitment to issues of gender in HIV/AIDS prevention and increasing the proportion of prevention interventions that address women's risk of HIV.

To achieve its purpose, the Women's Initiative has evolved a structure that includes a core staff at headquarters and point persons in each AIDSCAP regional office with responsibility for activities focused on women's concerns. Increased core funding is being committed to the range of activities promoted by the unit. Working in close collaboration with other organizations and implementing agencies, the Women's Initiative addresses needs expressed in the field by grassroots workers, women leaders, resident advisors, and policy makers.

## FY95 ACCOMPLISH- MENTS

The Women's Initiative has promoted the development of several activities with a regional and/or global impact, thus greatly expanding the outreach and the opportunity for AIDSCAP to provide leadership in defining the response appropriate to the increased level of HIV/AIDS among women. Among these is the Women's Council, with members from 18 organizations who work on issues such as the appropriate paradigm for women and AIDS. Recommendations from this advisory body will be promoted beyond headquarters to the regions.

The Women's Initiative has approached capacity building by facilitating (1) a project in Haiti that supports the inclusion of nongovernmental organizations (NGOs) in shaping the National AIDS Control Program's policies focusing on women and girls, (2) a Women's Congress held in the Dominican Republic to highlight the significance of HIV/AIDS as a woman's issue, (3) meetings with country delegations to foster networking to address the epidemic among women, and (4) technical assistance visits to all regions to assist in the development of strategies for incorporating a gender approach into programs.

Collaboration with other organizations is part of the AWI scope of work. Over the past year, AWI directed the coordination and planning of a range of activities through "Women and AIDS: A Coalition Educating for Empowerment and Prevention," a network of ten organizations formed to maximize attention to HIV/AIDS at the NGO Forum to the U.N. Fourth World Conference on Women in Beijing. Eleven panels were conducted, three major press conferences were organized, more than 30,000 materials on women and AIDS were distributed, and a long-range media strategy was designed for follow-up. Some 1,500 copies of "Cairo and



Beijing: Defining the Women and AIDS Agenda," a compilation of presentations from the AIDSCAP panel on women and AIDS at the International Conference on Population and Development in Cairo, were published and distributed at the Beijing conference.

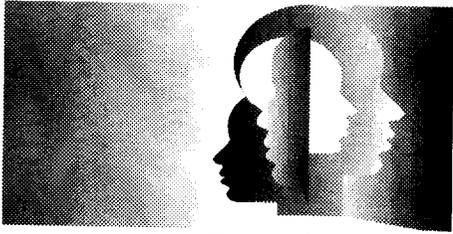
In Asia, AWI collaborated with the regional office on an Asia Areas of Affinity (AOA) Workshop entitled "Women, Family, and AIDS Prevention," which aimed to accelerate networking to increase HIV/AIDS prevention policies, research, and interventions among women in the region. In addition, a research protocol for a study on the female condom as a woman-controlled protective method was developed and approved by the Protection of Human Subjects Committee of FHI. Research teams were identified in Kenya and Brazil and arrangements were made for the HIV Center for Clinical and Behavioral Studies of New York to monitor the female condom study.

The scope of work of the Women's Initiative mandates a program aimed at integrating a gender perspective into all activities of the AIDSCAP Project. Model subprojects, including a project focused on the girl-child (8 to 10 years old) in Senegal and a project for HIV/AIDS prevention activities among HIV-positive persons in Thailand, were supported by the unit. These free-standing projects enhance AIDSCAP's ability to target women and men appropriately through a gender perspective. Integration was also achieved through a Women's Forum feature in every issue of *AIDScaptions* and the indexing of contractual documents to quantify, qualify, and monitor the gender component of AIDSCAP subprojects.

#### **CURRENT STATUS**

The Women's Initiative was introduced during the third year of the project; therefore, a significant amount of planning in FY95 has resulted in an escalation of activity during FY96. Major activities for next year include:

- The Female Condom as a Woman-Controlled Protective Method Study.
- Gender and AIDS Activity: a three-phase activity that includes a five-day workshop, the implementation of gender approaches over a six-month period at the country level, and a three-day workshop for the evaluation of the strategies developed by the participants during the first workshop.
- Latin America/Caribbean Regional Conference on Women and HIV/AIDS.
- Publication and dissemination of *Women and AIDS: Emerging Policy Agendas*.
- Design and facilitation of the first Women and HIV/AIDS journalism award to be presented at the XI International Conference on AIDS in Vancouver, British Columbia, in July 1996.
- Women's Council Meeting.

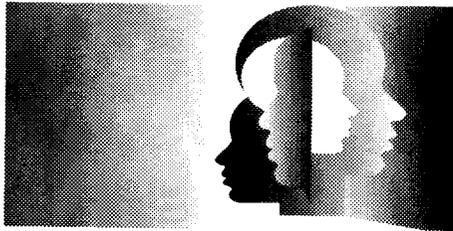


**AIDSCAP**

---

**209**

- Development of indicators for evaluation of the Women's Initiative.
- Production and dissemination of lessons learned through the Women's Initiative.



**AIDSCAP**

211

---

**PUBLICATIONS**

---

**AND**

---

**PRESENTATIONS**

---

**Prev**



# AIDSCAP PUBLICATIONS 1992-1995

212

**Allen H.A. and Helitzer-Allen D.L.**

*The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members.* Arlington, Virginia: AIDSCAP/Family Health International, 1994.

**Baez C., Gomez E., Sweat M., Arbaje M. and Butler M.**

*El SIDA y la Infección VIH en República Dominicana.* SESPAS/AIDSCAP, 1994.

**Behets F., Desormeaux J., Joseph D., Adrien M., Coicou G., Dallabetta G., Hamilton H., Moeng S., Davis H., Cohen M. and Boulos R.**

*Control of Sexually Transmitted Diseases in Haiti: A Baseline Study among Pregnant Women Living in Cité Soleil Shantytowns and its Implications.* *Journal of Infectious Disease.* 1995; 172:764-761.

**Behets F., Liomba G., Lule G., Dallabetta G., Hoffman H., Hamilton H., Moeng S. and Cohen M.**

*Sexually Transmitted Diseases/Human Immunodeficiency Virus Control in Malawi: A Field Study of Genital Ulcer Disease.* *Journal of Infectious Diseases.* 1995; 171:451-455..

**Cohen M., Dallabetta G., Laga M. and Holmes K.**

*A New Deal in HIV Prevention: Lessons from the Global Approach.* *Annals of Internal Medicine.* 1994; 340-1.

**Costello Daly C., Helling-Giess G.E., Mati J.K. and Hunter D.J.**

*Contraceptive Methods and the Transmission of HIV: Implications for Family Planning.* *Genitourin Med.* 1994; 70:110117.

**Costello Daly C., Maggwa N., Mati J.K., Solomon M., Mbugua S., Tukei P.M. and Hunter D.J.**

*Risk Factors for Gonorrhoea, Syphilis, and Trichomonas Infections Among Women Attending Family Planning Clinics in Nairobi, Kenya.* *Genitourin Med.* 1994; 70:155-161.

**Dallabetta G., Miotti P., Chipangwi J., Liomba G., Canner J. and Saah A.**

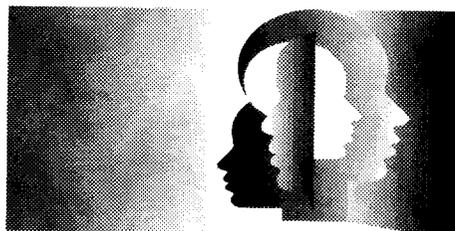
*Traditional Vaginal Agents: Use and Association with HIV Infection in Malawian Women.* *AIDS.* 1995; 9:293-297.

**Fernandes M.E.L.**

*Doencas Sexualmente Transmissíveis.* *Acção Anti AIDS.* 1995; 16:2.

**Forsythe S. and Mangkalopakorn C.**

*Opportunities for Cost Recovery at the Female STD Clinic.* *Newsletter for the Thai Medical Society for the Study of Sexually Transmitted Diseases.* August 1995.



