

**AIDSCAP**

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**1996**

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**ANNUAL**

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**REPORT**

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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.



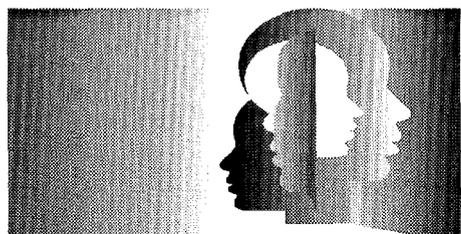


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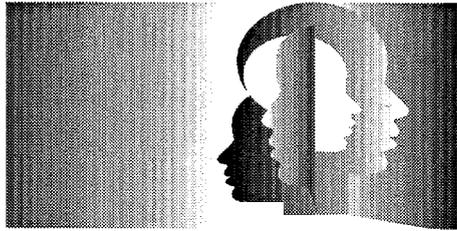
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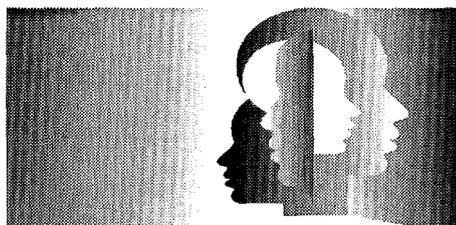
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# **ACRONYMS AND**

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# **ABBREVIATIONS**

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# ACRONYMS AND ABBREVIATIONS

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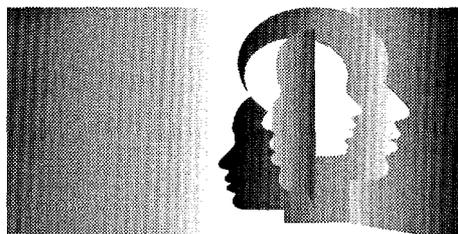
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<b>ACE</b>	AIDS community educator
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AIDSCAP</b>	AIDS Control and Prevention Project
<b>AIDSCOM</b>	AIDS Public Health Communication Project (former USAID-supported project of the Academy for Educational 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>AoA</b>	Area of Affinity
<b>AWI</b>	AIDSCAP Women's Initiative
<b>BCC</b>	behavior change communication
<b>BSS</b>	behavioral survey 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>EOP</b>	end of project
<b>EEC</b>	European Economic Community
<b>FGD</b>	focus group discussion
<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



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<b>GTZ</b>	German Technical Assistance Cooperation
<b>GUD</b>	genital ulcer disease
<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>JSI</b>	John Snow Incorporated
<b>KABP</b>	knowledge, attitudes, beliefs, and practices
<b>LA/C</b>	Latin America/Caribbean Region
<b>MAFH</b>	men way from home
<b>MCH</b>	maternal and child health
<b>MIS</b>	management information system
<b>MOR</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MPSC</b>	multiple partner sexual contact
<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>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>PVO</b>	private voluntary organization
<b>PWA</b>	person with AIDS
<b>PWP</b>	people in the workplace
<b>RA</b>	resident advisor

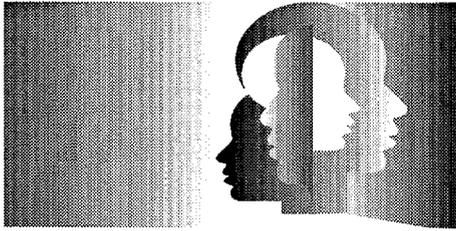


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<b>RATE</b>	Regional AIDS Training and Education Program
<b>RRF</b>	Rapid Response Fund
<b>RTI</b>	reproductive tract infections
<b>SHRP TSG</b>	Sexual and Reproductive Health Promotion Technical Support Group
<b>SOMARC</b>	Social Marketing for Change (TFG)
<b>STD</b>	sexually transmitted disease
<b>STI</b>	sexually transmitted infection
<b>TA</b>	technical assistance
<b>TAG</b>	Technical Advisory Group
<b>TFG</b>	The Futures Group
<b>TIR</b>	targeted intervention research
<b>TOT</b>	training of trainers
<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>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VHS</b>	Voluntary Health Services
<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



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# **INTRODUCTION:**

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# **SUMMARY**

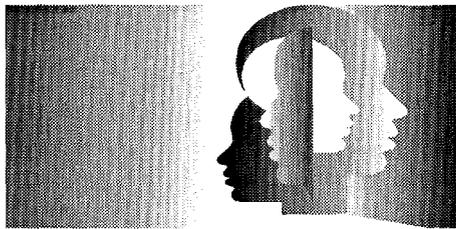
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# **OF**

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# **ACTIVITIES**

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## **SUMMARY OF ACTIVITIES FY96**

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The AIDS Control and Prevention (AIDSCAP) Project was designed to strengthen the capacity of developing countries to lower HIV transmission rates through state-of-the-art prevention programs that increase condom use, decrease sexually transmitted infections, and promote behavior change. At the close of its fifth year, AIDSCAP is achieving these goals through its support of comprehensive projects in 17 countries and smaller-scale efforts in an additional 14 countries.

AIDSCAP's success confirms the value of its partnerships in the developing world with more than 300 private and public sector institutions in program design, implementation, and evaluation. After five years, these solid linkages forged through collaboration have helped create a unique international portfolio of lessons learned and best practices in prevention.

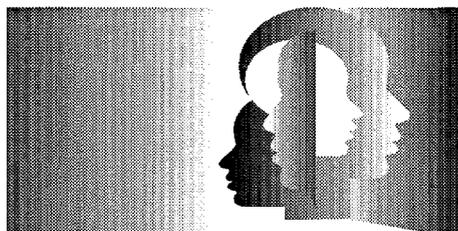
This annual report describes AIDSCAP's efforts during its fifth year to support and enhance multidimensional HIV prevention programs around the world, and demonstrates the global leadership that USAID is providing in HIV/AIDS prevention through its flagship program.

### **Improved Multidimensional Programs**

At the end of year five, AIDSCAP was supporting comprehensive programs in 17 countries around the world: Brazil, Cameroon, the Dominican Republic, Ethiopia, Honduras, India, Indonesia, Jamaica, Kenya, Nepal, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Thailand, and Zimbabwe. These programs share the same goals, even as they differ greatly in focus, approach, and management structure, based on needs identified by in-country stakeholders and consumers. Programs also share two other important attributes: project managers have successfully woven multiple subprojects into a cohesive, collaborative whole, and have also established partnerships with other donor-funded projects to maximize scope and effectiveness.

In the project's fifth year, several country programs have moved beyond AIDSCAP support. Support to Haiti, one of the first AIDSCAP programs, was completed in March 1996; country program activities came to a close in August 1996 for Jamaica and Thailand; and in Cameroon, activities are to be completed at the end of the 1996 fiscal year. Yet even as programs were preparing to evolve beyond AIDSCAP support, the Indonesia program was formally launched, and needs assessments were conducted in collaboration with USAID missions in Egypt and Mozambique.

Key process indicators demonstrate the high productivity and momentum of AIDSCAP during its fifth year. Condom distribution for the year was up 42 percent over FY95, with condom social marketing accounting for 80 percent of the condoms distributed. More than 55 million condoms were distributed in year five; more than 200 million have been distributed over the life of AIDSCAP. Nearly 6 million people around the world were reached this year by behavior change interventions designed to support the adoption of risk reduction behaviors; more than 11 million have been reached over AIDSCAP's five years. More than 50,000 health care providers, program managers, community-based volunteers, and key



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opinion leaders received training to upgrade skills and to improve the effectiveness of their efforts to address HIV prevention this year; nearly 140,000 have been trained over AIDSCAP's life. In all, more than one-quarter of the condoms distributed, half of the individuals reached through behavior change interventions, and one-third of the individuals participating in skill-building efforts over the entire life of the project were achieved this year, as programs designed and launched in previous years reached maturity.

Impressive gains, as measured by process indicators, only tell part of the story. In year five, AIDSCAP again demonstrated its unique capacity to respond to the evolving needs of the HIV/AIDS pandemic by expanding its focus on new population target groups, articulating new models of community integration, strengthening the role of the private sector, and building community consensus for HIV prevention programming. AIDSCAP's ongoing commitments to program sustainability and enhanced capacity of in-country institutions were fortified by the synergistic effects of this evolving response.

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**Expanded  
Population Reach**

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In year five, AIDSCAP continued its efforts to address the needs of emerging populations, particularly women and adolescents. In the Dominican Republic (DR), for example, AIDSCAP launched a major effort to reach adolescents through a mass media-driven campaign that was very well received by the Dominicans. In Senegal, an innovative program reaches market women and the young women who apprentice with them, and another targets self-employed women through credit scheme activities. In Indonesia and Brazil, AIDSCAP collaborated with local organizations to improve prevention programs with street kids.

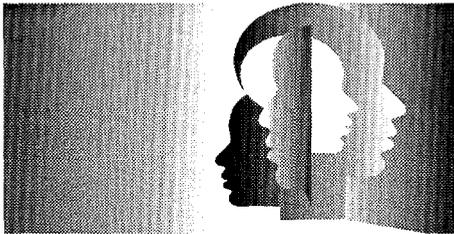
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**Public/Private  
Sector Partnerships  
and Integration**

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AIDSCAP programs around the world are demonstrating the importance of fostering strong collaborative partnerships between the public and private sectors to maximize reach, effectiveness, and use of financial and human resources. In Ethiopia, formal "focus site intervention teams" comprised of local government, private sector, and nongovernmental organizations (NGOs) conduct joint planning and implementation of prevention efforts. In Honduras, AIDSCAP facilitated the establishment of an intersectoral support committee, which is attempting to bring together various organizations—such as the business community, the chamber of commerce, the media, local office holders, human rights groups, law enforcement, and the Ministry of Health—to serve as an ad hoc collaborating committee to support the HIV/AIDS prevention efforts of its members. Such efforts foster community ownership, collaboration, reach, and sustainability.

AIDSCAP also reconfirmed the powerful role of the media in reaching critical populations, contributing to social norm change, and augmenting the resources of donor-funded activities. For example, Kenya's "AIDSWatch" column in the *East African Sunday Standard* continued to reach more than 700,000 readers each week



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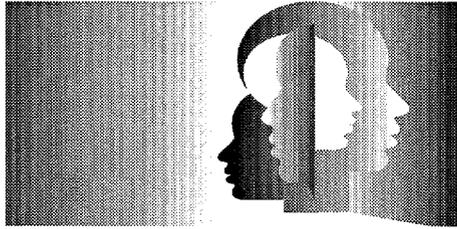
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with HIV prevention messages and personal letters from readers, who rate "AIDSWatch" as one of the most popular columns in the newspaper. AIDSCAP/Kenya's radio soap opera broadcast in five local languages was completed this year, garnering more than 27,000 letters from listeners over the life of this 16-month project. In the Dominican Republic, a national mass media youth campaign developed with \$53,000 in AIDSCAP support managed to leverage \$2.4 million worth of free air time on national radio and television. In Brazil, the popular magazine *Claudia* has published high-quality articles each month in their magazine to augment AIDSCAP/Brazil's HIV prevention efforts and to serve as model of accurate, positive reporting for journalists around the country. This year Zimbabwe launched a weekly column in the English-language *Herald* newspaper called "Meeting Point" for people living with AIDS and a radio and television program that will reach 1.3 million. Finally, AIDSCAP acknowledged the importance of accurate, insightful reporting through its "Awards for Excellence in Writing on Women and AIDS," an international competition cosponsored with the Joint United Nations Programme on AIDS (UNAIDS). More than 140 entries were submitted from journalists in 40 countries; finalists were honored at the XI International Conference on AIDS in Vancouver. The winning entries were published in a special AIDSCAP publication.

### Capacity Building

AIDSCAP's commitment to capacity building remained in the forefront of all of its efforts in year five, particularly in terms of skills building and the development and dissemination of materials, tools, and manuals to improve the quality of field implementation. For example, in Tanzania emphasis was put on maximizing the skills of outreach trainers. Nearly 200 trainers enhanced their skills in topics such as gender issues; knowledge, attitudes, beliefs, and practices (KABP) research techniques; peer education; home-based care and counseling; materials development; and sexually transmitted disease (STD) syndromic management, and they in turn trained an additional 1,600 trainers. In South Africa, the focus was on providing exposure for new prevention strategies and building linkages with U.S.-based programs as exemplified by the skills-building workshop cosponsored by AIDSCAP and the National Minority AIDS Council for South African NGOs, community-based organizations (CBOs), and government representatives. In Asia the Regional AIDS Training and Education (RATE) program conducted three major training workshops and initiated an evaluation of the impact of previous training.

In an effort to jump start activities in Indonesia, proposal development training was conducted for domestic NGO partners and stakeholders that resulted in the development of more than 20 subprojects. This workshop was modeled after similar efforts in Tanzania and Honduras. Senegal conducted special training on developing education materials for low-literacy audiences, while five African countries participated in the first multi-country workshop on gender and AIDS. A Central America regional training session was conducted on socioeconomic impact analysis to further strengthen the use of this analysis tool, which has been very effectively introduced in the region.



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AIDSCAP also produced and disseminated numerous materials during its fifth year in support of capacity building. These included, for example, a series of behavior change communication (BCC) "How To" handbooks; a "Kid's Kit" consisting of two manuals, BCC materials, and games developed in Indonesia in support of programming with street kids; pocket manuals for health care providers on STD case management guidelines for Senegal, Tanzania, Zambia, and Haiti; an Evaluation Tools module on qualitative research methods; a handbook on developing national action plans for women and AIDS in the Dominican Republic; workplace intervention manuals for Mexico and a "managers' kit" for the private sector in Tanzania; a guide for parents and teachers on sexuality and youth in Kenya; and the 325-page *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*, which was officially launched at the Vancouver AIDS conference. In addition, AIDSCAP published three issues of *AIDScaptions* reaching a readership of more than 100,000 individuals globally. Several materials have been translated across countries and cultures—the "Emma Says" comic book has been produced in six languages, and the "Fleet of Hope" materials have been adapted in seven countries.

The response to these materials has exceeded expectations. For example, more than 3,000 requests have been received from the field for the BCC "How To" manuals, and the worldwide response from developed and developing countries for the STD program managers' manual has outstripped the supply. The reach of these materials is maximized by conscientious, consistent sharing of sample materials among AIDSCAP programs worldwide, which have distributed more than 2.6 million behavior change materials in year five and more than 7.3 million pieces over the life of AIDSCAP. All of these materials are developed in collaboration with the stakeholders and clients for whom they are intended.

AIDSCAP/FHI's new World Wide Web page further extended AIDSCAP's global reach. Internet users around the world now have electronic access to such AIDSCAP publications as *AIDScaptions* magazine, the *Status and Trends of the Global HIV/AIDS Pandemic Final Report*, and several BCC "How To" manuals, among many others.

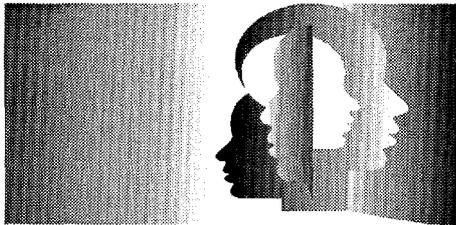
AIDSCAP has an extensive BCC materials database at headquarters and, via support from the Asia Near East regional bureau, a 2,000+ holdings prevention resource material collection in Thailand, which is establishing its own Internet home page in the next fiscal year.

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**Political Consensus  
and Coalition  
Building**

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Year five proved to be an extremely important year for coalescing support in the policy arena. In Senegal, for example, a two-day colloquium helped Christian leaders explore their roles in AIDS prevention for women and youth, and a two-day meeting was held with 50 National Assembly parliamentarians to encourage broader national dialogue on HIV/AIDS. In Kenya, workshops held with church leaders from six major church umbrella organizations resulted in a strong public



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statement of commitment to HIV/AIDS efforts. In Nicaragua, AIDSCAP supported the work of a local NGO that organized meetings with the president of the country and other key opinion leaders on the human rights of people with AIDS (PWAs), resulting in legal reforms allowing freer public discussion of sexuality. In Tanzania, nearly 700 regional and local government leaders participated in workshops intended to enlist their support for and participation in HIV/AIDS efforts in their communities. The AIDSCAP collaboration with leading Kenyan scholars resulted in a book, *AIDS in Kenya: Socioeconomic Impact and Policy Implications*, which will be officially launched during the AIDSCAP extension year.

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### Global Leadership

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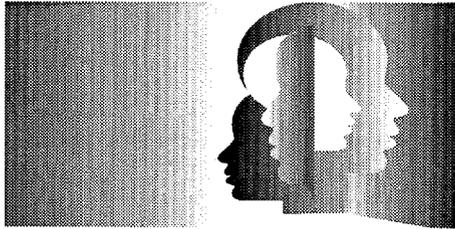
These activities—and numerous others cited in the body of this report—highlight many of the efforts that contribute to USAID's global leadership role as articulated by its AIDSCAP Project. They also reinforce strong partnerships with developing country institutions, the essential ingredient in global leadership that characterizes AIDSCAP's program philosophy.

In addition to the innovative cross-program implementation strategies, AIDSCAP supported a number of important research efforts that will impact how prevention and care efforts are designed and implemented around the world. The Dominican Republic country program sponsored a number of studies to improve the quality of implementation efforts, including a qualitative research study to lay the groundwork for a possible replication of Thailand's successful 100 percent condom only brothels program, qualitative research to examine women's resistance to condom use, and an analysis of the impact of HIV/AIDS on free trade zone industries. In Kenya a study of HIV transmission in stable relationships explored how to improve couple communication in the renegotiation of sexual relationships.

AIDSCAP conducted a quantitative study of a KABP of young Egyptian adults and of students attending Islamic schools in Indonesia to help guide future programming. The project also initiated a study of the linkage between prevention and care at the community level in Tanzania and a study in two sites (Brazil and Kenya) to develop a profile of who does and doesn't use the female condom to assist in developing strategies for sustained use of this important female-controlled product.

AIDSCAP supported a study in Malawi on HIV excretion in men with STDs that suggests that, while urethritis increases HIV excretion by about tenfold, this level is reduced after treatment. In South Africa, the program launched an important research effort to test the cost effectiveness of periodic presumptive treatment of individuals practicing high-risk behavior.

AIDSCAP has also advanced state-of-the-art improvements in measuring the results of program efforts. A flow chart depicting stages of behavior change has been refined to assist in measuring incremental change and intent to change behavior. AIDSCAP has adapted its innovative behavioral surveillance survey instrument beyond Thailand, where it was first developed, for field testing in



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Senegal, the Philippines, Indonesia, and India. Progress was also made in developing the AVERT model, which estimates the numbers of HIV infections averted as a result of condom promotion, behavior change communication, and improved STD treatment and prevention. The AVERT model will be validated during the extension year.

AIDSCAP, in collaboration with the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health and UNAIDS, sponsored two major consultative symposia during the year exploring the status and trends of the HIV/AIDS pandemic in Africa and globally. These symposia—pre-conference workshops at the IX International Conference on AIDS and STD in Africa and the XI International Conference on AIDS—brought together world-renowned epidemiologists, demographers, and public health and development experts to review the course of the epidemic and to develop practical recommendations for improving prevention programming. Reports were produced on both meetings and disseminated to participants at the respective conferences and distributed worldwide afterward.

AIDSCAP also turned its research inward. For example, AIDSCAP conducted a study of its peer education projects in selected countries around the world to identify the strengths, weaknesses, advantages, and limitations of this intervention strategy, which has been adopted in HIV/AIDS programs around the world, and initiated a cost analysis of BCC and STD interventions.

Fostering program sustainability has been an important goal of AIDSCAP efforts. During year five, AIDSCAP conducted a major research study of the sustainability of AIDSCAP projects in Kenya that explores the political, institutional, and financial aspects of their operations and how these might affect sustainability. Each major country program developed a plan to intensify program sustainability efforts during AIDSCAP's final year. Finally, AIDSCAP launched an initiative to transform its country offices into independent NGOs to facilitate continuation of these valuable resources at the country level. Cameroon, Haiti, the Dominican Republic, and Brazil have completed the local registration process, while Ethiopia, Tanzania, Zimbabwe, and Honduras are in process. Other country offices may join this initiative during the extension year.

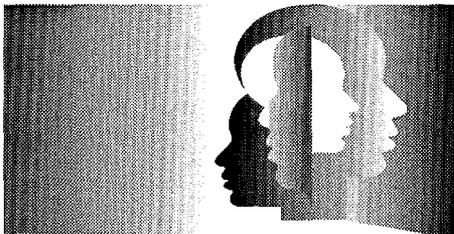
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**AIDSCAP Program  
Outcomes:  
Cameroon,  
Haiti, Jamaica,  
and Thailand**

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AIDSCAP's Haiti program was concluded this year, and the country programs in Thailand, Jamaica, and Cameroon closed on September 30, 1996, following long and fruitful partnerships. The country-specific sections of this report provide detailed preliminary data on the outcome of program efforts. These data suggest that positive behavior change has taken place in each of the countries.

In Cameroon, more than 620,000 individuals were reached, more than 11,500 professionals and volunteers were trained, and more than 35 million condoms were distributed over the life of the project. Follow-up behavioral research on target populations suggests that knowledge of two correct methods increased among target audiences (from 79 percent to 95 percent among male university



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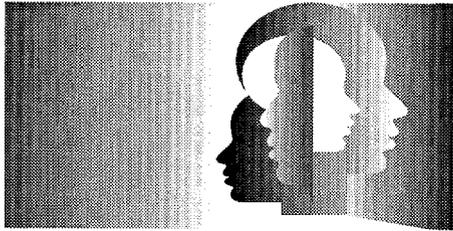
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students, from 84 percent to 95.6 percent among female university students, and from 50 percent [unprompted] to 86 percent [prompted] among clients of commercial sex workers [CSWs]), the percent of male students reporting more than one sexual partner in the last three months decreased among male students (from 53 percent to 36 percent), and condom use by target audiences increased (consistent use by CSWs with non-regular partners increased from 52 percent at baseline to 75 percent, and use by clients during the last sexual encounter increased from 54 percent to 97 percent at follow-up). AIDSCAP's Cameroon program was implemented primarily by the national AIDS control program. FHI, in partnership with the newly formed Cameroon Health Program, will work with the government and other stakeholders to ensure continuity of their successful efforts.

AIDSCAP's Haiti program reached nearly 825,000 individuals, trained nearly 7,000 program managers and implementors, and distributed more than 16 million condoms, much of the time during periods of civil unrest. Evidence of behavior change is found in research results reported from the project. In the general population, knowledge of at least one correct means of HIV transmission increased from 71 percent to 97 percent; condom use among men increased from 16 percent to 32 percent, and from 6 percent of women to 12 percent at follow-up; and the reported number of sexual partners decreased. Qualitative research in Haiti suggests, however, that more women have become involved in commercial sex in the past few years, and condom use among youth is still reportedly low. AIDSCAP leaves in place several NGOs with significantly increased capacity to implement HIV/AIDS programs in the future. A new USAID program integrates AIDS into the larger family planning and health portfolio and is implemented primarily by the Ministry of Health.

AIDSCAP's collaboration in Jamaica succeeded in reaching nearly 750,000 individuals, training more than 5,000 HIV program managers and implementors, and distributing nearly 1 million condoms. Preliminary results suggest an increased knowledge among all target groups (most notably among low-income adolescents, from 70 percent at baseline to 96 percent at follow-up), a delay in sexual initiation by male adolescents (from 60 percent of 12- to 14-year-olds reporting being sexually active at baseline to 40 percent at follow-up), and a decrease in the number of non-regular partners (among men, rates dropped from 35 percent at baseline to 26 percent at follow-up, and from 37 percent to 19 percent among youth aged 15 to 19). Condom use by men during last sexual intercourse with a non-regular partner remained unchanged at 77 percent, but among women increased significantly (from 37 percent at baseline to 73 percent at follow-up). Knowledge of condoms and sources was nearly universal. AIDSCAP's program efforts in Jamaica have always supported and strengthened the capacity of the national AIDS program, which plans to continue many of the efforts through its decentralization strategy with additional direct support from USAID/Jamaica.

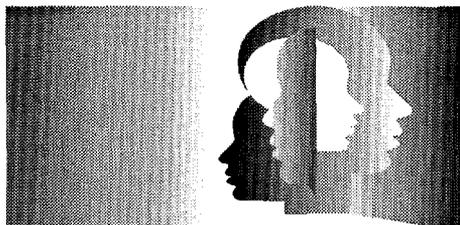
In Thailand, nearly 260,000 persons were reached through the AIDSCAP country program, and nearly 8,000 persons were trained in HIV prevention skills. Data from Thailand's behavioral surveillance survey suggest that there has been a



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reduction in the number of men having commercial sex (from 21 percent of blue collar workers at baseline to 13 percent at follow-up, and from 13 percent to 4 percent for vocational students), an increase in condom use with last commercial episode (from 89 percent to 94 percent among blue collar workers and from 92 percent to 94 percent among vocational students), an increase in condom use by CSWs with every paying partner from 87 percent to 97 percent, low but increasing condom use with non-paying partners by CSWs (from 38 percent to 42 percent), and stagnant levels of condom use by single women, at 19 percent. On a worrisome note, the behavioral surveillance survey (BSS) reports that while people believe the epidemic is "closer than ever," there is also a sense that AIDS is commonplace and not something one needs to discuss with their partners. The Thailand program will be continued through the collaborative efforts of the Bangkok Metropolitan Administration and other stakeholder organizations after the AIDSCAP close-out.

Additional data on each of these countries, other major and associate countries, and technical and management accomplishments are provided in the body of this report.

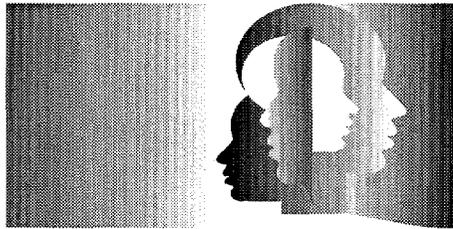


**AIDSCAP**

## Worldwide Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>5,829,969</b>	<b>11,062,053</b>
<b>Males</b>	<b>2,260,04</b>	<b>3,808,515</b>
<b>Females</b>	<b>1,544,440</b>	<b>3,290,415</b>
<b>No Gender Specified</b>	<b>2,025,480</b>	<b>3,963,123</b>
<b>Total People Trained:</b>	<b>50,597</b>	<b>138,288</b>
<b>Males</b>	<b>28,529</b>	<b>53,463</b>
<b>Females</b>	<b>19,643</b>	<b>55,120</b>
<b>No Gender Specified</b>	<b>2,425</b>	<b>29,705</b>
<b>Total Condoms Distributed</b>	<b>55,313,767</b>	<b>203,810,128</b>
<b>Free</b>	<b>9,797,840</b>	<b>41,077,053</b>
<b>Sold</b>	<b>45,515,927</b>	<b>162,733,075</b>
<b>Total Materials Distributed:</b>	<b>2,624,095</b>	<b>7,343,735</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. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**SUMMARY OF**

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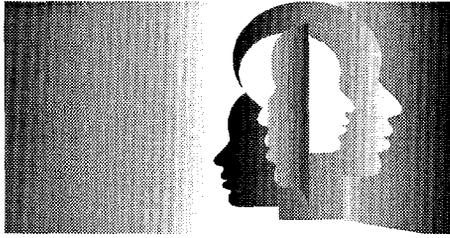
**COUNTRY**

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**ACCOMPLISHMENTS**

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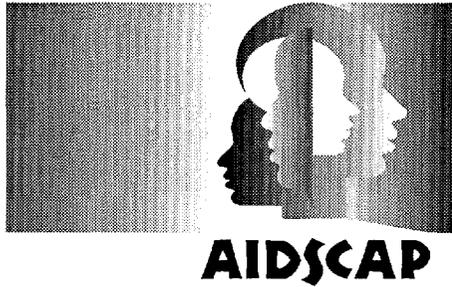
**AFRICA**



# AIDSCAP

-  Priority Country
-  Associate Country





# AFRICA REGIONAL OVERVIEW

## HIV/AIDS in the Region: Characteristics and Trends

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), "Most African countries are carrying a burden of HIV/AIDS that is 100 times heavier than that of industrialized countries." At a symposium co-sponsored by AIDSCAP in July 1996 in conjunction with the XI International Conference on AIDS, 50 leading epidemiologists and public health and development specialists summarized the characteristics and trends of HIV/AIDS in Africa as follows:

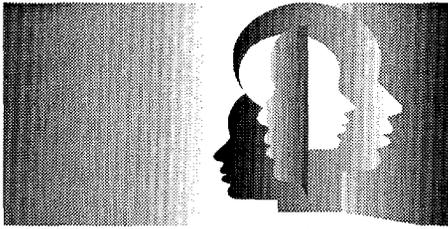
Sub-Saharan Africa, representing about 60 percent of the world's total HIV infections, accounts for almost 90 percent of the current 13.3 million HIV infections in adults and adolescents in Africa. The rates of newly acquired HIV infections are highest in the 15- to 24-year-old group among both females and males in most of sub-Saharan Africa. Of the 3 million HIV-infected infants born in the world with HIV infection since the beginning of the pandemic, over 90 percent were born in Africa. Many of these children typically develop AIDS and die within a few years.

Eighteen countries in the region have at least 100,000 people living with HIV. Central and East African countries have 37 percent of all current HIV infections on the continent. A second group of countries in southern Africa contributes a similar percent to the total number of adults and adolescents living with HIV in the region. In other sub-Saharan countries—mostly in west and central Africa—HIV epidemics are currently passing through their intermediate stage where between 1 and 10 percent of women attending urban antenatal clinics are HIV-infected. In contrast to the increasing spread of HIV-1, the prevalence of HIV-2 has remained rather stable in West Africa, perhaps the result of the higher transmissibility of HIV-1 compared to HIV-2.

Urban and trading centers generally show substantially higher prevalence of HIV infection than rural areas; however, rates of HIV infection in some rural populations have increased steadily. Open conflicts, environmental degradation, natural disasters, and low-intensity wars also have led millions of Africans to leave their homes and, in some situations, to turn to survival strategies that have increased the practice of unsafe sex. Migration and urbanization also have led to high concentrations of predominantly male communities and increased participation in commercial sex.

Demographic surveys in several countries have already noted significant increases in infant and child mortality. Projections for Zambia and Zimbabwe indicate that AIDS may increase child mortality rates nearly threefold by the year 2010. Due to high levels of fertility, populations will generally continue to grow, but critical deficits will affect the economically active age groups.<sup>1</sup>

<sup>1</sup>The Status and Trends of the Global HIV/AIDS Pandemic Symposium Final Report, Vancouver, 5-6 July 1996; AIDSCAP/Family Health International, Harvard School of Public Health and UNAIDS (1996).



## AIDSCAP

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### AIDSCAP's Response

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During FY96, AIDSCAP's program in Africa supported comprehensive, integrated programs in Senegal, Nigeria, Cameroon, Ethiopia, Kenya, Tanzania, Rwanda, Zimbabwe, and South Africa, and targeted activities in Côte d'Ivoire and Zambia. In addition, at the request of USAID/Mozambique, AIDSCAP conducted an assessment of the HIV/AIDS situation and drafted preliminary recommendations for future programming in that country.

Recognizing the diversity in Africa (religion, culture, socioeconomic status, and status of HIV epidemics in different countries and different populations), AIDSCAP's approach has been flexible in the implementation of the main strategies against HIV (i.e., changing behaviors, preventing and managing sexually transmitted diseases [STDs], and increasing accessibility to condoms). By the end of FY96, AIDSCAP had awarded funding to 227 subprojects in Africa implementing one or more of the main strategies or supporting the strategies with activities in the area of policy formulation and change. A total of 121 of the subprojects had completed activities; final reports were being written, and the process for documenting lessons learned has begun.

AIDSCAP collaborated on the subprojects with USAID missions and host country governments and forged partnerships with a variety of governmental and nongovernmental organizations (NGOs), including ministries of health and education, churches, community-based organizations, institutions of education, private industry, and commercial establishments.

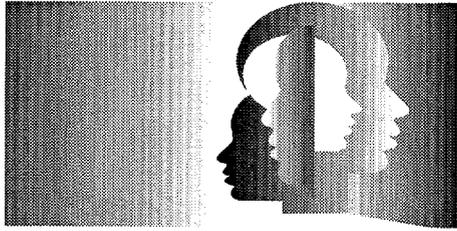
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### Regional Highlights

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As described above, the Africa program in FY96 included comprehensive programs in nine countries located in east, west, and southern Africa. Some of the notable achievements under these major country programs were as follows:

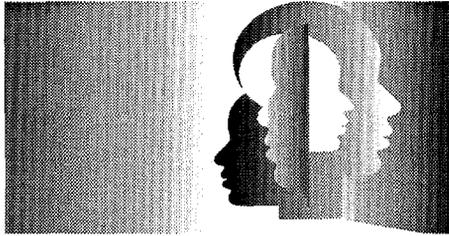
- AIDSCAP continued its unique approach to fostering collaboration among local implementing agencies in Tanzania and Ethiopia. The majority of interventions in Tanzania are being implemented by NGO clusters made up of indigenous NGOs located in nine regions of the country. More than 100 NGOs are involved in the cluster strategy, and the nine regions contain more than half of the total population of Tanzania. The AIDSCAP office in Tanzania has helped the NGOs organize complementary efforts that make the best use of each NGO's strength in implementing community-owned prevention and survivor support activities. In Ethiopia, subproject activities are implemented under the leadership of focus site intervention teams, comprised of representatives from the local government, private sector, and nongovernmental groups.
- The Cameroon Country Program completed its activities under AIDSCAP as of September 30, 1996. According to evaluation reports, the program achieved notable knowledge and behavior change among the targeted populations. As examples, knowledge of two correct methods of prevent-



**AIDSCAP**

ing HIV increased among male and female university students from 79 to 95 percent and from 84 to 95.6 percent, respectively, between 1993 and 1996. The percent of male students reporting more than one sexual partner in the last three months dropped from 53 to 36 percent between the same period. The proportion of commercial sex worker (CSW) clients who reported using condoms during their last sexual encounter with a non-regular partner increased from 54 to 97 percent between 1992 and 1996. In late 1996, AIDSCAP/Cameroon registered as an independent NGO called Cameroon Health Program (CHP) in order to leverage funds locally and continue serving as a provider of funding and technical assistance so that critical program activities might continue. AIDSCAP/Cameroon is the first country office in Africa to pursue this avenue, and Family Health International (FHI) plans to provide seed money to CHP to help in its transition to an independent Cameroonian NGO.

- South Africa, Senegal, and Tanzania are sites for innovative research studies. AIDSCAP/South Africa is preparing for a research study that will look at the effectiveness of presumptive treatment of STDs in high-risk behavior groups in a mining community. In Senegal, AIDSCAP has adapted its behavioral surveillance survey (BSS) instrument for field testing. BSS, which was first developed in Thailand, can be used to track behavioral changes in response to the epidemic and help evaluate prevention program effectiveness in the early stages. In Tanzania, AIDSCAP is examining the linkages between prevention and care. In a randomized control trial using the AIDS Risk Reduction Model, the study will identify differences in risk reduction among newly diagnosed people with HIV receiving extra care and support versus post-test counseling only. It will also identify strategies that support preventive behavior over time for people with HIV and their partners.
- Teams of senior AIDSCAP and USAID staff reviewed AIDSCAP's country programs in Kenya and Tanzania in November 1995 and in Zimbabwe in March 1996. The teams interviewed country office, implementing agency and USAID staff and made site visits to subprojects. At the conclusion of each review, the respective team produced reports that discussed their findings, including country program achievements, and made recommendations for reprogramming or improving management systems.
- In Kenya, mass media subprojects had impressive results. The "AIDSWatch" column in the *East African Sunday Standard* reached more than 700,000 readers each week with HIV prevention messages. The column generated several thousand letters from readers, many of whom went on to make informed decisions as a result of the column. AIDSCAP/Kenya's radio soap opera broadcast in five local languages concluded in February 1996 after 62 episodes. The soap opera confirmed the value of using radio as a channel to reach the general public. Some 27,000 letters were received from listeners, discussing issues raised in the broadcasts.



## AIDSCAP

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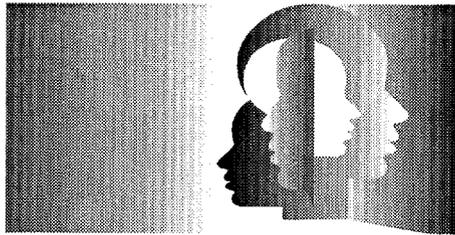
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AIDSCAP added a new country in Africa to its portfolio in FY96:

- Mozambique has a combination of social factors, including high levels of poverty, insufficient health infrastructure, significant migration, and high rates of sexually transmitted disease, that make its population particularly vulnerable to HIV/AIDS. In response to USAID/Mozambique's request, an AIDSCAP team spent three weeks conducting an assessment of the status of STD/HIV/AIDS in the country. The team drafted a report containing their assessment and recommendations for future HIV prevention programming. AIDSCAP expects to implement key prevention activities in the coming year as the Mission prepares for a full-scale program.

In addition to the aforementioned country-level activities, several regional activities took place in FY96, including the following:

- The AIDSCAP Women's Initiative conducted two workshops on gender inequality in HIV transmission in Kenya. Participants included resident advisors and implementing agency staff from AIDSCAP programs in Ethiopia, Kenya, Tanzania, Zimbabwe, and South Africa and representatives from Regional Development Services Office for East and South Africa (REDSO/ESA) and USAID missions. At the first workshop, participants from each country worked together to draw up an action plan to address gender issues in HIV/AIDS. Participants subsequently implemented their plans under a letter-of-agreement mechanism from AIDSCAP. During the second workshop, participants discussed implementation issues and developed evaluation indicators for their action plans.
- In December 1995 AIDSCAP organized three satellite workshops in conjunction with the IX International Conference on AIDS and STD in Africa (ICASA) in Kampala. The subjects of the workshops were sexually transmitted disease, peer education, and the status and trends of HIV/AIDS epidemics in Africa.
- The first regional evaluation workshop was held in March 1996 for evaluation associates from headquarters, the Africa Regional Office, and country offices in Africa. The objectives of the week-long workshop were to provide further orientation to country office evaluation staff, to improve the quality of data being collected, and to assist country offices in responding to USAID's data collection needs, with specific reference to the new results-oriented packages.
- In September 1996, a BCC workshop was held in Mombasa, Kenya, for BCC associates from headquarters, the Africa Regional Office, the Latin America and Caribbean (LA/C) Regional Office, and country offices in Africa to review their work over the past four years. The workshop provided an opportunity for sharing information across regions and resulted



**AIDSCAP**

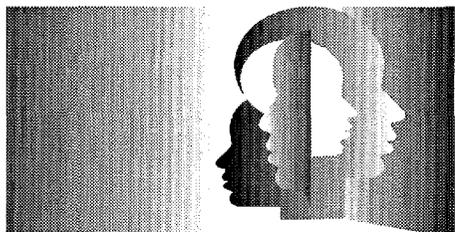
in the development of a lessons learned tool, which will be used by country offices in the extension year.

## Africa Region Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	3,988,132	7,068,716
Males	1,123,174	2,092,764
Females	1,024,295	1,868,912
No Gender Specified	1,840,663	3,107,040
<b>Total People Trained:</b>	28,299	76,850
Males	14,786	29,380
Females	11,440	23,933
No Gender Specified	2,073	23,537
<b>Total Condoms Distributed:</b>	26,168,559	115,151,883
Free	7,184,888	23,402,966
Sold	18,983,671	91,748,917
<b>Total Materials Distributed</b>	<b>1,537,997</b>	<b>3,668,302</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**PRIORITY**

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**COUNTRIES**

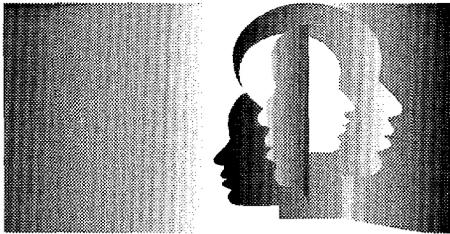
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**IN**

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**AFRICA**

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## AIDSCAP

# CAMEROON

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### Program Description

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The AIDSCAP program in Cameroon was designed in October 1992 to address several unmet needs in HIV prevention. The program has focused primarily on improving behavior change communication for selected target groups at high risk, expanding condom distribution through social marketing, and helping to establish a national sexually transmitted disease (STD) control service. The program has been implemented primarily by the National AIDS Control Program of the Ministry of Health, although technical and financial assistance has also been provided to international nongovernmental organizations (NGOs), including CARE/Canada and Save the Children/USA, to implement HIV/AIDS prevention activities in the East and Far North Provinces in Cameroon. AIDSCAP has actively collaborated with the German Technical Cooperation (GTZ) and the World Health Organization (WHO) on sentinel surveillance, the development of national STD treatment guidelines, and peer education activities.

The AIDSCAP/Cameroon program officially closed on September 30, 1996. All project activities were completed as of August 26, 1996.

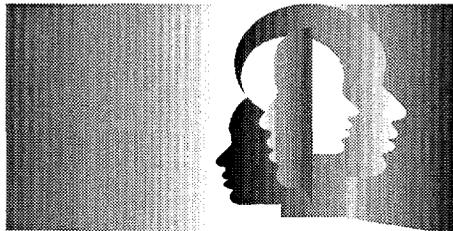
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### Country Program Accomplishments

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During this last year, efforts focused on preparing prevention activities for sustainability beyond AIDSCAP and conducting program close-out efforts. Major accomplishments include the following:

- Several new radio spots—four for commercial sex workers (CSWs), four for military and police personnel, and three for students—were developed, pretested, and aired, and popular behavior communication materials were reprinted and distributed for ongoing projects, including five educational/prevention posters for the armed forces and three for university students, as well as educator manuals for projects for students and the armed forces.
- Numerous training-of-trainers sessions were organized, including a three-day workshop for 15 people living with HIV/AIDS in Cameroon; refresher courses at all sites for the implementors of activities with the armed forces, university students, and CSW peer health educators; a workshop for health officials on adoption of national algorithm and STD treatment guidelines; and a training-of-trainers and -prescribers workshop in the use of the new STD algorithms.
- Under the STD component, the country program worked successfully to facilitate introduction of the antibiotic Rocephine on the list of essential drugs in Cameroon; to establish STD/AIDS Resource Centers at the universities of Yaoundé II, Dschang, Douala, Ngaoundere, and Buea to complete a study in collaboration with the Center Pasteur du Cameroon in Yaoundé and Garoua on the sensitivity of *Neisseria gonorrhoeae* to ten antibiotics commonly used in Cameroon for treatment of gonorrhea; and to elaborate national STD guidelines. These efforts were conducted in collaboration with the Ministry of Health, GTZ, French Cooperation, and WHO. AIDSCAP/Cameroon organized meetings and workshops with



**AIDSCAP**

decision makers, STD specialists, medical authorities, and other medical personnel to improve STD case management in the country.