**AIDS CAP**

**Forsythe S. and Roberts M.**

Measuring the Impact of HIV / AIDS. *Integration*. December, 1994.

**Fox L., Williamson N., Cates W. and Dallabetta G.**

Improving Reproductive Health: Integrating STD and Contraceptive Services. *JAWMA*. 1995; 50(3&4):129-136.

**Génécé E.**

Le Point sur les Interventions de Controle et Lutte Contre le SIDA et les MST. *Forum Libre*. 1994; 16:39-48.

**Hanenberg R. et al.**

Impact of Thailand's HIV-control Programme as Indicated by the Decline of Sexually Transmitted Diseases. *Lancet* 1994; 344.

**Hoffman I. and Cohen M.**

Genital Ulcer Disease. *The Journal of the Medical Association of Jamaica*. 1994.

**Hoffman I. and Cohen M.**

Sexually Transmitted Disease Management: A Strategy to Control HIV. *The Journal of the Medical Association of Jamaica*. 1994.

**Hoffman I., Cohen M. and Brathwaite A.**

HIV Diseases. *The Journal of the Medical Association of Jamaica*. 1994.

**Hollerbach P.E.**

Book review of *The New Politics of Population: Conflict and Consensus in Family Planning*, by Jason Finkle and Alison McIntosh. *Population Research and Policy Review*. 1994.

**Kafle K.**

AIDS Disease and the Role of Chemists In its Prevention. *Nepal Chemists and Druggists Association Bulletin*. 1995;14(109).

**Karki B.**

STD Problems and the Important Role of Chemists in This. *Nepal Chemists and Druggists Association Bulletin*. 1995;13(105).

**Lamptey P., Piot P. and Stover E. (eds).**

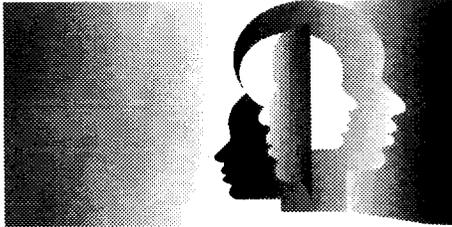
AIDS Prevention Research in the Developing World. *AIDS*. 1995; 9:Suppl 1.

**Liautaud B.**

Le SIDA dans les Caraïbes. *Forum Libre*. 1994; 16:11-29.

**Lule F., Behets F., Hoffman I., Dallabetta G., Hamilton H., Moeng S., Liomba F. and Cohen M.**

STD/HIV Control in Malawi and the Search for Affordable and Effective Urethritis Therapy: A First Field Evaluation. *Genitourinary Medicine*. 1994; 70:384-388.



## AIDSCAP

214

**Lurie P.**

Socioeconomic Status and Risk of HIV-1, Syphilis and Hepatitis B among Sex Workers in São Paulo State, Brazil. *AIDS*. 1995; 9(Suppl 1):S31-S37.

**Miotti P., Canner J., Chiphangwi J., Liomba G., Saah A. and Dallabetta G.**

Preparations for AIDS Vaccine Evaluations: Rate of New HIV Infection in a Cohort of Women of Childbearing Age in Malawi. *AIDS Research and Human Retroviruses*. 1994; 10: S239-241.

**Pradhan M.**

From HIV to AIDS. *Nepal Chemists and Druggists Association Bulletin*. 1995;14(107).

**Pradhan M. S**

Save and Help to Save From AIDS. *Nepal Chemists and Druggists Association Bulletin*. 1995;14(107).

**Preble E.A., Elias C.J. and Winikoff B.**

Maternal Health in the Age of AIDS: Implications for Health Services in Developing Countries. *AIDS CARE*. 1994; 6(5):499-516.

**Preble E.A.**

Perinatal Transmission in Developing Countries: New Developments, New Challenges. *AIDSLINK*. (NCIH AIDS Network Newsletter.) 1995; 32:12-13.

**Sai K.S.**

AIDSCAP and MAP International: AIDS Prevention in the Church. *AIDSLINK*. 1994: 30.

**Sai K.S.**

AIDSCAP in Latin America. *AIDSLINK*. 1995: 31.

**Sai K.S.**

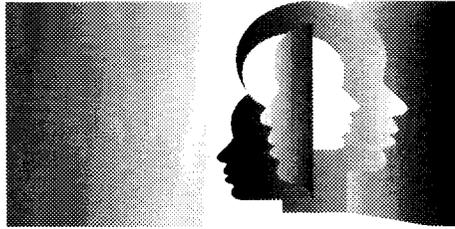
AIDSCAP Initiative Expands Prevention Efforts for Women. *AIDSLINK*. 1995; 32.

**Semba R., Miotti P., Chiphangwi J., Saah A., Canner J., Dallabetta G. and Hoover D.**

Maternal Vitamin A Deficiency and Mother-to-Child Transmission of HIV-1. *Lancet*. 1994; 343:1593-1597.

**Shrestha P.**

NCDA and the AIDS Program. *Nepal Chemists and Druggists Association Bulletin*. 1995;13(104).



**AIDSCAP**

**Sweat M. and Denison J.**

Reducing HIV Incidence in Developing Countries With Structural and Environmental Interventions. *AIDS*. 1995; 9 (supplement A):S251-57.

**Suvedi B.**

Risk Behaviours for AIDS & STDs. *Nepal Chemists and Druggists Association Bulletin*. 1995;14(106).

**Taha T., Canner J., Dallabetta G., Chipangwi J., Liomba G., Wangel A., Saah A. and Miotti P.**

Childhood Malaria Parasitaemia and Human Immunodeficiency Virus Infection in Malawi. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 1994; 88:164-165.

**Taha T., Dallabetta G., Canner J., Chipangwi J., Liomba G., Hoover D. and Miotti P.**

The Effect of HIV Infection and Birth Weight on Infant and Child Mortality in Malawi. *American Journal of Epidemiology*. 1995; 24(4):1-8.

*AIDScaptions*, Vol. 2, Nos. 1, 2. AIDSCAP/Family Health International, Arlington, VA. 1994-1995.

AIDSCAP Evaluation Tools Modules:

Module 4: Application of a Behavioral Surveillance Survey Tool. 1995.

Research Monographs published in Asia:

Behavioral Risk Assessment for HIV/AIDS Among Workers in the Transport Industry, Papua New Guinea. 1994.

Assessment of the Potential for Spread and Control of HIV Among Cross-border Populations along the Thai-Cambodian Border. 1995.

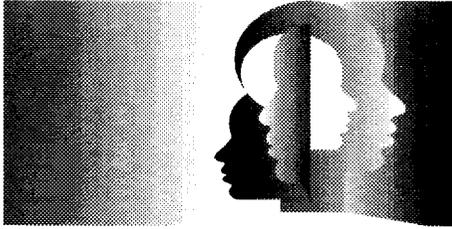
Assessment of HIV-AIDS Situation on the Trucking Routes between Nepal, India and Bangladesh. 1995.

BCC Unit Publications:

Emma's Advice. Emma Says Comic Book Series. Vol 1. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.

Les Conseils d'Emma. Emma Dit Bande Dessinée. Vol 1. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.

Betty Learns a Lesson. Emma Says Comic Book Series. Vol 2. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.



**AIDSCAP**

216

---

La Leçon de Fatou. Emma Dit Bande Dessinée. Vol 2. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.

A Visit From John. Emma Says Comic Book Series. Vol 3. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.

La Visite de Jean. Emma Dit Bande Dessinée. Vol 3. (revised and modified from the Emma Says Flip Chart, AIDSTECH Project.) AIDSCAP Project. Family Health International. May 1995.

Assessment and Monitoring of BCC Interventions. Reviewing the Effectiveness of BCC Interventions. AIDSCAP Project. Family Health International. September 1995.

How to Create an Effective Communication Project: Using the AIDSCAP Strategy to Develop Successful BCC Interventions. AIDSCAP Project, Family Health International. September 1995.



# PRESENTATIONS AND POSTER SESSIONS FY95 (SUMMARY)

217

Listed in chronological order.

---

**1994**

---

**Ankrah E.M.**

Presentation on AIDS Among Asian and Africa Women: Some Common Dimensions. AIDSCAP Forum, Asia Regional Office. Bangkok, Thailand. October 18, 1994.

**Ankrah E.M.**

Presentation on the Impact of AIDS on Women and Families. The Women's Studies Center, Chiang Mai University. Chiang Mai, Thailand. October 21, 1994.

**Calderón R.**

Presentation on Trends, Policies and Recent Developments in HIV/AIDS Prevention and Control in Latin America and the Caribbean. Society for International Development. George Washington University. Washington, D.C. October 1994.

**Roberts M.**

Panel chair and presentation on Business Responses to HIV/AIDS in the African Formal Sector Workplace: Findings of a Kenya Needs Assessment. Annual Conference of the African Studies Association. Toronto, Canada. November 1994.

**Brenden N.**

Presentation on an Overview of AIDSCAP's HIV/AIDS Prevention Programs in the Asia Region. The American Red Cross. Washington, D.C. December 1, 1994.

**Calderón R.**

Presentation on The Regional Profile of the HIV/AIDS Pandemic: Current Activities and Future Directions for HIV/AIDS Prevention. The American Red Cross. Washington, D.C. December 1, 1994.

**Sikipa G.**

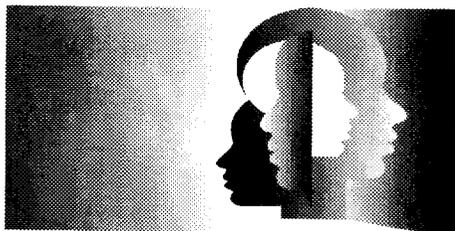
Presentation on an Overview of AIDSCAP's HIV/AIDS Prevention Programs in the Africa Region. The American Red Cross. Washington, D.C. December 1, 1994.

**Lampzey P.**

Presentation on Epidemiology. USAID Briefing on AIDSCAP Project. Washington, D.C. December 5, 1994.

**Roberts M.**

Presenter on Business Responses to HIV/AIDS in the African Formal Sector Workplace: Findings of a Kenya Needs Assessment. Business Exchange on AIDS & Development (BEAD). London, England. December 1994.



## AIDSCAP

218

---

1995

---

**Kamenga C.**

Interviewed for *AIDS and Women in Africa* (in French). Voice of America. Washington, D.C. January 11, 1995.

**Kamenga C.**

Interviewed for *AIDS in Africa* (in French). Voice of America. Washington, D.C. January 11, 1995.

**Lamprey P.**

Presentation on Mathematical Modules of HIV Transmission. University of North Carolina at Chapel Hill. January 30, 1995.

**Mitchell, S.**

Presentation on Quality Assessment Program for HIV Testing. The World Health Organization. Geneva, Switzerland. January 30, 1995.

**Lamprey P.**

Presentation on AIDSCAP Update. Family Health International-North Carolina. February 21, 1995.

**Forsythe S.**

Presentation on Methods for Measuring the Socioeconomic Impact of HIV/AIDS in Central America. Workshop on the Social and Economic Impact of HIV/AIDS in Central America. Guatemala City, Guatemala. February 1995.

**Hartwig K.**

Keynote address on Women's Health in an Age of Globalization. International Conference on Women's Health in the Age of Globalization, sponsored by McCormick Faculty of Nursing. Chiang Mai, Thailand. February 1995.

**Mugrditchian D.**

Presentation on Update on RTI Diagnostics and Antibiotic Resistance. Regional Meeting on Reproductive Tract Infections. Population Council. Bangkok, Thailand. February 1995.

**Wienrawee P.**

Presentation on Safe Marital Sexual Behavior. International Workshop on Pediatrics and AIDS. Bangkok, Thailand. February 1995.

**Clark R.**

Presentation on Selling Condoms to "Decent" Women. AMREF Meeting. Dar es Salaam, Tanzania. March 14, 1995.

**Clark R.**

Presentation on Community-Based Condom Sales. National AIDS Control Program. Dar es Salaam, Tanzania. March 16, 1995.

**Lamprey P.**

Presentation on Overview of AIDSCAP. BCC Technical Working Group Meeting. Arlington, VA. March 16, 1995.

**Ankrah E.M.**

Moderator of panel on Women and AIDS: Action Agendas. New York PrepCom for The United Nations Fourth World Conference on Women. New York, NY. March 24, 1995.

**Helitzer-Allen D., Allen H., Dallabetta G., Lurie M. and Rodieck M.**

Oral presentation on Developing Targeting Intervention Research (TIR): Case Studies on Programmatic Research for Sexually Transmitted Illnesses and Tuberculosis. Society for Applied Anthropology Annual Meeting. Albuquerque, New Mexico. March 29-April 2, 1995.

**Calderón R.**

Presentations on HIV/AIDS in the Policy Context; Global View of the Epidemiology, Trends and Impact of HIV/AIDS; Clinical and Epidemiological Aspects of AIDS and its Mortality; and The Socioeconomic and Development Impacts of HIV/AIDS. USAID/AIDSCAP Workshop Assessing the Socioeconomic Impacts of HIV/AIDS in El Salvador, Guatemala, and Nicaragua. Guatemala City, Guatemala. March 1995.

**Mugrditchian D.**

Presentation on Managing Sexually Transmitted Diseases with Limited Resources. IUVDT World STD/AIDS Congress. Singapore. March 1995.

**Wi T.E.**

Presentation on Fluoroquinolone Resistance in *Neisseria gonorrhoea* in the Republic of the Philippines. IUVDT World STD/AIDS Congress. Singapore. March 1995.

**Joshi, B.**

Presentation on Sexually Transmitted Diseases in Nepal. IUVDT World STD/AIDS Congress. Singapore. March 1995.

**Moktan P.**

Presentation on A Qualitative Study of Chemists' Shops on the Land Transportation Routes from Naubise to Janakpur and Birgunj. National Center for AIDS and STD Control. Kathmandu, Nepal. April 13, 1995.

**Regmi, S.**

Presentation on A Baseline Study of Commercial Sex Workers and Sex Clients on the Land Transportation Routes from Naubise to Janakpur. National Center for AIDS and STD Control. Kathmandu, Nepal. April 13, 1995.

**Shresta, B.**

Presentation on An Assessment of Traffic Patterns and the HIV/AIDS Situation on the Trucking Routes Between India, Nepal, and Bangladesh. National Center for AIDS and STD Control. Kathmandu, Nepal. April 13, 1995.

**Lamprey P.**

Presentation on Overview of AIDSCAP. Women's Council. Arlington, VA. April 24, 1995.

**Brathwaite A.**

Presentation on the Rise in Prevalence of Genital Ulcers Among STD Clinic Attenders in Jamaica: Significance for HIV Transmission. 40th Annual Commonwealth Caribbean Medical Research Council (CCMRC). Barbados. April 25-30, 1995.

**Calderón R.**

Presentation on The Worldwide Epidemiology of HIV/AIDS and the Response of USAID/AIDSCAP in Latin America and the Caribbean. IInd National Meeting of USAID/AIDSCAP Implementing Agencies in Brazil. Caxambú, Minas Gerais. May 1995.

**Lamprey P.**

Presentation on AIDSCAP Update. Program Committee, FHI Board of Directors. Research Triangle Park, North Carolina. May 6, 1995.

**Dallabetta G.**

Presentation on The Fundamentals of STDs. USAID/John Snow Inc. Arlington, VA. May 8, 1995.

**Ankrah E.M.**

Presentation on Women and AIDS: A Global Perspective. Women's Day of Reflection, Haiti Country Office. Port-au-Prince, Haiti. May 26, 1995.

**Fernandes M.E.L.**

Presentation on An Overview of AIDSCAP Projects in Brazil. Second National AIDSCAP Meeting. Caxambu, Brazil. May 1995.