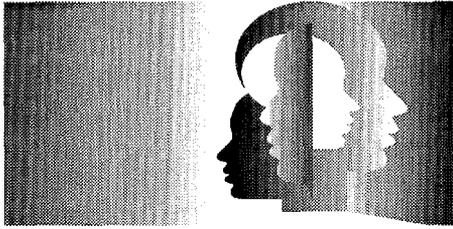
- The final country program evaluation was completed under a grant with IRESCO, a local research institute, and end-of-project knowledge, attitudes, beliefs, and practices (KABP) surveys were completed among all target groups.
- Rapid response funds were provided to assist the Ministry of Health (MOH) in organizing Cameroon AIDS Days and World AIDS Day.
- An end-of-project workshop was co-developed with the Ministry of Health and presided over by Minister of Health Professor J. Owona. Its purpose was to disseminate the results of the Cameroon country program and to advocate the need for further STD/HIV control and prevention interventions with government officials and other donors.
- Project staff benefitted from AIDSCAP sponsorship for travel to a variety of international training workshops and conferences, including the IX Conference on AIDS and STD in Africa, in Kampala, Uganda; the XI International AIDS Conference in Vancouver; short-term training in counseling at Santa Cruz, California; the AIDSCAP accountants' training workshop in Nairobi; and AIDSCAP Africa region's resident advisors' meeting in Nairobi.
- FHI collaborated with the Cameroon country office staff to develop a business plan for transforming the country office into an independent NGO, the Cameroon Health Project. This strategy allows continuation of the management capacity developed by Cameroonian staff under the AIDSCAP project to support HIV prevention.

Over the four years of implementation, the program also:

- Educated more than 620,000 men and women about prevention of HIV/AIDS.
- Upgraded the skills of more than 11,500 individuals working in professional and/or volunteer capacities to prevent HIV in their communities.
- Distributed 25 million condoms, all but a million sold through the condom social marketing program.
- Disseminated more than 300,000 copies of materials designed to reinforce behavior change communication efforts.

In addition to these process-level accomplishments, the program reports notable knowledge and behavioral change among targeted populations. Some of the data that will be reported in the AIDSCAP/Cameroon country program final report include the following:

- Knowledge of two correct methods of preventing HIV has increased from 79 percent in 1993 to 95 percent in 1996 among male university students,



## AIDSCAP

from 84 percent in 1993 to 95.6 percent in 1996 among female university students, and from 50 percent in 1994 (prompted) to 86 percent (unprompted) in 1996 among clients of sex workers. Knowledge about prevention methods also reportedly increased among the military and police, and among sex workers from 40 percent (unprompted) in 1994 to 86 percent (prompted) in 1996.

- The percent of male students reporting more than one sexual partner in the last three months dropped from 53 percent to 36 percent between 1993 and 1996; there was no significant change among female students (14 percent in 1993 and 17 percent in 1996). In 1993, 18.6 percent of male university students reported having had sexual relations with an occasional partner during the 30 days preceding the survey, but by 1996 this figure decreased significantly to 9.4 percent. Between 1993 and 1996 the percentage of male members of the military police reporting more than two sex partners in the past three months dropped significantly from 47 percent to 37 percent, although the percentage reporting an occasional partner during the past 30 days increased from 21 percent to 26 percent and the percentage reporting sex with a CSW in the last 30 days increased from 12 percent in 1993 to 27 percent in 1996.
- The percent of male university students who have ever used condoms remained stable at approximately 85 percent between 1993 and 1996; however, among female students the percent increased significantly from 65 percent in 1993 to 85 percent in 1996. Data regarding consistent condom use with high-risk partners and last-time condom use with high-risk partners among university students did not show statistically significant changes.
- Of CSWs who report having ever used a condom, the proportion has risen steadily from 28.3 percent in 1988 to 56 percent in 1990, to 68 percent in 1994 and finally to 88 percent in 1996. The proportion of clients who report ever having used a condom also rose significantly from 55.5 percent in 1990 to 81 percent in 1996. Consistent condom use by CSWs with non-regular clients increased from 52 percent in 1994 to 75 percent in 1996 and 63 percent with regular clients. However, only 13 percent report condom use with their regular partner. The proportion of CSW clients who report using condoms during their last sexual encounter with a non-regular partner increased from 54 percent in 1992 to 97 percent in 1996.
- Condom use among the military has been less impressive. The percentage of men in the military reporting consistent condom use during the past 30 days with CSWs increased from 48 percent in 1993 to 59 percent in 1996. With occasional partners, consistent condom use went from 23 percent in 1993 to 30 percent in 1996, but the difference was not statistically significant.



**AIDS CAP**

**Current  
Program Status**

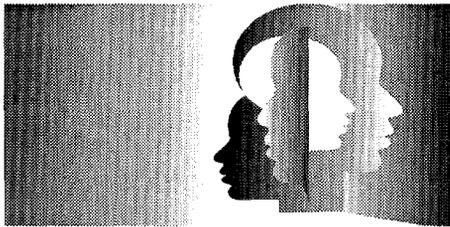
During its five years in Cameroon, AIDSCAP succeeded in mobilizing governmental and nongovernmental agencies, communities, and individuals in the fight against AIDS. Transfer of knowledge and of technical and financial skills has occurred, especially to the MOH and local NGOs and, as the preliminary reporting above suggests, behavior change among groups targeted by the program has occurred.

**Cameroon  
Process Indicator Data\***

	<b>FY96</b>	<b>Cumulative</b>
<b>Total People Educated:</b>	<b>203,291</b>	<b>621,097</b>
<b>Males</b>	<b>105,525</b>	<b>308,196</b>
<b>Females</b>	<b>73,285</b>	<b>228,261</b>
<b>No Gender Specified</b>	<b>24,481</b>	<b>84,640</b>
<b>Total People Trained:</b>	<b>2,308</b>	<b>11,532</b>
<b>Males</b>	<b>1,938</b>	<b>5,264</b>
<b>Females</b>	<b>370</b>	<b>3,515</b>
<b>No Gender Specified</b>	<b>0</b>	<b>2,753</b>
<b>Total Condoms Distributed:</b>	<b>6,481,572</b>	<b>24,925,358</b>
<b>Free</b>	<b>196,452</b>	<b>776,881</b>
<b>Sold</b>	<b>6,285,120</b>	<b>24,148,477</b>
<b>Total Materials Distributed:</b>	<b>56,234</b>	<b>304,886</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

# ETHIOPIA

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## Program Description

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The AIDSCAP country program in Ethiopia has been primarily 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 (STDs), 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). With the completion of the STAC project in FY95, USAID/Ethiopia has continued to provide support for HIV prevention through its Essential Services for Health in Ethiopia (ESHE) project. AIDSCAP/Ethiopia's emphasis in FY96 has been to strengthen STD and information, education, and communication (IEC) interventions in four regions of Ethiopia: the Tigray Nation Regional Government, the Amhara Nation Regional Government, the Oromia Nation Regional Government, and the Southern Nation Nationalities People's Regional Government. The country program also supported IEC interventions in Region 14 (Addis Ababa).

The major implementing agencies supported under STAC are the regional and zonal health bureaus. AIDSCAP/Ethiopia directly funds activities to upgrade STD services and implement behavior change interventions and condom promotion for MPSC persons at selected focus sites in Bahir Dar, Mekelle, Nazareth, Awassa, and Addis Ababa. Another 16 sites receive STD equipment and drug supplies.

Until December 1995, AIDSCAP/Ethiopia also worked with the Ministry of Education (MOE) on an in-school youth STD and HIV/AIDS prevention program and with nongovernmental organizations (NGOs) on a variety of interventions for targeting out-of-school youth, demobilized soldiers, women MPSCs, and other at-risk groups. The NGOs were supported by competitive and non-competitive grants and rapid response funds.

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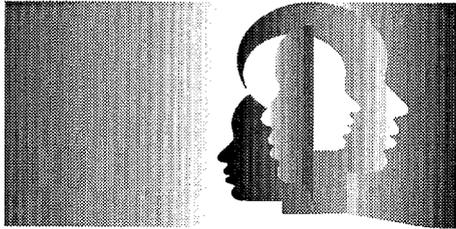
## Country Program Accomplishments

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During the first half of the fiscal year, the country program confronted a serious obstacle to continuing implementation. The STAC Project concluded on September 30, 1995, and no formal mechanism was immediately established for continuing AIDSCAP work under USAID/Ethiopia's new ESHE Project. In December 1995, all subagreements and letters of agreement awarded the MOE and to NGOs had to be terminated. Only direct-funded activities with various government health bureaus continued, although at minimum capacity. In April 1996 a ten-month delivery order between USAID/Ethiopia and AIDSCAP was negotiated, allowing limited health sector activities to regain momentum. It was determined that there was insufficient time to negotiate new agreements to restart NGO activities.

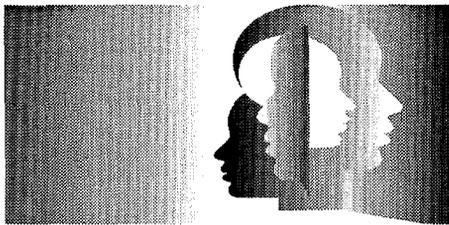
Despite the termination of NGO subprojects, the Ethiopia program in FY96 can boast of the following successes:

- The Zonal Health Bureau completed a gonorrhea chemosensitivity study in Awassa. The Ministry of Health (MOH) launched the same study in Gondar and laid the groundwork to conduct another study in Addis Ababa.



## AIDSCAP

- The country office worked with the MOH AIDS/STD Unit to conduct training-of-trainers (TOT) refresher courses for health care providers from the four focus sites and STD clinic sites on syndromic management and STD reporting.
- The results of the STD targeted intervention research (TIR) study on community perceptions of sexually transmitted diseases were presented to health care providers at TOT refresher workshops. The TIR conducted in Awassa found that misconceptions remain about AIDS and other STDs. For example, more than half of the informants believe that HIV/AIDS is not sexually transmitted. TIRs were also conducted in Awassa, Bahir Dar, Mekelle, and Nazareth. The results of the studies have been used to strengthen training of health care providers.
- Community health agents, AIDS communicators, and group leaders from the MPSC target group received refresher training in behavior change communications (BCC) approaches. The MPSC female group leaders initiated the establishment of a "helping association," which they plan to develop into an income-generating scheme.
- The report of a knowledge, attitudes, beliefs, and practices (KABP) baseline study conducted with secondary school youth was completed. The study targeted 2,526 high school students from seven schools in four regions at the beginning of an intervention targeting 30,000 secondary school students. The report states that 82 percent of students surveyed were able to cite at least two correct ways of preventing HIV transmission. Only 26 percent of the surveyed students reported being sexually active. Of the 548 students who reported being sexually active within the last month, 47 percent reported condom use during last intercourse. Twenty percent of the surveyed students said they can afford condoms, but don't know where to obtain them. Approximately 21 percent of the males surveyed reported past history of "genital discharge."
- The MOE reproduced 50,000 AIDS educational booklets for distribution at senior secondary schools. Over the life of the project, the MOE reached students in 36 senior secondary schools with the booklets.
- Although all NGO subprojects formerly implemented under the NGO program in Ethiopia were terminated by AIDSCAP in December 1995, at least five of the NGOs are continuing their prevention efforts with their own funds and submit progress reports to AIDSCAP/Ethiopia. For example, the Family Guidance Association of Ethiopia in Bahir Dar has continued its HIV/AIDS education efforts for youth, MPSC females, and government workers through its community-based family planning program.
- The country office worked with the AIDSCAP Women's Initiative to develop one new subproject that focuses on gender-related issues. The subproject is designed to help male and female out-of-school adolescents



## AIDSCAP

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develop safer sex negotiation skills that will protect them from contracting HIV/STDs, to establish a forum for male and female adolescents to discuss the need to shoulder equal responsibility in fighting HIV/AIDS/STDs, to integrate family planning services for male and female adolescents participating in the subproject, and to strengthen the existing STD referral system for male and female adolescents.

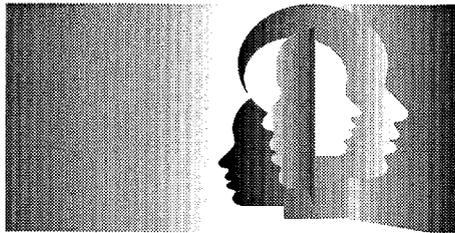
- Under the Rapid Response Fund (RRF) mechanism, the country program funded the following innovative prevention activities: Save Your Generation reached more than 10,000 youth by performing dramas with prevention information at football matches, the Organization for Social Services for AIDS supported a telephone hotline in Addis Ababa, the Beza Lewegen Philanthropic Association trained 30 hearing-impaired youth as peer health educators who in turn educated 1,000 deaf people about HIV transmission, and the Love for Human Beings AIDS Preventive Society was recently approved for RRF funding to produce a personal risk assessment guide in the form of a calendar.

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### **Current Program Status**

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The country program in Ethiopia is winding down. The new delivery order carries AIDSCAP/Ethiopia until March 31, 1997. Between now and the end of the calendar year, AIDSCAP/Ethiopia will focus on evaluation activities, undertake an assessment of BCC materials, and plan close-out workshops while select activities at the focus sites continue. The Ethiopia program has one active and 17 completed subprojects.



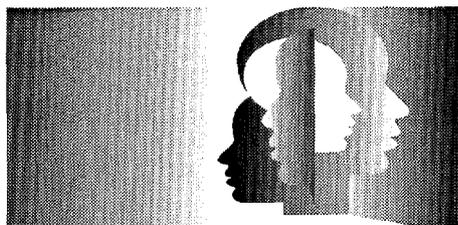
**AIDSCAP**

## Ethiopia Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	104,044	386,351
<b>Males</b>	29,367	123,690
<b>Females</b>	40,560	132,581
<b>No Gender Specified</b>	34,117	130,080
<b>Total People Trained:</b>	1,146	5,246
<b>Males</b>	250	2,084
<b>Females</b>	896	2,925
<b>No Gender Specified</b>	0	237
<b>Total Condoms Distributed:</b>	140,323	44,331,510
<b>Free</b>	140,323	385,665
<b>Sold</b>	0	43,945,845
<b>Total Materials Distributed:</b>	93,066	538,277

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **KENYA**

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### **Program Description**

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

The national interventions were designed to strengthen the framework for local AIDS prevention activities. Support for leadership to set the agenda for AIDS prevention is provided through policy activities, including analyzing the socio-economic impact of AIDS, supporting presentations of the AIDS Impact Model, working with church leaders (through MAP International, a church-related private voluntary organization, or PVO), and supporting policy discussions at the district level (through the Kenya AIDS NGO Consortium). AIDSCAP is also working to strengthen long-term institutional capacity by upgrading the National AIDS/STD Control Program's (NAS COP) HIV/AIDS sentinel site surveillance system, supporting the Kenya AIDS NGO's Consortium's resource center, providing materials development training for NGOs, and developing STD/HIV training curricula. Media projects have included a national radio show, a weekly column in a national newspaper, and support of a theater company.

Local activities are focused in three geographical urban sites: Nairobi, Mombasa, and Eldoret. Projects in these areas include peer education at work sites and in 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.

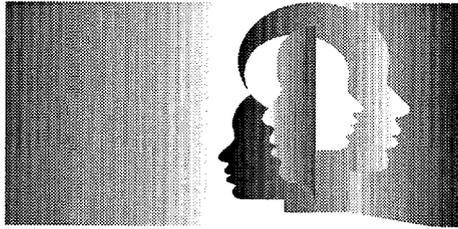
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### **Country Program Accomplishments**

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Three new subprojects were developed in FY96. They focused on (1) upgrading NAS COP's sentinel surveillance system, (2) implementing a work site intervention with five security guard companies through the Program for Appropriate Technology in Health (PATH)/Kenya, and (3) conducting a research study on the female condom. The national sentinel surveillance system will be improved by providing new computer hardware and software, installing the FoxPro system at the local level to allow surveillance officers to enter data on site, and training sentinel surveillance officers in data entry.

The agreement with PATH/Kenya is an example of a growing focus in Kenya on private sector activities. As part of this, AIDSCAP continued to support the FPPS subagreement to provide work site education for 16 companies in Mombasa, Nairobi, and Eldoret. The country office also worked with the Nairobi Safari Club and FPPS to promote AIDS education at the work sites of nine Nairobi hotels and provided technical assistance to the Kisumu District AIDS Control Programme on their work site intervention.



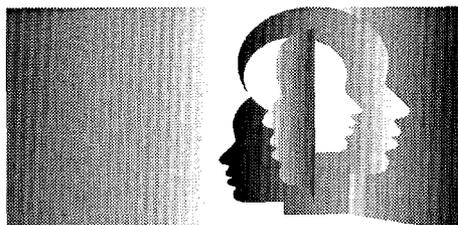
**AIDS CAP**

AIDSCAP/Kenya also launched a female condom study, part of a dual-site research intervention initiated by the AIDSCAP Women's Initiative in both Kenya and Brazil. The study will assess the experience of women from different socioeconomic groups and their partners in using the female condom, and the effect on its use when women's groups are supportive. An Advisory Committee was established to monitor study activities; members met on a monthly basis during the year. This new study was one of several interventions related to women and HIV/AIDS initiated by AIDSCAP/Kenya. Additional initiatives included an amendment to the FPPS work site subagreement to provide training to FPPS in gender issues and to revise the work site curriculum to focus on gender concerns, and the development of a draft research study on communication between mothers and daughters on issues related to sexuality and HIV/STDs.

A team of senior AIDSCAP and USAID staff reviewed the AIDSCAP/Kenya country program in Kenya in November 1995. The team interviewed country office staff and made site visits to subprojects. At the conclusion of the review, the team produced a report that discussed their findings, including country program achievements, and made recommendations for reprogramming or improving management systems.

Activities continued under the other 17 existing subprojects. Notable activities and accomplishments in FY96 include the following:

- AIDSCAP began an intervention to review implementing agency (IA) activities in terms of sustainability. IAs were assisted in looking at how the political, institutional, and financial aspects of their operations might affect the sustainability of their prevention work.
- A new book, *AIDS in Kenya: Socioeconomic Impact and Policy Implications*, written by leading Kenyan scholars and experts in the field of AIDS prevention in Kenya, was completed in FY96. The book will be launched in Kenya in early FY97.
- In April 1996, PATH/Kenya held a workshop to review lessons learned during their two-year AIDSCAP-funded project to train representatives from 20 NGOs in the design of BCC materials and to launch the seven types of materials produced during the project.
- The MAP project consolidated its work among church leaders, pastors, and church youth. In FY96, the project held policy workshops in Nairobi and Kisumu. The Nairobi workshop resulted in a policy statement in the national press, signed by leaders representing six major church umbrella organizations, committing those churches to AIDS prevention. MAP also held five pastoral counseling workshops and developed a guide for parents and teachers on sexuality and youth. As of the end of FY96, 126 churches had set up AIDS prevention programs, and MAP had distributed 2,161 counseling manuals and 1,372 awareness packets for men and women church leaders. In addition, MAP's video, "Springs of Life," has



## AIDSCAP

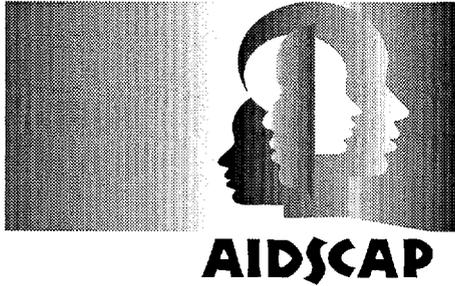
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been viewed by more than two million people throughout Kenya. The Kenya Christian AIDS Network, which links churches at the local and regional level, has now grown to include more than 40 district branches, as well as the national Advisory Steering Committee.

- By the end of FY96, FPPS had trained a total of 303 clinic staff in improved STD case management. To strengthen the project, FPPS added training for clinic supervisors, 64 of whom were trained during the year.
- The Kenya AIDS NGO's Consortium continued to play an active role in national AIDS prevention through its leadership of the more than 300 NGOs working in HIV/AIDS. USAID, through AIDSCAP, provides the major part of the Consortium's support, including support of its staff and infrastructure. A midterm evaluation was carried out for the Resource Center, which is now reviewing how to expand its information services to reach the district level. Under the AIDSCAP-funded policy project, the Consortium staff involved NGOs at the provincial and district level in defining major issues of importance in AIDS prevention, care, and support services. By the end of FY96, one national- and four provincial-level policy workshops had been held, supported by the production of 38 articles on policy issues.
- More project-related information was published in FY96. In addition to those noted above, FPPS began publishing *Crossroads*, a newsletter for peer educators in its intervention with university and college students, and *STD News*, a publication for staff trained under the improved STD case management project.
- The Miujiya Players produced a new videocassette of their short play, *Kachinja*. Miujiya also produced their first full-length play, *The Plague*, which was well received by audiences in Nairobi.

Five subprojects completed activities during the year and report the following results:

- Under the AIDS Impact Model (AIM) subproject with the National AIDS and STD Control Project (NAS COP), 19 senior civil servants were trained to make presentations of AIM to policymakers at the district and provincial levels. Thirty presentations were made to 1,567 persons, including most of the provincial commissioners. NAS COP affirms that the subproject has helped policymakers to openly discuss AIDS.
- The "AIDSWatch" subproject was a media strategy designed to increase public awareness of HIV/AIDS and positively influence attitudes. "AIDSWatch" was a weekly Sunday column that appeared from March 1994 until May 1996 in the *East African Standard*, with an estimated readership of more than 700,000 a week. The column became very popular within a short time, generating several thousand letters from readers, many of



whom went on to make informed decisions as a result of the column. It was rated one of the five most read columns in the *Sunday Standard*.

- Under the 1995 Rural Surveillance Project, six rural sites were added to the existing 13 urban sites used for the annual national HIV surveillance activity. Preliminary data analysis revealed that rural HIV prevalence rates are showing an upward trend.
- The research study, "Strategies for Renegotiating Sexual Relationships," investigated the way in which sexual behavior was initiated and negotiated in stable relationships through discussions with 520 participants. The study found that rigid gender roles, property inheritance, geographical mobility, and the absence of any tradition of dialogue between partners caused difficulties in changing sexual behavior. It recommended an education program on sexuality and sexual behavior with a focus on the need for dialogue, strategies for establishing equality within relationships, condom negotiation skills, and better knowledge about sexual behavior.
- The Weekly Radio Shows subproject was a soap opera, broadcast in five local languages (Kiswahili, Kikuyu, Kalenjin, Luhya, and Dholuo). Sixty-two episodes were broadcast, starting in November 1994 and concluding in February 1996. The series confirmed the value of using radio as a channel to reach the general population with AIDS messages. A total of 27,000 letters were received from listeners, addressing issues raised in the programs, expressing opinions, or requesting information.

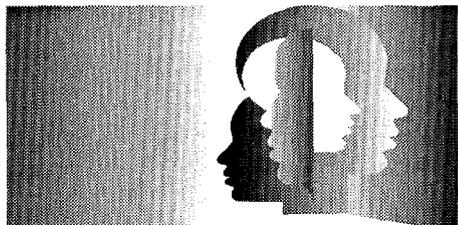
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**Current  
Program Status**

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The AIDS CAP Kenya country program is fully under way. The country program has a total of 17 active and 7 completed subprojects.

In the extension year, AIDS CAP/Kenya expects to focus on work site interventions; on continuing work in institutional support and capacity building through small additional grants to NASCOP, the Kenya AIDS NGO's Consortium, and MAP International; and on reporting and disseminating lessons learned.



**AIDSCAP**

## Kenya Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>667,352</b>	<b>1,175,207</b>
<b>Males</b>	<b>5,604</b>	<b>19,409</b>
<b>Females</b>	<b>2,889</b>	<b>11,357</b>
<b>No Gender Specified</b>	<b>658,859</b>	<b>1,144,441</b>
<b>Total People Trained:</b>	<b>2,073,</b>	<b>3,385</b>
<b>Males</b>	<b>1,158</b>	<b>1,696</b>
<b>Females</b>	<b>915</b>	<b>1,688</b>
<b>No Gender Specified</b>	<b>0</b>	<b>1</b>
<b>Total Condoms Distributed:</b>	<b>19,940</b>	<b>72,287</b>
<b>Free</b>	<b>19,940</b>	<b>72,287</b>
<b>Sold</b>	<b>0</b>	<b>0</b>
<b>Total Materials Distributed:</b>	<b>7,179</b>	<b>16,658</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

# NIGERIA

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## Program Description

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The AIDSCAP program in Nigeria was initiated in October 1992. As originally designed, the program was developed to operate in the three states of Cross River, Jigawa, and Lagos. In accordance with USAID/Nigeria's mandate, the program has gradually expanded to other states by supporting community-based organizations under the Rapid Response Fund (RRF) mechanism to implement activities that complement AIDSCAP's program in the three "core" states. Primary target groups are commercial sex workers (CSWs), long-distance drivers, students at tertiary institutions, and employed urban males. Under the AIDSCAP Women's Initiative, AIDSCAP/Nigeria has begun working with grassroots women's organizations to enhance women's empowerment.

AIDSCAP/Nigeria employs three main strategies: (1) behavior change communication (BCC) through peer health education, (2) sexually transmitted disease (STD) management emphasizing syndromic diagnosis and treatment, and (3) condom promotion. Policy development, behavioral research, evaluation, and networking have supported and enhanced project implementation.

By the beginning of FY96, AIDSCAP had six active behavior change subprojects reaching CSWs in Cross River State, lorry drivers in Cross River and Jigawa states, tertiary school students in Cross River and Jigawa states, and dock workers in Lagos State. The country program also awarded 19 RRF grants to small NGOs to support short-term behavior change communication activities and to expand program coverage into additional states.

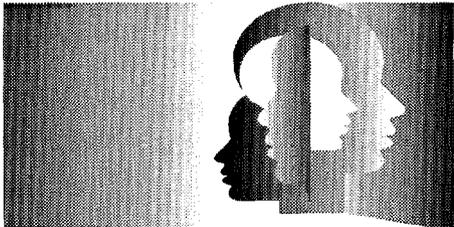
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## Country Program Accomplishments

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With USAID/Nigeria support, AIDSCAP initiated or strengthened program activities with the following accomplishments in FY96:

- Four new subprojects in the program's core states were launched during the year:
  - A grassroots women's HIV/AIDS campaign is being implemented by Women in Nigeria in Cross River State. The subproject provides training to women's organizations to increase their knowledge about HIV/AIDS and capacity to respond to the epidemic with interventions targeting women, their families, and other community members.
  - An intervention with tertiary school students is being implemented by Nigeria Youth AIDS Program in Lagos State. The subproject is training a cadre of peer health educators (PHEs) and establishing information, counseling, and referral centers on HIV/STDs. The PHEs work out of the centers to provide one-on-one and group education sessions to their peers.
  - A traffic jam project is being implemented by Health Matters in Lagos State. This subproject expands on an FY95 RRF project, which reached commuters on more than 40,000 buses with targeted messages. The

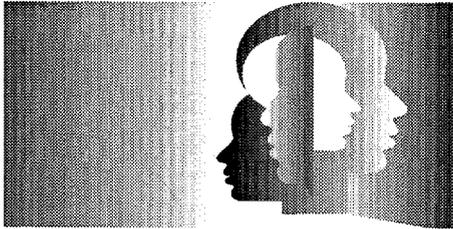


## AIDSCAP

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expansion subproject targets commuters with prevention and condom promotion messages at ten traffic jam sites in Lagos State.

- A CSW peer education project is being implemented by the National Council for Women Societies in Jigawa State. The subproject implements targeted BCC interventions, establishes condom distribution systems, increases health and treatment-seeking behavior among CSWs, and provides CSWs with vocational and literacy skills.
- AIDSCAP/Nigeria awarded 42 small grants to nongovernmental organizations (NGOs) and community-based organizations in 12 states for a variety of 1995 World AIDS Day activities. The activities included awareness seminars for in-school youth, counseling sessions for persons with HIV/AIDS and their families, sensitization seminars for Muslim women's religious groups, radio and open-air drama presentations, quilt exhibitions, radio and television panel discussions, and more.
- As follow-up to World AIDS Day 1995 activities in the South Western and Lagos clusters, AIDSCAP/Nigeria facilitated a meeting of 17 NGOs that led to the formation of a consortium of NGOs working in AIDS prevention and health called the NGO Consultative Group. The goal of the group is to coordinate prevention efforts in order to avoid duplication and maximize resources. The group is governed by an elected committee, comprised of representatives of some of the participating NGOs. (Similar groups were previously formed with Cross River AIDS Network and Jigawa League of NGOs.) To date, the group has conducted peer education training of trainers for member NGOs and provided counseling services and displayed a quilt and other educational materials at the 16th Lagos International Trade Fair Exhibition. The group is currently making plans for a week-long event to commemorate World AIDS Day 1996.
- Two training curriculums were drafted during the year. The Nigeria Youth AIDS Programme drafted a curriculum for training youth as peer health educators, and the Cross River AIDS Network drafted a training of trainers curriculum for NGOs to use in training staff and project personnel in HIV/AIDS prevention.
- AIDSCAP undertook several activities to develop and strengthen NGO capacity and institutional development. In collaboration with the Society for Family Health, which is the local affiliate of Population Services International, AIDSCAP conducted a national condom logistics workshop for implementing agencies (IAs) and representatives of U.S. implementing partners. The Integrated Health Media Workshop for journalists was also conducted. Capacity building workshops involving Cross River AIDS Network, the Jigawa League of NGOs, and the Lagos NGO Consultative Group were conducted.



**AIDSCAP**

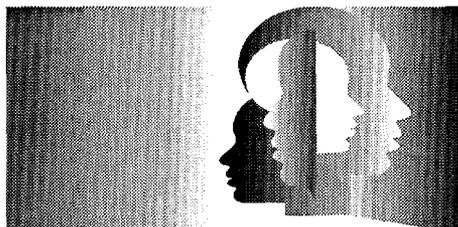
- The National AIDS and STD Control Programme and other donors revised the national STD guidelines at a technical workshop sponsored by the Overseas Development Administration. The revised guidelines are expected to enhance proper management of STDs and monitoring and evaluation of STD service delivery in Nigeria.
- AIDSCAP/Nigeria sponsored a variety show for people living with HIV/AIDS called "Shared Rights, Shared Responsibilities." The show aired on the network service of the Nigeria Television Authority.
- AIDSCAP sponsored 14 NGO representatives to the IX International Conference on AIDS and STD in Africa, held in Kampala, Uganda. The group also attended the AIDSCAP sponsored pre-conference peer health education workshop on behavior change communication.

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**Current  
Program Status**

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The Nigeria country program is in a mature stage, and all anticipated activities are under way. During the extension period, AIDSCAP/Nigeria will focus on (1) building the capacity of IAs to continue program activities beyond the AIDSCAP project, (2) making resource materials such as training manuals available so IAs can train and re-train project personnel as needed, (3) helping IAs to develop fundraising and proposal writing skills, (4) identifying, documenting, disseminating and utilizing lessons learned to improve prevention efforts, and (5) promoting networking, collaboration, and synergy among IAs. AIDSCAP/Nigeria will conduct three strategic planning workshops for IAs and provide seed grants for IAs to launch income-generating activities. Each IA will benefit from a capacity assessment followed by individual technical assistance from the country office. Lessons learned will be gathered through three brainstorming workshops and discussions with key informants.



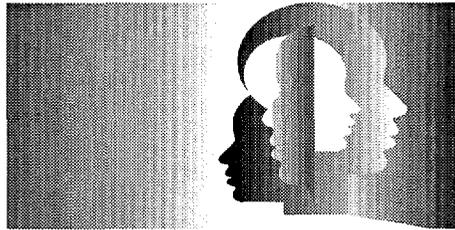
**AIDS CAP**

## Nigeria Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>374,839</b>	<b>567,809</b>
<b>Males</b>	<b>141,277</b>	<b>201,867</b>
<b>Females</b>	<b>77,621</b>	<b>109,012</b>
<b>No Gender Specified</b>	<b>155,941</b>	<b>256,930</b>
<b>Total People Trained:</b>	<b>1,364</b>	<b>5,943</b>
<b>Males</b>	<b>704</b>	<b>1,186</b>
<b>Females</b>	<b>597</b>	<b>905</b>
<b>No Gender Specified</b>	<b>63</b>	<b>3,852</b>
<b>Total Condoms Distributed:</b>	<b>398,838</b>	<b>1,411,002</b>
<b>Free</b>	<b>133,019</b>	<b>692,597</b>
<b>Sold</b>	<b>265,819</b>	<b>718,405</b>
<b>Total Materials Distributed:</b>	<b>145,170</b>	<b>254,218</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **RWANDA**

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### **Program Description**

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The AIDSCAP/Rwanda country program targets population centers, military personnel, sexually transmitted disease (STD) patients, youth, single women, commercial sex workers (CSWs), and displaced persons. The activities combine the three main AIDSCAP strategies of behavior change communication (BCC), STD prevention and control, and condom social marketing, and are implemented through the following five major partners: the National AIDS Control Program (NACP); the Center for Information, Documentation and Counseling (CIDC); the Gitarama Health Region; Population Services International (PSI); and CARE International. In addition, CARE manages an AIDSCAP intervention with Rwandan refugees in the Ngara camp in Tanzania funded by USAID's Africa Bureau.

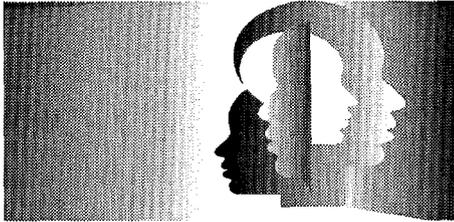
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### **Country Program Accomplishments**

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FY96 represents the second full year of operation after the program was temporarily closed due to ethnic violence in 1994. The program had several notable accomplishments during the year.

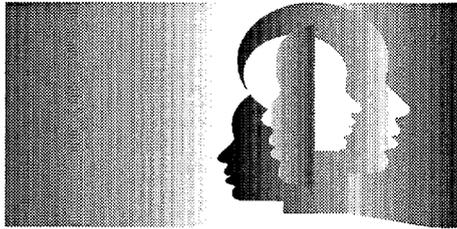
- The BCC subproject being implemented by CIDC held contests for best drama and best song conveying prevention messages. The winning drama was performed for many audiences, and the winning song was reproduced on cassette and distributed throughout the country. CIDC also produced three radio spots about prevention, organized an HIV/AIDS education booth at a trade show, and introduced an HIV/AIDS awareness program in secondary schools in Kigali. An innovative radio program, developed in direct response to previously conducted audience research, was launched targeting youth. CIDC developed and produced several educational materials, including a comic strip on HIV/STD prevention for the military, a brochure for women heads of household that identifies factors putting them at higher risk for HIV/STDs and promotes safer sexual behaviors, a poster targeting young women, and a flip chart for peer educators to use during education sessions.
- The condom social marketing (CSM) program continued mass media activities, including producing a weekly radio program entitled "Prudence Time," reaching communities with mobile cinema, presenting dramas by theater groups, and implementing other special events to disseminate educational messages. A new brand of condom called Prudence Plus was introduced, and sales continue to rise. Since its inception in 1993, the CSM program has sold more than 2,800,000 condoms through a total of 575 sales points in the country. Distribution of free condoms for the military has improved markedly over time due to better commodity logistics.
- Through the CARE International subproject, more than 300 peer educators launched outreach activities in eight communes of the Gitarama prefecture. Peer educators targeted rural adolescents and women heads of household. They organized bi-monthly informal education sessions to



**AIDSCAP**

disseminate information, education, and communication (IEC) messages and distribute condoms and IEC materials to target groups. A total of 2,011 peer education sessions took place, targeting 33,463 individuals with information on modes of transmission and prevention of STDs/HIV. Each session provided an opportunity to practice using condoms on a model and to act out condom negotiation skills. A total of 167 peer educators became condom sales agents after being trained by PSI. The CARE sub-project has established a collaborative relationship with the health facilities in the eight communes of Gitarama. Some of CARE's peer educators conducted STD/HIV prevention education sessions and condom demonstrations for clients at the health centers.

- With AIDSCAP assistance, the NACP developed an STD supervision guide, an STD syndromic monthly data collection sheet, and a protocol for STD sentinel surveillance. National STD treatment guidelines were incorporated into a training manual and disseminated in the form of a poster and booklet to health staff trained in syndromic management.
- Several training sessions were conducted over the year. The NACP conducted a workshop on improved HIV/STD reporting for public and private sector journalists. CDC organized a training-of-trainers (TOT) workshop on pre- and post-test counseling and counseling of HIV-positive persons and discordant couples. Health staff in Butare, Gisenyi, Gikongoro, and two military brigades in the north and east were trained in syndromic management of STDs. Three NACP staff were sent overseas for short-term training in STD/HIV program design. Subrecipients received training in computerized accounting and reporting, and data analysis using Epi Info.
- Related to AIDSCAP's work with the military, a baseline knowledge, attitudes, beliefs, and practices (KABP) survey among military personnel was conducted that found high awareness of HIV and STDs and knowledge about prevention. Thirty-five percent of respondents reported they felt at considerable risk of contracting the virus, although an almost equal percentage felt they were not at any risk. Access to condoms was reported to be universal, but only 63 percent of respondents reported ever using condoms, and only 38 percent reported using condoms in the last three months. An additional 296 military community health workers were trained as health educators. These educators conducted 2,037 formal education sessions, attended by 15,972 servicemen. With WHO and AIDSCAP support, 66 more military health staff were trained in the national STD treatment guidelines and in the syndromic management approach. Thirty-eight condom outlets were established at military camps, and more than 300,000 free condoms were distributed by the army.



## AIDSCAP

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### Current Program Status

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Five subprojects will continue into the extension year: (1) the Rwandan refugees subproject in Tanzania, 2) the armed forces subproject, (3) the Gitarama Health Region STD/AIDS prevention subproject, (4) the BCC subproject with CIDC, and (5) the CARE peer education subproject. The CSM subproject with PSI concluded in August 1996; however, PSI is continuing its work under funding sources other than AIDSCAP. No new subprojects will be undertaken, but emphasis will be placed on capacity strengthening for implementing agencies and on gathering and disseminating lessons learned.

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### Rwandan Refugee Program in Ngara, Tanzania

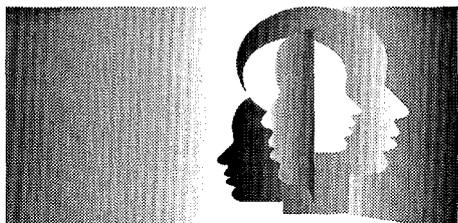
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AIDSCAP, with funding from USAID's Africa Bureau, continues to support CARE International to implement HIV and STD prevention programs with Rwandan refugees in Ngara, Tanzania. The original project started in August 1994 with CARE International as the lead agency providing community-based AIDS intervention services to the refugee population in the CARE-managed camps. AIDSCAP subcontractors, John Snow Incorporated (JSI) and PSI, were selected to provide additional assistance in needs assessment and evaluation and in condom promotion and distribution. The original project, which concluded in November 1995, was successful in setting up a community AIDS/STD education network in the refugee camps utilizing AIDS community educators (ACEs). The refugee staff of 100 ACEs provided coverage of roughly one ACE to every 1,000 adults. The ACEs distributed free condoms, disseminated AIDS/STD prevention messages, and referred persons for treatment who described symptoms of STDs, including HIV. Sixteen trained counselors offered counseling services and conducted group community education sessions at outpatient departments and at maternal and child health clinics in three refugee camps. The pilot project was well received by the United Nations High Commission for Refugees (UNHCR) and other nongovernmental organizations (NGOs) working in the Ngara area camps.

Beginning in December 1995, a second phase of the project began under CARE that expanded activities to target refugees in camps managed by other NGOs. The project concentrates on cross-training community health workers (traditional birth attendants, health information team members, social workers, etc.). Home-based care has also been introduced to provide persons with AIDS and their families at the camps with essential supplies and counseling support.

At the request of UNHCR, CARE is also undertaking interventions focusing on issues of sexual violence including rape prevention in coordination with crisis intervention teams that provide assistance to rape victims. Focus group discussions on sexual violence and rape, conducted with both men and women, served as the basis for community awareness campaigns developed by the crisis intervention teams. A video on sexual violence and refugees is also being produced.

CARE's future plans include conducting a survey of traditional healers and their STD treatment practices, expanding cross-training for community health workers, and training Karagwe district health workers in video production.



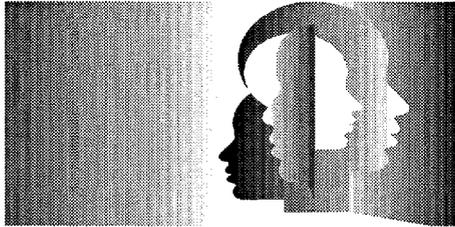
**AIDSCAP**

## Rwanda Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	492,394	640,039
<b>Males</b>	175,944	249,364
<b>Females</b>	171,510	239,393
<b>No Gender Specified</b>	144,940	151,282
<b>Total People Trained:</b>	4,414	11,872
<b>Males</b>	1,907	2,291
<b>Females</b>	1,820	1,956
<b>No Gender Specified</b>	687	7,625
<b>Total Condoms Distributed:</b>	3,320,478	5,995,422
<b>Free</b>	1,661,846	3,351,850
<b>Sold</b>	1,658,632	2,643,572
<b>Total Materials Distributed:</b>	648,667	954,352

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **SENEGAL**

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### **Program Description**

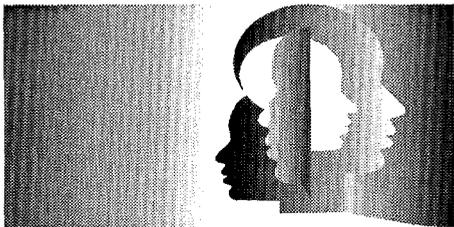
The USAID-funded Senegal country program supports the National AIDS Control Program in the regions of Dakar, Thies, Kaolack, and Ziguinchor. AIDSCAP/Senegal has developed diverse subprojects with agencies of the Ministry of Health (MOH), Ministry of Communications, and national and international nongovernmental organizations (NGOs), incorporating the AIDSCAP strategies of behavior change communication (BCC), strengthening case management of sexually transmitted disease (STD), promotion and distribution of condoms, policy support, and behavioral and operations research and evaluation. AIDSCAP/Senegal has also provided support to the national and regional AIDS control programs in strategic planning and sentinel surveillance.

A total of 31 subprojects (including 15 small Rapid Response Fund grants) have been initiated focusing on in- and out-of-school youth, men in workplaces, registered commercial sex workers (CSWs), and men and women working in the informal sector.

### **Country Program Accomplishments**

The AIDSCAP/Senegal program made significant progress during FY96:

- Under the STD Public Sector subproject, a study to assess the validity and cost-effectiveness of the algorithms for syndromic management of STDs was initiated in three of 16 public and private sector pilot STD services sites. The first phase, consisting of pretesting questionnaires and laboratory procedures, was completed within four months. The second phase, consisting of recruitment of sexually active women with vaginal discharge, lower abdominal pains, and genital ulcers, has begun. During this phase, 1,100 patients will be recruited. The National AIDS Control Program (NACP) resumed training health personnel, training a total of 114 staff mainly from district health posts in STD syndromic management. These health posts treat sexually active men and women presenting with STDs.
- The Education pour la Santé (EPS) subproject finalized the peer education training manual and conducted training for 240 peer educators who will reach youth and sexually active men and women at the regional and district levels. In the region of Ziguinchor, EPS also trained 18 persons in the development of low-literacy education materials in local languages and trained 30 low-literacy monitors in the use of these materials. To further reinforce this peer education component, 30 information kiosks were installed in strategic places such as densely populated residential areas and marketplaces and near some high schools.
- The subproject with Fédération des Associations des Femmes Sénégalaises (FAFS) started training 36 peer educators drawn from its association members. These peer educators will reach professional women, women in the informal sector, and adolescents. The trained peer educators will conduct a total of 18,000 educational sessions.



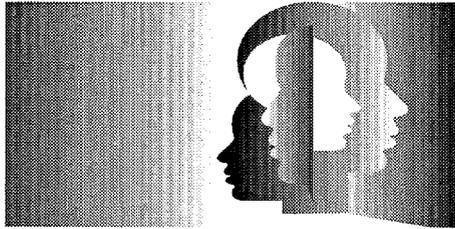
## AIDSCAP

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- In the policy domain, two major ground-breaking efforts were accomplished. First, a two-day colloquium was organized for Christian religious leaders, in collaboration with a local NGO, SIDA Service, to provide religious leaders with basic information on AIDS and to assist them in defining their roles and responsibilities in the fight against AIDS. Several recommendations for interventions were made by the church leaders themselves with regard to their roles and responsibilities, as community leaders, in relation to specific target groups: intensifying information, education, and communication (IEC) activities for youth, involving women more in educating each other and their children about the AIDS pandemic, and encouraging sexuality education for children by parents. The church leaders called for a partnership between Christian communities, Muslim communities, state institutions, and NGOs working in the field against AIDS.

The second major policy activity was a two-day conference for more than 50 parliamentarians that took place in the National Assembly itself. The activity, facilitated by African Consultants International (ACI), had as principal objectives encouraging policy dialogue among decision makers, sensitizing leaders to the epidemic, and creating an environment for open discussion. Furthermore, it was expected that the seminar would give politicians an opportunity to address fundamental policy issues that may not yet be well articulated and encourage them to set priorities for issues related to STD/HIV/AIDS that need immediate attention.

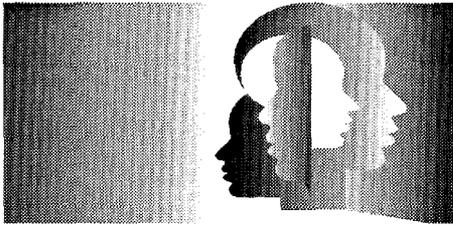
- Through a subagreement with AIDSCAP, ACI pursued training activities with NGOs, culminating with the seventh and final of a seminar series. These seminars helped the participants understand causes, modes of transmission, preventive measures, and socioeconomic implications of AIDS, as well as sources of financing for AIDS activities. All the NGOs trained were involved in development work with out-of-school youth and women. The result of these seminars has been an increase in the request for funding of the NGOs in order to integrate AIDS activities in their ongoing non-health-related activities. Under the same subagreement, ACI conducted its fourth and final in a series of regional seminars for the four AIDSCAP regions: Dakar, Kaolack, Thies, and Ziguinchor. These seminars were in response to the NACP's decentralization program, which included encouraging regional leaders to develop action plans for their communities. These seminars helped create an environment for open discussion and encouraged the regional leaders to clarify issues relating to HIV/AIDS.
- The behavioral surveillance survey (BSS), a new and innovative approach to evaluation of HIV prevention programs that is being field tested for the first time in Africa, was introduced in Senegal. Presentations to the Mission and other agencies involved in HIV/AIDS arena helped build consensus for this research. A protocol for the pilot phase of the BSS was developed and a local evaluation firm, the Institut Supérieur Africain pour le



**AIDSCAP**

Développement de l'Entreprise (ISADE), will conduct the survey. The BSS will provide repeated measures of behavioral indicators in key target groups: in- and out-of-school youth, men in workplaces, CSWs, clients of CSWs, and men and women in the informal sector. This research will also provide vital information at regular intervals to national program planners and donors about current and emerging risk groups in Senegal.

- The AIDSCAP Women's Initiative (AWI) subproject was developed to provide HIV prevention activities to market women and their daughters. This model intervention with the Fédération des Associations des Entreprises Africaines (FDEA) is the result of a study among market women, which demonstrated their level of risk vis-à-vis AIDS and the importance of linking AIDS prevention activities to their economic activities. The activities of this subproject include building the capacity of FDEA trainers to conduct training among women's groups for women's health, implementing a health promotion package among market women's organizations in the regions of Dakar and Kaolack, working with market women's groups to reach girl children (aged 8 to 15) in the marketplace with AIDS education and prevention, and empowering women by simultaneous provision of knowledge about sexual health and credit.
- The AIDS/STD health promotion subproject known as FORED (Formation et Education des Femmes et des Jeunes dans la Lutte contre les MST et VIH SIDA), under the direction of the PVO Christian Reformed World Relief Committee (CRWRC), the local NGO FDEA, and the Pan-African NGO Society for Women Against AIDS in Africa (SWAA), was completed on August 26, 1996, as scheduled. This project aimed to increase safe sexual choices and behavior among self-employed women and urban youth in the Kaolack, Thies, and Dakar regions. Some of the major activities completed by this project include training in 22 sessions of 35 groups of 15 to 20 women by FORED staff for a total of 806 persons; conducting educational sessions for 603 women, 108 female youth, and 70 male youth; and developing a range of educational materials including flip books, card games, and illustrated booklets for use among the groups. The flip book was specifically designed for use by facilitators to communicate messages to these low-literate women. The materials have been developed in local languages.
- In addition to these major activities, AIDSCAP/Senegal maintained a strong focus on building the capacity of Senegalese institutions with little experience in HIV/AIDS prevention. For example, small associations received a total of 15 Rapid Response Fund micro-grants to expand their existing program coverage to include diverse AIDS-related activities.



## AIDSCAP

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### **Current Program Status**

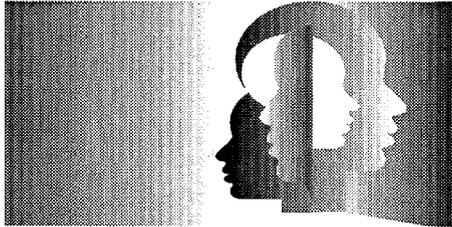
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The Senegal program is in its full implementation and several subprojects will be continued during the extension period. Of the 18 major active subprojects, 16 will be continued. For these subprojects, activities will be consolidated and emphasis placed on identifying lessons learned, preparing them to continue on their own, and soliciting other sources of funding when AIDSCAP financial and technical assistance phases out.

In addition to the consolidation of activities, three subprojects with EPS, NACP, and the Hôpital Le Dantec will extend their current activities into two new regions of Louga and Fatick, at the request of USAID and as stipulated in the strategic objective number one grant document recently signed by the Government of Senegal and USAID/Senegal.

The activities of the subproject AIDS Prevention at University, with the Comité de Lutte Anti-SIDA (COLAS) and the Association of University Students at the University of Cheikh Anta Diop in Dakar, have been reprogrammed under the SANFAM subagreement, which will integrate these STD/HIV/AIDS activities with their ongoing family planning activities targeting university students. The move to reprogram these activities and the remaining funds is supported by the Mission and is in line with USAID's integrated approach.

The major focus during the coming year will be placed on gathering lessons learned, disseminating information, promoting sustainability among the IAs, and conducting a final evaluation of the country program.



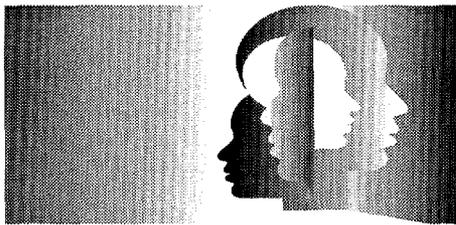
**AIDSCAP**

## Senegal Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	161,407	271,478
<b>Males</b>	13,145	46,106
<b>Females</b>	12,912	40,066
<b>No Gender Specified</b>	135,350	185,306
<b>Total People Trained:</b>	947	3,524
<b>Males</b>	381	1,617
<b>Females</b>	566	1,835
<b>No Gender Specified</b>	0	72
<b>Total Condoms Distributed:</b>	59,061	1,906,133
<b>Free</b>	38,685	1,849,342
<b>Sold</b>	20,376	56,791
<b>Total Materials Distributed:</b>	48,065	157,182

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **TANZANIA**

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### **Program Description**

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AIDSCAP's activities in Tanzania, implemented through 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, TAP uses an integrated strategy, including implementing behavior change communication (BCC) interventions, 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 are 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 and a Social Marketing Unit (SMU) staffed by Population Services International (PSI).

At the heart of TAP is an "NGO cluster" strategy under which geographically concentrated nongovernmental organizations (NGOs) develop and coordinate a program of action managed and funded under a subagreement with an elected lead ("anchor") NGO. TAP has developed nine cluster subprojects located in nine regions of Tanzania. The clusters include more than 100 NGOs and cover approximately half the country. Key collaborators are the Tanzania Ministry of Health (MOH) 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.

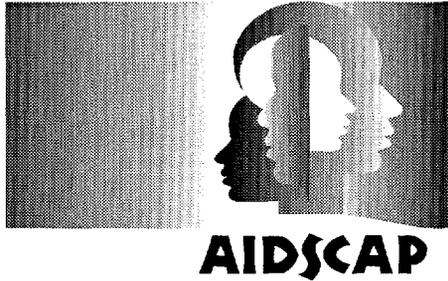
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### **Country Program Accomplishments**

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The cluster subprojects launched in FY95 continued with vigor throughout FY96. The subprojects are being implemented in nine regions of Tanzania: Arusha, Kilimanjaro, Tanga, Morogoro, Dodoma, Tabora, Iringa, Shinyanga, and Dar es Salaam. The following activities were accomplished under the cluster strategy:

- TAP emphasized strengthening policy support for the clusters by conducting Regional Leaders Sensitization Workshops in each of the cluster regions. The workshops reached 668 regional- and local-level government representatives, religious leaders, and business leaders with information designed to raise awareness about and increase support and resources for AIDS prevention programs.
- A new emphasis was placed on workplace initiatives within the clusters. Staff at the Organization of Tanzania Trade Unions (OTTU) provided technical assistance to each cluster in recruiting and incorporating three to five businesses into the cluster program. As a result, the businesses participated in all cluster training programs.
- The clusters began a sensitization process with business managers to encourage cost-sharing of prevention programs. They are using a "manager's kit" previously developed by TAP as a tool for assisting with the sensitization process. The kit includes intervention packages for STD

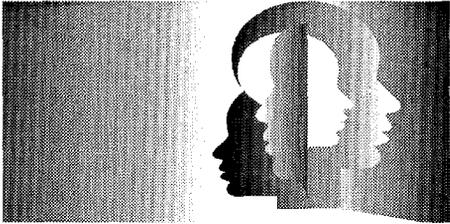


prevention and control, AIDS education, condoms in the workplace, and peer health education. These efforts resulted in in-kind contributions from businesses, including transportation, use of facilities, and training materials.

- Thirty-two NGOs were actively involved in implementing care and counseling services for PWAs and orphans and in providing training for orphan caretakers. The NGOs also supported limited vocational training for orphans. A total of 180 orphans have been assisted by the clusters, which, due to a shortage of funding for orphan support, limit much of their work to linking orphans to legal or community-based support systems.
- TAP utilized the training-of-trainers (TOT) approach to strengthen the capacity of NGO clusters to carry out training programs. A total of 189 trainers were trained under TAP subprojects in the areas of gender and HIV/AIDS; knowledge, attitudes, beliefs, and practices (KABP) research; peer education; home-based care and counseling; materials development; and STD syndromic management. These trainers, in turn, trained another 1,587 trainers within the clusters. The TOT approach has provided the clusters with a pool of skilled community resource people who can disseminate information locally.
- Each cluster established an information center that provides NGOs with helpful information for HIV/AIDS prevention programming and community members with information, education, and communication (IEC)/BCC materials and counseling services. The resource centers also serve as community theaters, where dramas are presented containing HIV prevention and care messages. TAP also has a well-established resource center, which serves as a clearinghouse for the cluster-based resource centers.

TAP strengthened and complemented the NGO cluster achievements through the following major activities:

- TAP produced a number of behavior change communication materials and mass media products, including (1) *Straight Talk*, a periodic newsletter aimed at youth and young adults, (2) *Tuzungumze*, a magazine targeting the adult community with prevention information, (3) TAP newsletters for the NGOs, (4) "AIDSWatch," a regular column in *The Guardian*, the English-language newspaper, (5) several posters with BCC messages, and (6) a nationwide Swahili radio program called "AIDS and the Community," co-produced with the NACP.
- TAP became one of the first entities in Tanzania to establish fora for PWAs to talk publicly about HIV/AIDS. TAP facilitated information sharing by PWAs on television and radio, in newspapers, and at press conferences and other public fora. TAP cosponsored 15 PWAs as participants to the Cape Town International Conference for PWAs. The participants subse-



## AIDSCAP

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quently formed an NGO, SHDEPHA+, which represents HIV-infected persons and PWAs. It has thus far registered 70 members and has become a member of the Dar es Salaam cluster.

- The two work site subprojects implemented independently of the clusters, OTTU and the African Medical and Research Foundation (AMREF), earned impressive private sector commitment under their cost-sharing initiative. Nineteen companies working with AMREF are paying up to 50 percent of the cost of interventions. Three companies working with OTTU are now paying up to 25 percent of the cost of interventions.
- TAP continued to support two STD subprojects with the Center for Educational Development in Health (CEDHA) and the Primary Health Care Institute (PHCI). To date, 412 of 500 targeted health care providers (representing approximately 250 health care facilities) have been trained in the syndromic management of STDs.
- The condom social marketing (CSM) program continued to exceed expectations. More than 8 million condoms were sold in 1996, double the amount sold in 1995. Community sales agents (CSAs) have been identified as critical to the success of the CSM program; to date, TAP has trained nearly 2,000 shoeshine boys, bar girls, hotel staff, school teachers, peer health educators, trade school students, and community-based distributors to serve as CSAs.
- A team of senior AIDSCAP and USAID staff reviewed the AIDSCAP/Tanzania country program in November 1995. The team interviewed country office staff and made site visits to subprojects. At the conclusion of the review, the team produced a report that discussed their findings, including country program achievements, and made recommendations for reprogramming or improving management systems.

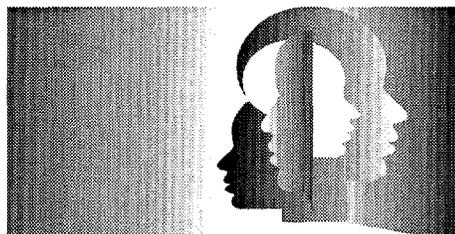
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### **Current Program Status**

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The Tanzanian AIDS Project is in full operation. All of the nine cluster projects are under way, supported by separate STD and workplace subprojects. TAP has 20 active and 25 completed subprojects.

In the extension year, TAP will refine and expand current activities. Cluster subprojects will be expanded from the regional level out to the district, ward, and village levels. TAP will strengthen support for the NGO clusters by intensifying STD prevention and control activities with the addition of one new subproject, and by working with the NACP to further improve the policy environment. TAP will continue to provide capacity building training to implementing agencies. TAP staff will proceed with the process of registering as an independent NGO in order to continue funding promising subprojects and providing them with management and technical assistance beyond the life of AIDSCAP.



**AIDSCAP**

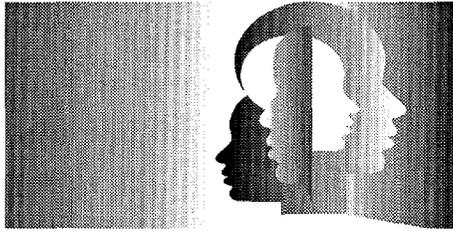
Other major activities of the country program this year will include gathering lessons learned, information dissemination, and final evaluation of the country program.

## Tanzania Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	1,455,561	2,281,283
<b>Males</b>	385,966	576,204
<b>Females</b>	458,484	632,940
<b>No Gender Specified</b>	611,111	1,072,139
<b>Total People Trained:</b>	6,383	20,041
<b>Males</b>	2,322	6,496
<b>Females</b>	3,044	5,112
<b>No Gender Specified</b>	1,017	8,433
<b>Total Condoms Distributed:</b>	12,112,157	29,088,302
<b>Free</b>	1,890,347	10,117,814
<b>Sold</b>	10,221,810	18,970,488
<b>Total Materials Distributed:</b>	279,417	716,743

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**ASSOCIATE**

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**COUNTRIES**

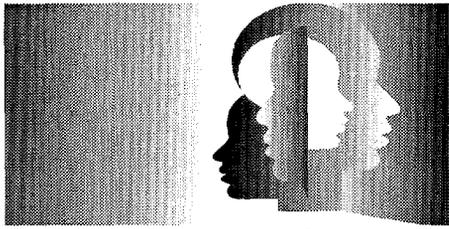
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**IN**

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**AFRICA**

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**AIDSCAP**

## **COTE D'IVOIRE**

**56**

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### **Program Description**

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The first case of AIDS was diagnosed in Côte d'Ivoire in 1985. HIV prevalence is 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.

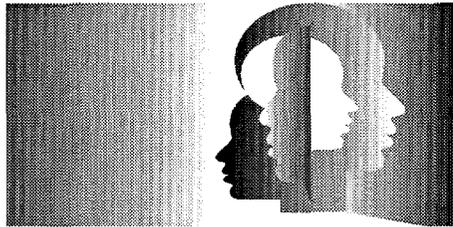
In Côte d'Ivoire, AIDSCAP worked solely through the Africare Guiglo Project, which came to a close in August 1996. Africare implemented a three-year project to reduce risky sexual behavior among in- and out-of-school youth aged 15 to 25 in Guiglo Department. The Guiglo Department consists of four prefectures and is located in the country's Western Region bordering Liberia. The project established a target of training 60 community outreach health educators to conduct HIV/AIDS prevention activities with out-of-school youth using existing networks. Secondary school nurses trained by Africare reach youth through formal presentations and informal group discussions conducted in school.

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### **Country Program Accomplishments**

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- Activities at the camp and in Guiglo town increased with the commencement of the UNHCR-funded Health Care Initiative. The objectives of the UNHCR Health Care Initiative for Tabou, Grabo, and Guiglo that began in February 1996 included provision of community-based primary health care delivery, introduction of a sustainable cost recovery pharmaceutical program/system, and reduction in the incidence of AIDS/STDS among the target population. These objectives coincide with the Guiglo HIV/AIDS Prevention Project, which inspired the UNHCR project design. Activities in Guiglo have focused on the refugee population at the camp site (Peace Village), which is home to 14,000 refugees who fled their homes in Tai and throughout the town of Guiglo.
- Guiglo High School students organized a week-long HIV/AIDS Prevention Awareness activity. Small workshops and kiosks were set up to respond to questions from concerned students and to distribute AIDS prevention materials.
- Africare's efforts to create and establish a functional and efficient Local AIDS Advisory Committee have been successful. The Guiglo-based Local AIDS Advisory Committee organized a massive awareness campaign in collaboration with the various STD/HIV/AIDS prevention units in the prefecture's educational institutions. The ensuing response, as indicated by the increased participation and involvement of students and teachers, convinced the regional education inspector to instruct educational establishments/institutions to dedicate at least one entire school day for HIV/AIDS awareness activities.



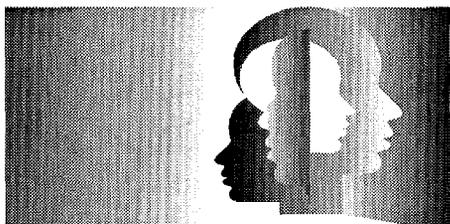
**AIDS CAP**

**Côte d'Ivoire  
Process Indicator Data\***

	<b>FY96</b>	<b>Cumulative</b>
<b>Total People Educated:</b>	<b>52,867</b>	<b>103,118</b>
<b>Males</b>	<b>35,023</b>	<b>64,981</b>
<b>Females</b>	<b>17,844</b>	<b>38,137</b>
<b>No Gender Specified</b>	<b>0</b>	<b>0</b>
<b>Total People Trained:</b>	<b>75</b>	<b>669</b>
<b>Males</b>	<b>59</b>	<b>489</b>
<b>Females</b>	<b>16</b>	<b>180</b>
<b>No Gender Specified</b>	<b>0</b>	<b>0</b>
<b>Total Condoms Distributed:</b>	<b>0</b>	<b>0</b>
<b>Free</b>	<b>0</b>	<b>0</b>
<b>Sold</b>	<b>0</b>	<b>0</b>
<b>Total Materials Distributed:</b>	<b>22,375</b>	<b>36,363</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books. There was no condom component to this subproject.



**AIDSCAP**

## **MOZAMBIQUE**

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### **Program Description**

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HIV sentinel surveillance data are scarce in Mozambique. The data that exist indicate that urban centers have a substantially higher prevalence of HIV infection than do rural areas. According to statistics from the national blood bank, HIV prevalence among blood donors nationally is 4 to 6 percent. The prevalence figures from some provinces are high: 12 percent in Tete, 13 percent in Chimoio, and 8 percent in Nampula. These limited data plus a combination of social factors, including high levels of poverty, insufficient health infrastructure, significant migration, high rates of sexually transmitted disease (STD), and high illiteracy rates cause concern about the vulnerability of the Mozambican population to HIV infection.

In FY96, the USAID Mission in Maputo provided AIDSCAP with funding to (1) conduct an assessment of the status of STDs and HIV/AIDS, and (2) identify programming gaps in STD/HIV prevention and recommend programming areas to be supported by USAID. It is anticipated that a portion of the funding provided will enable AIDSCAP to implement selected activities in Mozambique through FY97.

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### **Country Program Accomplishments**

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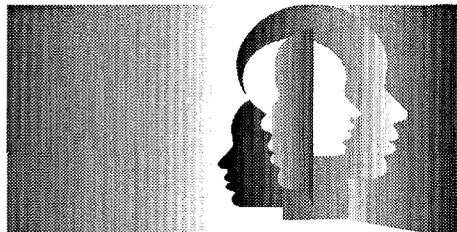
During a three-week period in July 1996, an AIDSCAP team comprised of AIDSCAP staff and subcontractor consultants with expertise in STDs, health economics, behavior change communication, and HIV/AIDS program management and implementation conducted the assessment in Mozambique with colleagues from USAID and the country's National AIDS Control Program. The assessment involved looking at the epidemiology of HIV and STDs in Mozambique; using modeling techniques to project the economic impact of HIV/AIDS; reviewing ongoing interventions in the areas of information, education, and communication (IEC) and condoms; and becoming familiar with the activities of other donors and international and local NGOs. Once an understanding of the situation was gained, the team undertook an analysis to determine programming gaps and make recommendations to USAID/Mozambique in the form of a draft report. At the conclusion of the assessment visit, it was agreed that the AIDSCAP Africa Regional Office would take the lead on finalizing the assessment report.

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### **Current Program Status**

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The draft report is currently undergoing revision at the AIDSCAP Africa Regional Office, with assistance from AIDSCAP headquarters. A revised draft of the report will be shared with the USAID Mission during a follow-up visit to Mozambique by AIDSCAP staff in early FY97. The assessment report and recommendations will be finalized shortly thereafter.



**AIDSCAP**

## **NIGER**

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**Program  
Description**

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Niger is at a relatively early stage of the HIV/AIDS epidemic. With prevalence rates among pregnant women of 1 to 2 percent and among urban commercial sex workers of about 15 percent, effective prevention interventions at this time could slow sexual transmission of HIV and contribute to stabilizing or decreasing incidence of HIV.

Between 1992 and 1994, AIDSCAP supported an intervention with the Ministry of Public Health. The subproject raised awareness of HIV/STD risk among prostitutes and transport workers in Niamey and documented significant decreases in their risk behavior.

In FY96, the USAID Mission asked AIDSCAP to return to Niger to develop a proposal for a USAID-funded sexually transmitted disease (STD)/HIV prevention project within the framework of the National AIDS Control Program's second medium term plan (MTP2). The MTP2 supports the general objectives of preventing STDs/HIV and ensuring appropriate care for HIV-positive individuals. It includes prevention of transmission by blood transfusion, STD control, psychosocial services for persons living with HIV/AIDS, and epidemiologic surveillance.

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**Country Program  
Accomplishments**

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During a two-week period in November 1995, an AIDSCAP team and USAID representatives explored programming options targeting mine workers, commercial sex workers, STD patients, and youth in Niamey, Arlit, Tahoua, and Galmi. The AIDSCAP team met with representatives from the Ministry of Health, international donor agencies, the National AIDS Control Program (PNLS), and international and local nongovernmental organizations. The team also met with key staff and with peer educators from the earlier AIDSCAP subproject.

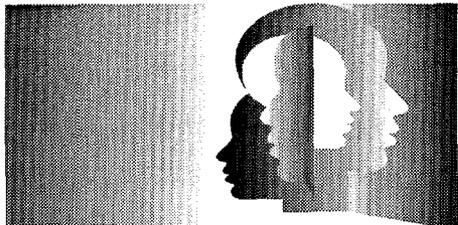
At the conclusion of the visit, the AIDSCAP team submitted to USAID a draft strategic document, including an implementation plan and budget for the first phase (18 months) of a program. The document proposes a national-level intervention to strengthen the institutional capacity of the PNLS in the area of STD management and control. It also proposes peer education and outreach interventions for high-risk populations in Niamey, Arlit, and Tahoua.

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**Country  
Program Status**

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AIDSCAP does not expect USAID to take action on the draft strategic document because, subsequent to the AIDSCAP visit, all USAID/Niger programming was suspended due to the military takeover of the democratically elected government. As FY96 came to an end, the USAID Mission was preparing for close-out.



## SOUTH AFRICA

**AIDSCAP**

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### **Program Description**

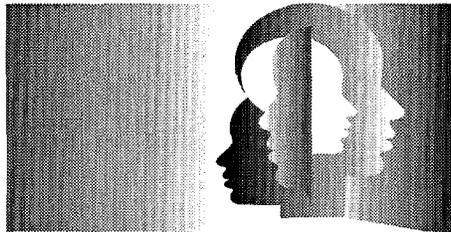
Program assistance to South Africa was launched in 1993 when AIDSCAP participated in USAID/South Africa's needs assessment jointly conducted by the Centers for Disease Control and Prevention (CDC) and Family Health International. The assessment team recommended continuation of existing capacity building efforts with traditional healers, of international study tours and training for nongovernmental organizations (NGOs), of secondary prevention activities with a community of HIV-positive mothers, and of new areas of programming. These new areas included a small grants program to provide nominal funding to innovative activities of indigenous community-based groups and NGOs and an integrated mining intervention for miners and their home communities. The team also recommended intensified policy work with the National AIDS Convention of South Africa (NACOSA) and a revised focus for the previously established HIV/AIDS resource center. AIDSCAP also manages an adolescent reproductive health project implemented by AIDSCAP's subcontractor, Population Services International (PSI)/Society for Family Health.

### **Country Program Accomplishments**

Over the year, the country office has been responsible for managing 17 AIDSCAP subproject activities, providing in-country technical assistance to these efforts, and coordinating and collaborating with USAID, the Department of Health's HIV/AIDS and STD Directorate, the CDC, and other donors and projects as appropriate. Major accomplishments include the following:

- AIDSCAP continued implementation of its Goldfields project in Welkom, which targets miners and their partners by providing condoms through PSI, supporting peer education and materials development managed by the National Progressive Primary Health Care Network (NPPHCN), and conducting a targeted intervention research study by Vista University to assess the knowledge, attitudes, beliefs, and practices of members of the community in and around the mines toward sexually transmitted diseases (STDs). The study identified three types of female sex workers—tavern-based, escort/massage parlor-based, and streetwalkers—and hostel-based male sex workers who act as surrogate wives for miners and may not self-identify as homosexual. Condom use was reportedly low, and STDs common. Clinics are seen as a last resort after friends, self-treatment, and visits to traditional healers are ineffective. Partner notification is rarely carried out and sex workers continue to be sexually active during treatment, resulting in frequent reinfection.

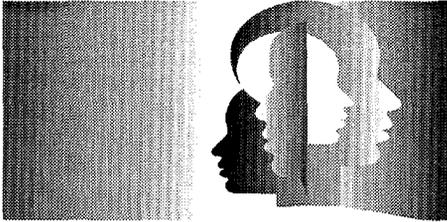
The peer education component of the Welkom activity undertaken by NPPHCN was completed, but this component will continue in FY97 through the efforts of PSI. To date, 24 peer educators have been trained, more than 200 women have been reached, and more than 300,000 condoms have been distributed. The project has also developed an audiocassette, a poster, and a pamphlet, which are all in final production for use in this final year. A major constraint to the program has been the high dropout



**AIDSCAP**

rates of many of the trained peer educators because of relocation and lack of incentives. The location of the peer education sites near the shebeens (bars) also had a negative influence on the activities of the peer educators. The success of the intervention has also been somewhat diminished by the inability to launch the home-based component of the project with the wives and regular partners of the miners. Many women have shown a reluctance to be associated with the project because of the segregation of targeted females.

- The capacity of local NGOs and community-based organizations (CBOs) is a major priority of the country program, and the establishment of locally accessible resource centers is seen as an important part of the strategy. During the past year, progress was made in establishing a local network of four resource centers. The implementing agency for this subproject is the University of South Africa (UNISA).
- AIDSCAP/South Africa supported follow-up workshops for approximately 50 traditional healers in eight provinces. In another activity two small-grant recipients provided HIV/AIDS, STD, and reproductive health training for traditional healers in their community. These training sessions have helped many traditional healers appreciate the complexities of the disease and have led to an increase in client referrals to formal-sector health facilities when appropriate. They have also learned about preventive measures that need to be incorporated into their own practices to protect their clients as well as themselves.
- AIDSCAP's CHAMPS II subproject was completed in August. The project was designed to carry out a targeted behavior change intervention among 100 women with HIV/AIDS and their families, to distribute condoms, and to establish community linkages. A total of 19 field workers were trained in interviewing and writing skills to assist with the intake of participants. Another workshop was organized to train 11 volunteer care givers and 11 health care workers in information, education, and communication (IEC) material development, counseling, home care visits, referrals, and distribution of materials.
- Youth, the sector with the highest recorded rate of infection in South Africa, are being reached through several small grants for peer education implemented mainly in the Cape Town, Newlands (Border-Kei), Pretoria, Port Elizabeth, and Johannesburg areas. Over the past year, more than 36,000 youth were reached with HIV prevention education messages through plays, one-on-one discussions, and innovative group discussions via the Newlands Youth AIDS Project, the Port Elizabeth Red Cross Peer Education Program, and the Drama for Health Project in schools in Pretoria. In addition, baseline research was conducted among adolescents under the task order with PSI targeting adolescents in Soweto. This activity provides training in peer education and condom social marketing.



## AIDSCAP

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- AIDSCAP provided support to the National AIDS Convention of South Africa (NACOSA) through a subagreement to assist them in developing regional HIV/AIDS plans. Over the course of the year, NACOSA conducted preliminary meetings with regional NACOSA entities to help them begin planning for regional policy meetings.
- AIDSCAP cosponsored with USAID/South Africa a skills building conference for NGOs and CBOs implemented by the National Minority AIDS Council (NMAC). Participants included NGOs/CBOs funded by USAID, the Department of Health's HIV/AIDS and STD Directorate, and AIDSCAP. The training provided an opportunity for South Africans to learn about effective strategies being used in the United States and to share mutual experiences in HIV prevention programming.

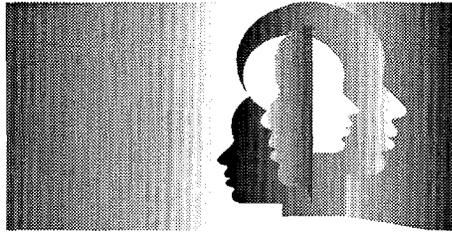
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### Current Program Status

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The AIDSCAP/South Africa program was challenged over this past year with significant staff turnover, causing a loss of momentum in program implementation. An AIDSCAP program review was conducted from March 18-22, 1996, by a team of representatives of USAID/Washington, USAID/South Africa, FHI/AIDSCAP/HQ, the AIDSCAP Africa Regional Office (AFRO), and AIDSCAP/South Africa. Recommendations of the team provided further direction and guidance to the AIDSCAP program in South Africa. During the year, the USAID Mission expressed its concern about the slower-than-expected pace of implementation; AIDSCAP met with the Mission to discuss the circumstances resulting in slower implementation and devised a joint plan with the Mission for improving project operation.

During the extension year, most efforts will focus on continuing and completing activities started earlier; however, a limited number of new initiatives will also be undertaken in the last eight months of program activity. Activities include sponsoring approximately six persons to travel within southern Africa under the international educational and comparative travel component of the project, continuing the condom social marketing component of the Goldfields mining intervention, conducting an implementation research study of the effectiveness of periodic presumptive treatment of STDs in high-risk behavior groups in a mining community, and conducting an assessment of training provided to traditional healers since the project's inception and of their linkages and referrals with and between formal-sector medical professionals. The project will provide support to people with AIDS through the development of media on community care issues, assist in the establishment and continuation of an NGO/CBO resource center, provide technical assistance to the Department of Health, and conduct an annual workshop for individuals and organizations that have participated in AIDSCAP activities. Finally, evaluation of all targeted activities will be conducted.



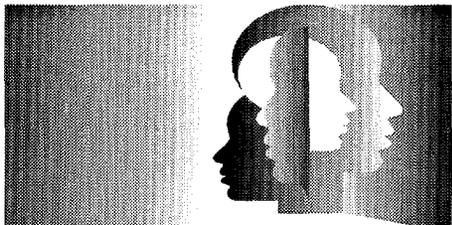
**AIDS CAP**

## South Africa Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>43,735</b>	<b>46,414</b>
Males	24,037	25,049
Females	19,698	21,365
No Gender Specified	0	0
<b>Total People Trained:</b>	<b>1,717</b>	<b>2,030</b>
Males	570	606
Females	841	915
No Gender Specified	306	509
<b>Total Condoms Distributed:</b>	<b>530,555</b>	<b>1,032,645</b>
Free	5,361	8,796
Sold	525,194	1,023,849
<b>Total Materials Distributed:</b>	<b>43,277</b>	<b>93,158</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **ZAMBIA**

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### **Program Description**

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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. AIDSCAP provides HIV/AIDS prevention assistance in Zambia through the support of a project designed to control STDs through improvement of STD case management of STDs and greater availability of STD prevention information. The intervention started July 1, 1995, and ended June 30, 1996. The three main components included training of health care providers in the syndromic management approach to STDs; upgrading selected clinics by providing them with STD medications and basic clinical and laboratory supplies and by piloting partner referral; and development of STD information, education, and communication (IEC) materials for use within the project, but also applicable to the national STD program.

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### **Country Program Accomplishments**

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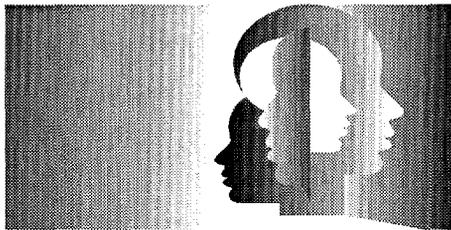
- Four health centers of the Ndola Urban Council were selected for upgrading. Twelve members of the four communities in which the selected health centers are located were trained to be community educators in STD prevention and control.
- Sixty-nine care providers from 41 public, parastatal, and private health care facilities (including the four being upgraded) in the Ndola Urban Area were trained in the syndromic management of STDs.
- Medications for syndromic management of STDs were distributed to four clinics and an estimated 1,383 clients were treated between January and June 30, 1996. In four communities, 18,751 persons were reached through community education.
- The following IEC materials were developed and distributed to project components, as well as to the National AIDS Control Programme: 1,800,000 brochures, 12,000 posters, 2,000 syndromic management cue cards, 230 videocassettes of 10 video dramas, and 40 audiocassettes of 10 dramas.

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### **Current Program Status**

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As the project ended, it encountered only one major constraint: the laboratory diagnostics required for syphilis screening were not procured due to problems encountered by the subcontractor responsible for procurement.



**AIDSCAP**

## ZIMBABWE

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### Program Description

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The AIDSCAP/Zimbabwe program is one component of the USAID Mission's Zimbabwe AIDS Prevention and Control Project (ZAPAC). When AIDSCAP began working in Zimbabwe in November 1994, its role was primarily to implement behavior change communication (BCC) interventions within workplace populations. Target populations include commercial farm workers, long-distance truck drivers, commercial sex workers, army and air force personnel, employees of private businesses, and so on. AIDSCAP was also charged with supporting training for media organizations in order to improve the amount and quality of coverage on HIV/AIDS.

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 target populations to guarantee that donor funds and efforts are coordinated and complementary. AIDSCAP/Zimbabwe and other agencies working in prevention in Zimbabwe meet regularly to ensure close coordination.

AIDSCAP/Zimbabwe is one of the newest AIDSCAP country programs in Africa. It opened its office in Harare in November 1994. By March 1995 most staff positions were filled, and by the end of FY95 nearly all of the subprojects had been awarded funding.

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### Country Program Accomplishments

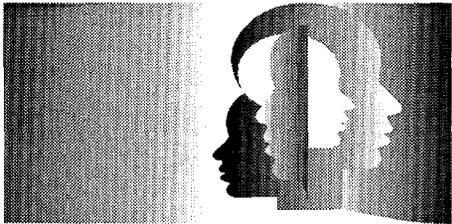
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The Zimbabwe country program entered FY96 with six behavior change subprojects. In addition, the country office had agreements in place with the Department of Medicine at the University of Zimbabwe to spearhead the evaluation of three of its BCC subprojects. These subprojects, which reached Zimbabweans throughout the country by working through nongovernmental organizations (NGOs) providing national coverage, alone allowed AIDSCAP/Zimbabwe to meet the requirements of its delivery order.

In FY96, the country program's accomplishments exceeded expectations. In March 1996, AIDSCAP, USAID/Zimbabwe, and USAID/Washington representatives conducted a favorable review of the AIDSCAP/Zimbabwe country program, stating that the program had "made remarkable progress within a relatively short period of just less than two years."

AIDSCAP/Zimbabwe developed and launched two new BCC subprojects and two new subprojects to evaluate BCC interventions with the following partners:

- The AIDS Action Committee of Triangle Limited, one of the largest employers in Zimbabwe, to develop a large-scale peer education program within the conglomerate to reach its 8,000 employees.
- The Women and AIDS Support Network initiated a subproject to improve the communication skills of adolescent girls from six schools and to empower them to take appropriate action toward HIV/AIDS prevention.



## AIDSCAP

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This subproject was designed in collaboration with the AIDSCAP Women's Initiative. The girls' mothers and male teachers will also be involved in the subproject.

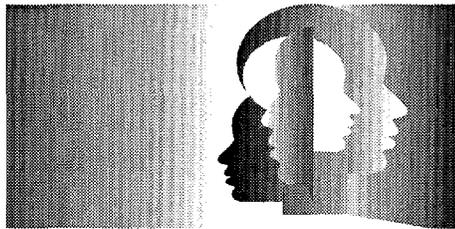
- Dexter Enterprises will lead evaluation activities related to AIDSCAP's subprojects with the National Railways of Zimbabwe—a subproject funded in FY95 but continuing in FY96—and the AIDS Action Committee of Triangle Limited.

The country program placed new emphasis on media in FY96. For example:

- AIDSCAP/Zimbabwe began supporting the work of local journalist Andrew Mutandwa to produce a weekly column in the English-language *Herald* newspaper. The column is written from a human interest perspective and discusses the problems of people infected with or affected by HIV/AIDS. To complement this, the country office is also supporting Eunice Mafundikwa, who works with *Kwayedza* newspaper, to publish weekly articles on HIV/AIDS in Shona (a local language).
- The country office funded a subproject with the Zimbabwe Broadcasting Corporation (ZBC) to broadcast a radio show and television program on HIV/AIDS. ZBC is a parastatal with a monopoly in electronic media. By working with ZBC, AIDSCAP reaches 1 million people through radio and 1.3 million through television with HIV prevention education messages. The radio show has a call-in and discussion format; the television program offers footage of actual community-based discussions on HIV/AIDS. ZBC provides free air time for the programs.
- A second media subproject with the Department of English (DOE) at the University of Zimbabwe has the potential to influence media reporting on AIDS for many years to come. The DOE is assembling existing information on HIV/AIDS media coverage to create an "AIDS Media Training Module." The module will be pre-tested with journalism students and, once finalized, incorporated into the undergraduate and graduate curriculum of journalism students.

Of the subprojects initiated in FY95, two had especially noteworthy achievements:

- By the end of FY96, the Commercial Farmers Union subproject had distributed more than four million condoms—the most distributed by any AIDSCAP subproject in Zimbabwe.
- The National Employment Council for the Transport Operating Industry subproject trained three times the planned number of peer educators, educated almost four times the targeted number of people, and distributed about 1.7 million condoms.



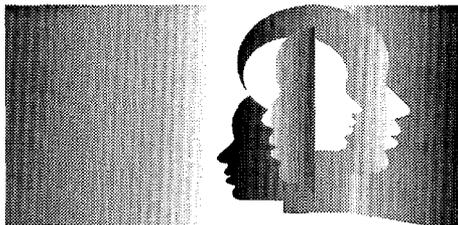
**AIDSCAP**

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**Current  
Program Status**

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Zimbabwe has 12 active and two completed subprojects that, according to the current delivery order, make the country program fully operational. Although many of AIDSCAP's country programs will be consolidating activities in the final year, AIDSCAP/Zimbabwe is preparing for expansion. The country office will continue most subprojects throughout the extension period and, based on requests from the Mission, expects to undertake two special studies: (1) a country-level literature search on select topics related to HIV/AIDS, and (2) a gender analysis of the programs implemented by AIDSCAP/Zimbabwe's implementing agencies. AIDSCAP/Zimbabwe also expects to begin supporting the development of BCC messages promoting care and support for persons with AIDS within existing structures. The country program will also assist the Ministry of Health and Child Welfare to improve its sentinel surveillance system for STDs/HIV/AIDS.