**Lamprey P.**

Presentation on AIDS Prevention in Developing Countries: An Update. State of the Art Meeting. Arlington, VA. June 14, 1995.

**Clark R.**

Presentation on Community-Based Condom Sales. National AIDS Control Program. Kigali, Rwanda. June 15, 1995.

**Lampzey P.**

Presentation on AIDS Prevention and Care in Developing Countries. Audience: General Practitioners in the Reston-Herndon area. Reston, VA. June 15, 1995.

**Ankrah E.M.**

Keynote presentation on Women, Family and AIDS Prevention. Area of Affinity Workshop on Women, Family and AIDS Prevention. The Women's Studies Center, Faculty of Social Sciences, Chiang Mai University. Chiang Mai, Thailand. July 4, 1995.

**Ankrah E.M.**

Presentation on The Society for Women and AIDS in Africa (SWAA): Sharing the Vision with Women of Asia. Area of Affinity Workshop on Women, Family, and AIDS Prevention. The Women's Studies Center, Faculty of Social Sciences, Chiang Mai University. Chiang Mai, Thailand. July 6, 1995.

**Forsythe S.**

Presentation on the Economic Impact of HIV/AIDS on Thailand's Private Sector and the Cost-Effectiveness of Prevention. AIDSCAP/FHI Meeting of Private Sector Leaders. Bangkok, Thailand. July 6, 1995.

**Forsythe S.**

Presentation on Opportunities for the Sustainability of Services at Bangkok's Public and Private STD Clinics. Meeting of STD Service Providers. Bangkok, Thailand. July 7, 1995.

**Hayman J.**

Presentation on Activities Update of the IEC Working Group. USAID-funded Collaborating Agencies Meeting. Nairobi, Kenya. July 25, 1995.

**Brathwaite A.**

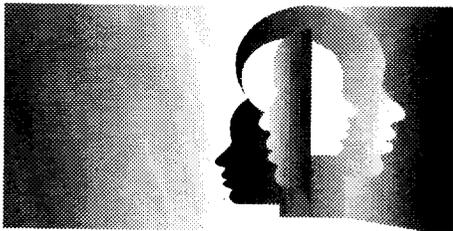
Presentation on Syndromic Approach to STD Control in Jamaica. Medical Association of Jamaica, 6th STD/HIV Practitioner Workshop. Kingston, Jamaica. July 30, 1995.

**Lampzey P.**

Presentation on Trends in AIDS Prevention and Treatment. Medical Association of Jamaica, 6th STD/HIV Practitioner Workshop. Kingston, Jamaica. July 30, 1995.

**Leone P.**

Presentation on STD Clinical Research Update. Medical Association of Jamaica, 6th STD/HIV Practitioner Workshop. Kingston, Jamaica. July 30, 1995.



**AIDSCAP**

222

---

**Lamptey P.**

Keynote Speech on Update on AIDS Prevention and Treatment. Final Workshop/STD Treatment and Diagnosis. Medical Association of Jamaica. July 30, 1995.

**Calderón R.**

Presentation on The USAID/AIDSCAP HIV/AIDS Prevention Program & Strategies. HIV/AIDS Honduras Program Workshop for Implementing Agencies. Tegucigalpa, Honduras. July, 1995.

**Lamptey P.**

Presentation on AIDSCAP Update. TAG Meeting. Arlington, VA. August 10, 1995.

**Ankrah E.M.**

Moderator of press conference on Women and AIDS in collaboration with Women and AIDS: A Coalition Educating for Empowerment and Prevention. National Press Club. Washington, D.C. August 16, 1995.

---

**THIRD USAID  
HIV/AIDS  
PREVENTION  
CONFERENCE.  
WASHINGTON,  
DC.  
AUGUST 7-9, 1995.**

---

---

**Plenary Session**

**Lamptey P.**

Comprehensive HIV/STD Prevention Programs.

---

**Chairs**

**Holmes K.**

Oral Session: Case Management of Sexually Transmitted Diseases.

**Makinwa B.**

Oral Session: HIV Education: Working with the Media.

**Preble E.**

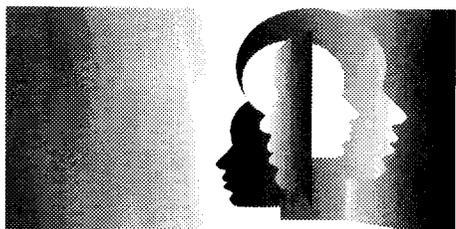
Oral Session: Impact of Culture, Socioeconomic Status, and Gender on HIV.

**Schellstede W.**

Oral Sessions: The Private Sector Response to HIV/AIDS.

**Schwarzwalder A.**

Oral Session: Policy Dialogue: What It is and How To Use It.



**AIDSCAP**

---

**Panelist**

**Hassig S.**

Roundtable Session: Benchmarks

---

**Respondents**

**Génécé E.**

Roundtable Session: Prevention and Care.

**Wienrawee P.**

Roundtable Session: Behavior Change Communication.

---

**Presentations**

**de Almeida V.**

Cabaret Prevenção: Expressionist Theatre and HIV/AIDS Prevention for Men Who Have Sex With Men in Brazil.

**Ankrah E.**

Building Alliances Across Borders: Women Networking on HIV/AIDS Prevention in Southeast Asia.

**Benjamin J.**

AIDS Prevention in a Society in Crisis: The Case of Rwanda Refugees in Tanzania

**Brenden N.**

From Denial to Response: Factors Influencing the Evolution of HIV/AIDS Prevention Policies of the Royal Thai Government (RTG).

**Brenden N.**

Developing a Center of Excellence in HIV/AIDS Training.

**Butler de Lister M.**

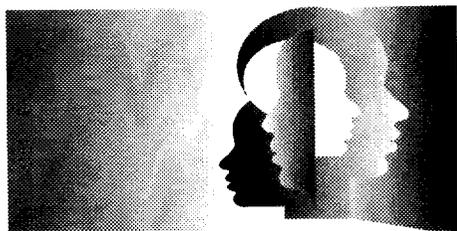
AIDS Policy Program in the Dominican Republic: Keeping AIDS on the Agenda.

**Cato M.**

Haiti Condom Social Marketing Program: Safety Net-Private Sector Condom Distribution Versus Free Condom Distribution in Time of Crisis.

**Dallabetta G.**

Comparison of Data on Quality of Provider Performance on STD Case Management: Direct Observations, Provider Interviews, and Simulated Patients.



**AIDS CAP**

224

**Dallabetta G.**

Male STD Health-Care-Seeking Behavior in Bangkok, Thailand.

**Denison J.**

Targeting Interventions for the Prevention of HIV Infection in Developing Countries: When to Begin Targeting Non-Core Groups.

**Fernandes M.E.L.**

Study of Urethritis Management in Pharmacies in São Paulo, Brazil.

**Ferreros C.**

Condom Social Marketing Experience in Brazil.

**Génécé E.**

NGO Condom Social Marketing in Haiti: A Motivating Model for Condom Promotion and Distribution.

**Ghee A.**

Communications for Sexually Transmitted Disease Programs: An Opportunity for Innovation.

**Ghee A.**

Comparison of STD Prevalence and the Behavioral Correlates of STD Among Registered and Unregistered Female Sex Workers (FSWs) in Manila and Cebu City, Philippines.

**Githens W.**

Rapid Response Funds: Supporting Community-based Initiatives in HIV Prevention.

**Grimard B.**

Haiti Condom Social Marketing Program, Rara Celebration: Integrating Cultural Activities With Condom Promotion and Sales.

**Gunawan S.**

The Impact of Policy Study Programs: The Case of Indonesia.

**Hogle J.**

The Bangkok Behavioral Surveillance Survey (BSS): Methodology and Use in HIV Prevention Programming.

**Hughes V.**

AIDS, Sexuality, Sexually Transmitted Diseases...Everything You Always Wanted to Know and Had the Courage to Ask: A Book for Commercial Sex Workers (CSWs).

**Hylton-Kong T.**

Tutorial Training for Syndromic STD Case Management in a Kingston, Jamaica, STD Clinic.