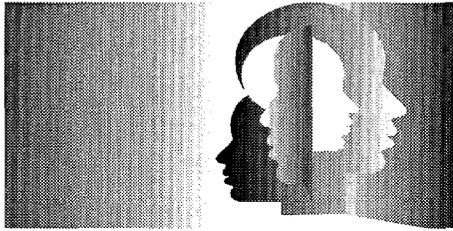
**AIDSCAP**

## Zimbabwe Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>432,642</b>	<b>955,201</b>
<b>Males</b>	<b>207,286</b>	<b>469,604</b>
<b>Females</b>	<b>149,492</b>	<b>409,549</b>
<b>No Gender Specified</b>	<b>75,864</b>	<b>76,048</b>
<b>Total People Trained:</b>	<b>8,713</b>	<b>11,652</b>
<b>Males</b>	<b>5,497</b>	<b>7,378</b>
<b>Females</b>	<b>3,216</b>	<b>4,274</b>
<b>No Gender Specified</b>	<b>0</b>	<b>0</b>
<b>Total Condoms Distributed:</b>	<b>3,105,635</b>	<b>5,412,835</b>
<b>Free</b>	<b>3,098,915</b>	<b>5,406,115</b>
<b>Sold</b>	<b>6,720</b>	<b>6,720</b>
<b>Total Materials Distributed:</b>	<b>194,547</b>	<b>253,438</b>

\* Figures reflect data through June 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**SUMMARY OF**

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**COUNTRY**

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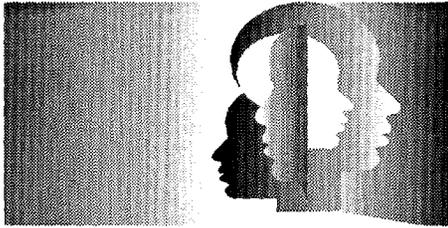
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**ACCOMPLISHMENTS**

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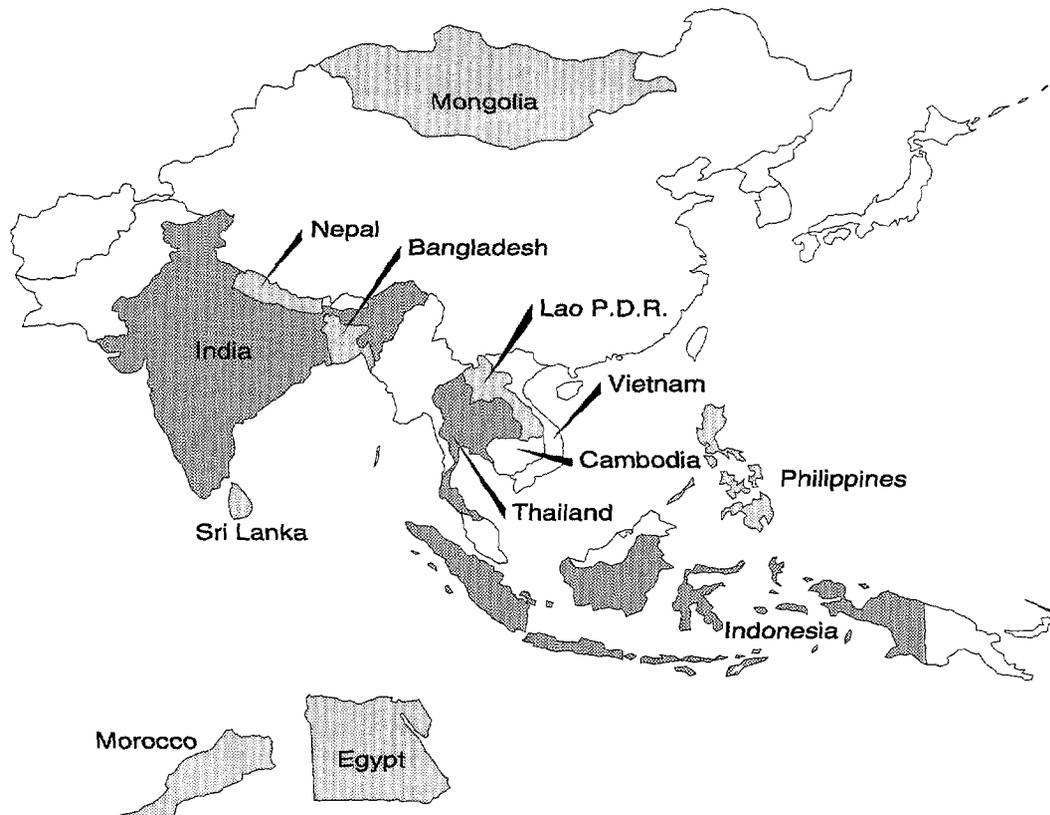
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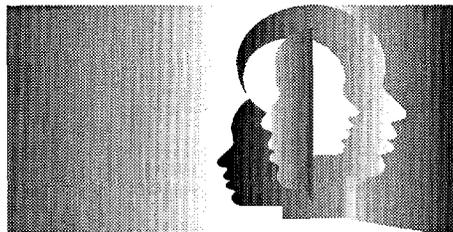
**ASIA/  
NEAR EAST**



# AIDSCAP

-  Priority Country
-  Associate Country





**AIDSCAP**

# ASIA/NEAR EAST REGIONAL OVERVIEW

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## **HIV/AIDS in the Region: Characteristics and Trends**

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The rapid spread of HIV/AIDS throughout the Asian continent has shifted the pandemic's epicenter from Africa to Asia. Despite the fact that rates of infection in Asia are estimated to be increasing faster than anywhere in the world, country epidemiologic profiles are dramatically different and government responses equally varied from proactive and serious engagement against the epidemic in a few countries to continued denial and blame on foreigners for bringing HIV to the country.

While Thailand has experienced the highest HIV prevalence in the region, its response has been the most proactive and effective. Although the country will continue to witness high increases in the number of AIDS cases because of infections that occurred several years ago, new infections of HIV and other sexually transmitted diseases (STDs) have been reduced in the wake of the country's commitment to interventions within the commercial sex industry.

Three other countries—Cambodia, Myanmar, and India—all have substantial and growing HIV epidemics. With its dense and large population, India had an estimated 1.7 million HIV-infected individuals in 1995, more than any other country in the world. However, substantial gaps exist in India's surveillance of HIV, thus making estimates of prevalence and trends in certain target groups unstable and difficult to calculate.

In other areas of Asia—Indonesia, Nepal, and the Philippines—high levels of sexual risk behaviors have been reported and correspondingly high rates of STDs other than HIV documented. However, limited HIV surveillance has not yet shown an advancing HIV epidemic. These countries therefore offer a perfect opportunity for primary prevention to be implemented to forestall pending epidemics.

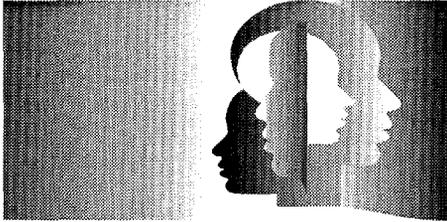
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## **AIDSCAP's Response**

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The AIDSCAP Asia regional program reached full development in 1996 with programs in ten countries, in addition to area of affinity/cross-border activities and regional initiatives (policy, epidemiological surveillance, women and AIDS, training, resource center, and conference support).

This was the final year for the pioneering Thailand country program, which has contributed so much to our understanding of effective HIV/STD interventions. Following the closure of USAID/Thailand in FY95, AIDSCAP/Thailand received a one-year extension to complete its program. The extension concluded with the Bangkok AIDS Forum, at which more than 800 participants reviewed future options for HIV/AIDS control in the city to build on the unique partnership forged between the Bangkok Metropolitan Administration, local nongovernmental organizations (NGOs), universities, and AIDSCAP during the past four years. The Bangkok AIDS Foundation has been established, under the leadership of Mechai Viravaidya, to build on the momentum of the work in Bangkok by soliciting financial support for the NGO partners, particularly from the business community.



## AIDSCAP

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The HIV/AIDS Prevention Project (HAPP) in Indonesia became operational in 1996, with the appointment of several professional and administrative staff early in the year and the appointment of the chief of party in July. The culmination of subproject development efforts came in August with the Jump Start Workshop, in which 30 participants from 22 local organizations in all three demonstration areas worked together to design intervention activities. The two-week workshop concluded with a signing ceremony at which USAID/Indonesia formally concurred on 16 subprojects, the Family Health International contracts administrator signed the documents, and the HAPP resident advisor formally awarded the agreements to the new implementing partners.

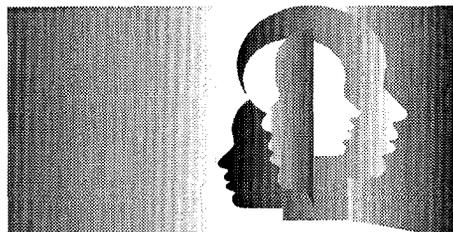
AIDSCAP's support to the AIDS Prevention and Control (APAC) Project in the Indian state of Tamil Nadu is limited to the provision of technical assistance. During this past year APAC staff have developed the technical strategies for the project, with assistance from AIDSCAP, and are now poised for full implementation through the award of grants and contracts to NGOs in the target areas of the state. More than 400 NGO proposals have been received, out of which 20 small grants have been made. In addition to providing assistance to APAC in India, AIDSCAP has completed the design of two projects in New Delhi that target groups at high risk and continues to support work in Bihar State that focuses on the provision of STD care and prevention programming to the same transport worker population in India served by AIDSCAP/Nepal on the other side of the border.

The AIDSCAP/Nepal program reached full strength this year, led by the outreach efforts of General Welfare Pratisthan along the truck route south of Kathmandu. Outreach and peer educators are now working with commercial sex workers (CSWs), truckers, migrant and industrial workers, rickshaw pullers, mothers' clubs, and others in the business and tourism sectors. This work is complemented by condom promotion and distribution through Contraceptive Retail Sales (CRS), and STD services are being strengthened through work with the Nepal Chemists and Druggists Association, the Family Planning Association of Nepal, and the Nepal Medical Association.

AIDSCAP activities in the Philippines focus on assisting the Department of Health's STD Control Program. Baseline information on STD prevalence and antimicrobial susceptibility and on perceptions and health-seeking behaviors related to STDs has been collected. During this period there has been a special interest in developing intervention activities for the seafaring population, mainly in Manila, Cebu, and General Santos.

With support from USAID's Asia Near East Bureau, AIDSCAP invested in analyzing STD prevalence and drug sensitivities in Cambodia, and assisted the Ministry of Public Health with sentinel surveillance and with HIV counseling and testing policies and protocols.

The activities in the Lao Peoples Democratic Republic were limited to the communications component of the strategic plan that AIDSCAP developed. Through a



**AIDSCAP**

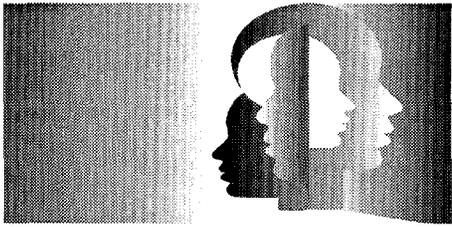
partnership with CARE/Laos, materials were developed to target the groups in three border provinces whose behavior puts them at highest risk of STD/HIV infection.

In Bangladesh, the AIDSCAP role was limited to training activities and assisting the Social Marketing Company (SMC) with their targeted condom promotion activities. As the year ended, assistance was provided to Access to Voluntary and Safe Contraception (AVSC) in designing diagnostic and treatment protocols in selected NGO family planning and maternal/child health clinics. Following the design of appropriate diagnostics and services, a curriculum will be developed for the clinic staff and they will be trained for their new capability.

AIDSCAP activities in Sri Lanka and Mongolia were completed in 1996. The continuing education program for general practitioners in Sri Lanka for managing STDs through the Independent Medical Practitioners Association was successfully completed. In Mongolia, support for the Ministry of Health in developing a series of workshops in STD case management also was concluded.

In addition to the country and area of affinity activities described above, AIDSCAP/Asia through the regional office in Bangkok has implemented an extensive training and conference-support program, established a regional resource center through which more than 2,000 AIDS information sources can be accessed, and developed a series of initiatives that focus on the special risks of women, either as discrete activities or as part of the country programs.

The year also saw the implementation of several activities and consultancies to promote more adequate policy responses to the epidemic in Asia as well as to better understand epidemiologic trends in the region.



**AIDSCAP**

## **REGIONAL ACTIVITIES**

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The AIDSCAP Asia Regional Office manages a number of regional activities funded by USAID's Asia Near East Bureau, 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 AIDSCAP core funding.

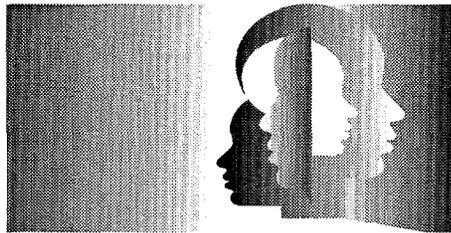
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### **Policy and Epidemiology**

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AIDSCAP sponsored several activities and consultancies in 1996 to promote more adequate policy responses to the HIV epidemic in Asia as well as to better understand epidemiologic trends in the region.

- To better understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University investigating the "triggers" that promoted a positive policy response towards HIV prevention. The study illustrates what factors moved the Thai government from denial to implementation of effective prevention policies.
- A consultant was hired by AIDSCAP in the first quarter of FY96 to review available HIV/STD data in Cambodia in order to estimate the number of HIV infections in-country for the Ministry of Health.
- In India, inadequate HIV surveillance has caused widespread disagreement over the extent and spread of the epidemic. In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the National AIDS Control Organization (NACO), AIDSCAP sponsored a three-day HIV Epidemiologic Roundtable in August 1996 that brought together national-level epidemiologists to discuss the status of HIV surveillance in the country. The participants formulated recommendations to improve training, implementation, and management of NACO's HIV surveillance system so that it can effectively generate and communicate HIV estimates.
- Effective and frequent reporting about HIV in the media has long been established as a means to increase policymaker and public response to the HIV epidemic. Continuing its series of trainings for journalists, AIDSCAP hosted an HIV/AIDS Workshop in August 1996 for 20 members of the media from Laos in Nong Khai Province, Thailand, near the Lao border. AIDSCAP also assisted the AIDS Prevention and Control Project (APAC) with a similarly designed workshop for journalists in India in January 1996.
- There have been few epidemiologic studies on risk behaviors that can influence policymakers in the region. AIDSCAP sponsored five behavioral surveillance surveys in Bangkok in six-month intervals during its implementation of the Bangkok Fights AIDS project to evaluate and monitor behavioral changes. As a result, behavioral surveillance has attracted



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international attention as a means of gauging behavioral change over time. To validate and publish the trends from the Bangkok study, AIDSCAP contracted with the Center for AIDS Prevention Studies, at the University of California, San Francisco, to assist in statistical analysis and data interpretation. At the end of the fiscal year, a draft of the major findings of the five sets of data was completed.

- Finally, at the end of FY96, preparations continued for a study tour for Moroccan and Egyptian policymakers in Thailand, scheduled for October 1996. This tour will introduce participants to Thai interventions and policies that have been effective in HIV prevention.

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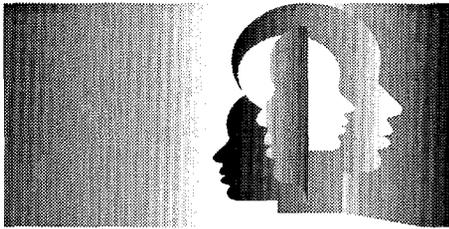
**Regional  
AIDS Training  
and Education  
(Rate) Program**

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The development of human resources to undertake HIV/STD prevention efforts is a logical approach to strengthening available structures in combating the rapid spread of HIV/STD. 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, the Asia Near East Bureau allocated funds to provide training opportunities for participants from government and nongovernmental agencies that led to the establishment of the Regional AIDS Training and Education Program (RATE) in 1993. RATE aims to collaborate with several institutions with experience in international training in public health and 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, Thailand, serves as the Center of Excellence in communication (with emphasis on behavior change communication) and training skills development. With technical assistance from the AIDSCAP Asia Regional Office and the Program for Appropriate Technology in Health (PATH), ADCC conducted the following activities in 1996:

- Training of Trainers (TOT) for HIV/AIDS Communication Program II (February 19-March 8, 1996). ADCC used the original curriculum for this course, which was developed with AIDSCAP's assistance, and fine tuned it to respond to feedback from participants in the last course. Ten participants attended this course.
- Workshop on IEC Messages and Materials Development for HIV/AIDS Communication Program (March 25-April 5, 1996). PATH took a leading role in developing the curriculum for this course. The course was jointly conducted by ADCC and PATH staff, with facilitation from AIDSCAP technical staff in some sessions. Thirteen participants attended this course.
- HIV/AIDS Workshop for Media Personnel in Lao PDR (August 14-16, 1996) in Nong Khai Province, Thailand. This workshop followed the regional workshop for journalists, Reporting on HIV/AIDS in Asia: Facing the Facts, which was conducted in March 1994. The workshop aimed to



## AIDSCAP

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enhance the quality and increase the frequency of good reporting on HIV/AIDS in Lao PDR, thereby assisting organizations and agencies in their efforts to inform the public and decision makers about pressing HIV/AIDS problems and issues.

- In addition to the three workshops, AIDSCAP is conducting a follow up evaluation of all RATE activities since 1993. The purpose of this evaluation is to assess the impact of the RATE program on increased capacity of the participants' performance on the job after their participation in a course or workshop, and to identify the lessons learned from its implementation.
- As a result of in-country follow-up workshops, an AIDSCAP trainers' network was set up by AIDSCAP alumni in each country. At present, there are AIDSCAP trainers' networks in India, Indonesia, Lao PDR, Thailand, and Cambodia. AIDSCAP has supported these networks by sending them HIV/STD training materials, related research studies in HIV/STD intervention, and training/intervention manuals. Members of the trainers' networks have become invaluable resources for AIDSCAP country projects.

In FY97, AIDSCAP plans to develop a report on lessons learned in behavior change communication and to conduct a regional workshop to develop a model for HIV/AIDS care management through intergenerational collaboration.

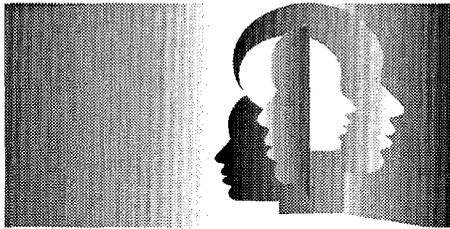
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### Resource Center

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With support from the Asia Near East Bureau, in 1995 AIDSCAP developed a subproject to establish an Asian regional AIDS Control and Prevention Resource Material Collection Center with Population and Community Development Association (PDA), a nonprofit NGO in Bangkok. The organization continued the following activities this year:

- PDA set up facilities and equipment for establishing the Resource Center at its office. At least 2,000 AIDS information sources on behavior change communication (BCC) materials such as communication tools, pamphlets, posters, announcements, brochures, cassettes, and videotapes have been collected from government agencies, NGOs, and international organizations in the Asia region. Selected portions of the messages were translated into English and catalogued. Some samples in the collection were copied and distributed to AIDSCAP country offices and implementing agencies, as requested. PDA continues to provide services to walk-in users, as well as those who correspond through regular mail and the Internet. A computerized database system for electronic cataloguing and retrieval was designed and has been in use during 1996.
- In December 1995, PDA organized an Information, Education, and Communication (IEC) Evaluation Methods and Techniques Workshop. It was attended by 20 participants from Thai governmental and nongovernmental



**AIDSCAP**

organizations. The workshop was well received, and requests were made for future workshops on this topic.

- In April 1996, PDA organized the Introduction to PDA Asian IEC Resource Collection Center Workshop. It was attended by 30 participants from national and international organizations that work in HIV/AIDS prevention.

The subproject agreement with PDA to maintain the services as a central regional location for accumulating and disseminating effective IEC materials for HIV/AIDS prevention programs has been extended until April 30, 1997. In 1997, PDA will continue to upgrade its ability to reach more users. An IEC Resource Center Home Page will be established on the World Wide Web. The 500 copies of the BCC materials catalog in the Resource Material Collection Project that were printed in 1995 were distributed. New catalogues will be developed and printed in 1997.

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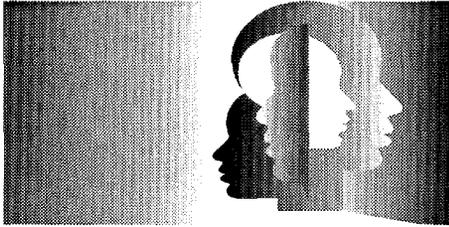
**Women's  
Initiative in Asia**

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

Activities and projects highlighted in 1996 include:

- Through USAID/Women in Development (WID) funds, an HIV/AIDS prevention and care project was initiated in Thailand. This project conducted outreach and support activities to women's groups and youth in schools and was 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. This project ended in June, though activities have continued with other donor support.
- An Asia Regional Office/AWI rapid response grant was given to World Vision in India for a research study and pilot project on sexual networking among the tribal population of Navapur in Maharashtra state, with a particular focus on women. The objective of the research is to determine potential interventions for bringing about effective behavior change communication programming.
- In May, an Asia Regional Office AWI rapid response grant was given to a nascent NGO in Pondicherry, India, to conduct a mapping of the city for brothels, theater districts, and other locations where risk-taking behaviors can be found. The NGO is also in the process of completing a draft knowledge, attitudes, beliefs, and practices (KABP) survey.



## AIDSCAP

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- The AIDSCAP/Asia Regional Office point person for AWI conducted in-service training to APAC/India staff on incorporating gender analysis into project design implementation and evaluation.
- Staff from the Asia Regional Office attended the XI International Conference on AIDS in Vancouver where a number of AWI/Asia activities were highlighted. A preconference workshop entitled Men, Women, and AIDS Prevention: A Dialogue between the Sexes included a number of Asian AIDSCAP colleagues from across the region. Presented at the main conference were two AIDSCAP/Asia Regional Office posters: the Women & HIV Prevention and Living with AIDS project, which presented the role of women with HIV in community HIV/AIDS education, prevention, and care; and the Creating an Asian Network on Women and AIDS project. In addition, a number of journalists in the Asia region received AIDSCAP/UNAIDS Awards for Excellence in Writing on Women and AIDS. Of 117 submissions, ten journalists were awarded prizes, including the contest winner from Indonesia, the first runner-up from the Philippines, and one finalist each from Sri Lanka and Thailand.

During the next fiscal year, the Asia Regional Office will continue to support ongoing AWI projects as it looks for increased opportunities to reach women at secondary risk for HIV, such as wives of men with multiple partners.

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### Capacity Building

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One of AIDSCAP's project-wide objectives is to promote the capacity of local institutions to implement and sustain HIV/AIDS programs. Following are highlights of capacity building efforts during the year.

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#### Technical Skill Building

- Participants from past regional training courses have begun to adapt and translate course materials into local languages. Examples come from Nepal, India, Mongolia, and Indonesia.
- An in-service training for APAC/India staff was conducted on incorporating gender analysis into the design of HIV/AIDS prevention projects.
- At the request of the Foundation for Advanced Studies in International Development (FASID), the Asia Regional Office director gave a presentation in Bangkok entitled "Designing HIV/AIDS Projects—USAID/AIDSCAP Project."
- A two-day LogFRAME workshop was conducted in Jakarta, Indonesia, for 26 participants from five organizations.



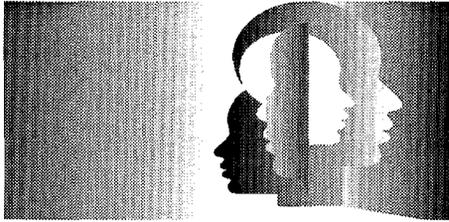
**AIDSCAP**

- Asia Regional Office staff served as resource persons for 20 Lao journalists at a workshop in Nong Khai, Thailand, in August.

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### **Networks and Global Learning Enhancement**

- The Asia Regional Office organized and co-hosted with the USAID Regional Support Mission/East Asia (RSM/EA) an HIV/AIDS Lessons Learned Seminar in January 1996 in Bangkok.
- The Asia Regional Office and Thailand country staff worked with the Bangkok Metropolitan Administration, Mahidol University, and PATH in launching the first Bangkok AIDS Forum. More than 800 people attended this three-day event in August. The forum resulted in a solidification of networks for sustainability of relationships among the NGO, government, and private sectors that AIDSCAP forged during the Bangkok Fights AIDS (BFA) program. Participants made a commitment to report to the forum on an annual basis.
- AIDSCAP provided leadership for the design and implementation of an Epidemiology and Policy Roundtable in New Delhi, India, in August. Epidemiologists from Kenya and Thailand shared their experiences during the roundtable. Representatives from USAID, UNAIDS, NACO, and other government agencies also participated.
- The Asia Regional Office initiated the formation of country-specific trainers' networks made up of past participants in AIDSCAP-sponsored training events in the areas of epidemiology, communication, IEC materials development, and journalism.



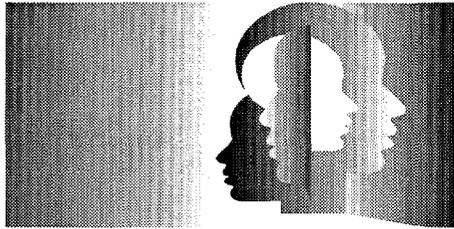
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## Asia Regional Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>1,299,678</b>	<b>1,757,893</b>
<b>Males</b>	<b>889,197</b>	<b>922,382</b>
<b>Females</b>	<b>230,431</b>	<b>469,683</b>
<b>No Gender Specified</b>	<b>180,050</b>	<b>365,828</b>
<b>Total People Trained:</b>	<b>13,353</b>	<b>34,492</b>
<b>Males</b>	<b>10,412</b>	<b>14,831</b>
<b>Females</b>	<b>2,592</b>	<b>16,040</b>
<b>No Gender Specified</b>	<b>349</b>	<b>3,621</b>
<b>Total Condoms Distributed:</b>	<b>2,652,093</b>	<b>10,151,568</b>
<b>Free</b>	<b>136,753</b>	<b>1,495,331</b>
<b>Sold</b>	<b>2,515,340</b>	<b>8,656,237</b>
<b>Total Materials Distributed:</b>	<b>381,105</b>	<b>956,130</b>

\* Figures reflect data through August 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



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**PRIORITY**

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**COUNTRIES**

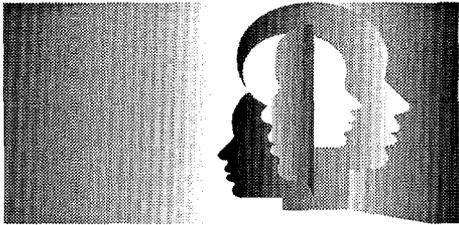
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**IN**

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**ASIA**

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**AIDSCAP**

**INDIA**

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**Program  
Description**

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The current best estimate of the number of HIV-infected people in India is between 2 million and 5 million, more than in any other country. This translates to a low 0.2 to 0.5 percent of the population while the epidemic is still in the early stages, although in a few centers such as the Bombay Pune belt in Maharashtra and parts of Tamil Nadu, significantly higher rates of HIV positivity are being reported in antenatal mothers. The relatively low rate of infections within the general population, the absence of any known public figure who is infected, the very low number of reported AIDS cases, and the preoccupation with other health, economic, and political problems have all contributed to the lack of urgency among the country's decision makers regarding HIV/AIDS prevention and control measures.

AIDSCAP's role in India is primarily to provide technical assistance to USAID/India's bilateral AIDS control initiative, of which the most important component is the AIDS Prevention and Control (APAC) Project in the state of Tamil Nadu. APAC is a \$10 million initiative implemented by Voluntary Health Services (VHS) under the supervision of USAID and the Government of India with the objective of reducing and controlling the sexual transmission of HIV in the state of Tamil Nadu, which has a population of about 55 million. The project is managed by VHS technical staff and provides grants to nongovernmental organizations (NGOs) and research institutions.

The first objective of the APAC strategy is a geographically focused intervention to impact sexual transmission in an area reporting a large number of HIV infections. The equally important second objective is to test the AIDSCAP model of an integrated HIV/STD intervention strategy that combines behavior change communication (BCC), sexually transmitted disease (STD) prevention, and condom promotion with reinforcing strategies of behavior research and evaluation in other parts of the state. Since APAC is in the early stages, it is not yet possible to assess if the model being implemented in Tamil Nadu is working.

Tamil Nadu is today the most progressive state within India vis-à-vis HIV prevention measures due to a unique combination of factors. The first case of HIV infection in India was detected in Tamil Nadu in 1989, and since then strong NGO sectors have championed HIV prevention, control, and care. The media in Tamil Nadu strongly support HIV awareness. The state government has also effectively leveraged more than its due share of National AIDS Control Organization (NACO) funds over the 1992-1996 period.

These factors have increased awareness about the HIV/AIDS epidemic among the general population and created an environment where STD/HIV prevention is easier to accomplish.

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**Country Program  
Accomplishments**

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APAC staff have been in place for a year and the project, with another five years remaining, is making steady progress toward full implementation of BCC, STD prevention, and other project strategies. The evaluation plan is in place and the baseline behavioral surveillance survey has been initiated. More than 400 NGO



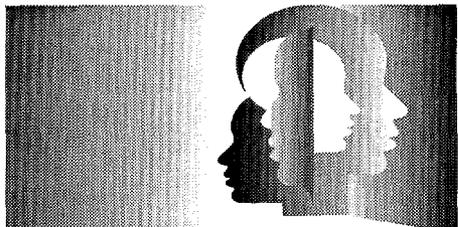
**AIDSCAP**

proposals have been received, out of which about 20 grants have been awarded and another 25 are being processed with modifications.

APAC has identified training and NGO support institutions that, in turn, will provide inputs and assistance to implementing agencies from proposal design to evaluation. AIDSCAP has provided technical assistance to APAC and has assisted in developing the capacity of the APAC secretariat in all these activities. AIDSCAP also assisted APAC in condom quality control by testing condoms available at the retail outlets throughout the state of Tamil Nadu at FHI headquarters in North Carolina.

Other AIDSCAP activities in India during the year have included the following:

- Subagreements were initiated with the Society for the Promotion of Youth and Masses (SPYM) and PLAN-Community AIDS Sponsorship Program (CASP) for interventions in New Delhi. SPYM is adding an AIDS component to their work with substance abusers, and PLAN CASP will integrate HIV/AIDS work into their reproductive health and child survival efforts in a slum on the outskirts of the city.
- PLAN-MYRADA in the Belgaum District of Karnataka completed their project and organized an international end-of-project lessons learned workshop in Goa in June 1996. The project received wide community support from civic and community leaders, physicians, factory managers, trucking corporations, and village leaders. As a community-based project with a target population of one million, PLAN-MYRADA achieved wide name recognition across the area with their information, education, and communication (IEC) materials and through the production and showing of videos on STD health-seeking behavior and condom use.
- AIDSCAP cosponsored two major policy initiatives: The International Conference on AIDS, Law and Humanity, organized by the Indian Law Institute; and an epidemiology roundtable conference. The president, the prime minister, Supreme Court judges, and others from the judiciary, the legal profession, government, and NGOs participated in the first gathering, and experts from India, the United States, Thailand, and Africa participating in the second made specific recommendations to NACO and the Indian government on surveillance needs.
- AIDSCAP also assisted the World Health Organization in conducting a training-of-trainers program to help the Gandhigram Institute for Rural Health and Family Welfare Trust in Tamil Nadu initiate an NGO training program.
- Rapid Response Fund grants were provided from the AIDSCAP Women's Initiative to World Vision to conduct a behavioral surveillance survey among the tribal population in Navapur, Maharashtra, and to Seva Trust and the Society for Development Research and Training (SDFRT) to do



**AIDSCAP**

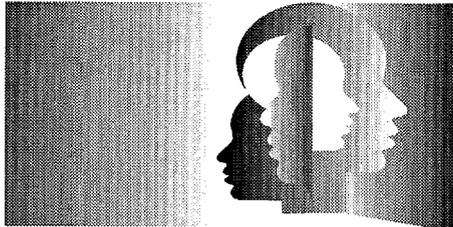
preliminary work among sex workers in Pondicherry, which reports one of the highest levels of HIV prevalence in India.

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**Current  
Program Status**

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With assistance from USAID via AIDSCAP, APAC became fully operational this year and began initiating activities toward full program implementation. In FY97, AIDSCAP/India will continue to provide technical assistance to APAC in Tamil Nadu in these areas: project management, BCC activities, STD training and intervention programs, research, and evaluation. AIDSCAP will also begin initiating HIV/AIDS activities in other states of India, through its ongoing activities in Bihar, Delhi, and Pondicherry, as well as new, small, short-term research and intervention activities in other areas. AIDSCAP will facilitate exchange of information and experience from Maharashtra, Tamil Nadu, and Manipur to other parts of the country where there is far less HIV awareness, as well as between other countries and India. It will also work closely with UNAIDS and other agencies to sensitize decision makers at the federal, state, and district level on the need for early concentrated action in HIV/AIDS and STD prevention.



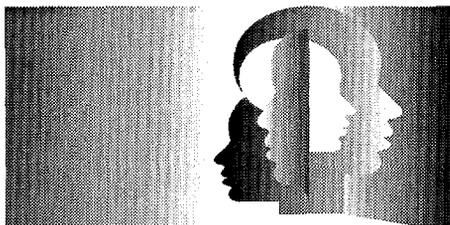
**AIDSCAP**

**India  
Process Indicator Data\***

	FY96	Cumulative
<b>Total People Educated:</b>	1,185,779	1,377,437
<b>Males</b>	862,174	862,174
<b>Females</b>	212,757	404,415
<b>No Gender Specified</b>	110,848	110,848
<b>Total People Trained:</b>	9,366	25,454
<b>Males</b>	8,431	11,939
<b>Females</b>	931	13,275
<b>No Gender Specified</b>	4	240
<b>Total Condoms Distributed:</b>	65,329	107,929
<b>Free</b>	44,549	46,349
<b>Sold</b>	20,780	61,580
<b>Total Materials Distributed:</b>	214,301	392,873

\* Figures reflect data through August 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV /STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



## AIDSCAP

# INDONESIA

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### Program Description

Indonesia is the fourth most populous nation in the world, with an estimated population of 190 million. It is an archipelago of more than 13,000 islands stretching over 3,200 miles and three time zones. Sixty percent of the population resides on the island of Java, one of the most densely populated islands on earth.

Indonesia first reported an individual with AIDS in 1987. Official estimates of the current HIV/AIDS infection in Indonesia range from 60,000 to 80,000. A high prevalence of sexually transmitted diseases (STDs) is reported in certain populations, and increases are reported from surveillance in many provinces. There is low use of condoms by people engaging in high-risk behaviors.

The HIV/AIDS Prevention Project (HAPP), designed in December 1993, is a five-year, \$20 million USAID project to support the implementation of the Government of Indonesia's (GOI) national strategy. In November 1995, the HAPP Implementation Plan was designed for a five-year period. The plan was approved by Indonesia's Communicable Disease Control and Environmental Health (CDC/EH) director in May 1996, and the HAPP chief of party came on board in July 1996. Because negotiations between USAID/Indonesia's contracts office and AIDSCAP were lengthy, no HAPP subprojects were initiated until July 1996.

HAPP is directed by the Ministry of Health (MOH), with technical assistance and subproject administration assigned to AIDSCAP. The HAPP team also includes seconded staff from The Futures Group in the area of condom social marketing and from the CDC in the area of 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 is North Jakarta and Surabaya, both on the island of Java, and Manado.

### Country Program Accomplishments

During 1996, the HAP Project accomplished the following:

- To compensate for early delays in project launch, AIDSCAP/HAPP conducted a Jump Start Workshop in August to undertake the design of multiple HAPP subprojects. Sixteen of 23 subprojects developed during this time were executed at the end of the workshop. The approved subprojects began implementing their intervention activities in September 1996 and will complete subproject activities by June 30, 1997. The workshop provided an excellent opportunity for implementing agencies (IAs), HAPP staff, USAID, and MOH personnel to work together for the common goal of preparing subassistance grants by July 31, 1996. During September, several other subagreements, letters of agreement, and task orders will be finalized.
- HAPP's Jakarta office moved to its new facility and permanent location in the compound of the Department of Center for Disease Control, the



**AIDS CAP**

Ministry of Health. HAPP offices will be established in Manado and Surabaya in early FY97.

- A subproject with the MOH to conduct a workshop on formulating national STD guidelines was completed in April 1996. The workshop included government, donor, and nongovernmental organization (NGO) representatives working in STD case management. The participants agreed on a methodology for establishing national STD guidelines and assigned responsibility for donor and GOI roles in collating necessary data and finalizing the guidelines.
- Two subprojects, the HAPP Policy Assessment of Institutional Responses to HIV/AIDS and the extension of EPOCH NGO Support Activities on Institutional Capacity Building, were completed in September 1996. The policy assessment was implemented by the Center for Health Research, University of Indonesia, in collaboration with the AIDS CAP headquarters policy unit and the EPOCH extension was implemented by Project Concern International (PCI).
- HAPP initiated and co-facilitated Joint United Nations Programme on HIV/AIDS (UNAIDS) the first HIV-related information education, and communication (IEC) working group for Indonesia. HAPP has taken initial responsibility for formulating the agendas and preparing minutes and the discussion document. It is anticipated that final responsibility will be taken over by the MOH.

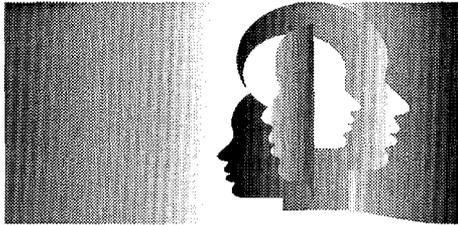
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**Current  
Program Status**

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HAPP was successfully launched and will be actively supporting the implementation of activities by the GOI and its NGO partners. The Jump Start Workshop was dedicated primarily to the design of projects and selecting local implementing agencies (IAs) in the three sites to conduct activities based on HAPP priorities as well as individual experience and expertise. Due to the closure of AIDS CAP in 1997 and five-year length of HAPP, prospective IAs who participated in the workshop were asked to develop a two-year program but with detailed intervention activities and budget for a ten-month period, starting September 1, 1996, and ending by June 30, 1997.

Upon signature of the two task orders with The Futures Group (TFG), the condom social marketing (CSM) component of the project will be initiated. This CSM component will include lower-tier subcontracts with Simplex, Durex, Dua Lima, and DKT's Sutra condoms. TFG will assist these condom companies in synchronizing their marketing plans with HAPP social marketing objectives, and in conducting qualitative market research among condom users.



**AIDSCAP**

## **THAILAND**

**88**

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### **Program Description**

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The AIDSCAP Thailand program focuses almost exclusively on Bangkok, the capital of Thailand, with its population of 6 to 8 million. The Bangkok comprehensive program, Bangkok Fights AIDS (BFA), targeted the lower-income groups, aged 15 to 29, totaling 1.5 million people in workplaces, health service facilities, and households. The project began in early 1992, with some city-wide activities and some intensive activities targeted in six of Bangkok's 38 districts. The BFA Program is conducted in collaboration with more than 20 agencies, from both governmental and nongovernmental organizations (NGOs).

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

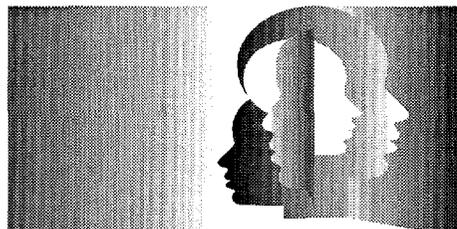
USAID ended its bilateral support to Thailand at the end of FY95. However, a Thailand Transition Plan was approved by USAID allowing continuation of the AIDSCAP program through FY96. The Transition Plan permitted AIDSCAP to continue prevention programming in four areas: (1) technical assistance to the Bangkok Metropolitan Administration (BMA), (2) continued support for Bangkok NGOs implementing outreach interventions, (3) two survey rounds of behavioral surveillance, and (4) maintenance of an AIDSCAP country office.

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### **Country Program Accomplishments**

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- In its final year, AIDSCAP paid particular attention to strengthening the personnel and systems within the BMA AIDS Division, since the BMA is the ultimate stakeholder in the continuing success of the BFA model. In particular, the Faculty of Public Health at Mahidol University intensified "coaching" sessions for 38 district AIDS committees throughout Bangkok. These committees are the locus of coordination for the prevention activities designed according to the AIDSCAP comprehensive program approach. In addition, a variety of staff-strengthening workshops were held to build planning skills, evaluation, database management, and coordination of government and nongovernmental agencies.
- A Bangkok AIDS Forum was convened in September. The final event of AIDSCAP's efforts with the BMA, the forum provided an occasion during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented through the network of NGOs, government, and university agencies that characterized the comprehensive Bangkok Fights AIDS programs. The event lasted three days and brought together 800 people representing a broad spectrum of participants from the public and private sectors collaborating in the fight against



**AIDS SCAP**

AIDS in Bangkok. The event exceeded most participants' expectations, and follow-up meetings are planned, independent of AIDSCAP, to build on the momentum that was generated.

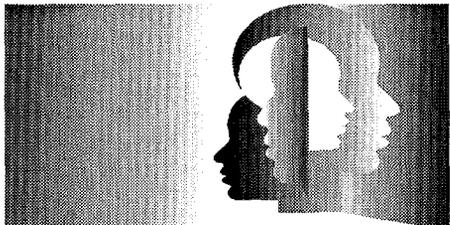
- The Service Worker Outreach Project (SWOP II) was completed through the efforts of four indigenous NGOs with communication support from the Program for Appropriate Technology in Health (PATH)/Thailand. This consortium of NGOs was able to reach factory workers, waitresses, motorcycle taxi drivers, and many other types of low-income laborers in Bangkok. Over the five years of AIDSCAP, these NGOs have refined their outreach techniques and have distilled lessons from the field into a concise training curriculum. These lessons are being shared with other provinces of Thailand through a mobile "lessons learned circuit show," during which members of the SWOP II outreach teams conduct two- to three-day training workshops for provincial staff.
- In the final year, the AIDSCAP/Thailand office shifted from a focus on coordination to a distilling of lessons learned. Very early in the fiscal year, the office commissioned an external assessment of the BFA program after four years that will inform the process evaluation of the BFA. Throughout the year, the Thailand office brought together local resource persons to help analyze and assess the experience of the BFA. For example, a mass communication expert was contracted to assess this component of the BFA. Another consultant was hired to write about the outreach efforts of the NGOs supported by AIDSCAP. Others assisted in synthesizing the progress and outcome of activities to strengthen the STD component over the five years of the program.

The results from the behavioral surveillance surveys (BSS) in Bangkok provide an aggregate view of trends in the target population of the AIDSCAP/Thailand country program. The BSS was conducted over five rounds during 1993 to 1996 and involved more than 20,000 interviews with lower-income women and men aged 15 to 29. The following presents highlights of the BSS by comparing Round 1 data (1993) to Round 5 data (mid-1996). All responses are based on self-reports during personal interviews and from self-administered questionnaires.

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#### **Single and Married Men**

- The percent of men who had commercial sex in the past year decreased from 21 percent to 13 percent for blue collar workers and from 13 percent to 4 percent for vocational students.
- The percent of men who used a condom in their last commercial sex episode increased from 89 percent to 94 percent among blue collar workers and from 92 percent to 94 percent among vocational students.



## AIDSCAP

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- The percent of men who had more than one noncommercial sex partner in the past year declined for blue collar men but remained the same for vocational students: 15 percent to 11 percent and 13 percent to 13 percent, respectively.

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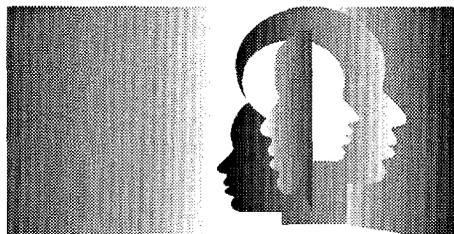
### Female Commercial Sex Workers (CSWs)

- The percent of CSWs who used condoms with every paying client increased from 87 percent to 97 percent for brothel CSWs and from 56 percent to 89 percent for indirect CSWs (i.e, working out of cocktail lounges, night clubs, etc.).
- The percent of CSWs who had sex with non-paying partners increased for brothel workers and remained the same for indirect CSWs: from 38 percent to 42 percent and from 51 percent to 51 percent, respectively.
- The percent of CSWs who used condoms with non-paying partners is low, but increased from 20 percent to 32 percent for brothel CSWs and from 23 percent to 28 percent for indirect CSWs over the project period.
- The percent of CSWs who seek medical treatment for STDs remained high at 94 percent for brothel CSWs and increased from 91 percent to 96 percent for indirect CSWs.

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### Single and Married Women (non-CSWs)

- The percent of single women who had sex in the past year declined slightly between 1993 and 1996: from 8 percent to 6 percent for blue collar workers and from 4 percent to 2 percent among vocational students.
- The percent of sexually active single women who used a condom during the last sex episode remained low and constant at 19 percent between 1993 and 1996.
- The percent of married women who used a condom during the last sex episode increased slightly from 5 percent to 8 percent between 1993 and 1996.
- As the BSS survey teams complete their work they are beginning to sense a complacency among members of the target audience. By the Round 5 survey conducted in mid-1996 among 5,000 men and women, the percentage of respondents who said they had discussed HIV/AIDS or HIV prevention with their partners had declined precipitously. Although respondents believed the epidemic was "closer to them than ever," they also said that the issue of AIDS was commonplace—nothing to get excited about anymore.



**AIDS CAP**

**Current  
Program Status**

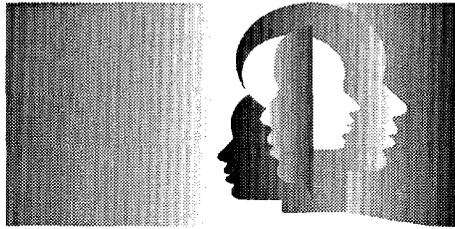
As the program closes, many products of the AIDS CAP/Thailand program will be produced and disseminated over the final months of 1996. These reports and media comprise an important collection of the experience and lessons learned that will be valuable to other HIV/AIDS prevention programs worldwide.

**Thailand  
Process Indicator Data\***

	<b>FY96</b>	<b>Cumulative</b>
<b>Total People Educated:</b>	<b>32,093</b>	<b>258,968</b>
<b>Males</b>	<b>15,679</b>	<b>42,377</b>
<b>Females</b>	<b>11,263</b>	<b>56,704</b>
<b>No Gender Specified</b>	<b>5,151</b>	<b>159,887</b>
<b>Total People Trained:</b>	<b>3,185</b>	<b>7,961</b>
<b>Males</b>	<b>1,521</b>	<b>2,393</b>
<b>Females</b>	<b>1,402</b>	<b>2,447</b>
<b>No Gender Specified</b>	<b>262</b>	<b>3,121</b>
<b>Total Condoms Distributed:</b>	<b>51,806</b>	<b>1,393,162</b>
<b>Free</b>	<b>51,806</b>	<b>1,393,162</b>
<b>Sold</b>	<b>0</b>	<b>0</b>
<b>Total Materials Distributed:</b>	<b>111,917</b>	<b>458,814</b>

\* Figures reflect data through August 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**ASSOCIATE**

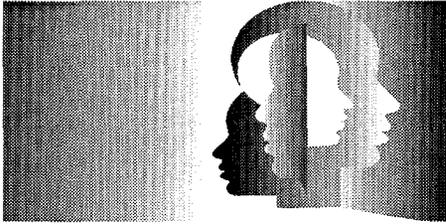
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**COUNTRIES**

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**IN ASIA/NEAR EAST**

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**AIDSCAP**

# BANGLADESH

94

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## Program Description

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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 fully entrenched.

During 1996, USAID's Asia Near East Bureau allocated funds to AIDSCAP to continue providing technical assistance to the Social Marketing Company's (SMC) initiative, Shuroka, to promote condoms and outreach communication for the prevention of HIV/AIDS among selected groups with high-risk behaviors.

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## Country Program Accomplishments

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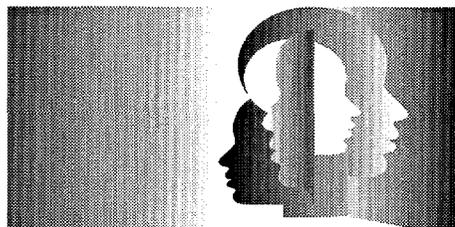
- Lessons learned from the AIDSCAP-funded outreach activities in other countries were applied to develop SMC's outreach training curriculum and materials. Training curricula developed for sexually transmitted disease (STD) management courses in Bangkok were used as a model and adapted to meet Bangladeshi needs. Examples of appropriate communication support materials developed in India, Nepal, and Thailand were provided to SMC for their reference and adaptation.
- At the request of USAID/Bangladesh, AIDSCAP provided funding and technical assistance to Voluntary Health Services Society (VHSS) to conduct a nongovernmental organization (NGO) conference in November 1995 for a National Consensus on HIV/AIDS Conference. The goal of the conference was for participants from 35 NGOs to establish inputs for the development of the medium-term Plan II for the Government of Bangladesh. The proceedings and recommendations of the conference were reviewed by AIDSCAP and distributed to the related organizations.
- As part of USAID/Bangladesh's strategy for HIV control to focus on high-risk groups, the Mission requested that AIDSCAP strengthen the capacity of NGOs to control STDs by upgrading 20 maternal and child health (MCH) clinics to provide for STD diagnosis and treatment. With assistance from AIDSCAP, Access to Voluntary and Safe Contraception (AVSC) International provides technical and managerial support to these selected NGO clinics. The Strengthening STD Screening and Case Management in Selected NGO Family Planning (FP)-Maternal/Child Health (MCH) Clinics Project was initiated at the close of the fiscal year with AVSC. AIDSCAP provided technical assistance to AVSC to design treatment protocols in FP-MCH clinics for an STD training curriculum and training program for the selected clinics.

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## Current Program Status

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AIDSCAP will provide technical assistance to ongoing projects in FY97.



**AIDSCAP**

## **EGYPT**

**95**

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**Program  
Description**

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Situated in northeastern Africa, Egypt has a population of 61 million people. AIDS was reported for the first time in Egypt in 1986, and the country remains in a very early phase of the epidemic. This is likely, in large part, due to the general adherence of Egyptians to traditional values regarding sexual behavior. To date, 129 AIDS cases have been reported. Ten percent of reported AIDS cases have occurred in females, and there are no reported pediatric AIDS cases.

In April 1996, at the request of USAID/Egypt, AIDSCAP provided assistance in an assessment of the HIV/AIDS situation and identification of potential needs in specific program areas. A six-member AIDSCAP team spent three weeks in Egypt interviewing 100 experts and organizations. The assessment report was submitted to USAID/Egypt in May and approved by the Mission in August. The assessment suggests that Egypt has a unique opportunity, at this early stage, to take timely, culturally appropriate, effective HIV/AIDS prevention measures to retard the spread of the epidemic.

Prior to the assessment, AIDSCAP responded to a request from the Mission to design a behavioral study among university youth in Cairo. While HIV prevalence in Egypt is low, it is likely that unless realistic preventive programs are instituted rapidly, prevalence will begin to rise among groups at risk. Young people, and particularly university students, represent one such group due to their lack of knowledge about HIV and their independence, as well as their tendency to travel more and have contact with foreigners.

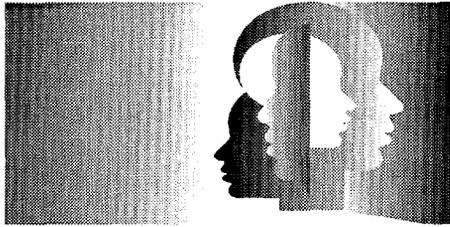
To design appropriate interventions targeting young people, AIDSCAP, in collaboration with an Egyptian NGO, Medical Technologies Ltd., is using focus group discussions (FGDs) and surveys to assess risk behavior and perception among a representative sample of 1,200 university students in Cairo. Six FGDs were conducted and completed in June. The findings were used to design the questionnaire for the quantitative phase of the research.

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**Current  
Program Status**

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AIDSCAP will complete the behavioral research in early FY97. Additionally, in collaboration with USAID/Egypt, AIDSCAP is arranging a policy study tour in Thailand for four Egyptian NGO and government representatives in the first quarter of FY97. AIDSCAP is also prepared to assist USAID/Egypt with prevention programming as recommended in its assessment.



**AIDSCAP**

# **LAO PEOPLE'S DEMOCRATIC REPUBLIC (LAO PDR)**

96

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## **Program Description**

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The HIV/AIDS epidemic in Lao PDR is at a relatively early stage compared to many other countries. In 1989, the first HIV-positive person diagnosed was a woman who was suspected of having been a sex worker in Thailand. In 1991, the first AIDS case was detected in Bo Keo province adjacent to Chiang Rai, a province with one of the highest HIV prevalence levels in Thailand. As of March 1995, 20,700 HIV tests had been conducted in Lao PDR, with 59 persons testing HIV-positive. More recent data have not yet been released, but, unofficially, no dramatic increase in reported infections seems to have occurred.

An initial HIV/AIDS assessment in Lao PDR along the Thai-Lao border was conducted by AIDSCAP with CARE International and local consultants in February 1994. The proposed AIDSCAP strategy was designed to support the local capacity of the Lao government and private organizations to prevent and control the sexual transmission of HIV. The strategy's primary components are behavior change communication (BCC), the reduction of STDs, and condom promotion and access, with secondary support in 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 PDR program receives funding from USAID's Asia Near East Bureau and Regional Support and Mission/East Asia (RSM/EA). CARE International is the primary implementing agency for AIDSCAP in Lao PDR and has managed and implemented technical assessment, qualitative research, and BCC interventions over the past two years. Only the BCC component of the proposed AIDSCAP plan has been funded by USAID for implementation.

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## **Country Program Accomplishments**

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During 1996, the National Committee for the Control of AIDS (NCCA) gave permission for CARE/Lao PDR to implement a project funded through AIDSCAP to develop educational media for a variety of target audiences in three border provinces of the country (Champassak, Vientiane, and Bo Keo). In the first half of 1996, project staff were hired and multisectoral teams were formed in the three sites. Training for all staff and working team members occurred in February. In the second half of FY96 the following was accomplished:

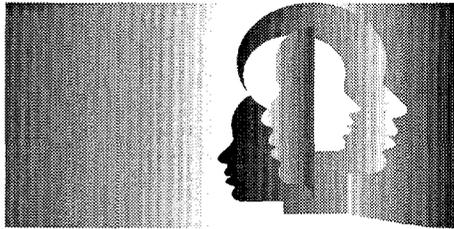
- Contact was made with members of the target audiences to assist in development of educational media.
- Participatory media development occurred through focus group discussions with target population groups.
- Prototype materials and messages (such as posters, radio program scripts, t-shirt messages, etc.) were produced.

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## **Current Program Status**

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This project is in full implementation and has been extended through April 30, 1997.



**AIDSCAP**

# MONGOLIA

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**Program  
Description**

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There is no evidence of an HIV epidemic in Mongolia. However, the high and rising prevalence of sexually transmitted disease (STDs) other than HIV in Mongolia constitutes a serious risk factor that will eventually fuel the spread of HIV infection in the country. It is therefore of utmost importance to control STDs and avert such a scenario.

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

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**Country Program  
Accomplishments**

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During the last fiscal year, AIDSCAP, with funding from USAID's Asia Near East Bureau, concluded a project with Mongolia's Ministry of Health to support the development and management of a series of workshops for physicians in STD case management. The project was designed to assist in development of national guidelines for STD case management for health care providers (physicians); training physicians in a series of STD case management workshops; translating, adapting, and reproducing STD patient education materials; and addressing issues related to the supply of condoms and drugs recommended for the treatment of STDs at government health centers that provide STD services.

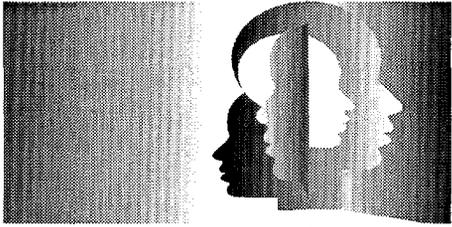
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**Current  
Program Status**

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This project produced deliverables, including educational booklets and an STD care cabinet for physical exams and simple treatment therapies. Technical difficulties in communication between Bangkok and Ulan Bator hampered the ability of AIDSCAP to monitor and support progress. The project could not be extended beyond the June 30, 1996, end-of-project deadline due to funding restrictions.

Continuing USAID bilateral assistance to Mongolia may provide an opportunity to build on the STD training and educational materials development to which AIDSCAP contributed.



**AIDSCAP**

## **MOROCCO**

98

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### **Program Description**

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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 selected sites; designing, executing, and monitoring an assessment of the prevalence of selected major STDs among approximately 750 clients in project sites; training personnel in 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.

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### **Country Program Accomplishments**

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The AIDSCAP project in Morocco focuses primarily on STD control and, more specifically, the introduction of the syndromic approach for the management of STDs.

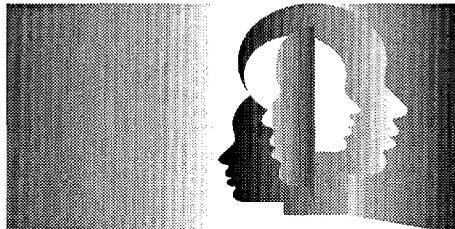
- An algorithm validation study was conducted from September 1995 to April 1996. Based on these results, the algorithms will be adapted to the Moroccan context. Preliminary results of the algorithm study were presented at the XI International Conference on AIDS in Vancouver, and final results are expected to be available by the end of October 1996.
- A Moroccan epidemiologist was trained in modeling, and a computer-generated model of the HIV epidemic in Morocco was developed to assist the Ministry of Health in planning and policymaking.

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### **Current Program Status**

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Future activities for the AIDSCAP project in Morocco will include a baseline evaluation of STD care in Morocco using the World Health Organization (WHO) Prevention Indicators for STD case management; an ethnographic study, Targeted Intervention Research (TIR), to explore knowledge and behaviors regarding STDs as well as to provide recommendations for information, education, and communication (IEC) materials; development of a training curriculum on the management of STD for pharmacists and pharmacy clerks; development of a training curriculum for private physicians on the syndromic approach; and the development and production of a pocket card detailing the adapted algorithms for physicians' reference. The AIDSCAP Project in Morocco is scheduled for completion by February 1997. The Ministry of Health intends to build upon the AIDSCAP project through other donors as it expands the syndromic approach to STD treatment throughout Morocco.



## NEPAL

### AIDSCAP

#### Program Description

As of August 31, 1996, Nepal's National Centre for AIDS and STD Control reported a total of 434 HIV-positive individuals. Of this total, 225 (52 percent) are female and 209 (48 percent) are male. Fifty-two individuals have been diagnosed with AIDS (30 females and 22 males), and a total of 30 persons have died.

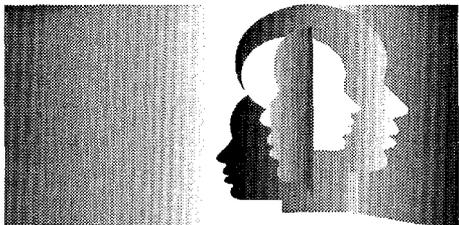
The Strategic and Implementation Plan for the Nepal AIDSCAP Project, completed in mid-1993, serves as the strategic planning document for the subproject design of the AIDSCAP/Nepal country program. The strategy seeks to reduce the rate of sexually transmitted HIV infection among those at highest risk, which in Nepal includes transient and 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 neighbor 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 living and working in this region, program activities have been implemented in commercial centers and small communities adjacent to the Prithvi, Tribhuwan, and Mahendra highways in the Central Development Region. The AIDSCAP/Nepal program is primarily funded by USAID/Nepal with additional support from the Asia Near East Bureau.

#### Country Program Accomplishments

Significant progress has been made within the Nepal program in 1996:

- AIDSCAP's major outreach education project, implemented by General Welfare Pratisthan (GWP) in collaboration with the Lifesaving and Lifegiving Society (LALS), continued to provide intensive community-based outreach education activities to AIDSCAP's nine target districts. Outreach and peer educators are now working with commercial sex workers, secondary school students, mothers' clubs, women's sewing groups, environmental nongovernmental organizations (NGOs), rickshaw pullers, truckers, migrant and industrial workers, shop retailers, restaurant owners, and others in the business and tourism sectors. There has been an increased demand for project activities throughout the project area, including requests for more formal training, informal discussions, competitions, games, sexually transmitted disease (STD) referral, and one-on-one counseling.
- The STD case management training package developed collaboratively by the Nepal Medical Association and AIDSCAP was completed and distributed to specialists and organizations in Nepal. The training curriculum is a full training package for facilitators to introduce the syndromic approach to STD diagnosis and treatment. It includes facilitators' guidelines, clinical slides, transparencies, and handouts for general practitioners.

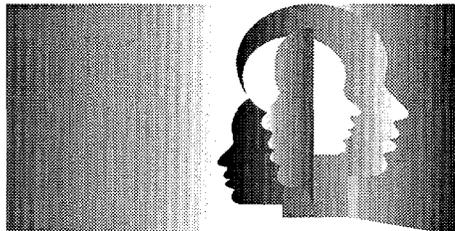


## AIDSCAP

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- The Nepal Chemists and Druggists Association (NCDA) completed 77 percent of its planned training-of-trainers sessions with chemists across the Central region. Considerable emphasis was placed on identifying female chemists as training participants. Among some cultural groups it is more difficult to find women chemists available and willing to attend the chemist training. By the end of September, approximately 414 male and 68 female chemists were trained in STD syndromic management.
- In order to evaluate the effectiveness of the NCDA trainings a "mystery shopper" evaluation was designed and implemented. New ERA, the research institute conducting the evaluation, completed an initial baseline mystery shopper study in which chemists working in the NCDA training area were interviewed prior to the beginning of the NCDA STD training program. The mystery shopper methodology utilized a male staff person posing as a client with urethritis symptoms seeking treatment and advice from a local chemist. The survey results showed that of 160 chemists surveyed, only one chemist (0.8 percent) suggested the correct medication to the mystery shopper customer.
- In February, AIDSCAP initiated a new subproject with the Family Planning Association of Nepal (FPAN)'s static clinic in the city of Bharatpur in Chitwan district. The project integrates STD services using the syndromic approach into the clinic's ongoing family planning and maternal and child health services. The expanded clinic was officially inaugurated by the Minister of Health in June.
- Throughout the year, condom social marketing media activities have received high visibility. In addition, the video "Guruji Ra Antare" continues to be shown in both small and large communities in the project area as part of Nepal CRS Company's roving video van. A shortened 19-minute version of the film is shown weekly in cinema halls, and the story line is performed in local street drama shows. The multimedia campaign was managed by The Futures Group (TFG) with Stimulus Advertisers in collaboration with Nepal CRS Company and AIDSCAP's other implementing agencies.
- AIDSCAP initiated a direct agreement with Nepal CRS Company in February for condom distribution activities that had previously been subcontracted under the TFG project. CRS continued to open and expand new retail outlets for condoms, finalize its retailer training curriculum and training materials, and manage its video van operations. Unfortunately, a complete management restructure of the organization in May and major staff layoffs in June greatly slowed the implementation of activities. In early September a new managing director joined CRS with plans to conduct major internal management and staffing changes. CRS expects to complete its planned activities by the end of December 1996.



**AIDS CAP**

- To prepare for future evaluation in the final year of the project, New ERA conducted a rapid qualitative assessment of AIDSCAP's behavior change communication campaign and supporting activities in the Central region. Twenty-five female sex workers and twenty-five male clients were interviewed. The draft report, entitled *A Rapid Qualitative Assessment of AIDSCAP Effects on Behavior Change Among Commercial Sex Workers and Their Clients*, reveals that the various messages promoted by AIDSCAP via radio; video van shows; information, education, and communication (IEC) material distribution; and community outreach are generally being heard, although a number of women still lack access to and an understanding of all the information.

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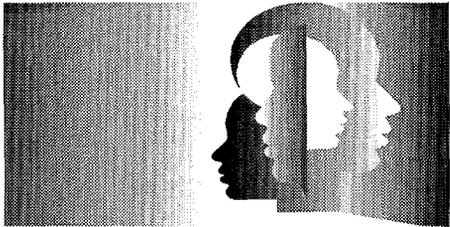
**Country  
Program Status**

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The Nepal country program is now fully mature, with all project components currently being implemented. With only a year of a fully integrated program accomplished, it is premature to say that sustainable behavior change in the target population has been achieved. The early rapid qualitative assessment by New ERA reveals that the target area is not yet saturated with communication messages and, in fact, that a significant number of vulnerable men and women still do not know about AIDS or even STDs.

To continue the current momentum of the Nepal program, AIDSCAP will continue to support subprojects with GWP, LALS, CRS, NCDA, and FPAN into the next year. GWP and LALS will continue with their outreach work, expanding staff skills and community-based training and support in peer education. CRS will continue its condom distribution, training, and promotion activities in the same project area. Due to increased demand for STD services among women, FPAN will expand its STD service delivery to two additional sites in the Central region in the cities of Hetauda and Janakpur. During the extension period, AIDSCAP/Nepal will work directly with Stimulus Advertisers through a subagreement to continue the current condom multimedia campaign and to create additional video dramas and radio spots. New ERA will conduct the follow-up study to the mystery shopper survey and the overall program evaluation beginning in October.

During the last months of subproject implementation under AIDSCAP, a number of the implementing agencies will host lessons learned seminars. In addition, there will be two seminars dedicated to sharing the results of the New ERA studies, both the mystery shopper survey and the program evaluation. While the final months of the project will entail financial and administrative close-out of subprojects as well as the country office, it is hoped that a bridging mechanism can be created to continue funding the majority of the implementing agencies beyond the life of AIDSCAP. Working closely with USAID/Nepal, AIDSCAP/Nepal will work to strategize how USAID can continue to support many of the implementing agencies to continue work in the area of STD/HIV/AIDS prevention.



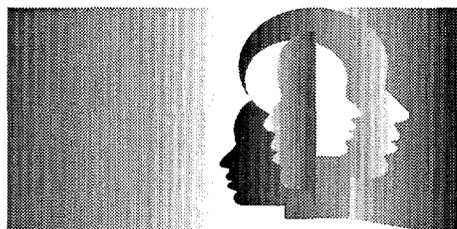
**AIDSCAP**

## Nepal Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>79,790</b>	<b>118,280</b>
<b>Males</b>	<b>11,294</b>	<b>17,681</b>
<b>Females</b>	<b>6,391</b>	<b>8,544</b>
<b>No Gender Specified</b>	<b>62,105</b>	<b>92,055</b>
<b>Total People Trained:</b>	<b>559</b>	<b>713</b>
<b>Males</b>	<b>377</b>	<b>413</b>
<b>Females</b>	<b>181</b>	<b>233</b>
<b>No Gender Specified</b>	<b>1</b>	<b>67</b>
<b>Total Condoms Distributed:</b>	<b>2,528,683</b>	<b>8,639,826</b>
<b>Free</b>	<b>34,123</b>	<b>45,169</b>
<b>Sold</b>	<b>2,494,560</b>	<b>8,594,657</b>
<b>Total Materials Distributed:</b>	<b>47,309</b>	<b>96,855</b>

\* Figures reflect data through August 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **PHILIPPINES**

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### **Program Description**

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AIDSCAP/Philippines activities focus on assisting the Department of Health's STD Control Program. Baseline information on sexually transmitted disease (STD) prevalence, antimicrobial susceptibility, perceptions, and health-seeking behaviors related to STD was collected to help the Department of Health to set priorities and to design and implement STD control activities. AIDSCAP also focused intervention activities on seafaring populations mainly in Manila, Cebu, and General Santos in support of the USAID's AIDS Surveillance and Education Project (ASEP). Activities are mainly supported through USAID's Asia Near East Bureau and Field Support Core Funds.

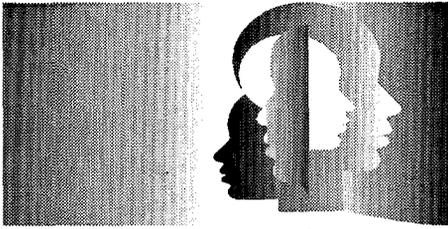
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### **Country Program Accomplishments**

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During 1996, AIDSCAP/Philippines accomplished the following:

- AIDSCAP provided technical support and a facilitator at a three-day workshop to develop the National STD Strategic Plan of the National AIDS-STD Prevention and Control Program. The activity was partially funded by the Japan International Cooperation Agency (JICA).
- AIDSCAP assisted the National AIDS-STD Prevention and Control Program of the Department of Health in developing a manual for training in care and prevention of STDs and standardized national STD case management guidelines. The comprehensive training manual is intended to act as a curriculum on which various training initiatives can be based, as well as to standardize messages for a more consistent delivery of training to health care providers.
- To improve implementation and provide increased support to the Department of Health for the syndromic approach to STD case management, AIDSCAP funded a consensus and advocacy workshop coordinated by the Training Institute for Managerial Excellence (TIME). These activities not only introduced the syndromic approach but also helped to gain commitment and support from the Department of Health to implement it.
- AIDSCAP continued to provide technical assistance to the National AIDS-STD Prevention and Control Program. Assistance was given in training health care providers in the syndromic approach to STD case management and to the National Technical Committee in the formulation of STD case management guidelines. The Department of Health utilized the AIDSCAP manual, *Conducting a Workplace HIV/AIDS Policy Needs Assessment*, to establish baseline data for a workplace intervention.
- The targeted intervention research was completed by the University of the Philippines College of Public Health, and findings were presented at the XI International Conference on AIDS in Vancouver.
- As a result of finding increasing fluoroquinolone resistance to *Neisseria gonorrhoeae*, AIDSCAP, in collaboration with the University of Washington and the Centers for Disease Control and Prevention, conducted a compara-



## AIDSCAP

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tive trial of ciprofloxacin and cefixime for the treatment of uncomplicated gonorrhea to determine the in vivo level of resistance of both drugs to gonorrhea. Implementing agencies for the study include the Institute of Tropical Medicine and the Cebu Institute of Health.

- AIDSCAP supported the Center for Multidisciplinary Studies on Health and Development to conduct formative research on the seafaring population and their sexual networks. The study was conducted in the largest ports in the Philippines: Cebu, Manila, and General Santos. The findings were used to design a behavior change intervention among seafarers.

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### **Current Program Status**

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AIDSCAP activities in the Philippines are making steady progress in HIV/AIDS prevention at the end of FY96. During the extension of the project through FY97, AIDSCAP will develop a subagreement with the Center for Multidisciplinary Studies on Health and Development to implement an intervention among seafarers and their sexual partner networks. The comparative trial on ciprofloxacin and cefixime will continue to February 1997. An STD Manager's Course adapted from the course conducted by AIDSCAP's Asia Regional Office in September 1995 will be conducted in the Philippines. Participants will include city health officers, social hygiene clinic physicians, and regional STD coordinators, especially at the ASEP sites. This training will be especially useful in light of the devolution to local governments for STD program planning.

AIDSCAP will develop STD information, education, and communication materials based on the results of the targeted intervention research to help fill the needs of the STD control program in clinic-based settings. Efforts will be made to disseminate findings of AIDSCAP baseline data in local conferences, forums, workshops, newsletters, and journals.



**AIDSCAP**

## **SRI LANKA**

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**Program  
Description**

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A September 1996 Centers for Disease Control and Prevention (CDC) news report states that the Ministry of Health in Sri Lanka now estimates that there are 6,800 people in the country infected with HIV.

At the request of USAID/Sri Lanka and with funding from USAID's Asia Near East Bureau, AIDSCAP conducted an assessment of the HIV/AIDS/sexually transmitted disease (STD) situation in Sri Lanka in February 1994. Recommendations from the assessment included (1) STD clinic outreach to commercial sex workers (CSWs) in Colombo, (2) the creation of STD management distance learning modules, (3) offering training opportunities in HIV/STD policy and behavior change communication, (4) nongovernmental organization (NGO) capacity building in HIV/AIDS prevention through NGO coordination, policy/advocacy, and training, and (5) technical assistance in human resource development, policy process, and evaluation strategies. The concept of the STD distance learning modules was well received by the Mission and Sri Lankan counterparts.

During 1995, 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 sexually transmitted diseases through continuing education. The IMPA Continuing Education Program (CEP) developed a set of ten long-distance training modules that can be used for self-learning as well as for small group training-of-trainers sessions. The use of long-distance training modules has proven to be an effective training strategy for GPs in Sri Lanka, since most of them have individual practices that they cannot readily leave unattended to participate in a formal training course.

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**Country Program  
Accomplishments**

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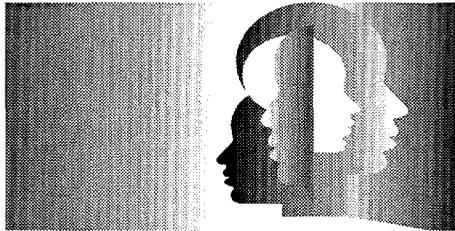
During 1996, IMPA completed the ten long-distance training modules with technical comments and inputs from AIDSCAP. Following the production and dissemination of the ten learning modules, they were introduced to GPs at regional seminars in the Southern Province, Kalutara District, Central Province, and the North Western Province. There were 30 to 35 participants at each seminar, totaling 130 practitioners.

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**Current  
Program Status**

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All funds for activities in Sri Lanka have been fully expended. No new AIDSCAP activities are planned for the next fiscal year. However, the IMPA plans to provide ongoing follow-up with member GPs through their existing network and annual meetings.



**AIDSCAP**

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**AREAS**

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**OF**

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**AFFINITY**

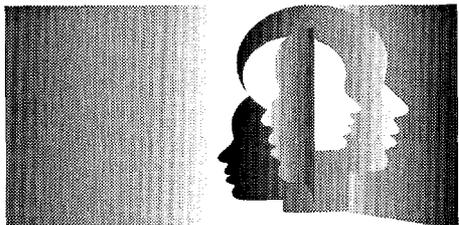
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**IN**

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**ASIA**

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**AIDSCAP**

# **THAILAND - CAMBODIA - VIETNAM**

**108**

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## **Program Description**

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The Thailand-Cambodia-Vietnam area of affinity (AoA) was shaped to address the special risks of people in this area related to HIV/STD transmission. U.S. government restrictions on programming activities in Vietnam have prevented an AIDSCAP-funded assessment of the epidemic in the country, although an FHI-funded assessment was concluded 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 speed at which HIV appears to be spreading in this struggling nation of under 10 million is among the most rapid in the history of the pandemic. HIV infection among pregnant women increased from less than 1 percent in 1993 to 4 percent by 1995—a four-fold increase in the general population over a period of only two years. Arguably, Cambodia has the worst HIV epidemic per capita of any country in Asia in 1996.

In mid-1994, AIDSCAP commissioned an assessment of border migrants along the Thai-Cambodia border with funds from USAID's Asia Near East Bureau. In October 1995, AIDSCAP, with assistance from Population Services International (PSI)/Cambodia, facilitated a USAID assessment of opportunities for program interventions. Recommendations from the assessment team were presented to senior managers of the National AIDS Program (NAP) of Cambodia's Ministry of Public Health (MOPH), the U.S. ambassador, and the USAID Mission director.

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## **Program Accomplishments**

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With endorsement of the proposed set of USAID-funded and AIDSCAP-supported activities for Cambodia from the NAP, MOPH, the U.S. ambassador, and the USAID Mission director, AIDSCAP's implementing activities include the following:

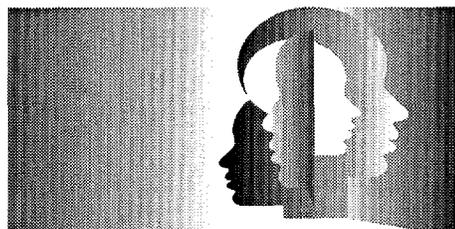
- A sexually transmitted disease (STD) prevalence and drug sensitivity study in four Cambodian sites (with the University of Washington, Family Planning International Assistance, the Pasteur Institute, Medecins Sans Frontières, and the MOPH).
- The second round of the national HIV sentinel surveillance in 18 of Cambodia's 22 provinces (with the MOPH, international consultants, and the Pasteur Institute).
- A series of workshops on HIV counseling and testing policies and guidelines for the future (with the MOPH and Thai consultants).

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## **Current Program Status**

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At the end of FY96, all three of these intervention initiatives were proceeding on or ahead of schedule. Results from all initiatives will provide the basis for the National AIDS Program to work with other donors in steering resources to cost-effective prevention programming practices. A series of seminars to disseminate results at the national level is scheduled for the beginning of FY97.



**AIDSCAP**

## **INDONESIA - PHILIPPINES**

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### **Program Description**

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The Philippines and Indonesia, countries with low levels of HIV infection, share other characteristics. Both are archipelago nations with large and culturally diverse populations. Both countries have major regional commercial shipping centers working out of numerous ports, thriving tourism and commercial sex industries, and large migrant worker populations.

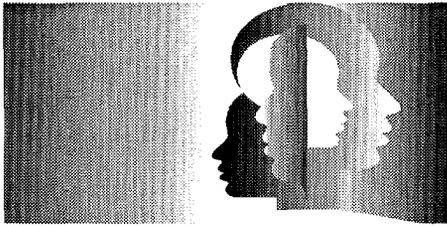
USAID's Asia Near East Bureau (ANE) designated funds for this AoA to support pilot research interventions identifying common characteristics of risk behavior for HIV/STD. In addition, it set aside funds to support the development of the HAP Project in Indonesia. A number of projects are under way using ANE funds for 1993, 1994, and 1995.

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### **Program Accomplishments**

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- An assessment was concluded on HIV/AIDS risk in five Indonesian cities, one neighboring the Philippines, where significant cross-border transportation networks are evident. The cities include Bandung, Medan, Balikpapan, Manado, and Ambon. The purpose of the assessment was to help the Government of Indonesia (GOI) and other interested parties gain a more complete understanding of the context in which HIV may be transmitted and of the resources available for prevention programming. In-depth research was conducted in Manado and Balikpapan. While waiting for research to be initiated, research tools and instruments were designed to ensure similar methodological techniques at each site. The actual study began in May 1995 and was completed in early 1996. This also contributed to the start-up of the HAP Project in Indonesia.
- In Indonesia, an outreach intervention program for street children called Rescue/AIDS began in mid-1995 and concluded in August 1996. The program was conducted through peer educators trained by local nongovernmental organizations (NGOs) on basic knowledge of reproductive health, AIDS, and sexually transmitted diseases (STDs), techniques and management of outreach, and communication and counseling on HIV/AIDS and STDs. A teaching tool called "Kids Kit" was produced for distribution. The kit is a collection of HIV/AIDS educational tools for street educators and includes two manuals and information, education, and communication materials and games to use with street children.
- Another outreach program for youth was implemented in Bali with the goal of reaching 1,000 to 1,500 youth at high risk. In addition, an HIV/AIDS Arts and Media subproject was developed for disseminating information on HIV/AIDS/STD prevention and awareness to street children and adolescents. The project uses materials in the EPOCH Resource Center, an animated movie, and a comic book.
- A study in Islamic schools on knowledge about HIV/AIDS and reaching youth with prevention messages was conducted in Jakarta and East Java



## AIDSCAP

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through two Islamic organizations. A follow-on intervention is being developed by the Center for Health Research, University of Indonesia.

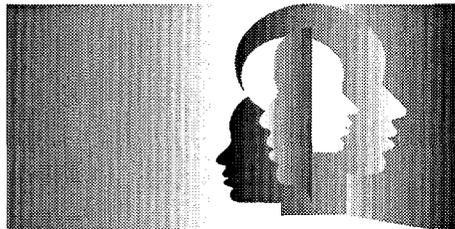
- An outreach peer intervention model to reduce STD/HIV risk behavior among sex workers and their clients in Teleju's red light district was initiated. Through this activity, condom promotion and behavior change communication (BCC) outreach messages will reach approximately 100 to 120 brothels in the intervention areas. One hundred sex workers will be recruited and trained to work as peer educators. Mapping of brothels in Teleju was completed and a knowledge, attitudes, beliefs, and practices (KABP) survey is being conducted.
- The Center for Health Education of the Indonesia Ministry of Health (PKM) completed a training and capacity building project. A games and simulations training manual was introduced to more than 52 provincial government staff from 16 provinces. PKM also reproduced copies of the AIDS Resource Directory and distributed it to all 27 provinces.

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### **Current Program Status**

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These USAID ANE-funded activities will continue in FY97. In Bali, the outreach program for youth is being extended through April 1997, as is the Riau outreach peer intervention project in Teleju. Follow-on training sessions and reproductive health manuals will be field tested and adapted with the two Islamic organizations, NU and Muhammadiyah, through another short-term contract with the Center for Health Research, University of Indonesia. The seafarers intervention will be implemented in October 1996.



# INDIA - NEPAL - BANGLADESH

**AIDSCAP**

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**Program  
Description**

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In late FY94, AIDSCAP, with USAID Asia Near East Bureau funds, sponsored an assessment along the truck routes from Calcutta to Nepal and from Calcutta to Bangladesh to assess patterns of truck drivers' behavior, locales for commercial sex, and condom availability, and to explore indigenous infrastructure for opportunities to provide sexually transmitted disease (STD) counseling, diagnosis, and treatment. Immediately building on the assessment, in July 1995 AIDSCAP initiated a subproject with the Bhoruka Research Center for Hematology and Blood Transfusion (BRCHBT) in Calcutta. This project has implemented an intervention program based at the India-Nepal border in Raxaul, India, to reduce the rate of STDs and HIV infection among the truck drivers and their assistants, whose behavior places them at risk of infection in the project area.

In December 1995, AIDSCAP developed a subproject with the Bhoruka Transport Corporation to organize and conduct a tripartite seminar. This three-day seminar aimed to share experiences and recommendations from field personnel of projects in India, Nepal, and Bangladesh in order to strengthen STD clinical services, condom social marketing, and behavior change communication activities. USAID/India, USAID/Nepal, the AIDSCAP/Asia Regional Office, AIDSCAP/India, and AIDSCAP/Nepal, as well as other related projects in India, Nepal, and Bangladesh, sent participants to this seminar.

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**Program  
Accomplishments**

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During FY96, AIDSCAP provided technical assistance in the area of behavior change communication (BCC) and helped to link the activities in India with complementary projects implemented by AIDSCAP/Nepal.

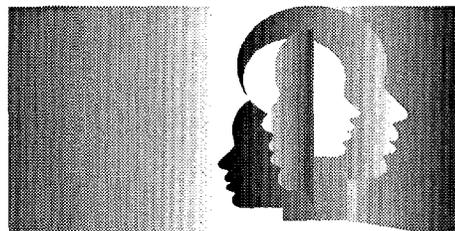
Accomplishments included an advocacy meeting in India to sensitize key policymakers about HIV/AIDS to create a community-based support environment. A key accomplishment was the pre-testing, production, and dissemination of BCC materials based on the AIDSCAP/Nepal program's primary logo and messages. The logo was adapted to fit Indian cultural sensibilities, yet it maintains the same look and message so that drivers crossing over the border will see a consistent theme. Collaboration with Nepal program implementing agencies has been strong and has included shared staff training and Nepal NGOs referring Nepalīs for STD treatment at the Bhoruka clinic in Raxaul.

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**Current  
Program Status**

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This cross-border project was 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 its activities in FY97.



**AIDSCAP**

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**SUMMARY OF**

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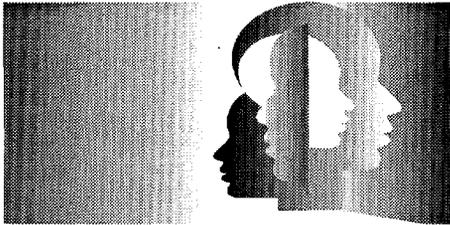
**COUNTRY**

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**ACCOMPLISHMENTS**

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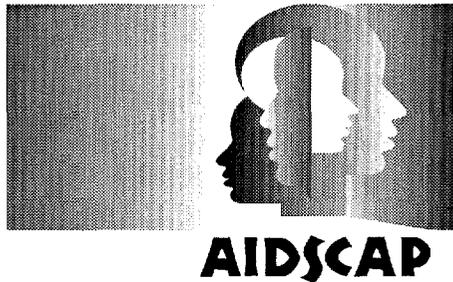
**LATIN  
AMERICA  
AND THE  
CARIBBEAN**



# AIDSCAP

-  Priority Country
-  Associate Country





# LATIN AMERICA AND THE CARIBBEAN REGIONAL OVERVIEW

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## HIV/AIDS in the Region: Characteristics and Trends

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The number of HIV infections and AIDS cases in Latin America and the Caribbean (LAC) continues to rise, with 170,571 AIDS cases reported by the Pan American Health Organization (PAHO) for the region as of September 1996. This represents 24.4 percent of the 698,199 cases reported for the Americas, and 12.2 percent of the 1,401,806 cases reported worldwide to the World Health Organization (WHO). However, it is estimated that the true incidence of AIDS is substantially higher throughout the LAC region due to underreporting of 20 to 70 percent and a one- to two-year lag in data collection.