**Kamenga M.**

Premarital Screening for Human Immunodeficiency Virus Infection: Issues to Consider.

**Kornfield R.**

Perspectives on AIDS Education in Primary Schools: Evaluation of the HIV/AIDS Education Orientation for Primary School Teachers in Malawi.

**MacNeil J.**

Closing the Gap: Care Is a Form of Prevention.

**Mahler H.**

Fear-based and Content-free Information, Education and Communication (IEC) Messages: The Academic Perspective Versus the Field Reality.

**Manyathi S.**

Community HIV/AIDS Pilot Project (CHAMPS) Phase I.

**Mugrditchian D.**

Promotion of Standard STD Case Management Guidelines in Nepal.

**Niang C.**

A Targeted Intervention Research Study for STD Program Design in Senegal.

**Nyamete A.**

Mobilizing the Business Sector to Respond to the HIV/AIDS Crisis in Africa: Findings and Experiences of the Private Sector AIDS Policy Presentation (PSAPP) Activity.

**Nyamuryekung'e K.**

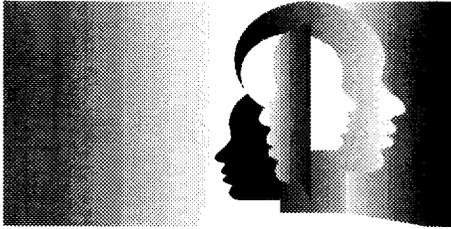
STD Services for Women in Truck Stops in Tanzania: An Evaluation of Acceptable Approach.

**Ochola P.**

Does the "Fleet of Hope" Hold Water? An Evaluation of a Controversial Campaign to Provide a Personal Assessment of Risk.

**Parker R.**

Sexual Behavior and Behavior Change Among Men Who Have Sex With Men in Brazil, 1989-1994.



**AIDSCAP**

226

---

**Paterson P.**

Brazil Logistics Management of Essential Commodities for AIDS Prevention.

**Sangiwa G.**

A Study of the Impact of HIV Counseling and Testing on Behavior Change in Tanzania: Justification and Methods.

**Steen R.**

Partner Referral as a Component of Integrated STD Services in Two Rwandan Towns.

**Tchupo J.P.**

The MSTOP Experience in Cameroon: Conclusions.

**Umozurike J.**

An Innovative Initiative for Targeting Commuters in Traffic Jams in Lagos, Nigeria, through the AIDSCAP Rapid Response Fund.

**Umozurike J.**

Effectiveness of Mass Media Campaigns as Catalyst for Behavior Change Communication.

**Wasek G.**

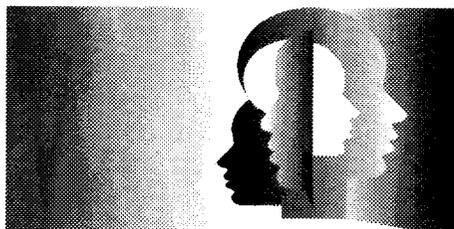
National AIDS Control Policy and Planning for Condom Requirements Forecasting.

**Wienrawee P.**

Behavioral Effects of HIV Outreach Communication and Peer Education to Male Laborers in Factories in Bangkok, Thailand.

**Wienrawee P.**

Promoting a Sense of Ownership as a Critical Aspect of Capacity Building



## AIDSCAP

227

---

**ELEVENTH  
MEETING OF THE  
INTERNATIONAL  
SOCIETY FOR  
STD RESEARCH  
(ISSTD).**  
**AUGUST 27-30,  
1995.**  
**NEW ORLEANS,  
LA.**

---

---

### **Presentation**

**Anyangwe S., Wiseman J. Jackson R. and Dallabetta G.**

STD management in Zambia: Making a Case for the Syndromic Approach.

---

### **Posters**

**Brathwaite A., Behets F., Bennett L., Douglas K-G., Williams Y., Whitbourne F., Bryce J., Dallabetta G., Cohen M. and Figueroa J.P.**

Decentralization of Syphilis Screening for Prompt Treatment and Improved Contact Tracing in Jamaican Public Health Clinics.

**Crabbe F., van Dyck E., Dallabetta G. and Laga M.**

Gonococcus Antimicrobial Susceptibility Surveillance in Africa: Perspectives.

**Desormeaux J., Behets F., Adrien M., Dallabetta G. and Boulos R.**

Knowledge, Perception and Attitudes Regarding STDs Among Pregnant Women and Their Partners Living in a Poor Urban Community in Haiti.

**Douglas K-G.**

Improving a Contract Investigator Program as Part of Effort to Control Syphilis in Jamaica.

**Fehler H.G., Ye H., Dangor Y., Radebe F., Ntsekhe P., Plier P., Lee H. and Ballard R.**

Sexually Transmitted Diseases Among Women Attending STD, Family Planning, and Antenatal Clinics in Maseru, Lesotho.

**Figueroa J.P.**

Prevalence of Human Papilloma Virus (HPV) Among STD Clinic Attenders in Jamaica: Association of Younger Age and Sexual Activities.

**Génécé E., Behets F. and Dallabetta G.**

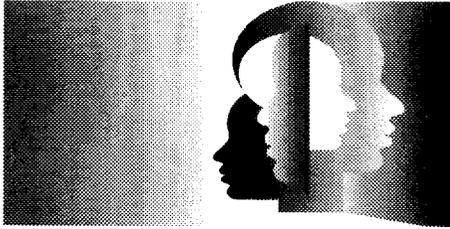
Approaches to Development of STD Control Programs in Haiti (1992-1995).

**Ghee A.E., Field M., Dubow J., Flanagan D. and Dallabetta G.A.**

Communications for Sexually Transmitted Disease Programs: An Opportunity for Innovation.

**Green M., Brathwaite A., Hoffman I., Figueroa P., Wedderburn M., Dallabetta G., Behets F. and Cohen M.**

Improving STD Case Management in the Private Sector: The Jamaican Experience.



**AIDSCAP**

228

---

**Kendall K., Ghee A., Helitzer-Allen D., Allen H., Hogle J., Dubow J., Lurie M., Field M. and Dallabetta G.**

Research for Sexually Transmitted Disease Programming: A Rapid Ethnographic Approach.

**Sangare O.F., Ryan C.A., Diarra A.S., Kouliabail A., Dallabetta G. and Holmes K.K.**

Clinical Algorithms for the Screening of Women for STD. Evaluation in a High-Risk Population in Mali.

**Tempongko S.B., Tigalo T.V., Ghee A.E., Wi T.E. and Mugrditchian D.**

Targeted Intervention Research on Sexually Transmitted Diseases in the Setting of Commercial Sex, Manila and Cebu City, the Philippines.

**Verley J.R.**

Detection of *C. trachomatis* (CT) in a Jamaican STD Clinic Population.

---

**Ankrah E.M.**

Panels on Women and AIDS organized by the AIDSCAP Women's Initiative in collaboration with Women and AIDS: A Coalition Educating for Empowerment and Prevention. NGO Forum on Women Schedule of Activities, Beijing, China, August 1995.

**Ankrah E.M.**

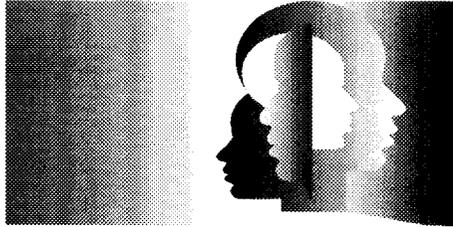
Moderator of World Health Organization panel on Women and AIDS. The United Nations Fourth World Conference on Women. Beijing, China. September 5, 1995.

**Preble E.A.**

Child- and Youth-Centered Strategies for HIV/AIDS Prevention. 6th Millennium PAHO/INMED Conference. Washington DC. September 11, 1995.

**Forsythe S.**

Presentation on Methods of Performing Cost Analyses. Asia Regional STD Workshop. Bangkok, Thailand. September 14, 1995.