Within the region, HIV infection among the homosexual and bisexual populations is still on the rise, accounting for 41 percent of all infections. The percentages vary among subregions, with homosexual and bisexual transmission accounting for 61.5 percent of all cases in the Andean subregion, 56 percent in Mexico, 45.7 percent in the Southern Cone, 44.3 percent in Brazil, and 15.1 percent in the Caribbean. The pandemic has, however, progressed since the early 1980s from a predominantly homo/bisexual means of transmission to accelerated transmission among the heterosexual population. Heterosexual transmission now accounts for 39 percent of infections in the LAC region and is the predominant mode of transmission in the Caribbean and the Central American isthmus, accounting for 75.6 percent and 61.1 percent, respectively, of all cases. Heterosexual transmission rates vary from 18.1 percent in the Southern Cone to 31.7 percent in the Andean subregion.

The epidemiological evidence also signals a rapid shift of new infections to younger ages, particularly among people between 15 and 24 years of age. In addition, HIV infection is increasing among the general population and among specific population subsets, such as women, children, the poor, rural populations, and those who lack access to basic socioeconomic, educational, and health services.

As the pandemic escalates in the region and affects larger segments of the population, the social, economic, and demographic impacts of HIV/AIDS are likely to exacerbate the burden on individuals, communities, and countries, thereby threatening the development and stability of the region as a whole. Hence, continued and increased support and an expansion of HIV/AIDS prevention and control programs are critical to effectively combat the pandemic.

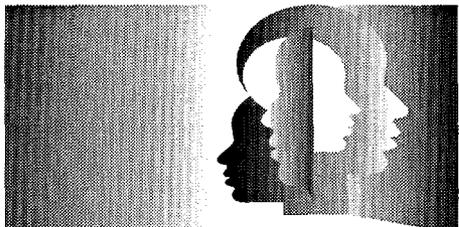
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## AIDSCAP's Response

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During FY96, AIDSCAP supported comprehensive prevention programs in Brazil, the Dominican Republic, Haiti, Honduras, and Jamaica. These integrated programs focus on the following:

- The training of health care providers to improve the management, diagnosis, and treatment of sexually transmitted diseases (STDs).
- Behavior change communication (BCC) for adolescents, sexually active adults, commercial sex workers (CSWs) and their clients, men who have sex with men (MWM), and people in workplaces (PWP).



## AIDSCAP

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- Improved condom promotion and distribution among populations whose behavior places them at highest risk of infection.

Policy initiatives, behavioral research, and evaluation activities complement these interventions. An important component of LAC activities has been the strengthening of local capacity, both of governmental and nongovernmental organizations (NGOs), to design and implement HIV/AIDS prevention and control programs. In addition, the private sector, and to a limited extent the military, have become increasingly involved in and supportive of HIV/AIDS prevention programs in the region.

AIDSCAP's program in Latin America and the Caribbean entered a transition period in FY96 with the closing of the Haiti country office, the phase-out of the Jamaica program, and the extension of ongoing activities in the three remaining priority countries. In associate countries, AIDSCAP continued to provide technical leadership in AIDS impact analysis as a tool for the development of policies, strategies, and research, and support for HIV/AIDS prevention programs for PWP and CSWs.

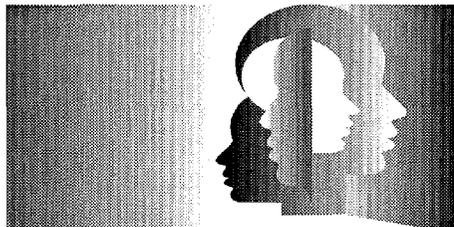
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### Regional Highlights

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At the end of the first year of implementation, Honduras had a comprehensive HIV/AIDS prevention and control program that exemplified effective collaboration between the public and private sectors. During this initial year, the AIDSCAP/Honduras program focused on strengthening the capacities of its collaborating institutions through a series of training workshops on such topics as administration and finance, sexuality, evaluation methodologies, and communication strategies. With technical support from the Latin American and the Caribbean Regional Office (LACRO) and the country office, the ten implementing agencies (IAs) conducted baseline surveys and analyzed the data, the results of which are being used to develop appropriately targeted HIV/AIDS prevention messages and materials. With support from AIDSCAP, the STD/AIDS Division of the Ministry of Health (MOH) is improving STD diagnosis and treatment services with the introduction of a syndromic approach in four priority health regions in the country. IAs conducted prevention activities among the specific target populations, including MWM, CSWs, PWP, and the Garífuna (Caribbean black population), and provided referrals to MOH and social security treatment facilities. With support from AIDSCAP, the IAs are also improving condom storage facilities and implementing a condom management information system.

AIDSCAP/Brazil continued to support integrated prevention programs among CSWs, MWM, STD patients and partners, men away from home (MAFH), street children, and adolescents. These comprehensive programs include STD treatment and control, behavior change communication targeting high-risk populations, and condom promotion and distribution in selected municipalities in the states of Rio de Janeiro and São Paulo. Activities in the areas of condom social marketing, logistics management support for condoms and STD pharmaceuticals, private sector leveraging, institutional development, policy dialogue, and research and



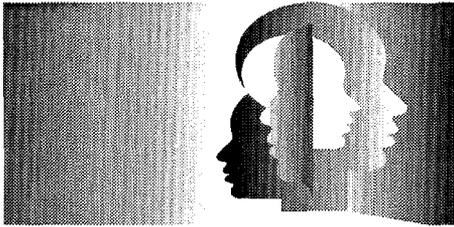
**AIDSCAP**

evaluation complemented the targeted interventions. A program review of AIDSCAP's activities in Brazil examined the current epidemiology of HIV/AIDS, assessed AIDSCAP's accomplishments to date, and defined geographic areas and target groups most appropriate for future HIV/AIDS programming. These recommendations include the dissemination and replication of successful MWM, CSW, and STD interventions, and the initiation of pilot activities in the northeast of the country during AIDSCAP's one-year extension.

AIDSCAP/Dominican Republic (DR) provided ongoing support for institutional strengthening activities among collaborating agencies and other public and private sector organizations involved in HIV/AIDS prevention, including family planning providers. AIDSCAP continued comprehensive interventions targeting MWM, CSWs, PWP, adolescents, and family planning clinic attenders. The DR country office launched a national mass media youth campaign that successfully leveraged close to \$3 million of free air time for radio and television spots and organized an HIV/AIDS Prevention Conference to share lessons learned over the past four years and to identify new and innovative strategies to control the spread of the epidemic. A socioeconomic impact study of HIV/AIDS in five industrial zone enterprises helped increase interest among the private sector in prevention programs and resulted in requests for an additional study for the tourism sector. In addition, the DR country office successfully converted to an NGO, Fundación Génesis.

AIDSCAP priority and associate countries in the LAC region successfully leveraged considerable support from the public and private sectors for HIV/AIDS prevention programming. In Brazil, a cumulative total of \$5.7 million in subproject counterpart contributions and grants has been leveraged, and in the Dominican Republic subproject counterpart contributions are estimated at \$1.5 million. In Guatemala, the AIDSCAP-supported Socioeconomic Impact Study of HIV/AIDS generated counterpart support from the Pan American Health Organization (PAHO) for the production and distribution of 100 copies of a socioeconomic impact video. The successful completion of the Central American studies generated a \$14,000 buy-in from USAID/Peru for a rapid assessment of HIV/AIDS in Peru. In Costa Rica, AIDSCAP provided technical guidance to the Costa Rican Social Security Institute, which was then able to secure \$35,000 from SIDALAC/Mexico to conduct a socioeconomic impact study of HIV/AIDS. Similarly in Colombia, with technical guidance from AIDSCAP, a local NGO, Consultores Internacionales en Seguridad Social y Salud, obtained \$70,000 from the Colombian Ministry of Health for a socioeconomic impact study, and approximately \$50,000 from USAID to disseminate the study's results and to produce an accompanying video.

In 1996, AIDSCAP concluded activities in Haiti with the planned closing of the Haiti country office. The decision to phase out AIDSCAP activities in Haiti was based on the Mission's commitment to continue HIV/AIDS programming through a bilateral accord ("Health 2004") with the Haitian Ministry of Health. AIDSCAP concluded its support of targeted interventions among CSWs, people with AIDS (PWAs), sexually active adults, adolescents, and STD and tuberculosis patients. To

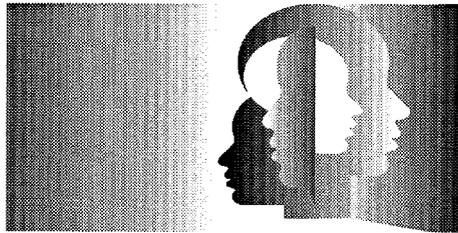


**AIDSCAP**

disseminate the outcomes of this work in Haiti, AIDSCAP organized a Lessons Learned Forum following the conclusion of subproject and evaluation activities. The Forum was held in June over a three-day period in Port-au-Prince, with AIDSCAP headquarters, LAC Regional Office and country office staff, the U.S. ambassador to Haiti, the Haitian Minister of Health, both public and private sector representatives, and NGO and IA representatives in attendance. Technical presentations focused on AIDSCAP strategies for STDs, BCC, social marketing, and institutional development, and on lessons learned about prevention and women, youth, and AIDS care and management health providers. The forum closed with a presentation of evaluation results of the Haiti country program. Support was also provided to the country office on issues relating to the close-out of the office, including personnel matters, logistics, and compliance with USAID and AIDSCAP close-out requirements. The Mission was extremely pleased with the content and structure of the forum and the widescale participation from the IAs, the MOH, and donor agencies. The Mission has requested that in the future all USAID-funded projects convene similar close-out events to disseminate results and lessons learned.

In Jamaica, AIDSCAP's country office is scheduled to close in early FY97 following a Lessons Learned Forum to be organized in collaboration with the MOH. A midterm evaluation of USAID/Jamaica's HIV/AIDS and STD Prevention and Control Project, under which AIDSCAP operates, acknowledged AIDSCAP's contributions to date and recommended continued support for HIV/AIDS/STD prevention and control in Jamaica. Following negotiations, USAID/Jamaica will continue HIV/AIDS/STD programming through a bilateral agreement with the Jamaican MOH/Epi Unit. During FY96, AIDSCAP completed its support of interventions targeting CSWs, MWM, STD patients, adolescents, PWAs, and adults with multiple sex partners. The successful completion of activities with the Medical Association of Jamaica (MAJ) resulted in approximately 1,000 private medical practitioners trained to better diagnose and treat STDs. In addition, pre- and post-knowledge, attitudes, beliefs, and practices (KABP) evaluation data revealed that knowledge about STDs/HIV/AIDS had improved significantly in the target groups but that myths were still persistent.

In LAC associate countries, AIDSCAP continued to provide technical assistance to the ministries of health in Nicaragua, El Salvador, and Guatemala in the completion of their socioeconomic impact studies. In Peru, AIDSCAP also conducted a rapid assessment of the socioeconomic impact of HIV/AIDS at the request of USAID/Peru. These studies have proven to be an effective policy tool for increasing interest in and support for HIV/AIDS prevention programs among both the public and private sectors. In Mexico, AIDSCAP concluded its support of HIV/AIDS prevention programs for people in the workplace (PWP) with the Mexican Federation of Private Health and Community Development Associations (FEMAP). FEMAP initiated the development of two training manuals that will document lessons learned in implementing factory-based prevention activities to be disseminated in FY97. In addition, AIDSCAP initiated support of an interinsti-

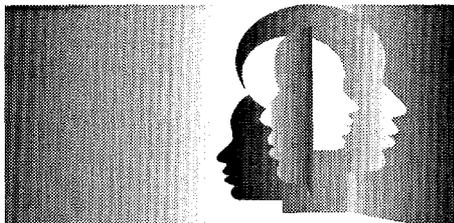


**AIDSCAP**

tutional PWP program in El Salvador. In November 1995, AIDSCAP participated in and provided support to the X Latin American Congress on STDs and the IV Pan American Conference on AIDS, and a series of satellite meetings surrounding the conference.

An AIDSCAP booth was set up to disseminate AIDSCAP publications, materials, and videos to participants. AIDSCAP sponsored 38 participants from the LAC region and 20 participants from Chile to attend the conference and provided general support to the conference organizers.

In addition to its patronage of the main conference, AIDSCAP provided funding for and attended satellite meetings surrounding the conference, including an international media seminar implemented by the PANOS Institute and the Corporación Chilena de Prevención del SIDA (CChPS), and two workshops executed by the Civil-Military Alliance to Combat HIV and AIDS. The objective of the one-day media seminar was to promote accurate reporting of HIV/AIDS-related issues arising out of the larger conference and to facilitate contacts between the media and key individuals at the conference. Twenty-three journalists from print and broadcast media representing 11 countries participated in the seminar. The first of the Civil-Military Alliance's two workshops disseminated information on regional models that demonstrate the types of preventive activities that can be carried out through civil-military collaboration. The second workshop, Planning Session for Latin America and the Caribbean: Military and Civil-Military Possibilities, was attended by high-ranking representatives from military and civil institutions from seven nations. The purpose of this session was to develop a strategy and work agenda for the LAC region.



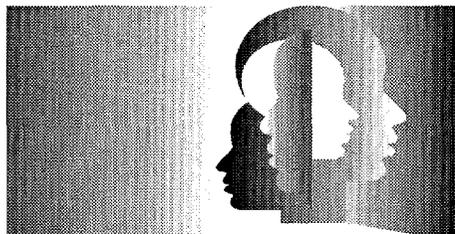
**AIDSCAP**

## LA/C Region Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	542,159	2,236,536
<b>Males</b>	247,678	793,369
<b>Females</b>	289,714	951,820
<b>No Gender Specified</b>	4,767	491,347
<b>Total People Trained:</b>	8,945	27,057
<b>Males</b>	3,331	9,252
<b>Females</b>	5,611	15,147
<b>No Gender Specified</b>	3	2,658
<b>Total Condoms Distributed:</b>	26,493,115	78,511,053
<b>Free</b>	2,476,199	16,183,132
<b>Sold</b>	24,016,916	62,327,921
<b>Total Materials Distributed:</b>	704,993	2,719,303

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**PRIORITY**

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**COUNTRIES**

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**IN**

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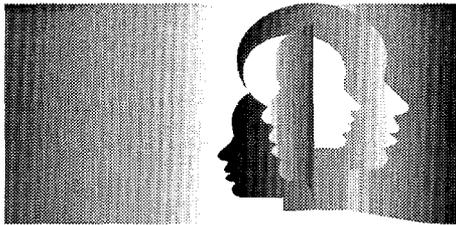
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**AIDSCAP**

## **BRAZIL**

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### **Program Description**

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Brazil is the fifth most populous nation in the world, with an estimated population of 158 million people. Estimates of HIV infections vary between 450,000 and 800,000. The cumulative number of reported AIDS cases through June 1996 is 79,908, which places Brazil second in the world in reported cases. Currently, AIDS is the major cause of death among women aged 20 to 34 in the city of São Paulo.

The AIDSCAP/Brazil country program is implemented by the local umbrella nongovernmental organization (NGO) Associação Saúde da Família (ASF). The country program is a multidisciplinary, comprehensive effort that incorporates an integrated approach to sexually transmitted disease (STD) management, access to condoms, and behavior change communication (BCC) strategies. Program components are being implemented to reduce high-risk behaviors, increase condom use, and control STDs among target populations.

Since 1993, the program has focused on five high-risk target groups: commercial sex workers (CSWs), men who have sex with men (MWM), men away from home (MAFH, specifically, harbor workers in the city of Santos), STD patients and their partners in health care settings, and street children and adolescents. In addition to the major activities and building upon lessons learned, AIDSCAP/Brazil has supported activities for women, female adolescents, and men in the workplace through small Rapid Response Fund grants. Moreover, important activities are being implemented by the local media with the support of the private sector. The implementation of the AIDSCAP/Brazil interventions for the specific target populations are complemented by other supporting program areas such as condom social marketing (CSM) logistics and management of condoms and HIV/AIDS/STD pharmaceutical supplies, institutional development, policy dialogue, support to the Ministry of Health (MOH), behavioral research, and private sector leveraging.

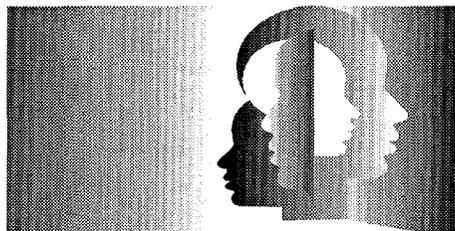
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### **Country Program Accomplishments**

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During 1996, AIDSCAP/Brazil's accomplishments included the following:

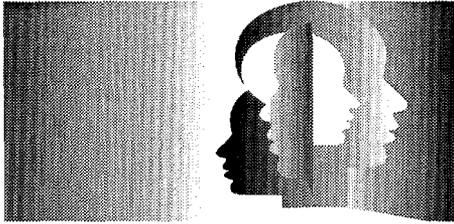
- AIDSCAP/Brazil continued to support two CSW interventions with OASIS in Santos that target CSWs and their clients to improve STD services for these populations, increase their ability to negotiate safer sex, and encourage clients to practice safer sex. Through the STD intervention, OASIS provided training to health care providers, distributed guidelines for STD treatment to polyclinics, and diagnosed and treated more than 13,000 STD patients. Approximately 15,000 materials and more than 200,000 condoms were distributed free to CSWs and their clients during face-to-face interventions, safer sex workshops, and street theater performances.
- In Rio de Janeiro, AIDSCAP/Brazil continued to provide support to the Institute for Religious Studies (ISER) in its intervention targeting CSWs and their clients at 300 commercial sex sites. ISER collaborated with state and municipal health departments to improve STD case management for



## AIDSCAP

the target populations, resulting in the training of health care professionals, the diagnosis and treatment of almost 4,000 STD patients, and the provision of technical assistance to 23 clinics.

- With the support of AIDSCAP/Brazil, DKT do Brasil contributed significantly to a doubling of the market size for the commercial sale of condoms in Brazil. During FY96 (October 1995 to June 1996, for the purposes of this report), DKT do Brasil sold more than 20 million condoms, a twofold increase over its sales during the same time period in FY95. DKT successfully certified its condom supplier with INMETRO, the certifying agency of the government of Brazil, thereby eliminating costly delays and in-country product testing.
- AIDSCAP/Brazil conducted two knowledge, attitudes, beliefs, and practices (KABP) studies of sexuality and AIDS/STD prevention among adolescents aged 15 to 21 residing in a poor area of Rio de Janeiro, one each in 1994 and in 1996. Key results of the comparative analysis are: (1) the proportion of adolescents who said they always used condoms increased from 25 percent to 40.4 percent in girls, and from 40.4 percent to 76.5 percent in boys, (2) the proportion of adolescents who referred to one or more episodes of STD has decreased in both sexes, from 12.5 percent to 4.5 percent among females, and from 13.8 percent to 5.9 percent among male adolescents, and (3) the perception of the existence of AIDS increased from 93.4 percent to 99 percent.
- The Rapid Response Fund (RRF) mechanism enabled the Brazil country office to fund small-scale activities that complemented the overall country program. In view of the accelerated increase of HIV infection among women, the country office shifted the focus of the RRFs to provide more services and opportunities for women. The following seven RRFs were funded.
  - An ethnographic study in Ceará of women (impoverished slum dwellers, lower-class workers, middle-class and wealthy urbanites) who maintain heterosexual relations with fixed partners.
  - Diagnosis and treatment of women attending a family planning program.
  - Production of interactive educational materials targeted to women and female adolescents.
  - Evaluation research at Natal Clinic with the objective of verifying the effectiveness of the adopted group intervention (women-AIDS-prevention project intervention methodology) in both reducing women's high-risk behavior and empowering women to negotiate safer sex.

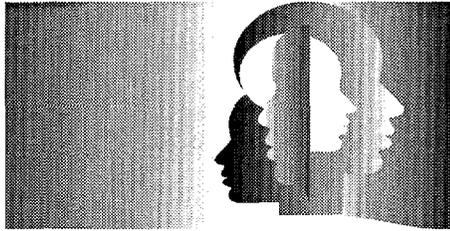


## AIDSCAP

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- Sociodramas (participatory dramas) about real-life situations regarding HIV/AIDS in schools and auditoriums targeting female adolescents in Gama City.
  - Reproduction and dissemination of the *Guia de Orientacao Sexual—Diretrizes e Metodologia* to educators and health agents working with women.
  - Production of two video spots for television targeting women and female adolescents.
- In collaboration with the private sector, ASF/Brazil is implementing an HIV/AIDS campaign to raise funds for future project activities. A t-shirt sales campaign, with model Claudia Schiffer as the spokesperson, was launched by the First Lady of Brazil in July with proceeds to benefit ASF activities. The country office continues to collaborate with *Claudia* magazine to publish monthly articles on HIV/AIDS. In addition, counterpart contributions, both monetary and in-kind, have played a significant role in HIV/AIDS programs in Brazil. To date, these contributions are estimated to total approximately \$4 million from private and public sector donors.
  - In August, AIDSCAP/Brazil concluded its support of the Childhope project, which targeted street children and low-income youth in Rio de Janeiro. During its two-and-a-half years of implementation, this project trained more than 800 teachers, community outreach promoters, and street educators. In addition, more than 5,000 youth were reached during presentations, group discussions, and other outreach activities.
  - The Brazilian Interdisciplinary AIDS Association (ABIA) was funded by AIDSCAP/Brazil through December 1995. As a result, more than 3,800 MWM were reached directly through both safer sex workshops and counseling sessions. Outreach workers also reached MWM through outreach activities and face-to-face interventions and distributed approximately 121,000 materials and 87,000 condoms.
  - AIDSCAP/Brazil played an active role in presenting project accomplishments during conferences as well as assisting implementing agencies to write, present, and disseminate project information at various national and international conferences. In July, 26 poster presentations were made at the XI International Conference on AIDS in Vancouver, and 14 poster presentations were made at the Brazilian Society for the Progress of Science Conference. In February, the country office officially launched the *ASF News*, a newsletter to disseminate the activities of AIDSCAP/ASF in Brazil. Target audiences include opinion leaders, the scientific community, and representatives from the MOH, NGOs, and the private sector.



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### Current Program Status

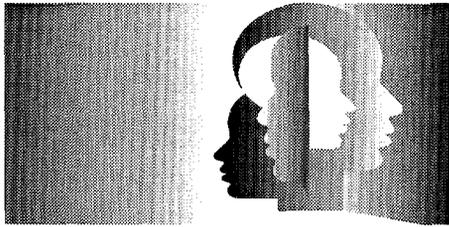
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The HIV/AIDS epidemic in Brazil continues to mature and grow despite prevention efforts. The fact that HIV increasingly targets women and adolescents in Brazil has generated major changes in AIDSCAP/Brazil's overall strategy. Coordination and integration of activities with other development sectors are important needs, and the involvement of the private sector is vital for the continuation of HIV/AIDS prevention programs.

Some AIDSCAP activities will be expanded in FY97. The main strategy for FY97 will be the replication of model interventions developed by AIDSCAP to target Brazil's northeast region. For instance, interventions for MWMs, CSWs, and STD patients and clients will serve as models and also provide training to other NGOs and state GOs. The following are examples of project replication that will occur:

- The Associação Brasileira Interdisciplinar de AIDS (ABIA) will continue its current activities under a new letter of agreement to conduct safer sex workshops, peer outreach education, and condom social marketing with MWM, while also expanding these activities into the northeast and transferring skills to other NGOs.
- STD management and control, the focus of the Health Secretariat of the Municipality of Santos and OASIS project, will be expanded to include family planning clinics in Ceará and Bahia. In-house training and seminars for local staff and clinics as well as laboratories will impart knowledge and skills about STD management, program implementation, STD drugs and condom logistics, data registering, and monitoring.

Another important action for FY97 is the dissemination of AIDSCAP studies and intervention results in various publications and books. Dissemination of reports about the interventions and lessons learned will strengthen the position of AIDSCAP as a model public health intervention and bring new ideas and strategies to HIV/AIDS programming in Brazil.



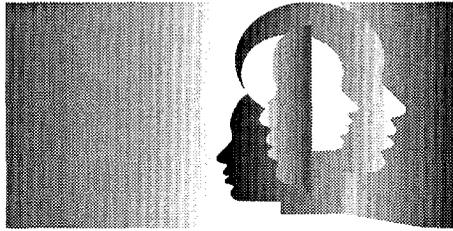
**AIDS CAP**

## Brazil Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>69,643</b>	<b>183,435</b>
<b>Males</b>	<b>38,943</b>	<b>89,731</b>
<b>Females</b>	<b>30,400</b>	<b>70,444</b>
<b>No Gender Specified</b>	<b>300</b>	<b>23,260</b>
<b>Total People Trained:</b>	<b>1,321</b>	<b>4,464</b>
<b>Males</b>	<b>350</b>	<b>1,230</b>
<b>Females</b>	<b>971</b>	<b>2,807</b>
<b>No Gender Specified</b>	<b>0</b>	<b>427</b>
<b>Total Condoms Distributed:</b>	<b>22,200,223</b>	<b>59,192,179</b>
<b>Free</b>	<b>1,411,237</b>	<b>12,561,219</b>
<b>Sold</b>	<b>20,788,986</b>	<b>46,630,960</b>
<b>Total Materials Distributed:</b>	<b>190,163</b>	<b>740,089</b>

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **DOMINICAN REPUBLIC**

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### **Program Description**

The AIDSCAP Program in the Dominican Republic (DR) is part of the larger Family Planning and Health Project supported by USAID/DR. AIDSCAP provides technical and financial assistance in the prevention of sexually transmitted diseases (STDs) and HIV/AIDS. The DR country program follows the overall AIDSCAP mission of reducing the sexual transmission of HIV/AIDS. In doing so, it collaborates with community-based organizations (CBOs), nongovernmental organizations (NGOs), government agencies, international donors, private organizations, and universities. It promotes community participation and resource mobilization to broaden national response to the epidemic and ensure sustainability.

During execution of the Strategic and Implementation Three Year Plan (1993-1996), AIDSCAP maintained these three strategic objectives: to raise general awareness on the severity of the epidemic in the DR, to leverage more private and public sector interest and support, and to strengthen the capacity of local organizations to implement HIV/AIDS prevention activities.

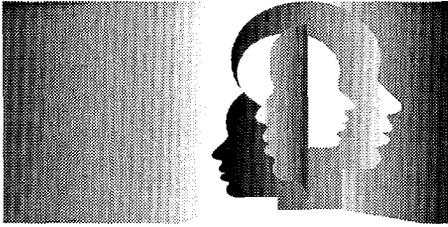
The AIDSCAP/DR program's main target groups have been people in the workplace (PWP), youth, core groups (commercial sex workers [CSWs] and men who have sex with men [MWM]), and family planning users. During the last couple of years the program has grown to include new areas in response to an evolving epidemic, with technical and financial assistance provided to the following: women and AIDS programs, mass media campaigns for youth, STD training and service provision, policy reform and HIV/STD surveillance, and institutional development and capacity building.

### **Country Program Accomplishments**

During the year, AIDSCAP/DR accomplishments have included the following:

- This year AIDSCAP/DR launched a three-phase Youth Mass Media Campaign that successfully leveraged notable support from the private sector. In the first phase of the campaign, TV and radio spots were aired approximately 146,000 times, worth nearly \$3,000,000 dollars in free air time. The press also contributed enormously by publishing numerous articles on the campaign. The second phase of the campaign consisted of unifying messages for youth to reflect the same STD/HIV/AIDS information, education, and counseling services among approximately 100 organizations working with youth and health. AIDSCAP/DR sponsored several workshops among youth organizations to attain this purpose. As a result of this process, the *Unification of Criteria Manual for AIDS Prevention Among Adolescents* was produced. Training sessions presented this document for use as a guide for organizations involved in adolescent health.

In preparation for the third phase of the campaign, AIDSCAP/DR conducted focus group discussions (FGDs) with youth throughout the country to evaluate the first phase of the campaign. Results were extremely positive. The campaign's spots and materials had reached youth, and they understood the messages. FGDs also revealed an increase in HIV/AIDS/

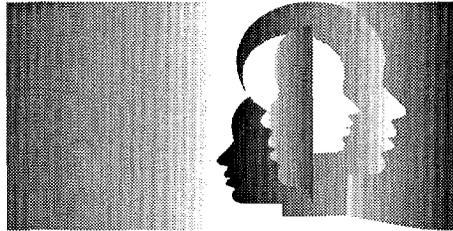


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STD risk perception among youth and the need for development of new public service announcements with messages addressing parental responsibility in providing sexual education to their children.

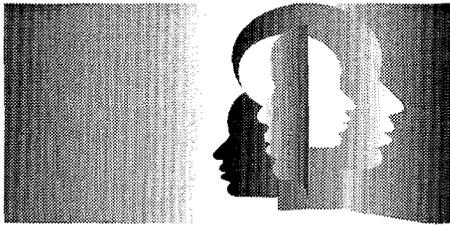
- In July 1996, AIDSCAP/DR sponsored the AIDS: A Challenge to Development Conference. The purpose of the conference was twofold: to address the AIDS epidemic as a development problem rather than a health problem, and to present and discuss the accumulated experiences of AIDSCAP-supported projects during the last four years. More than 600 individuals from government agencies, NGOs, CBOs, donor agencies, and the private sector attended the conference. Successful pre-conference workshops for specific target audiences (military, private sector, mass media, and CSWs) were also held. The purpose of these workshops was to create awareness about HIV/AIDS among these groups and to leverage their support and involvement in prevention efforts. As a result of this conference, interest in future interinstitutional collaboration was expressed as well as increased interest in HIV/AIDS prevention on the part of donor agencies, who made numerous requests for additional program information.
- The overall goal and objectives of the STD algorithm training program were completed in a timely and effective manner, training 513 promoters, 325 clinicians, and 16 bioanalysts nationwide. The program received widespread recognition during presentations at regional and international conferences in Chile and Vancouver. The STD algorithm training program is comprehensive in its combination of human sexuality, syndromic management, the 4 C's (counseling for risk assessment, condom use, contact tracing, compliance with treatment), and training of trainers. It is also the first STD syndromic management course designed in Spanish with full participation from course attenders in the development and validation of the instructional manuals.
- During FY96, AIDSCAP/DR supported the NGO INDESUI in the inclusion of STD/HIV/AIDS information services into their hotline. AIDSCAP provided INDESUI with the computer equipment and the database to respond to callers from any site in the country. Updated information on HIV/STD/AIDS and information on AIDS services providers, as well as crisis management, can be accessed through this hotline. INDESUI's hotline service will complement the Youth Mass Media Campaign. All campaign material will cite the hotline telephone number.
- AIDSCAP/DR has been making great efforts to strengthen the NGOs' community-based distribution program for Pantera condoms. A promotional plan and materials for the condom were produced and delivered to the NGOs. AIDSCAP also provided the NGO sales force with technical assistance and training in sales and marketing.
- In collaboration with headquarters, AIDSCAP/DR conducted the 100 Percent Use Condom Study to determine the feasibility of implementing a



**AIDSCAP**

100 percent condom use pilot program in the Dominican Republic. A pilot program to enforce 100 percent condom use and other structural measures will be implemented shortly. Study results will also be used in leveraging support from policymakers and public health officials in the Dominican Republic for HIV/AIDS prevention activities targeting sex workers and their clients.

- A socioeconomic impact study of AIDS in the free trade zones (FZ) of the DR was conducted in February 1996. Study results will assist in leveraging support from the private sector for AIDS prevention efforts and in introducing AIDS prevention programs in FZ industries.
- AIDSCAP/DR participated in the XI International Conference on AIDS in Vancouver held in July. A total of five posters were presented at the conference. In addition to the abstracts, an oral presentation, "Broadening the Social Base of AIDS Prevention Among Men Who Have Sex with Men (MWM) in the DR," was presented.
- During 1996 AIDSCAP/DR provided ongoing support to the NGO Patronato de Solidaridad (PASO) in strengthening the newly formed AIDS prevention groups in 14 provinces in the northern region of the country.
- In Puerto Plata, the Comité de Vigilancia y Control del SIDA (COVICOSIDA) trained an additional 27 CSWs as volunteer health messengers (VHM) this year. The health messenger network reached approximately 500 CSWs through more than 4,000 contacts, and nearly 800 CSWs were reached during educational sessions at STD clinics.
- In Santo Domingo, CSWs and their clients are targeted by the Centro de Orientación e Investigación Integral (COIN). The COIN health messenger network reached CSWs and their clients during educational sessions at STD clinics, theater presentations, and other outreach activities. More than 28,000 materials were distributed. The network sold more than 240,000 condoms and distributed 15,000 during theater presentations and promotional events.
- Amigos Siempre Amigos (ASA) reaches more than 11,000 MWM in Santo Domingo, Santiago, Puerto Plata, Azua, and San Pedro de Macoris through weekly outreach activities. More than 9,700 educational materials, such as safer sex pamphlets and HIV/AIDS/STD brochures, and 21,000 condoms were distributed during informal discussions, behavior change communication (BCC) interventions, and other outreach activities.
- With the support of AIDSCAP/DR, the Coordinadora de Animación Socio Cultural (CASCO) and the Institute for Integral Development (IDDI) reached thousands of youth during the year in four marginal sectors of Santo Domingo (Guaricano, Herrera, Villa Mella, and La Zurza) through community activities, monthly sessions, and bimonthly visits by VHMs. In addition, more than 1,500 parents attended participatory group discus-



## AIDSCAP

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sions, and more than 100 teachers were educated on adolescent sexuality and HIV/AIDS/STD.

- AIDSCAP/DR continued to support PWP interventions in Puerto Plata and the Haina Industrial Zone (IZ) of Santo Domingo. In Puerto Plata, COVICOSIDA successfully implemented the only HIV/AIDS/STD prevention intervention targeting hotel employees, reaching more than 3,000 in 1996. In the Haina IZ, COIN sought the support of managerial staff and conducted educational workshops for labor leaders and administrative staff, resulting in two additional staff members integrated as program sponsors. Eighty-four new VHMs were trained, and the health messenger network reached more than 25,000 workers in the IZ.

### Country Program Status

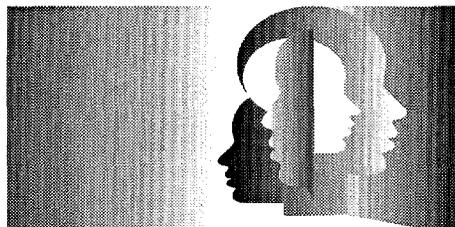
The AIDSCAP/DR program has completed the three-year cycle described in the Strategic and Implementation Plan for 1993-1996.

After completing previous agreements with local NGOs, plans are being devised to assist these organizations in marketing their programs to other donors and to the beneficiaries of the interventions. Certain activities will continue in the extension year with the purpose of disseminating experiences from effective interventions. AIDSCAP/DR will continue to be actively involved in HIV/AIDS prevention through activities within program support areas. BCC efforts addressed to youth, condom distribution and marketing, capacity and institutional building of AIDSCAP implementing agencies (IAs) (including system maintenance), and strengthening of STD services and referral systems comprise a major part of the work that remains to be done.

AIDSCAP/DR is also seeking ways to ensure program continuity beyond the AIDSCAP Project. The IAs that have collaborated with AIDSCAP/DR are also heavily involved in achieving sustainability through fees for service and private sector and other donor support.

In the beginning of FY97, AIDSCAP/DR will assist the USAID/DR Mission in the design of the STD/HIV/AIDS strategy for the next five years (1997-2002). This will be a participatory process involving both stakeholders and clients from all sectors linked to STD/HIV/AIDS prevention. AIDSCAP's role in this endeavor is to provide options for future actions as input to the USAID/DR team.

In response to a request from USAID/DR, some prevention activities among youth, CSWs, MWMs, and PWP will be continued by the previous IAs. However, a major focus will be making programs sustainable beyond AIDSCAP. To facilitate this, marketing strategies for each of the programs will be designed and implemented. Target audience and gatekeepers will be involved in the strategy design process, and promotional materials will also be produced in support of the strategies.

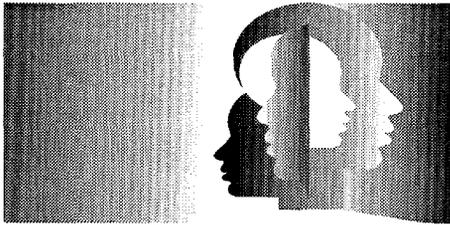


**AIDSCAP**

AIDSCAP/DR will be involved in performing the following evaluation research during FY97:

- At the private sector level, research to determine the socioeconomic impact of AIDS on the tourism sector.
- A KABP study of female college students to obtain information and assist two local universities in implementing educational interventions with this target audience.
- A KABP study of residents of bateyes (sugar plantations).

Information dissemination activities to be carried out by AIDSCAP/DR during FY97 include a formal presentation of the proceedings of the Vancouver conference and a presentation on IA interventions, including result and impact evaluations, lessons learned, and marketing programs for sustainability.



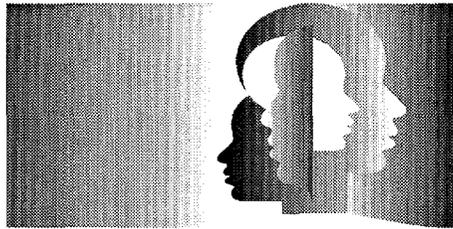
**AIDS CAP**

## Dominican Republic Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	110,481	454,672
<b>Males</b>	50,105	152,885
<b>Females</b>	60,376	173,646
<b>No Gender Specified</b>	0	128,141
<b>Total People Trained:</b>	4,634	8,159
<b>Males</b>	1,933	2,487
<b>Females</b>	2,701	5,646
<b>No Gender Specified</b>	0	26
<b>Total Condoms Distributed:</b>	515,250	1,411,006
<b>Free</b>	97,050	441,188
<b>Sold</b>	418,200	969,818
<b>Total Materials Distributed:</b>	90,672	603,845

\* Figures reflect data through July 1996. Cumulative accomplishments represent data from May 1994 to present. Data for the Dominican Republic prior to May 1994 are currently under review at the country and regional offices.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **HAITI**

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**Program  
Description**

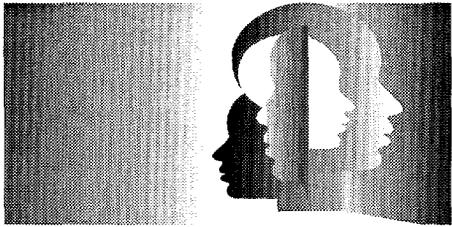
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The most poverty-stricken and densely populated country in the Western Hemisphere, Haiti also has the region's most advanced HIV/AIDS epidemic. An estimated 10 percent of the urban population and 4 percent of the rural population are infected. HIV rates are even higher among sex workers, tuberculosis patients, and clients of sexually transmitted disease (STD) clinics. One recent study estimated that 70 percent of Haitian commercial sex workers (CSWs) are HIV-positive. During the turbulent political crisis following the 1991 coup, USAID's AbasIDA project executed by FHI/AIDSCAP from early 1992 until its scheduled completion in June 1996 was the nation's only response to the AIDS epidemic in Haiti.

The Haiti country program was primarily implemented through 17 subprojects by AIDSCAP implementing agencies (IAs) conducting the following key activities:

- The Centre pour le Développement et la Santé (CDS) provided clinic-based services and an extensive network of volunteer collaborators who made home visits to the urban poor.
- IMPACT/Inter Aide conducted outreach education for more than 150,000 CSWs and their clients and sold more than 3 million condoms using monitors trained in group facilitation and participatory techniques.
- The Groupe de Lutte Anti-SIDA (GLAS) used trained monitors to provide education on HIV/STD transmission and condom use in 35 factories, reaching more than 8,000 workers a year.
- The Centre de Promotion des Femmes Ouvrières (CPFO) provided low-income women with integrated personal development that incorporates HIV/AIDS prevention.
- The Haitian Center for Social Service (CHASS) reached more than 150,000 families while targeting poor urban youth through a volunteer youth network.
- The Volontariat pour le Développement d'Haïti (VDH) provided peer education to 10,000 youths.
- Save the Children supported a coalition of more than a dozen local non-governmental organizations (NGOs) and community groups in the rural Central Plateau.
- Cornell/GHESKIO, which sponsored a national center of excellence, provided training for more than 100 field physicians and nurses and conducted research on STDs and HIV.

All these subprojects were conducted within a strategy of communication for behavior change, condom social marketing, AIDS care and management, STD control and prevention, and capacity building through technical assistance and training.



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### Country Program Accomplishments

AIDSCAP, in the absence of public sector efforts, worked closely with NGOs and the private sector to reduce the sexual transmission of STD/HIV/AIDS among targeted high-risk populations through a comprehensive program incorporating behavior change communication (BCC), prevention and control of STDs, and promotion and distribution of condoms. Despite significant political and economic obstacles, notable accomplishments were achieved. Much of the year's activities focused on the close-out of the country program.

In June, AIDSCAP held a Lessons Learned Forum for the Haiti country program. The forum brought together the AIDSCAP implementing agencies, members of the follow-up project team, USAID, and Ministry of Health representatives. Presentations focused on the results, lessons learned, and recommendations from AIDSCAP activities in Haiti over the last five years. The following accomplishments and lessons learned were presented at the forum:

- More than 800,000 people learned how to protect themselves from HIV/AIDS; more than 400,000 educational materials were distributed.
- More than 6,000 health workers, NGO personnel, and community volunteers were trained in the skills they need to sustain HIV/AIDS prevention program.
- More than 16 million condoms were sold or distributed through condom social marketing activities.
- Condoms became available throughout the country with an innovative strategy that uses a network of more than 900 nontraditional sales outlets.
- Haiti's three main STD programs achieved consensus on standardized protocols for STD care management, which were also adopted by the Ministry of Health for nationwide use.
- AIDSCAP sponsored the first forums on Women and AIDS in Haiti and initiated a dialogue to ensure that women's concerns are addressed in the country's new plan of action for HIV/AIDS prevention.

AIDSCAP/Haiti's accomplishments can be demonstrated through evidence of behavior change as well. AIDSCAP's integrated strategy increased knowledge of HIV/AIDS and condom use in both target populations and the general population while decreasing the reported number of sexual partners and increasing the practice of abstinence among youth.

- In the general population, knowledge of at least one means of HIV transmission increased from 71 percent in 1990 to 97 percent in 1995. Knowledge of condoms as a prevention method increased over the same period from 62 percent to 95 percent.
- The translation of knowledge into action requires the ability to appropriately assess one's level of risk, as measured by the percentage of the population unable to identify their risk of HIV infection. This percentage



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decreased between 1990 and 1995 from nearly one in five individuals unable to assess their risk level to fewer than one in 100.

- Condom use among men and women in the general population doubled over this time period. The percentage of the general population who had used a condom increased from 16 percent for men and 6 percent for women in 1990, to 32 percent for men and 12 percent for women in 1995.
- The reported number of sexual partners decreased over the time period and the practice of abstinence among youth increased. When asked directly, "Since you have heard of AIDS, have you done something to reduce your risk of infection?" 31 percent of women and 68 percent of men reported that they had changed their behaviors. The most common strategies adopted among women were to avoid occasional partners, to be faithful, and to use condoms. Among men the most common strategies adopted were to avoid occasional partners, to avoid CSWs, and to use condoms. Having only one partner was reported slightly less often. Among youth (aged 15 to 25), 40 to 50 percent of men and 60 to 80 percent of women reported sexual abstinence over the last year.
- Very high rates of condom use (80-90 percent) with paying clients were reported by CSWs. Use with their regular partners was much lower (30 percent). Sixty percent of clients of CSWs reported using condoms during their last sexual intercourse.

Yet the behavioral results in Haiti were not all positive. In focus group discussions (FGDs) conducted with CSWs, there was widespread agreement that a greater number of women have become involved in commercial sex in the past few years. An increase in the number of male clients of CSWs was also perceived. FGD participants believed both trends were caused by recent economic instability in Haiti. Another worrisome result was that, among youth, condom use was found to be very low: roughly 50 percent of sexually active male youth and 75 to 80 percent of sexually active female youth have never used a condom. These behavioral results would seem to indicate that despite significant, widespread increases in knowledge about HIV/AIDS and behavior changes by a majority of the Haitian population, economically marginalized populations and youth continue to be vulnerable to infection and need focused, reinforced interventions.

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**Lessons  
Learned**

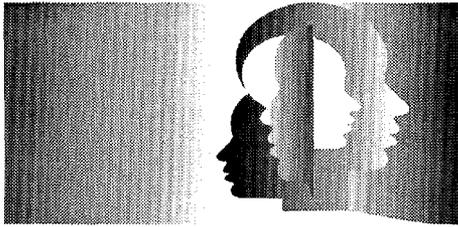
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AIDSCAP/Haiti has identified several lessons learned, including the following:

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**Behavior Change Communication (BCC)**

- HIV/AIDS education campaigns should emphasize the possibility of asymptomatic transmission of STD/HIV infections in order to improve the accurate assessment of risk among target populations.



## AIDSCAP

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- Information, education, and communication (IEC) campaigns should target adolescents to improve the level of condom use in this population.
- IEC campaigns should provide "scripts" for practicing the discussion of AIDS and the negotiation of condom use between sexual partners, and should emphasize and encourage mutual responsibility for sexual decision making. This mutual responsibility can (1) reduce the vulnerability women face when negotiating condom use, in terms of the economic consequences and risk of infection, and (2) decrease the perception that condom use reflects mistrust in one's sexual partner (the most common reason stated for the non-use of condoms).

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### Condom Promotion and Sales

- The establishment of more than 900 nontraditional outlets (including boutiques, kiosks, bars, etc.) for condom sales has greatly increased the awareness and use of condoms among target populations, and has resulted in sales of more than 16 million condoms (September 1992 through March 1996).
- To ensure their affordability, the price of condoms should continue to be subsidized.

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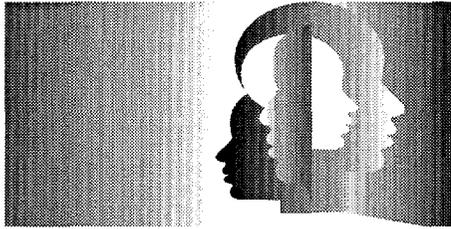
### STD Prevention and Control

- The notification and treatment of sexual partners of STD patients was found to be possible in the cultural context of Haiti in order to control the high level of STD infections in the general population.
- Success in the development of national STD treatment guidelines was a result of local research, extensive dialogue, and coalition-building efforts among Haitian private and public sector STD experts.

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### Evaluation

- A comprehensive and integrated evaluation approach to tracking target population beliefs and behaviors over periodic intervals is more cost-effective and efficient than subproject-specific, pre/post knowledge, attitudes, beliefs, and practices (KABP) surveys.
- Evaluation research has identified certain knowledge and behavior indicators that have shown considerable improvement and others that have changed relatively little. Quantitative and qualitative research should



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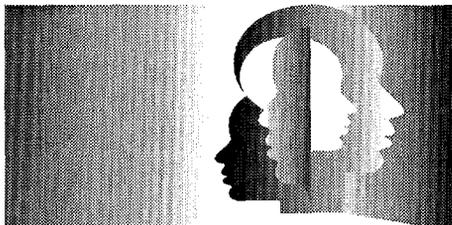
continue to monitor knowledge and behavior trends as well as to identify the highest-risk members of target populations.

- Implementing agencies have developed substantial capacity in quantitative and qualitative research techniques. Future technical assistance should focus on improving the skills of subproject managers to interpret evaluation results and understand their use and limits in program design and management.

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### **Capacity Building**

- To successfully ensure capacity building among subprojects, a long-term financial commitment is necessary, as well as recognition that capacity building is an ongoing process, where the first step is to establish rapport and trust between organizations and the final stage is ownership of the process.
- Capacity building among organizations is greatly facilitated by an organization or individual playing a formal role coordinating and building consensus. This "umbrella" organization or individual can act to improve networking, the exchange of ideas, and planning for special events such as World AIDS Day, and can play a leadership role in interacting with government and donors.
- The implementation of financial accounting and output-based process indicator systems was a highly successful capacity building effort.
- The sustainability of program activities requires that the organizations selected have strong ties to the communities and target populations that they serve. Sixteen organizations working with AIDSCAP will continue after AIDSCAP closes.
- Flexibility is an essential requirement of projects working in volatile political environments. The most successful projects were those that demonstrated an ability to analyze and evaluate their own resources and abilities through a strategic planning process, in addition to responding to the changing external political environment and epidemiologic trends.



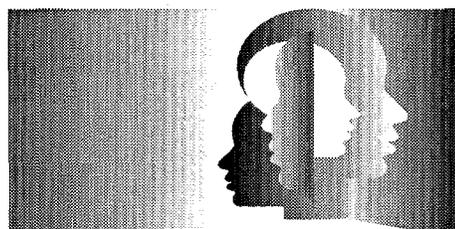
**AIDSCAP**

## Haiti Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>82,696</b>	<b>822,128</b>
<b>Males</b>	<b>33,692</b>	<b>212,965</b>
<b>Females</b>	<b>45,021</b>	<b>323,616</b>
<b>No Gender Specified</b>	<b>3,983</b>	<b>285,547</b>
<b>Total People Trained:</b>	<b>839</b>	<b>6,883</b>
<b>Males</b>	<b>257</b>	<b>3,206</b>
<b>Females</b>	<b>580</b>	<b>2,703</b>
<b>No Gender Specified</b>	<b>2</b>	<b>974</b>
<b>Total Condoms Distributed:</b>	<b>3,069,419</b>	<b>16,265,775</b>
<b>Free</b>	<b>260,139</b>	<b>1,626,632</b>
<b>Sold</b>	<b>2,809,280</b>	<b>14,639,143</b>
<b>Total Materials Distributed:</b>	<b>67,525</b>	<b>408,869</b>

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **HONDURAS**

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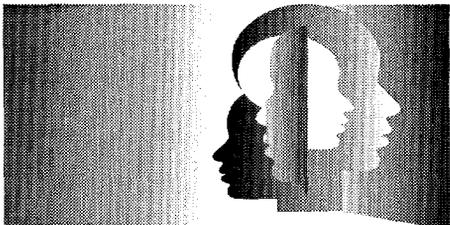
### **Program Description**

Honduras became an AIDSCAP priority country in mid-1995. 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 to generate support and resources for sustainable prevention interventions; to increase access to target populations, including people in the workplace (PWP), commercial sex workers (CSWs), men who have sex with men (MWM), and the Garífuna population (Caribbean blacks) to HIV/AIDS/STD prevention services; and to strengthen the capacity of local communities and institutions to carry out HIV/AIDS/STD prevention programs.

### **Country Program Accomplishments**

To achieve its goals, AIDSCAP/Honduras developed subprojects with ten implementing agencies (IAs) in August 1995. The major accomplishments include the following:

- AIDSCAP conducted the first-ever knowledge, attitudes, beliefs, and practices (KABP) study on sexuality and STD/HIV/AIDS among the target populations in Honduras. This study also enabled AIDSCAP to develop the technical capacity of the implementing agencies in the design, implementation, analysis, and interpretation of qualitative and quantitative research. This process provided the IAs with a greater understanding of the characteristics, needs, and peculiarities of their audiences in order to develop their interventions.
- A group of journalists from different mass media sources was formed. This group, together with AIDSCAP/Honduras, developed workshops for journalists at a national level on sexuality and HIV/AIDS, with the objective of keeping these issues in the public eye. The success of these workshops has led to plans to replicate them across Central America.
- AIDSCAP established an interinstitutional technical committee for the approval of educational materials. This integrated committee includes the Ministry of Health (MOH), the Instituto Hondureño de Seguridad Social (IHSS), IAs, journalists, and AIDSCAP/Honduras.
- The MOH, with the assistance of AIDSCAP, has prepared a national manual on the syndromic management of STDs. This manual provides for greater technical capacity to the STD Integral Management Unit (UMIETS), thus giving the population greater access to prompt diagnosis and treatment. The syndromic approach will be used by the implementing agencies as part of their activities for the prevention and control of STDs, and for notification, referral, and counterreferral of patients to the UMIETS.
- AIDSCAP/Honduras is assisting the Ministries of Health and Education in conducting a national study of STD/HIV/AIDS, sexuality, and gender



## AIDSCAP

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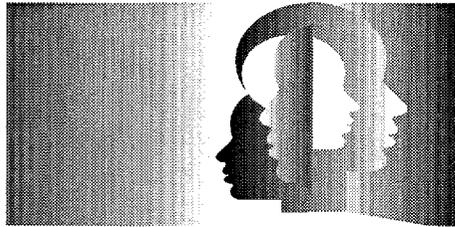
among elementary school and high school students, parents, and teachers. These agencies will use the results to prepare curriculum for the national educational system as well as to design communication interventions for behavior change.

- AIDSCAP/Honduras strengthened the technical capacity of the IAs in such areas as project design and implementation, LogFRAME development, strategic planning, design and analysis of qualitative and quantitative research, use of computerized statistical packages (Epi Info), design of communication interventions for behavior change, and preparation and validation of educational materials.
- Technical assistance was provided by AIDSCAP/Honduras to the MOH to establish a comprehensive program on STD integral management within the four regions where the HIV/AIDS epidemic is more evident. AIDSCAP rebuilt and provided equipment to the UMIETS, conducted training-of-trainers workshops on STD syndromic management in each region, designed the first draft of the policy manual for CSWs visiting UMIETS and the corresponding training guide, and designed and validated pocket pamphlets on STD syndromic management to be used and distributed by health care personnel. The MOH initiated the referrals and counterreferrals of STD cases with the collaboration of the IAs.

### Current Program Status

AIDSCAP/Honduras developed a comprehensive HIV/AIDS prevention and control program that strengthened the programmatic, technical, and financial capacities of participating IAs during FY96. FY96 was a period of institutional and infrastructure strengthening, investment in human resources development, research to better understand HIV/AIDS among target populations and to establish a baseline evaluation, and initial implementation of prevention interventions. For instance, much of the work this year focused on the design, implementation, analysis, and elaboration of the reports of KABP studies on HIV/AIDS/STD prevention implemented by the IAs for target populations. As a result, IAs are now better structured and positioned to reach target populations. At present, the program components fit well into the Ministry of Health's National STD/AIDS Control Program and are ready to deliver prevention services to target populations during FY97. Interventions will be escalated during the coming fiscal year according to subagreement outputs. Specifically, AIDSCAP/Honduras will continue activities with nine implementing agencies working with CSWs, MWM, the Garífuna population, children, adolescents, and men and women in the workplace.

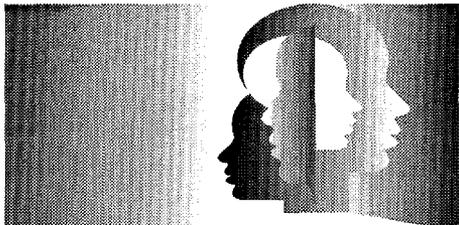
In August 1996, a USAID evaluation team conducted a program review of the AIDSCAP/Honduras program. Overall, the team felt that the launch of the program had been very successful. The team recommended that the AIDSCAP/Honduras program's three foci—surveillance, syndromic STD treatment, and behavior change communication (BCC)—be strengthened through continued technical assistance.



## AIDSCAP

The team also noted the importance of continued support to the National STD/AIDS Control Program and suggested two actions: assistance to the MOH to develop a new Medium Term Plan at the beginning of FY97, and provision of long-term technical, on-site support.

Finally, the USAID evaluation team advised AIDSCAP/Honduras to take the necessary steps to seek Mission support for 1997-1999, after completion of the AIDSCAP program, in order to ensure continuity of prevention activities. In particular, the team recommended that AIDSCAP/Honduras (1) become a registered Honduran private voluntary organization as quickly as possible to continue to receive USAID funding after AIDSCAP, and (2) develop new indicators, a detailed work plan for FY97, and a longer-term plan to outline activities through 1999.



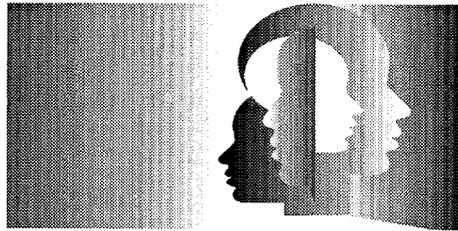
**AIDSCAP**

## Honduras Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	<b>13,245</b>	<b>13,299</b>
<b>Males</b>	<b>6,330</b>	<b>6,384</b>
<b>Females</b>	<b>6,915</b>	<b>6,915</b>
<b>No Gender Specified</b>	<b>0</b>	<b>0</b>
<b>Total People Trained:</b>	<b>324</b>	<b>384</b>
<b>Males</b>	<b>92</b>	<b>121</b>
<b>Females</b>	<b>232</b>	<b>263</b>
<b>No Gender Specified</b>	<b>0</b>	<b>0</b>
<b>Total Condoms Distributed:</b>	<b>538,930</b>	<b>549,630</b>
<b>Free</b>	<b>538,930</b>	<b>549,630</b>
<b>Sold</b>	<b>0</b>	<b>0</b>
<b>Total Materials Distributed:</b>	<b>4,411</b>	<b>4,611</b>

\* Figures reflect data through July 1996. Annual and cumulative totals in Honduras reflect activities of project year 1 (August 1995-July 1996), which focused on strengthening and building the programmatic, technical, and financial capabilities of the implementing agencies.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **JAMAICA**

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### **Program Description**

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

In addition to support to the MOH, AIDSCAP has provided funding to one private voluntary organization (PVO), the American Red Cross, in conjunction with Red Cross of Jamaica, several local nongovernmental organizations (NGOs), and private sector organizations including the Medical Association of Jamaica. There are 23 completed subprojects in Jamaica.

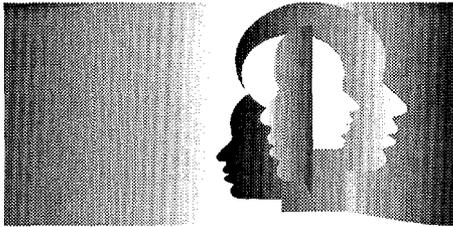
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### **Country Program Accomplishments**

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During 1996, the Jamaican program reached a mature stage, with all projects being implemented. Among the program's accomplishments are the following:

- A letter of agreement with the MOH supported the reassessment of STD case management. Using the baseline indicators developed in 1991, the reassessment evaluated a total of 13 health facilities and included an inventory of equipment and drugs, interviews with clinic staff, and observation of providers/STD patient encounters.
- The Western Region AIDS Committee (WRAC) was successfully launched in Montego Bay. WRAC was designed to motivate increased Jamaican participation in the fight against HIV/AIDS. This is particularly important in the west, where there has been a rapid increase in the number of AIDS cases.
- A Parish Coordinator's Behavior Change workshop was held in Kingston. Sixty percent of the coordinators island-wide attended the workshop, which focused on motivational strategies, sex and sexuality, and communication for behavior change.
- The Association for the Control of STDs (ACOSTRAD) conducted a study of the etiologies of genital ulcer diseases (GUD) in Jamaica. The study allowed for the validation and improvement of the syndromic algorithm for GUD, provided data to determine the behavioral risk factors for GUD so that there could be targeted control interventions, and assessed the accuracy of making etiological diagnosis based on clinical impressions.
- Hope Enterprises Ltd. completed end-of-project knowledge, attitudes, beliefs, and practices (KABP) studies on marginalized communities representing persons with multiple partners, men who have sex with men (MWM), female commercial sex workers (CSWs), STD clinic attenders, adolescents aged 12 to 14 years, adults aged 15 to 49 years, and caregivers of HIV-positive persons.



## AIDSCAP

Key results from the KABP studies include the following:

- Knowledge of at least two preventive methods increased from 92 percent in 1994 (94 percent for men, 91 percent for women) to 95 percent in 1996 (95 percent for men, 96 percent for women) in the general population aged 15 to 49. Increased knowledge levels were particularly dramatic among low-income adolescents (aged 12 to 14 years), rising from 70 percent in 1994 to 96 percent in 1996.
- Just over 40 percent of boys aged 12 to 14 reported being sexually active compared to 60 percent in 1994.
- Non-regular partners declined from 35 percent in 1994 to 26 percent among men, and from 12 percent to 10 percent among women over the same period. This decline is even more notable among youth aged 15 to 19, decreasing from 37 percent in 1994 to 19 percent in 1996. For adults 20 to 29 years the decrease was from 28 percent in 1994 to 19 percent in 1996.
- Condom use in the last sexual intercourse with a non-regular partner (among men) remains unchanged between 1994 and 1996 at 77 percent. Among women, rates of condom use at last sexual intercourse increased from 37 percent in 1992, to 67 percent in 1994, to 73 percent in 1996.
- Knowledge of condoms and sources was nearly universal at 98 percent among both men and women.

The midterm evaluation of the USAID-funded HIV/AIDS/STD Prevention and Control Project, conducted in November 1995, concluded that:

- The behavior change communication (BCC) strategy has been successful in reaching target groups with sufficient information.
- The STD and sentinel surveillance activities were well conducted. While the STD project in the public sector has achieved predetermined objectives, further studies and surveys are needed to quantify the achievements.
- The evaluation section of the program has provided invaluable and timely support for various project activities.

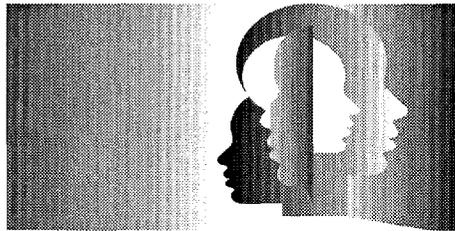
The evaluation noted that the program was a good one and deserves continued support so as to further strengthen the foundation of prevention and control measures for HIV/AIDS and STDs in Jamaica.

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### Current Program Status

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The AIDSCAP/Jamaica country program is slated to end in November 1996. Despite ongoing budget adjustments, all subprojects have been fully implemented and all qualitative and quantitative data collected. USAID support for the control of HIV/AIDS is expected to continue through a direct bilateral project to the MOH, which will focus on sustainability of the National STD/HIV/AIDS Control Program through decentralization to the country's 13 parishes. An AIDSCAP close-out forum to disseminate lessons learned has been planned for November.



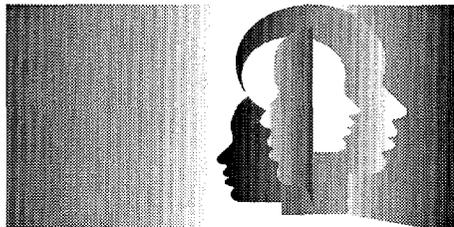
**AIDSCAP**

## Jamaica Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	262,418	742,909
<b>Males</b>	116,560	323,832
<b>Females</b>	145,374	369,124
<b>No Gender Specified</b>	484	49,953
<b>Total People Trained:</b>	1,796	5,434
<b>Males</b>	699	1,912
<b>Females</b>	1,096	3,274
<b>No Gender Specified</b>	1	248
<b>Total Condoms Distributed:</b>	166,493	991,741
<b>Free</b>	166,493	991,741
<b>Sold</b>	0	0
<b>Total Materials Distributed:</b>	337,389	921,484

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

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**ASSOCIATE**

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**COUNTRIES**

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**IN**

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**LATIN AMERICA**

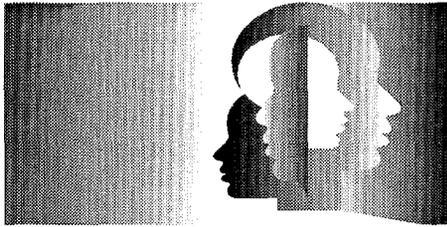
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**AND**

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**THE CARIBBEAN**

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**AIDSCAP**

## **ECUADOR**

**148**

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### **Program Description**

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As of September 1996, the Pan American Health Organization (PAHO) recorded 569 cases of AIDS in Ecuador, placing that country in the low to middle range of South American nations affected by the HIV/AIDS epidemic. AIDSCAP's aim in Ecuador has thus been to help maintain the country's relatively low prevalence rate. With this goal in mind, AIDSCAP assisted the Ecuadorian Red Cross to improve laboratory procedures leading to better blood screening and worked with Fundación Futura on a behavior change communication (BCC) project that targeted commercial sex workers (CSWs). AIDSCAP's latest intervention in Ecuador was an educational program for CSWs implemented by a family planning association that operates in the Guayaquil area, the country's commercial center.

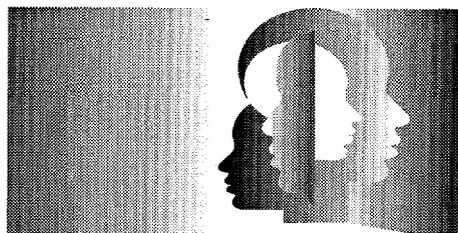
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### **Country Program Accomplishments**

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During FY96, AIDSCAP continued its support of a subagreement with the Asociación Pro Bienestar de la Familia Ecuatoriana (APROFE), an affiliate of the International Planned Parenthood Federation, which operates 19 clinics and two mobile health care units to provide comprehensive preventive health care to women. The project focused on CSWs and their clients in the province of Guayas. APROFE established and trained peer health educators and recruited volunteer CSWs to serve as promoters of basic HIV/AIDS/STD prevention and BCC materials use among their peers. A technical team conducted educational workshops for brothel owners to reinforce the interventions with CSWs. APROFE also established links with diverse organizations working on HIV/AIDS prevention in the region, including the Hermanas Adoratrices, an order of Catholic nuns that donated meeting space for the CSWs' educational sessions. The APROFE project was completed in September 1996.

In addition, AIDSCAP supported a local consultant to develop a set of policy guidelines for the recently established National AIDS Control Program (NACP). In addition to developing and submitting national prevention strategies for funding by national and international donor organizations, the consultant trained strategic personnel who now serve as multipliers for similar training on HIV/AIDS/STD prevention throughout Ecuador. The consultant also coordinated the development of educational materials for use by nongovernmental organizations (NGOs) and government organizations, designed and conducted local media campaigns, co-authored a manual for personnel working with HIV-infected individuals and persons who suspect they are infected, and assisted USAID/Ecuador with the training of volunteers to execute informative and educational prevention activities throughout the country.



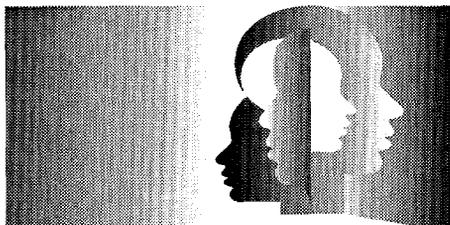
**AIDSCAP**

## Ecuador Process Indicator Data\*

	FY96	Cumulative
<b>Total People Educated:</b>	12	4,458
<b>Males</b>	0	0
<b>Females</b>	12	12
<b>No Gender Specified</b>	0	4,446
<b>Total People Trained:</b>	31	919
<b>Males</b>	0	0
<b>Females</b>	31	31
<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>	4,720	14,720

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *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**

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### **Program Description**

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The annual incidence of AIDS has increased consistently throughout Central America and dramatically in El Salvador. Between 1990 and 1994, the annual incidence of AIDS increased by more than sixfold in El Salvador from 10.3 to 68.6 per million. Currently, heterosexual transmission accounts for 69 percent of all infections, and the male-to-female ratio of AIDS cases has decreased to 3:1; among persons aged 15 to 19 years of age, more AIDS cases have been reported among women than men. People in the workforce are especially vulnerable to infection. Of the total AIDS cases reported, 34 percent occurred among people in the workplace (PWP), and 25 percent among housewives. AIDSCAP activities have targeted policymakers to raise awareness of the need for expanded prevention efforts among PWP to slow the spread of the disease among the country's young adult and adult population.

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### **Country Program Accomplishments**

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AIDSCAP is supporting materials production for an interinstitutional effort involving FUNDASIDA, the Social Security Institute, and the Ministry of Health. The larger project provides education to PWPs to enhance their knowledge of STD/HIV/AIDS and to promote safer sex practices. To date, Social Security health educators received training on how to lead focus group discussions in order to collect relevant data from PWPs for use in materials development. After qualitative data were gathered from focus groups, the health educators learned how to effectively utilize educational materials during group sessions. By the end of the project, 600,000 flyers, 500,000 pamphlets, 20,000 posters, 500 flip charts, 300 methodology manuals, 25,000 notebooks, 5,000 calendars, and 500 t-shirts with HIV/AIDS prevention messages will have been produced and distributed to peer trainers in the workplace.

AIDSCAP collaborators in El Salvador have reported numerous accomplishments resulting from a socioeconomic impact analysis of HIV/AIDS conducted in FY95. Most notably, there has been better coordination between the public and private sectors and a general receptiveness to increased prevention programs by both sectors. The attitudes of medical and paramedical staff toward AIDS patients, especially in hospitals, have improved, leading to less discrimination. Finally, institutional HIV/AIDS prevention programs are on the rise, particularly in police departments and industry workplaces.

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### **Current Program Status**

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Activities to educate policymakers and the general public about the potential impact of the epidemic continue as a result of the socioeconomic impact analysis conducted by AIDSCAP. Support for and technical assistance to the workplace program will continue through March 1997.



**AIDSCAP**

## **GUATEMALA**

**151**

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**Program  
Description**

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According to data from the Pan American Health Organization dated September 1996, 711 AIDS cases have been reported in Guatemala, although underreporting and misdiagnosis of cases prevail. Several factors predispose the country to a rapid spread of the epidemic among the general population. High poverty levels and unemployment are contributing to a growth in the commercial sex trade, and there is reported early initiation of sexual activity. A high illiteracy rate among Guatemala's 22 different ethnic groups impedes information dissemination. Data already indicate that the disease is well established in Guatemala among what were once considered to be low-risk populations. For example, the male annual incidence rate has remained relatively stable between 1990 and 1994 compared to the female incidence rate, which has doubled during the same time period.

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**Country Program  
Accomplishments**

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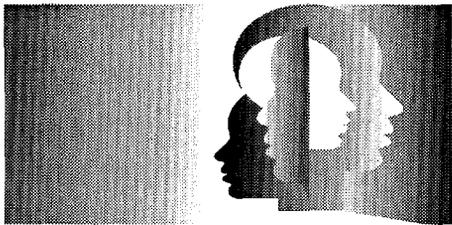
In response to the increasing number of HIV infections among females, AIDSCAP funded the development of a handbook that examines the causes and consequences of HIV/AIDS as it concerns women. The publication, *El Peligro Oculto*, was compiled by the PANOS Institute in collaboration with the Asociación Guatemalteca de la Prevención y Control del SIDA and other Latin American professionals in the field. The handbook will be used as a discussion tool for politicians, policymakers, and community leaders. It will also serve as an introductory guide to women and AIDS for groups involved with women's issues yet unfamiliar with the topic of HIV/AIDS.

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**Current  
Program Status**

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The National AIDS Control Program continues to use the final report of AIDSCAP's FY95 socioeconomic impact analysis to promote support and generate resources for additional HIV/AIDS prevention programming in Guatemala.



**AIDSCAP**

**MEXICO**

**152**

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**Program  
Description**

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Mexico is facing in essence two HIV/AIDS epidemics. One is marked by homosexual and bisexual transmission and is centered in urban areas. The second is one of predominantly heterosexual transmission located throughout rural regions. As of September 1996, 29,954 AIDS cases were recorded in the country. The disease greatly affects Mexican adults at an economically productive age, with the highest number of reported AIDS cases occurring among the 30- to 39-year-old age group. For this reason, it is crucial that this population be reached with HIV/AIDS prevention education. During FY96, AIDSCAP developed a follow-on activity to capitalize on the experience and lessons learned from the Mexican Federation of Private Health and Community Development Associations (FEMAP)'s past workplace interventions.

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**Country Program  
Accomplishments**

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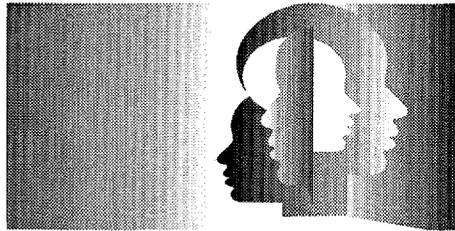
As part of the effort to disseminate lessons learned, AIDSCAP funded the production of two workplace HIV/AIDS prevention manuals by FEMAP, which provide guidelines for planning and implementation of HIV/AIDS prevention programs for people in the workplace (PWP). The handbooks are based on FEMAP's five years of HIV/AIDS prevention programming, specifically on the two-year-long AIDSCAP-funded intervention among female workers in the maquiladora industry of Ciudad Juárez. In this project, FEMAP established a network of peer health educators in the workplace and, through community volunteer involvement, was able to develop a condom social marketing network at the factory facilities and in the neighborhoods where trained peer health educators lived. The manuals will focus on the selection and training of peer educators and will address approaches for integrating and involving upper management in the design of PWP projects. The finished manuals will be available in both printed and electronic versions and will be distributed throughout Mexico and the Latin America and Caribbean region.

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**Current  
Program Status**

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Project activities will be completed in January 1997 upon dissemination of FEMAP's manuals.



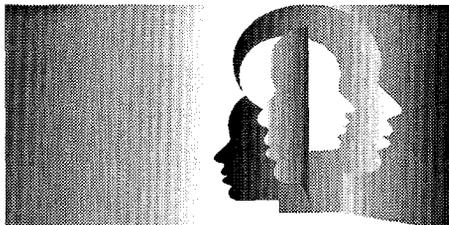
**AIDS CAP**

**Mexico  
Process Indicator Data\***

	FY96	Cumulative
<b>Total People Educated:</b>	3,664	14,718
<b>Males</b>	2,048	7,179
<b>Females</b>	1,616	7,539
<b>No Gender Specified</b>	0	0
<b>Total People Trained:</b>	0	390
<b>Males</b>	0	96
<b>Females</b>	0	199
<b>No Gender Specified</b>	0	95
<b>Total Condoms Distributed:</b>	2,800	25,280
<b>Free</b>	2,350	11,000
<b>Sold</b>	450	14,280
<b>Total Materials Distributed:</b>	10,113	18,995

\* Figures reflect data through July 1996.

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 of trainers sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* includes behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters, and comic books.



**AIDSCAP**

## **NICARAGUA**

**154**

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### **Program Description**

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To date, Nicaragua has a low number of documented AIDS cases relative to other AIDSCAP associate countries in Latin America. As of September 1996, 131 AIDS cases had been reported by the Pan American Health Organization (PAHO). The primary mode of transmission is sexual (89 percent of all cases). Of the sexually transmitted cases, 50.4 percent resulted from heterosexual transmission and 49.6 percent from homosexual transmission. The greatest concentration of cases falls among the economically active adult population, with the highest number occurring in the 30- to 34-year-old age group, followed by people aged 25 to 29 years and then 35 to 40 years of age. In terms of geographic distribution, 79 percent of reported AIDS cases are located along the Pacific coast, particularly in the capital city of Managua.

AIDSCAP activities in Nicaragua have focused on qualitative research on high-risk populations, development of behavior change communication (BCC) strategies, and policy initiatives to promote a supportive environment for HIV/AIDS prevention programs.

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### **Country Program Accomplishments**

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In FY96, AIDSCAP developed an agreement with Fundación Nimehuatzín to implement a series of meetings with the president of Nicaragua and key opinion leaders and to conduct educational forums with the National Assembly. The goal of these gatherings was to educate public sector officials and legislators on the importance of enacting policies to protect the human rights of people affected by HIV/AIDS. Following this policy intervention, the "Ley de Promoción y Protección de los Deberes y Derechos Humanos ante el SIDA" (Law for Promotion and Protection of Human Rights in the Age of AIDS) was approved in September 1996. The Fundación Nimehuatzín also influenced the Government of Nicaragua to change restrictions on the appropriate language to be used in public information dissemination. Prior to this, topics involving sexual content were not discussed or were poorly worded and reinforced negative stereotypes and misperceptions. The changed policy will promote open dialogues on issues related to STD/HIV/AIDS and sexuality in general. In conjunction with the policy dialogues, the Fundación produced mass media materials and educated those affected by HIV/AIDS about their rights and available avenues to defend and protect those rights. Activities with Fundación Nimehuatzín concluded in September 1996.

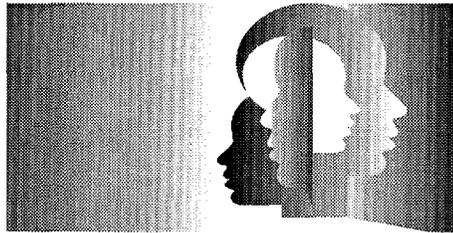
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### **Current Program Status**

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AIDSCAP will fund HIV and syphilis seroprevalence studies among commercial sex workers (CSWs) and men who have sex with men (MWM) in Managua, Corinto, and Bluefields in FY97. AIDSCAP and its subcontractor, the University of Washington, will provide technical assistance to the Ministry of Health throughout all phases of the study.

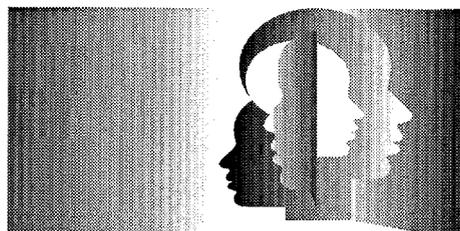
In addition, AIDSCAP will collaborate with the Mejia Godoy Foundation, a group of popular Nicaraguan artists, to produce a music video. The video, which is



**AIDSCAP**

enthusiastically supported by USAID/Managua, will target youth and women and will be distributed both in Nicaragua and throughout the LA/C region.

Due to national elections and changes in staffing within the Ministry of Health, there has been a delay in the approval and dissemination of the assessment of the socioeconomic impact of HIV/AIDS in Nicaragua. AIDSCAP will continue its efforts to gain approval for the use and publication of the study results during FY97 as well as explore other programming needs for HIV/AIDS prevention in Nicaragua with the Ministry of Health and USAID/Managua.



**AIDSCAP**

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**TECHNICAL**

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**AND**

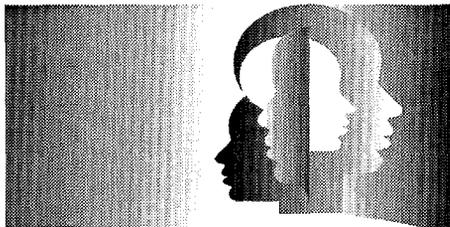
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**PROGRAMMATIC**

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**ACCOMPLISHMENTS**

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**AIDSCAP**

# **PROGRAM MANAGEMENT**

**158**

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AIDSCAP entered its fifth year implementing major, comprehensive HIV/AIDS prevention programs in 18 countries: Cameroon, Ethiopia, Kenya, Nigeria, Zimbabwe, Rwanda, Senegal, South Africa, and Tanzania in Africa; Haiti, Jamaica, the Dominican Republic, Honduras, and Brazil in Latin America and the Caribbean; and Thailand, Nepal, India, and Indonesia in Asia. AIDSCAP has developed 510 subprojects since its inception in 1991.

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## **Extension Year Planning**

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The focus during this year has been on obtaining a one-year extension for the AIDSCAP project to carry AIDSCAP through to September 21, 1997. The primary reasons for requesting this extension are (1) to provide additional time for subproject implementation, (2) to promote careful identification and then dissemination of lessons, and (3) to promote sustainability of country activities. The one-year contract extension, approved on August 22, 1996, requires that all major country programs produce and submit an extension plan addressing the following key components: subproject programming, country evaluation plans, lessons learned, information dissemination, and sustainability planning. Additional deliverables included a global evaluation strategy and a global information dissemination strategy.

These requirements were remarkably consistent with AIDSCAP's close-out planning, which had already begun taking shape in anticipation of the extension. Initial guidelines developed in February were revised and presented to AIDSCAP resident advisors (RAs) and regional office staff at RA meetings in Africa and Asia. Input from the RAs resulted in revised guidelines, which were disseminated to all staff in July. Headquarters provided ongoing guidance to the field as the RAs developed each country's extension plan.

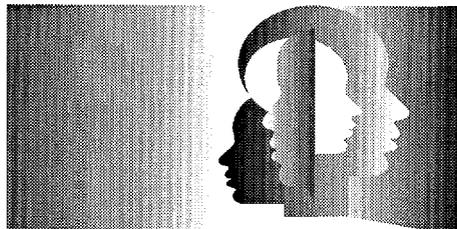
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## **Country Close-outs**

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As the project nears its end, a few of AIDSCAP's priority country programs have already closed or are in the process of doing so. In July, Haiti was the first priority country to close. Subproject activities ended in Thailand and Cameroon at the end of September; final country program and financial reporting activities as well as country office close-out continue.

Other AIDSCAP countries are looking to the Haiti close-out experience to identify pitfalls to avoid and successes to replicate in their own close-out process. One outstanding success of the close-out process in Haiti was the Lessons Learned Forum presenting the results of AIDSCAP's work in sexually transmitted disease (STD) and HIV/AIDS prevention in the country. Forum participants included representatives from USAID, the Haitian Ministry of Health, local and international nongovernmental organization (NGOs), AIDSCAP implementing agencies, and AIDSCAP staff. Technical presentations focused on AIDSCAP strategies for STDs, behavior change communication (BCC), social marketing, institutional development, and lessons learned about implementing prevention programming for women and youth and about care and management for health providers.



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AIDSCAP/Thailand cosponsored a Bangkok AIDS Forum with the Bangkok city government and the office of the prime minister, which, in effect, became the lessons learned and close-out event for the country program. It epitomized the Bangkok Fights AIDS concept in that a variety of groups joined hands to mobilize resources. Some 800 people attended the forum. The organizing group will provide follow-up activities to the conference independent of AIDSCAP. In final country program reporting, the Thailand report will focus on more specific lessons learned about the AIDSCAP approach to comprehensive programming, as well as complete analysis of the quantitative and qualitative data.

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**Capacity  
Building**

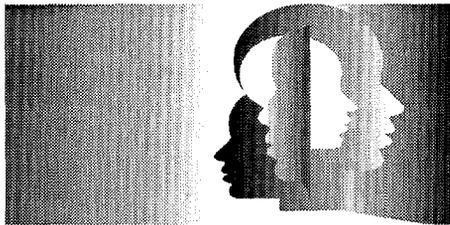
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Family Health International has a firm commitment to capacity building. The AIDSCAP Project seeks to expand the capacity of host country institutions to develop and manage HIV/AIDS prevention programs. AIDSCAP provides assistance to public and private 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's technical skill building for other in-country collaborators include strengthening country-level 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 implementing agency level; for example, an Essential Commodities Management Information System (ECMIS) was developed in Brazil by AIDSCAP/John Snow Inc.

Accomplishments of the capacity building initiative in 1996 include the following:

- Coordinating a working session for the Asia Regional Office staff and Asia resident advisors on organizational diagnostics and strategic planning.
- Developing final capacity building indicators in collaboration with the USAID HIV/AIDS Division.
- Conducting a strategic planning workshop for implementing agencies in Haiti to strengthen their ability to critically analyze individual organizations, to begin developing a three-year strategic plan for those organizations, and to develop skills in short- and long-term planning.
- Initiating the second round of inventories through the review of process data presented in inventories of capacity building efforts.
- Developing, pretesting, and refining two capacity building instruments: one that is self-administered, and a second that is the key informant



## AIDSCAP

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interview for conducting rapid organizational end-of-project evaluation assessments.

As the project draws to a close, AIDSCAP's primary focus for the coming year will be on evaluating its comprehensive capacity building strategy. The end-of-project outcome evaluation strategy will include reviewing process data presented in inventories of capacity building efforts, conducting qualitative assessments of individual IAs and the overall country program, and conducting case studies of one or more individual organizations.

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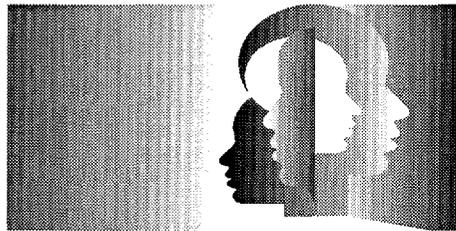
### **Partner NGO Initiative**

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AIDSCAP launched a Partner NGO Initiative this year to increase the potential for sustaining HIV/AIDS programming in the countries where AIDSCAP has been working. Through this initiative, AIDSCAP will convert many of its country offices to indigenous, independent NGOs. Once the AIDSCAP Project ends, these NGOs will expand and diversify their funding base in order to continue their important role in AIDS prevention in their country. They will attract international and local donor funding and will continue to fund local projects, playing an important coordinating and management role with their long-term implementing partners.

The Partner NGO Initiative began in FY96 with the creation of the NGO Task Force, which designed the program and received concurrence to proceed from USAID. The task force then developed and customized NGO guidance documents to help AIDSCAP country and regional offices become independent NGOs; to analyze demand, needs, and institutional capability; and to develop a business plan. Guidance documents have also been developed and distributed on proposal writing and fund raising. The task force is currently in the process of developing guidelines for NGO financial management.