**AIDSCAP**

---

**THIRD  
INTERNATIONAL  
CONFERENCE ON  
AIDS IN ASIA  
AND THE PACIFIC.  
CHIANG MAI,  
THAILAND.  
SEPTEMBER 17-21,  
1995.**

---

---

**Symposium**

Lamprey P.

Co-Chair: Symposium V on Women and AIDS.

---

**Workshop**

Hartwig K.

Moderator of AIDSCAP preconference workshop: Creating an Asian Network on Women and AIDS.

---

**Panels**

Bennett A.

Moderator of panel, Innovative Strategies for Difficult-to-Reach Populations.

Burian C.

Presenter on panel, Women and AIDS: Results of the Satellite Symposium to Create an Asian Network on Women and AIDS.

Hartwig K.

Moderator of panel, Reporting on the Beijing Conference and NGO Forum: Implications for the HIV Epidemic in Women.

---

**Oral Presentations**

Benjarattanaporn P.

Male Health-Care-Seeking Behavior related to STDs and AIDS in Bangkok, Thailand.

Lamprey P.

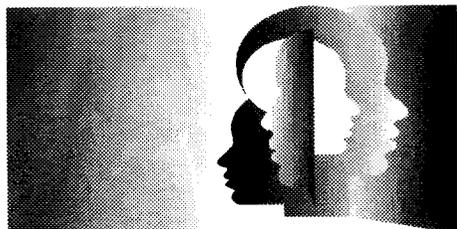
Reaching Bisexual Men and Clients of CSWs.

Mills S.

The Bangkok Behavioral Surveillance Survey (BSS): Methodology and Use in HIV Prevention Programming.

Mugrditchian D.

STD and STD Control Efforts in Asia.



**AIDSCAP**

230

---

**Regmi S.C.**

STD and STD Health-Seeking Behavior among CSWs and their Clients, and the Role of Chemist Shops as Source of STD Treatment in Central Nepal.

**Shrestha B.K.**

Areas of Infinity: Risk Along the Truck Routes of Northern India.

**Shrestha R.K.**

Promoting Standard STD Case Management Guidelines in Nepal.

**Wiebel W.**

Strategic Planning for AIDS Prevention in Five Indonesian Cities.

---

**Poster Presentations**

**Abellanosa I.**

Comparison of STD Prevalence and Behavioral Correlates of STDs among Registered and Unregistered Female Sex Workers in Manila and Cebu City, Philippines.

**Apaiwong O.**

Bangkok Fights AIDS: A Community Mobilization Approach.

**Burian C.**

Developing A Center of Excellence in HIV/AIDS Training.

**Burian C.**

Journalist Workshops as a Means to Promote Accurate Information to the Public and Policy Makers.

**Chinworasopak W.**

Values Training for NGOs in Preparation for Behavioral Change Communication Interventions in Workplace.

**Cox T.**

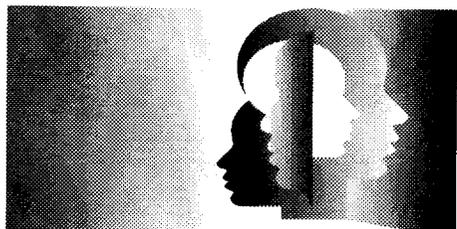
Sexual Networking in Five Urban Areas in the Nepal Terai: An Assessment.

**Neupane S.**

Sexual Networking in Five Urban Areas in the Nepal Terai: An Assessment.

**Parmualratana A.**

Areas of Affinity: Assessing the Potential for HIV Transmission Across the Thai-Cambodian Border.



**AIDSCAP**

**Pattalung R.**

Differences in Sexual Behavior and Condom Use among Lower-Income Single Women Employed in Factories and Offices in Bangkok, Thailand: Results from the Bangkok Behavioral Surveillance Surveys.

**Pekanan M.**

Helping Low-income Housewives reduce Risk of STD and HIV.

**Pollock J.**

The Use of Local Technical Working Groups (TWGs) and Technical Advisory Groups (TAGs) for Policy Advocacy and Capacity Building: Case Studies from Nepal, Thailand and Philippines.

**Porapakkham Y.**

Behavior Change Intervention among Factory Employees in Bangkok through Outreach Communication by Graduate Volunteers.

**Pyakuryal N.**

Enhancing NGO Capacities in HIV/AIDS Materials Development: Experiences from Nepal's NGO IE&C Coordination Committee.

**Regmi S.**

High-risk Behaviors Among Female Commercial Sex Workers (CSWs) and Male Clients on Transportation Routes in Nepal to and from India.

**Shrestha B.K.**

Areas of Affinity: Risk Along the Truck Routes of Northern India.

**Singhanetra-Renard, A.**

Building Alliances Across Borders: Women Networking on HIV/AIDS Prevention in Southeast Asia.

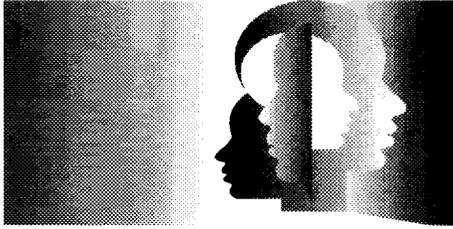
**Sundhagul D.**

Condom Use Trends and Behavioral Differences Between Direct and Indirect Commercial Sex Workers (CSWs) in Bangkok, Thailand: Results from the Bangkok Behavioral Surveillance Surveys.

---

**Dallabetta G.**

Presentation on STD Control Reduces HIV Transmissions? ICAAC. San Francisco. September 18, 1995.



**AIDSCAP**

**232**

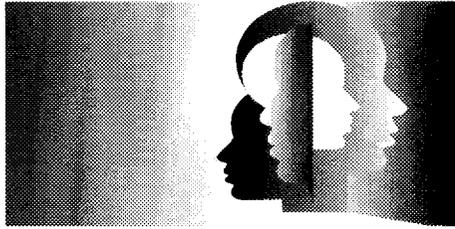
---

**Lamprey P.**

Presentation on Future Prospects for AIDSCAP and the Future of USAID and International Foreign Assistance. AIDSCAP Asia Resident Advisors Meeting. Chiang Mai, Thailand. September 22, 1995.

**Calderón R.**

Presentation on The Shift of the HIV/AIDS Pandemic to Women. V Sexuality Congress. Santo Domingo, Dominican Republic. September, 1995.



**AIDSCAP**

233

---

# **FINANCIAL**

---

# **SUMMARY**

---



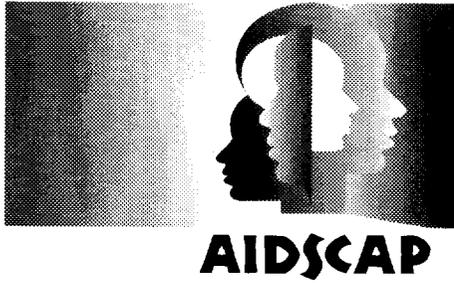
# ADD-ONS AND OYB TRANSFERS BY REGION

234

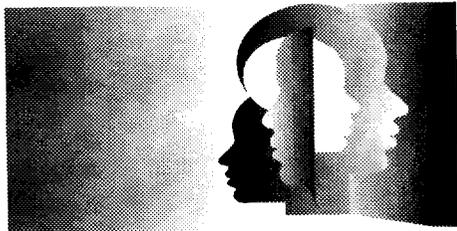
Family Health International/AIDSCAP  
ADD-ONS AND OYB TRANSFERS BY REGION  
COOPERATIVE AGREEMENT DPE-5972-A-1031  
CONTRACT HRN-5972-Q-00-4002

SEPTEMBER 30  
1995

|                 | Fiscal Year<br>1995 | Prior Fiscal<br>Years | Total             |
|-----------------|---------------------|-----------------------|-------------------|
| <b>AFRICA</b>   |                     |                       |                   |
| Africa Regional |                     | 527,175               | 527,175           |
| Burundi         |                     | 490,894               | 490,894           |
| Cameroon        |                     | 1,550,000             | 1,550,000         |
| Côte d'Ivoire   |                     | 79,776                | 79,776            |
| Ethiopia        |                     | 2,465,000             | 2,465,000         |
| Kenya           | 1,396,182           | 3,200,000             | 4,596,182         |
| Lesotho         |                     | 624,000               | 624,000           |
| Malawi          |                     | 400,000               | 400,000           |
| Mali            |                     | 475,000               | 475,000           |
| Morocco         | 54,585              | 775,000               | 829,585           |
| Niger           |                     | 150,000               | 150,000           |
| Nigeria         |                     | 4,720,000             | 4,720,000         |
| Rwanda          |                     | 4,200,000             | 4,200,000         |
| Senegal         | 2,538,396           | 3,900,000             | 6,438,396         |
| South Africa    | 2,268,584           | 4,323,000             | 6,591,584         |
| Tanzania        | 3,000,000           | 6,196,200             | 9,196,200         |
| Uganda          |                     | 200,000               | 200,000           |
| Zimbabwe        | 1,061,688           | 3,438,312             | 4,500,000         |
| <b>SUBTOTAL</b> | <b>10,319,435</b>   | <b>37,714,357</b>     | <b>48,033,792</b> |



|                                     | Fiscal Year<br>1995 | Prior Fiscal<br>Years | Total             |
|-------------------------------------|---------------------|-----------------------|-------------------|
| <b>ASIA</b>                         |                     |                       |                   |
| Asia Regional                       |                     | 2,500,000             | 2,500,000         |
| India                               |                     | 320,500               | 320,500           |
| Indonesia                           | 5,213,952           | 300,000               | 5,513,952         |
| Nepal                               | 499,242             | 500,000               | 999,242           |
| <b>SUBTOTAL</b>                     | <b>5,713,194</b>    | <b>3,620,500</b>      | <b>9,333,694</b>  |
| <b>LATIN AMERICA/<br/>CARIBBEAN</b> |                     |                       |                   |
| LA/C Regional                       |                     | 638,000               | 638,000           |
| Bolivia                             |                     | 49,804                | 49,804            |
| Brazil                              | 1,227,347           | 3,401,000             | 4,628,347         |
| Colombia                            |                     | 75,000                | 75,000            |
| Costa Rica                          |                     | 150,000               | 150,000           |
| Dominican<br>Republic               | 998,638             | 3,250,000             | 4,248,638         |
| Ecuador                             |                     | 298,000               | 298,000           |
| Haiti                               | 2,000,000           | 4,792,820             | 6,792,820         |
| Honduras                            | 1,853,565           |                       | 1,853,565         |
| Jamaica                             | 1,051,838           | 3,082,414             | 4,134,252         |
| Nicaragua                           | 105,190             | 130,000               | 235,190           |
| Peru                                | 14,055              |                       | 14,055            |
| <b>SUBTOTAL</b>                     | <b>7,250,633</b>    | <b>15,867,038</b>     | <b>23,117,671</b> |
| <b>OTHER</b>                        |                     |                       |                   |
| CDC                                 |                     | 100,000               | 100,000           |
| NIAID                               |                     | 400,000               | 400,000           |
| Women in<br>Development             |                     | 582,000               | 582,000           |
| <b>SUBTOTAL</b>                     | <b>0</b>            | <b>1,082,000</b>      | <b>1,082,000</b>  |
| <b>TOTAL</b>                        | <b>23,283,262</b>   | <b>58,283,895</b>     | <b>81,567,157</b> |



**AIDSCAP**

# **AIDSCAP FY95 EXPENDITURES BY PROGRAM**

236

**OCTOBER 1, 1994 - SEPTEMBER 30, 1995  
PRELIMINARY, UNAUDITED FIGURES**

|   |                   |           |
|---|-------------------|-----------|
| <b>Country Programs</b>                             | <b>34,932,863</b> |           |
| <b>Headquarters Support to<br/>Country Programs</b> | <b>7,243,724</b>  |           |
| Program Management                                  |                   | 1,219,949 |
| Sexually Transmitted Diseases                       |                   | 1,261,559 |
| Condoms   |                   | 563,975   |
| Behavior Change                                     |                   | 444,007   |
| Behavioral Research                                 |                   | 776,186   |
| Policy  |                   | 372,753   |
| Information Dissemination                           |                   | 1,464,145 |
| PVO Program   |                   | 97,810    |
| Evaluation  |                   | 410,866   |
| New Program Initiatives                             |                   | 632,474   |
| <b>AIDSCAP Administration</b>                       | <b>2,658,975</b>  |           |
| <b>TOTAL AIDSCAP PROJECT</b>                        | <b>44,835,562</b> |           |

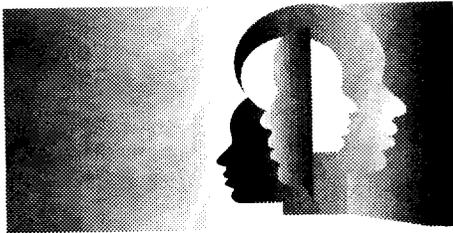


# AIDSCAP FY95 EXPENDITURES BY COUNTRY

237

OCTOBER 1, 1994 - SEPTEMBER 30, 1995  
PRELIMINARY, UNAUDITED FIGURES

|  |                   |           |
|--|-------------------|-----------|
| <b>AFRICA</b>                                      | Cameroon          | 723,755   |
|  | Côte d'Ivoire     | 155,740   |
|  | Ethiopia          | 1,202,020 |
|  | Guinea            | 81,621    |
|  | Kenya             | 1,337,050 |
|  | Lesotho           | 318,641   |
|  | Mali              | 73,261    |
|  | Morocco           | 282,540   |
|  | Niger             | 12,654    |
|  | Nigeria           | 1,112,923 |
|  | Rwanda            | 1,557,670 |
|  | Senegal           | 2,307,241 |
|  | South Africa      | 1,361,374 |
|  | Tanzania          | 3,118,891 |
|  | Uganda            | 62,676    |
|  | Zambia            | 297,361   |
| Zimbabwe   | 1,352,511         |           |
| Africa Region                                      | 3,654,713         |           |
| Headquarters support to country programs in Africa | 3,942,507         |           |
| <b>SUBTOTAL</b>                                    | <b>22,955,149</b> |           |



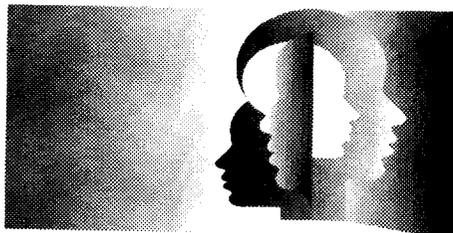
## AIDSCAP

238

---

|             |   |                  |
|-------------|---|------------------|
| <b>ASIA</b> | <b>Bangladesh</b>                                       | 59,586           |
|             | <b>Cambodia</b>   | 1,633            |
|             | <b>India</b>  | 320,693          |
|             | <b>Indonesia</b>  | 200,048          |
|             | <b>Lao P.D.R.</b>                                       | 58,243           |
|             | <b>Mongolia</b>   | 8,279            |
|             | <b>Nepal</b>  | 649,400          |
|             | <b>Philippines</b>                                      | 159,682          |
|             | <b>Sri Lanka</b>  | 8,277            |
|             | <b>Thailand</b>   | 2,303,843        |
|             | <b>Asia Region</b>                                      | 1,841,918        |
|             | <b>Headquarters support to country programs in Asia</b> | 1,163,622        |
|             | <b>SUBTOTAL</b>   | <b>6,775,224</b> |

---



## AIDSCAP

239

### LATIN AMERICA/ CARIBBEAN

|   |                   |
|---|-------------------|
| Brazil  | 2,649,176         |
| Chile   | 9,562             |
| Colombia  | 6,941             |
| Costa Rica                                      | 68,147            |
| Dominican Republic                              | 1,866,963         |
| Ecuador   | 7,287             |
| Haiti   | 2,388,015         |
| Honduras  | 577,538           |
| Jamaica   | 1,640,459         |
| Mexico  | 87,053            |
| Nicaragua                                       | 121,700           |
| Latin American Region                           | 885,778           |
| Headquarters support to country programs in LAC | 2,137,595         |
| <b>SUBTOTAL</b>                                 | <b>12,446,214</b> |
| AIDSCAP Administration                          | 2,658,975         |

---

|                              |                   |
|------------------------------|-------------------|
| <b>TOTAL AIDSCAP PROJECT</b> | <b>44,835,562</b> |
|------------------------------|-------------------|

---

O N D J F M A M J J A S

**Rwanda (7)**  
Workshop on BCC material development  
Phase II of refugee project  
Journalist workshops on HIV/STD

**Senegal (18)**  
Implement counseling and care management program  
Form policy working group & modeling team to adapt AIM model  
Strengthen STD diagnosis and treatment capacity

**South Africa (10)**  
Program review  
Program redesign

**Tanzania (20)**  
Program review  
Training for fund raising  
Training for home-based care & counseling

**Zambia (2)**  
Develop service contracts for BCC materials & disseminate materials within Morehouse Project and National STD program

**Zimbabwe (7)**  
Implement agencies workshop  
Launch Triangle subagreement  
Program review  
KABP survey for implementing agencies  
Program expansion planning

**ASIA**

**Asia Region (6)**

**India Area of Affinity (1)**

**India (2)**

**Indonesia (6)**  
Hire Res. Advisor & country office staff  
Conduct strategic and implementation planning & assessment  
Conduct proposal development workshops for HAPP IAs  
Begin initiation of subprojects  
Launch condom social marketing project

**Nepal (9)**

**Sri Lanka (1)**

**Thailand (8)**  
Evaluation of capacity building efforts by BFA  
Conduct final two rounds of BSS survey  
Document & disseminate lessons learned  
Write final report & close-out country program

**LATIN AMERICA AND CARIBBEAN**

**LAC Region (3)**

**Brazil (9)**  
Expansion design  
Disseminate proj. results nationally & internationally  
Assist IAs in drafting final reports

**Chile (1)**

**Dominican Republic (7)**  
BCC Adolescent Youth Campaign  
Begin CLM-PVL Proj. (nat. distr. of Pantera condoms)  
Private sector leveraging

**Ecuador (1)**

**Haiti (14)**  
Meeting to standardize national algorithm for STD care management  
Strategic planning workshop for proj. managers  
Project close-out

**Honduras (11)**  
Design National Office Communication Plan  
Assist national STD program to develop STD guidelines and prevalence data

**Jamaica (15)**  
Strengthen STD program at the Comprehensive Health Center  
Strengthen support systems to Jamaican AIDS Support and people living with HIV/AIDS

**Mexico (1)**  
Close-out FEMAP project

**Nicaragua (1)**

# AIDSCAP Annual Work Plan

## Headquarters Activities

|  | O | N | D | J | F | M | A | M | J | J | A | S |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| Publish <i>AIDS</i> captions   |   | ■ |   |   |   |   | ■ |   | ■ |   |   |   |
| IXth International Conference on AIDS & STD in Africa  |   |   | ■ |   |   |   |   |   |   |   |   |   |
| IVth Panamerican Conference on AIDS/Santiago   |   | ■ |   |   |   |   |   |   |   |   |   |   |
| 11th International Conference on AIDS/Vancouver  |   |   |   |   |   |   |   |   |   | ■ |   |   |
| Publish quarterly reports  |   |   |   |   | ■ |   |   | ■ |   |   | ■ |   |
| Publish annual report  |   |   | ■ |   |   |   |   |   |   |   |   |   |
| Launch program close-out planning/reporting  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Develop guidelines for EOP Evaluation reports  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| TAG Meeting  |   |   |   |   |   |   |   |   |   |   |   | ■ |
| Develop strategy for formulating and disseminating lessons learned   |   |   | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Analysis of Peer Education Study/Final Report dissemination  |   |   |   |   | ■ |   |   |   |   |   |   |   |
| Launch NGO Initiative  |   |   |   |   |   | ■ |   |   |   |   |   |   |
| Development of mass media training curriculum  |   |   |   |   |   | ■ |   |   |   |   |   |   |
| BCC lessons learned data collection/analysis/report writing for 14 countries                                   |   |   |   |   |   |   |   |   |   |   | ■ | ■ |
| Completion of Theory Fact Sheets   |   |   |   |   |   | ■ |   |   |   |   |   |   |
| Completion of project papers on community-based HIV prevention, emerging technologies, and HIV and youth       |   |   |   |   |   |   |   |   |   | ■ |   |   |
| Dissemination of major behavior research findings via monographs   |   |   |   |   |   |   |   |   | ■ |   |   |   |
| Conduct condom audits in three AIDSCAP priority countries  | ■ |   |   |   |   | ■ |   | ■ |   |   |   |   |
| Publish & disseminate PSAPP (workplace policies) resource materials  |   |   |   |   |   | ■ |   |   |   |   |   |   |
| Release technical guidelines on conducting socioeconomic impact assessments                                    |   |   |   |   |   | ■ |   |   |   |   |   |   |
| Convene AIDS and Economics Network meeting   |   | ■ |   |   |   | ■ |   |   |   |   |   |   |
| Policy Assessments in India and Indonesia  |   |   |   |   | ■ |   |   |   |   |   |   |   |
| Release of guidelines on organizing policy advocacy campaigns  |   |   |   |   | ■ |   |   |   |   |   |   |   |
| Publication of <i>STD Handbook</i> for program managers  |   |   |   |   | ■ |   |   |   |   |   |   |   |
| Completion of targeted intervention research (TIR) in Ethiopia, the Philippines, Senegal, and South Africa     |   |   |   |   |   | ■ |   |   |   |   |   |   |
| Release of Africa gonorrhea susceptibility data  |   |   |   |   |   |   |   | ■ |   |   |   |   |
| Dissemination of situation analysis & communication planning documents (Mass Communication & Mobilization TSG) |   |   |   |   | ■ |   |   |   |   |   |   |   |
| Distribution of CD-ROM to UNICEF country & collaborating offices   |   |   |   |   |   | ■ |   |   |   |   |   |   |

## Country Work Plans

Number in parentheses indicates ongoing/developing subprojects

| AFRICA   |  | O | N | D | J | F | M | A | M | J | J | A | S |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Africa Region (4)</b>                                     |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| <b>Cameroon (7)</b>  |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Retrain public health educators                              |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| Evaluation of BCC material for CSW project                   |  |   |   | ■ |   |   |   |   |   |   |   |   |   |
| STD guidelines training                                      |  |   |   |   | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| End-of project evaluation                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Côte d'Ivoire (1)</b>                                     |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Ongoing activities under PVO grant to Africare               |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| <b>Ethiopia (12)</b>   |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Conduct end-of project lessons learned seminar               |  |   |   |   |   |   |   |   |   |   |   |   |   |
| Negotiate transition to ESHE                                 |  |   |   |   |   |   |   |   |   |   |   |   |   |
| Workshop on women and AIDS for female teachers               |  |   |   |   |   |   |   |   |   |   |   |   |   |
| Program close-out  |  |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Kenya (16)</b>  |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Program review   |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| Female condom study  |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| NGO Consortium/Res. Ctr. mid-term evaluation                 |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| AIDSCAP implementing agency national workshop                |  |   |   |   |   |   |   |   |   |   |   |   |   |
| NACP surveillance upgrading                                  |  |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Morocco (1)</b>   |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| STD prevalence assessment & final reports on prevalence data |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| <b>Nigeria (9)</b>   |  | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Condom logistics workshop                                    |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| Public health educator training workshop                     |  |   |   |   |   |   |   |   |   |   |   |   |   |
| Initiate AWI projects in Lagos, Cross River, & Jigawa        |  | ■ |   |   |   |   |   |   |   |   |   |   |   |
| Media workshop   |  | ■ |   |   |   |   |   |   |   |   |   |   |   |