Participating offices are in varying stages of the conversion process. Brazil, the Dominican Republic, Cameroon, and Haiti have registered as NGOs. Ethiopia, Tanzania, Zimbabwe, and Honduras are currently in the process of registering. Other mechanisms, such as strengthening existing NGOs, are being considered in India and Kenya. Urgent training needs have been assessed and will result in the design and provision of appropriate training in fiscal year 1997. Additionally, the Partner NGO Initiative will seek interim funding or "seed grants" for NGOs to cover operational costs once AIDSCAP ends and ensure a gradual transition to sustainability.



**AIDSCAP**

## **INFORMATION DISSEMINATION**

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During 1996, AIDSCAP reached its target audiences by disseminating AIDSCAP publications, distributing the first AIDSCAP Project video, responding to direct information requests, placing articles on AIDSCAP-funded projects and initiatives in journals, delivering presentations at regional and international conferences, and jointly organizing two symposia on the status and trends of the HIV/AIDS pandemic with the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

This year, AIDSCAP published three issues of its magazine, *AIDScaptions*, on sexually transmitted disease, women and HIV/AIDS, and new paths in HIV/AIDS prevention. In addition, AIDSCAP produced a Spanish-language issue of the magazine on the impact of HIV/AIDS among youth, communities, and the private sector. AIDSCAP disseminated each English-language issue to approximately 10,000 individuals and organizations. Approximately 5,000 received the Spanish language issue. The cumulative total of *AIDScaptions* readers reached more than 275,000.

AIDSCAP responded to more than 2,500 direct information requests by providing general information, database searches, photocopies of articles, and AIDSCAP publications.

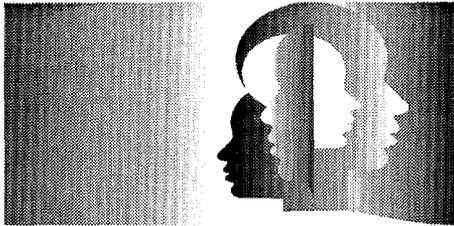
More than 850 developing country policymakers, NGO leaders, and public health practitioners received quarterly mailings of English language journal articles on HIV/AIDS prevention; more than 200 received semiannual mailings of French language journal articles. One hundred fifty-four AIDSCAP staff and representatives of AIDSCAP-funded projects from more than 20 countries delivered 100 conference/meeting presentations, and this included major AIDSCAP representation at the Xth Latin American Congress on STDs and the IV Pan American Conference on AIDS, the IX International Conference on AIDS and STD in Africa, and the XI International Conference on AIDS in Vancouver. AIDSCAP staff and representatives placed 31 articles in professional journals, bringing the cumulative total to more than 100 articles that have been published since AIDSCAP began.

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### **Special Publications**

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Throughout the year, special publications and events drew significant attention from the international HIV/AIDS community. Foremost were the release of *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*, two final reports from The Status and Trends of the Global HIV/AIDS Pandemic Symposia, and the 300-page proceedings from The 3rd USAID HIV/AIDS Prevention Conference. AIDSCAP also presented its first project-wide videotape, "AIDSCAP: Global Partners in Prevention," highlighting the accomplishments of AIDSCAP around the world and the continuing need for HIV/AIDS prevention activities, at a special event for AIDSCAP's partners during the XI International Conference on AIDS in Vancouver.



**AIDSCAP**

The first book specifically designed to help managers of STD programs in developing countries prevent, diagnose, and treat these infections, the 325-page "STD Handbook" was co-authored by more than 40 of the world's experts on STD and co-edited by AIDSCAP Director Dr. Peter Lamptey, AIDSCAP Associate Director for STD programs Dr. Gina Dallabetta, and Dr. Marie Laga, head of epidemiology and interventions at the Institute of Tropical Medicine in Antwerp, Belgium (an AIDSCAP partner). Within a month of publication, AIDSCAP distributed more than 1,000 copies and received more than 250 requests for the book, and requests for copies continue to pour in from around the world.

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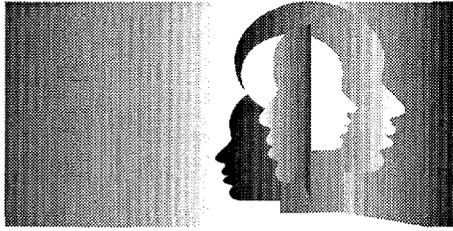
**Conferences and  
Symposia**

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With colleagues at the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health and the Joint United Nations Programme on HIV/AIDS (UNAIDS), AIDSCAP organized two symposia to analyze and disseminate the most recent information on the status and direction of the HIV/AIDS pandemic. The Symposium on the Status and Trends of the HIV/AIDS Epidemic in Africa, held before the IX International Conference on AIDS and STD in Africa in Kampala, Uganda, in December 1995, produced recommendations that were immediately put into action in Africa by AIDSCAP, USAID, UNAIDS, the World Bank, various ministries of health, and NGOs. The final report of this symposium was translated into French and distributed in English and French to more than 1,000 policymakers, international donors, program managers, and other public health professionals.

In July 1996, AIDSCAP, Harvard's Bagnoud Center, and UNAIDS brought together 50 of the world's top epidemiologists, demographers, and public health and development experts in Vancouver, Canada, to discuss the status and trends of the global HIV/AIDS pandemic and regional epidemics and to make recommendations for improving HIV prevention efforts. The 35-page provisional report of this official pre-conference satellite symposium of the XI International Conference on AIDS was completed by the symposium participants within 24 hours and distributed to more than 8,000 Vancouver conference attendees. The 60-page final report in English was disseminated to more than 3,000 individuals and organizations and is being reprinted. It has also been translated into French, Spanish, Portuguese, Russian, and Japanese for wider dissemination, and is available electronically on the Internet.

AIDSCAP also followed up its organizing of the 3rd USAID HIV/AIDS Prevention Conference held in Washington, D.C., in August 1995 with the *Proceedings from the Third USAID HIV/AIDS Prevention Conference*, which emphasized issues cutting across the prevention and care continuum, communities and the context of interventions, and specific strategies and components of behavior change. AIDSCAP also published its first informational brochure on AIDSCAP's Africa regional and country office capabilities, a new brochure on AIDSCAP's program areas, and reprints of several existing publications.



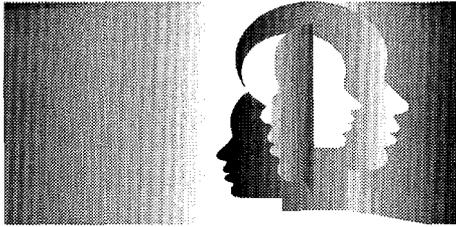
## **AIDSCAP**

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### **World Wide Web Page**

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In July 1996, AIDSCAP also launched with Family Health International headquarters the FHI/AIDSCAP home page on the World Wide Web, making a cross-section of AIDSCAP publications immediately available via the Internet. More AIDSCAP documents and publications will be added to the home page throughout this final year of the project, including lessons learned, success stories, and accomplishments.



**AIDSCAP**

# **BEHAVIOR CHANGE COMMUNICATION**

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The focus of AIDSCAP's behavior change communication (BCC) component during 1996 has been to provide field-level communication officers and BCC specialists with practical and meaningful information and tools to help them refine BCC interventions.

BCC is a key element of 195 activities in 26 countries in all three AIDSCAP regions. These activities, undertaken by 133 different organizations, are guided by the seven principles articulated in the BCC technical strategy. This 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.

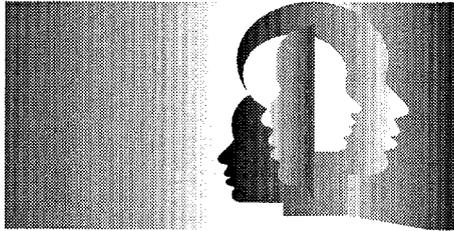
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## **"How To" Handbooks**

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During 1996, AIDSCAP produced and disseminated practical documents to support and guide implementing agencies in their BCC activities. Among them are the handbooks in the "How To" series.

- Handbook one in the series, *How to Create an Effective Communication Project*, takes the reader step-by-step through the process of planning BCC activities. It includes exercises to help readers identify and select target audiences, project objectives, desired behavior and attitude changes, messages, communication media, interventions, and measures of success. This handbook is also available electronically on AIDSCAP's World Wide Web page.
- Handbook two, *Assessment and Monitoring of BCC Interventions*, helps planners and implementors measure their projects against criteria representing the seven principles in the BCC technical strategy. Implementors can use the handbook to monitor programs as it points out both strengths and potential weaknesses of an ongoing intervention.
- Handbook three, *Behavior Change Through Mass Communication*, explains how to use mass media for HIV/AIDS prevention. It includes chapters on writing radio and television scripts, placing articles in periodicals, and soliciting publicity for projects.
- Handbook four, *How to Conduct Effective Pretests*, explains the rationale and process of pretesting BCC materials. Like the earlier booklets, it provides the necessary instruments and step-by-step guidance on conducting pretests.
- Handbook five, *How to Create an Effective Peer Education Project*, is based on information gathered from 21 peer education projects included in AIDSCAP's peer education study. It highlights six critical elements of peer education projects, discusses common problems, and helps readers develop a comprehensive understanding of how to design and implement a successful peer education project.



## AIDSCAP

The BCC "How To" Handbooks have been extremely well received by communication specialists in AIDSCAP implementing agencies and other international development organizations. In 1996, AIDSCAP fulfilled requests for more than 3,000 copies of these handbooks and began working with colleagues at the World Bank and USAID to develop translations in Chinese and Bahasa Indonesian. Additional handbooks planned for 1997 include *BCC for AIDS Care and Management Projects*, *Training the Media for Effective HIV/AIDS Prevention*, and *Communication for STD and Prevention Treatment*, as well as French and Spanish translations of the first three handbooks in the series.

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### Support Materials

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In addition to these publications, AIDSCAP has cultivated a support relationship with BCC specialists working on AIDSCAP subprojects. To this end, a twice-a-month distribution system provides the 32 communication officers and resident advisors in AIDSCAP regional and country offices with professional development materials, such as current articles, innovative materials, and information on state-of-the-art interventions.

An example of materials support provided to country specialists is the dissemination of "Emma Says," a flip chart produced by AIDSTECH, and the "Fleet of Hope," a concept developed by the Tanzania country office, to AIDSCAP country programs. Evaluation results indicate that both of these materials have messages and personalities that transcend cultural boundaries. The appeal of these materials has been demonstrated by their widespread use and adaptation. "Emma Says" has been produced as a comic book in six languages (English, French, Swahili, Portuguese, Haitian Creole, and Kinyarwanda); as a theatrical production in Cameroon, Ethiopia, Nigeria, and Tanzania; and as a video in Rwanda. The "Fleet of Hope" has been adapted for posters in Tanzania, Ethiopia, and Haiti; presented as folk media in Tanzania and Ethiopia; and filmed as a video in Haiti. It also has been used in Brazil, Thailand, Nigeria, Zimbabwe, and Rwanda.

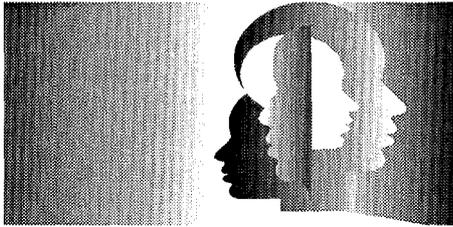
A second series of three "Emma Says" comic books that deal with the increasingly important subject of care and support for people living with HIV/AIDS is being developed. This series will also be distributed to AIDSCAP implementing agencies upon its completion in January 1997.

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### BCC Database

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Much of the materials support work of the project has been made possible by the BCC database, which stores information on BCC materials created or reproduced by AIDSCAP programs. The database is designed to provide a forum for sharing BCC materials both within the project and with outside organizations. The database now includes records for more than 700 materials, including reference copies. Each record contains extensive project and process details, in addition to important information such as BCC objectives, major messages, and utilization methods. A tracking system ensures that all materials developed by AIDSCAP programs are



## AIDSCAP

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included in the database. The database is available through the computer network in AIDSCAP's Arlington office and at the Africa Regional Office in Nairobi. Numerous search requests from outside organizations have been answered by AIDSCAP.

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. The database is also being used extensively in an ongoing BCC materials assessment, which will provide feedback about the quality of materials to AIDSCAP country programs.

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### BCC Studies

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AIDSCAP undertook two major studies in 1996. The first, a study of peer education interventions across the AIDSCAP Project, looked at the strengths, weaknesses, successes, barriers, and appropriate uses of peer education. This study resulted in the publication of a preliminary report on African peer education projects, a final report entitled *Peer Education in Projects Supported by AIDSCAP*, and the BCC handbook, *How to Create an Effective Peer Education Project*. The final report identified (1) a shift in target audience needs from awareness building to support for behavior change, (2) a need for flexible peer educator training programs that reflect the changing requirements of the target audience, and (3) an opportunity for mutually beneficial linkages between peer educators and health care professionals.

The second major study, designed to investigate project-wide communication lessons, is under way. Two survey instruments have been developed to capture and document the many complex and innovative activities being conducted by AIDSCAP implementing agencies. Seven research areas are being examined in order to facilitate the collection of lessons from the field. Key informant interviews with project managers and focus groups with project staff are being conducted in selected countries in all three AIDSCAP regions. The data will be analyzed with the assistance of Ethnograph 4.0, a software package designed for the analysis of text-based data. Each participating AIDSCAP country program will receive a descriptive report outlining lessons identified by interview and focus group participants. When the country level reports are completed, a final report documenting global BCC lessons from the field will be prepared and disseminated.

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### Collaboration

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Collaboration has been a fundamental part of BCC work in 1996. In particular, AIDSCAP's BCC effort continues to take advantage of the expertise and support of its BCC subcontractors. Subcontractor activities this year include the following:

- The Program for Appropriate Technology in Health (PATH) provided extensive technical assistance to AIDSCAP projects through 11 task orders and the work of five seconded communications officers in all three regions.
- Ogilvy, Adams & Rinehart (OA&R) assisted AIDSCAP in the development of a BCC mass media training curriculum for AIDSCAP implementing



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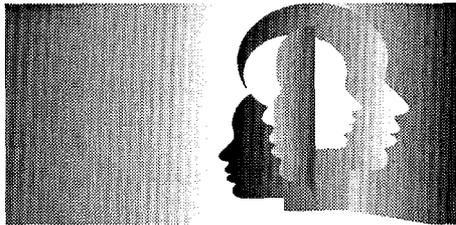
agencies. AIDSCAP's Zimbabwe country office will help pretest and revise the curriculum.

- Collaboration between Population Services International (PSI) and the Rwanda country office has resulted in the adaptation of "Emma Says" into a photonovella and video in Rwanda.

BCC headquarters staff and regional communications officers are working together to produce the BCC handbook *Training the Media for Effective HIV/AIDS Prevention*. Staff from headquarters and the Asia Regional Office participated in a capacity building workshop in Thailand. Africa Regional Office staff hosted the AIDSCAP Communication Officers' Summit in Mombasa, Kenya, in August 1996. The Africa Regional Office communication officers also organized a BCC pre-conference workshop at the IX International Conference on AIDS and STD in Africa, in Kampala, Uganda, where the preliminary report on peer education in Africa was discussed.

BCC staff at headquarters also worked closely with AIDSCAP country offices on a number of projects. The Haiti country office assisted with pretesting the protocol for the lessons from the field study, and headquarters staff have helped plan and conduct the study in Tanzania, Kenya, and Cameroon. Headquarters staff also participated in the Bangkok Comprehensive Program External Review and the Haiti Lessons Learned Forum.

Sixteen presentations on BCC by AIDSCAP headquarters, field office, and implementing agency staff were accepted and exhibited at the XI International Conference on AIDS in Vancouver. BCC staff also contributed to the AIDSCAP book, *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*, and wrote an article on BCC for the July 1996 issue of *AIDSCaptions*.



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## **BEHAVIORAL RESEARCH**

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

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### **Applying the Behavioral Research Strategy**

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This year AIDSCAP has been active in monitoring projects and in providing support to other behavioral researchers and colleagues in the field. For example, AIDSCAP staff made site visits to Kenya, Tanzania, Brazil, the Dominican Republic, and Egypt during the course of the year; and participated on technical committees outside of AIDSCAP. AIDSCAP 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 behavior research subcontractor to AIDSCAP 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:

- To explore the meanings, contexts, and determinants of sexual behavior that place people at risk of HIV/AIDS, the process of behavior change, and methods for modifying sexual behavior.
- To understand patterns of partner exchange.
- To test and analyze new behavior change interventions and examine their efficacy in producing changes in sexual behavior.
- To improve sexually transmitted disease (STD) recognition and describe health-seeking and provider behaviors.
- To understand the social and biomedical factors that influence the impact of AIDS on women and the effect of interventions.
- To support the capacity of developing country social scientists and institutions in priority countries to conduct HIV/AIDS behavioral research.

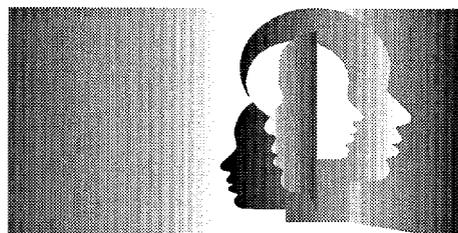
Studies funded under the AIDSCAP Thematic Grants Program sought to advance the scientific understanding of risk behaviors and methods of modifying those risk behaviors for HIV/AIDS prevention through large-scale, multi-year research awards. Studies funded under this program ended a year ago, and the major focus this year has been program-related and commissioned research.

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### **Program-Related Research**

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Program-related research allows investigators, in close collaboration with country programs, to test innovative approaches and respond to identified research needs through small-scale pilot studies. This research aims to contribute to the design,



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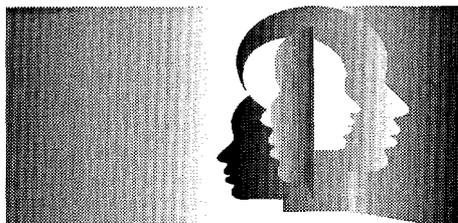
implementation, and evaluation of specific interventions. Resources are focused in areas closely linked to AIDSCAP's programmatic interests.

During the past year, AIDSCAP completed program-related research in the Dominican Republic and Kenya and initiated new program-related research in the Dominican Republic, Egypt, and Tanzania. In the Dominican Republic, surveys revealed resistance on the part of females, aged 15 to 24, to condom use. To address this issue in interventions targeting youth, AIDSCAP, in collaboration with a Dominican nongovernmental organization (NGO), the Coordinator of Sociocultural Animation (CASCO), conducted focus group discussions with females in this age group. Results from this study revealed that (1) the construction of feminine roles is such that masculine polygamy is accepted as "natural," (2) the formative factors behind a young women's risk for HIV/AIDS include cultural resistance to condoms, the structure of families, and the socioeconomic conditions of young women, and (3) social pressure, gender inequalities, and the cost of maintaining partner relationships determine the vulnerability of women in steady relationships.

A second program-related research activity initiated this year in the Dominican Republic is being used to conduct formative research for the development of a 100 percent condom program in brothels. The purpose of this qualitative study is to examine the potential for replication, in the Dominican context, of Thailand's 100 percent condom program, in which the government mandates condom use in brothels and sanctions brothel owners for failure to comply.

In Kenya, program-related research explored 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 developed and tested innovative strategies for stable heterosexual couples to use when renegotiating their sexual relationships.

AIDSCAP responded to a request from USAID in Egypt to design a behavioral study among university students. While HIV prevalence in Egypt is currently assumed to be low, it is likely that without prevention programs, prevalence will begin to rise among groups at risk. Young people, and particularly university students, represent one such group due to their lack of knowledge about HIV, independence, travel, and contact with foreigners. In addition, conservative attitudes that protect Egyptian society and encourage family values can also encourage denial of the problem. In order to design appropriate prevention interventions targeting young people, AIDSCAP, in collaboration with an Egyptian NGO, Medical Technologies Ltd., is using focus group discussions and survey methodology to assess risk behavior and perception among a representative sample of 1,200 university students in Cairo.



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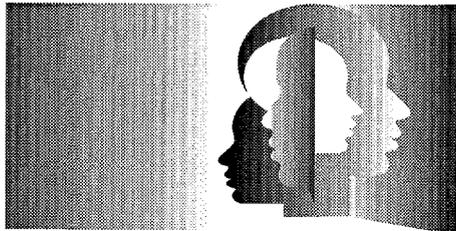
### Commissioned Research

In Tanzania, research is examining the linkages between prevention and care. A randomized control trial using the AIDS Risk Reduction Model will identify differences in risk reduction among people newly diagnosed with HIV enrolled in a program of enhanced care and support versus post-test counseling only. It will also identify strategies that support preventive behavior over time for people with HIV and their partners.

AIDSCAP commissioned research identifies factors related to high-risk behavior in a given situation, mounts 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 nearing completion in Brazil are collaborative efforts between the Center for AIDS Prevention Studies (CAPS) and Brazilian researchers. The first study is being conducted in the city of Santos, in collaboration with the Municipal Health Department, and focuses on the sexual behavior, condom use, and exposure to sexually transmitted diseases (STDs) of a cohort of 400 dock workers. Results to date show that 97 percent of the men in the sample have a primary partner. However, 26 percent are either nonmonogamous 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 one percent, there is sufficient sexual risk to support the ongoing spread of HIV within the population. A community-based AIDS prevention program based on the behavioral data, which has attempted to reach 15,000 port workers, is nearing completion. After this intervention phase, changes in reported risk behavior will be assessed to monitor the effectiveness of the intervention.

The second Brazil study, developed by the Núcleo de Estudos para a Prevenção da AIDS of the Universidade de São Paulo, evaluated an intervention aimed at night-school students aged 18 to 25 who live in a high AIDS incidence area in São Paulo. This study used a wait-list control group design in which four schools were randomized. 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 remaining two schools received the intervention.

A random sample of 483 night-school students, stratified by age and gender, completed a self-administered questionnaire after each wave and received the intervention. Their responses indicated that females rely more on monogamy than do males as a preventive strategy. 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. The preliminary findings suggest that the intervention was successful in improving knowledge of HIV/AIDS, increasing risk perception, improving communication about sex and AIDS, and decreasing sexual stereotypes. The findings were used to develop a manual for



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youth dealing with sexuality and reproductive health, which will be distributed to 470 public schools throughout São Paulo State.

Another commissioned study is the HIV Counseling and Testing Efficacy Study (C&T) being conducted by AIDSCAP in collaboration with the World Health Organization/Global Programme on AIDS (GPA). CAPS is serving as the coordinating center for the study. AIDSCAP is conducting the study in Tanzania and Kenya, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) is supporting two additional sites in Trinidad and Indonesia.

The C&T study was developed because, although it is generally accepted that voluntary HIV counseling and testing can be beneficial 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. AIDSCAP hopes to gather data on the efficacy and side effects of HIV counseling and testing and a profile 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.

The two AIDSCAP study sites in Kenya and Tanzania have been operational since June 1995. Recruitment of study participants was completed successfully on March 29, 1996, for the two sites. In Kenya, 1,518 participants were recruited, including 500 single males, 500 single females, and 259 couples. In Tanzania, 1,433 participants, including 500 single males, 489 single females, and 222 couples, were recruited. The two UNAIDS sites are proceeding with recruitment that began in February 1995.

The six-month follow-up activities continue in Kenya and Tanzania and are expected to be completed by October 1996. As of July 31, 1996, the participants' return rate was 77 percent for Kenya and 66 percent for Tanzania. Continued efforts are being made to bring the return rate up to at least 80 percent at both sites. The 12-month follow-up activities, started in June 1996 in Tanzania and in July 1996 in Kenya, are expected to be completed by April 1997.

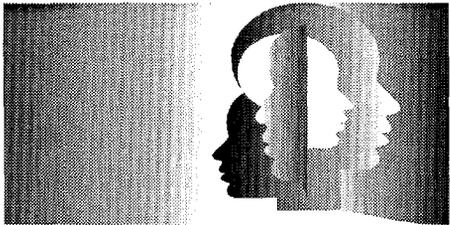
Baseline data cleaning and preliminary data analysis are in progress and a draft manuscript on the baseline data in Kenya and Tanzania is expected near the end of 1996. Activities for the coming year include (1) completion of the six-month follow-up, (2) completion of the 12-month follow-up, and (3) completion of data analysis and dissemination of the findings.

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**Scholars  
Program**

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As part of its commitment to building the capacity of local collaborators, AIDSCAP 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 scientists in San Francisco. The program is administered in cooperation with the Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco, and the Fogarty International HIV/AIDS Training Program of the University of California at Berkeley. Each visiting scholar develops



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a protocol for a specific research project with relevance to HIV/AIDS prevention to be carried out in his or her own country. This year, AIDSCAP is supporting the research of the 1995 scholars from three AIDSCAP priority countries: Senegal, Brazil, and Indonesia.

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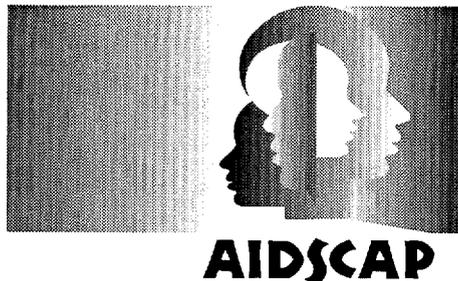
### Issues and Implications for the Future

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AIDSCAP's strategy to address emerging issues and challenges facing people and programs in the field 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 AIDSCAP Behavior Research Technical Working Group reaffirmed this strategy at their October 1995 meeting. During the past year, concept papers were completed on community interventions, use of behavioral theory in HIV prevention research in developing countries, and women's vulnerability to HIV transmission in stable relationships.

In the extension year of the project, AIDSCAP will focus its behavioral research efforts in 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 and completed according to the approved protocol, in an ethical manner. This will be accomplished through the review of reports, discussions with principal investigators, and visits to study sites. Technical assistance also will be provided to assure that study data are properly analyzed and interpreted.
- Technical support will continue to be provided to both AIDSCAP staff and other colleagues. AIDSCAP behavioral research staff will continue to develop research ideas, write papers for presentation and publication, and serve on technical committees. For example, staff have developed Theory Fact Sheets to assist colleagues attempting to broaden their knowledge and use of behavioral theory, and they are currently working on several publications.
- Codifying and disseminating lessons learned from the AIDSCAP behavioral research projects have commenced. AIDSCAP has developed a research inventory of all behavioral research conducted throughout the project, which will be incorporated into a research database for the project. In addition, staff have presented preliminary lessons learned from the behavioral research studies to colleagues and USAID. Additional tasks will include drafting the final report to USAID, working with collaborators in the final analysis and presentation of study findings, and publishing and presenting data gleaned from AIDSCAP studies whenever possible.



# CONDOM PROGRAMMING AND LOGISTICS MANAGEMENT

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Over the past year, two of the most productive projects of the seven Condom Social Marketing (CSM) programs graduated from AIDSCAP support. AIDSCAP funding came to a close for the Population Services International (PSI) program in Ethiopia in September 1995, and for the Haiti program in April 1996. These two highly successful projects continue to increase sales performance and are on sound footing for even greater success in the future with other sources of funding. AIDSCAP provided funding to these two projects at a time that this support was vital to their expansion and survival, providing them with the opportunity to build reserves, increase efficiency, and, in the case of Ethiopia, double sales of condoms.

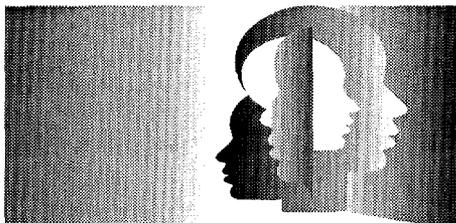
Even without these two highly productive projects contributing to AIDSCAP's condom figures, the ongoing AIDSCAP CSM projects are proving to be equally successful in condom distribution. The increase of FY96 distribution over FY95 was an impressive 42 percent—52,104,025 total condoms distributed in FY96 versus 36,611,136 in FY95 for all existing AIDSCAP condom programs. The six ongoing CSM projects in Cameroon, South Africa, Rwanda, Tanzania, Nepal, and Brazil sold 42,706,647 condoms, which accounted for over 80 percent of all condoms distributed by existing AIDSCAP CSM projects in FY96. As of June 1996 AIDSCAP had made 204 million condoms available to high-risk consumers since its inception.

## Condom Social Marketing Strategies

Condom social marketing takes a comprehensive approach to condom distribution and relies on these five key strategies for success: distribution, advertising, pricing, packaging, and promotion.

### Distribution

Innovative distribution strategies enable AIDSCAP CSM projects to make condoms more conveniently available to both targeted high-risk audiences as well as to wider segments of the general population. In 1996, distribution was enhanced by dramatically increasing the number of nontraditional outlets such as bars, brothels, and kiosks in red-light areas, as well as traditional retail sales outlets such as pharmacies and markets. For example, in FY96 the CSM project in Tanzania trained and fielded more than 1,000 itinerant, independent condom sales agents. Sales agents were recruited in each community and set up as micro-businessmen/women with project funds. The agents provide individualized AIDS prevention messages while assuring 24-hour-a-day condom availability to friends and neighbors. The small profits from condom sales provide extra incentive to the agents, reduce burnout, and lay the basis for community-based sustainability.



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### Advertising

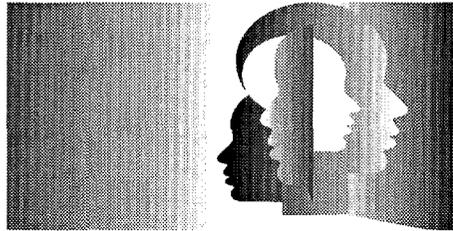
Advertising both informs and persuades high-risk groups and the general population to rely on condoms as one of the most effective methods known to prevent infection. During the reporting year, advertising messages were designed to have a powerful impact while at the same time maintaining cultural and ethnic sensitivity. For example, the Rwanda CSM project was able to use leveraged funds from UNICEF to produce a highly praised film depicting a war widow starting a relationship with a widower neighbor. The film addresses issues such as negotiating safer sexual practices, including condom use, while rebuilding shattered lives. Since the post-war Rwandan population is estimated to be more than 60 percent female, the film has special resonance.

### Pricing

Although anyone involved in high-risk sexual encounters, rich or poor, is a target of CSM programs, prices are set to serve the health needs of the low-income segments of the society. The primary objective of AIDSCAP/ PSI's pricing strategy, therefore, is to ensure that the condoms are affordable for the mid-level to low-level socioeconomic sectors in each country. A secondary objective is to recover as much revenue as possible from product sales in order to make the projects cost-efficient. In pursuit of both of these objectives, projects will continually monitor prevailing market conditions (including consumer purchasing power, retail and wholesale prices, distribution coverage indicators, consumer buying behavior, consumer and trade product satisfaction, and economic indicators) and use this information to set and modify the pricing structure as required.

Charging a price for condoms is important for several reasons. First, charging a price communicates to the consumer the idea that there is "value" in the product. In many settings, experience has shown that the public is wary of the quality of free handouts, especially by governments who have neglected their needs in the past. Second, charging prices provides incentives for the commercial retail network to carry the product, thus dramatically increasing availability of condoms to the public. Third, it allows for some cost recovery that helps offset operating costs. The need for pricing, however, is not solely dependent upon the need for cost recovery. The amount to be charged relies more on the ability of the consumer to pay. The Population Crisis Committee offers the following guideline: a one-year supply of condoms should not cost more than one percent of a person's average annual income. Empirical data studied at PSI show that the highest per capita use of condoms is in programs that follow that general rule. The prices below show that AIDSCAP/PSI pricing adheres to this rule.

The following figures are a representative sample of the price of one condom and the estimated percent per capita GNP required for a one-year supply in AIDSCAP/



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PSI CSM programs: Cameroon—2.12 U.S. cents per condom (for 100 condoms per year, this represents 0.27 percent of the per capita GNP), Rwanda—1.56 U.S. cents per condom (for 100 condoms per year, this represents 0.78 percent per capita GNP), and Tanzania—0.17 U.S. cents per condom (for 100 condoms per year, this represents 0.17 percent per capita GNP).

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### Packaging

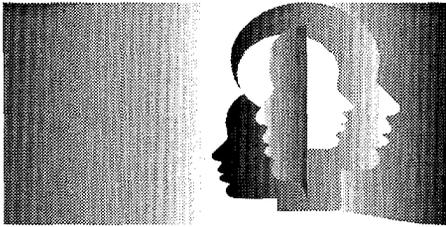
All AIDS CAP/PSI CSM programs repackage project condoms and give them carefully researched brand names and logos. This makes it easy to adapt to commercial marketing techniques and makes the product more attractive at the point of sale. For example, the Panther logo on the Prudence packaging in Brazil appeals to male virility, while the picture of a loving couple on Salama condoms in Tanzania connotes the idea of a mutually affectionate and safe relationship. Also, it provides additional protection to the product against natural elements such as heat and dust, and research at Program for Appropriate Technology in Health (PATH) has conclusively shown that good packaging protects condoms against oxidation. Instructions on proper use can be printed on or inserted into the packaging. Finally, attractive packaging adds to the perception of quality and reinforces the value attached to it.

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### Promotion

CSM programs generally aim at the general sexually active population. However, with the advent of the HIV/AIDS epidemic, targeted promotions have been found to be more effective and cost-efficient in addressing public health targets. With the threat of AIDS, particular attention is given to groups at high risk of HIV infection, such as commercial sex workers (CSWs) and their clients. All AIDS CAP/PSI CSM programs promote condoms actively in settings where there is high-risk casual and commercial sex, such as bars, nightclubs, and motels. For example:

- In Cameroon, CSWs created drama troupes to perform safe sex plays in bars and nightclubs. Safe sex messages are designed for each risk group, which complements the general campaign targeted to the sexually active population at large. Thus, in addition to mass media campaigns on radio and television, special efforts involving teams of promoters using finely tuned messages are undertaken to reach particular target groups, including CSWs, their clients, workers, truck drivers, and other groups at particular risk.
- In the South Africa CSM program in the Goldfields Region, miners look forward to entertaining visits from "Mr. Loverman," the mascot for PSI's socially marketed LOVERS Plus condoms. This energetic educator, cos-



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tuned as a six-foot condom, visits dormitories, beer halls, and taxi stands where miners congregate. "Mr. Loverman" dispenses safer sex literature, answers questions about AIDS prevention, and demonstrates correct use of condoms. Although the following falls within the category of advertising rather than promotion, mention must be made of a very successful film produced by PSI in South Africa with AIDSCAP financial support. The 30-minute film, "Rubber Revolution," about condom manufacturing, promotion and use, won the Porter Novelli social marketing award for excellence. It has been aired 24 times on T.V. in South Africa and features a cameo appearance by Bishop Desmond Tutu. Condom sales in South Africa increased by 258 percent over FY95 sales totals.

- In Rwanda, mobile video units fielded by PSI/Rwanda provided entertainment and prevention information to this war-torn country. Using a giant 10-foot by 15-foot screen and projecting AIDS-prevention films interspersed with "live" interviews with community leaders and members of the audience, the mobile units presented nearly 100 shows to more than 100,000 people.
- In Tanzania, a very successful six-part poster campaign was recently launched promoting abstinence, faithfulness, and condom use with a creative blend of humor and straight talk. This effort, combined with an extensive distribution network, has resulted in a 280 percent condom sales increase over FY95 figures.

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### Condom Logistics Management

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The AIDSCAP/John Snow Incorporated (JSI) condom logistics program has nearly completed the Brazil Logistics Management Project, and has been asked by USAID and the Brazilian government to return for the final phase. The Condom Logistics Guidelines Manual was under development at the request of JSI's Brazilian counterparts. Data were generated on numbers of condoms tracked with the Essential Commodities Management Information System (ECMIS) in Brazil, as well as on the volume and value of AIDS/STD pharmaceuticals tracked by ECMIS. JSI continued to provide assistance to AIDSCAP in the Dominican Republic in support of the Pantera Condom Private Sector Leveraging Project's promotion campaign and of expansion of the private sector distribution network.

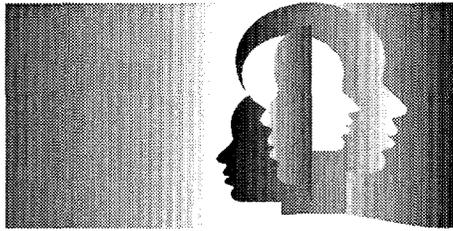
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### Current Program Status

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Current CSM programming will continue and should result in greatly enhanced condom sales in the coming year.

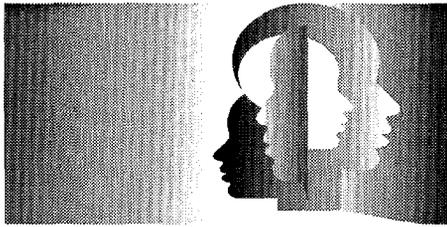
In Nepal, the Contraceptive Retail Sales (CRS) organization, managed by The Futures Group, faced management difficulties over the past five months which, in turn, contributed to a slowed sales performance. A new general manager was appointed who, by December 1996, should be familiar enough with the project to



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exert leadership over the organization and continue with the business of improving condom sales performance in Nepal.

AIDSCAP has recently launched a new, innovative CSM program in Indonesia under the aegis of the USAID Mission's HIV/AIDS Prevention Program. The approach to be used in Indonesia differs from other CSM projects, since condoms will not be directly marketed by an AIDSCAP implementing agency. Rather, through The Futures Group, AIDSCAP will support several commercial condom brands and one DKT CSM brand. This support will entail providing specially trained sales teams to market the condoms in high-risk areas, providing advertising and promotional support to the those same brands. Once the new CSM project manager is recruited in Indonesia, personnel from the AIDSCAP Asia Regional Office and headquarters will provide the necessary technical assistance to ensure early implementation of the project work plan.



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## **POLICY**

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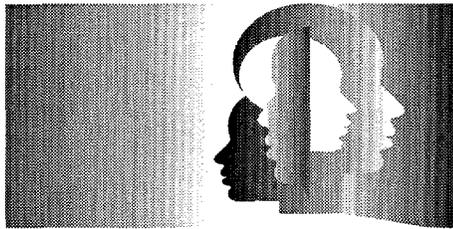
In 1996, AIDSCAP continued assessing the socioeconomic impact of HIV/AIDS on countries and specific economic sectors, strengthening the capacity of local organizations to engage in full-scale policy development, and disseminating the results of lessons gained, by AIDSCAP and others, in the area of HIV/AIDS policies, especially as the policies relate to condom distribution, sexually transmitted disease (STD) prevention, and behavioral change.

"Policy" often receives lip service from program planners and managers, but the ability to inform and influence a policy process is too rarely incorporated systematically into programs. AIDSCAP is one of the few exceptions. In 1996 AIDSCAP contributed to the ability of a variety of governmental agencies and nongovernmental organizations (NGOs) to network, collaborate, and sustain processes that will lead to appropriate prevention policies. AIDSCAP places special attention on strengthening components of the policy development process. Rather than concentrate its energies on gaining direct access to senior policymakers for brief meetings, AIDSCAP works with policy influencers, providing technical training so they can inform, guide, and build policy in their countries and with their constituencies.

The private sector has been in many instances especially slow to respond with appropriate policies and effective and affordable workplace prevention programs, yet there is great potential for utilizing the unique features of the workplace to expand the policy response to HIV/AIDS. The Private Sector AIDS Policy Kit was published late in 1996. Distribution plans include dissemination to all AIDSCAP country programs. Interest in the kit remains high, especially as increasing numbers of employers realize that HIV/AIDS will have an impact on their business operations. The kit provides (1) guidelines on assessing workplace needs for HIV/AIDS prevention policies and programs, including the potential financial impact of AIDS on a company, (2) guidelines on developing appropriate workplace policies and programs, (3) a series of 17 company case studies, illustrating how various African businesses have responded to the epidemic, and (4) materials for trainers to use in working with businesses to develop HIV/AIDS policies and programs for the workplace.

To engage in these activities and provide effective technical support for collaborators, AIDSCAP applies three technical approaches:

- *Policy assessments* involve both pre- and post-intervention surveys of key issues affecting HIV/AIDS policy. In 1996 AIDSCAP contributed to an HIV/AIDS policy assessment in Indonesia, as a part of that country's overall national AIDS plan.
- *Socioeconomic impact analysis* of HIV/AIDS on sectors, communities, and national economies also includes analysis of the cost of interventions, as a part of cost-effectiveness studies and a component of sustainability. In 1996 AIDSCAP organized, designed, and facilitated a training program for participants from three Central American countries in socioeconomic impact analysis. Also, an analysis of the impact of HIV/AIDS on "free trade zone" industries in the Dominican Republic (DR) assisted activists in



**AIDS CAP**

that country to formally interact with the private sector business community on prevention programs. The DR study estimates that about 6,000 workers in the free trade zones are currently infected with HIV and that, without appropriate prevention programs, this will rise to between 9,000 and 10,000 workers within five years. In the DR, a comprehensive workplace prevention program is estimated to cost between U.S.\$15 and U.S.\$25 per worker. For every case of AIDS, free trade zones are estimated to incur increased expenditures and lost revenues equivalent to U.S.\$1,550.

AIDSCAP also collaborated with Thai counterparts in a cost analysis of behavior change communication (BCC) and STD interventions in Bangkok. The analysis of STD costs in Thailand revealed that the full annual cost of providing STD services in Bangkok is about U.S.\$198,250 at the women's clinic at Bangrak Hospital, U.S.\$83,672 at the two Bangkok Metropolitan Administration (BMA) clinics, and between U.S.\$3,965 and U.S.\$15,860 at the two private polyclinics. The average recurrent cost per patient seen is about U.S.\$18.64 at the three public clinics and \$24.58 for STD services at the two private clinics.

- *Epidemiologic modeling* is designed to estimate the future course of the HIV/AIDS epidemic. AIDSCAP assisted in sentinel surveillance design and modeling of the epidemic in Cambodia, updated modeling projections undertaken in the Dominican Republic two years ago (and found that the earlier projections were remarkably accurate), and took part in a workshop and an international conference in India dealing with epidemiologic data.

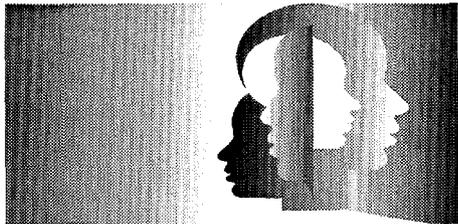
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**Kenya Policy  
Case Study**

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The AIDSCAP policy strategy guides ongoing technical assistance with the Kenya AIDS NGOs Consortium. A coalition of more than 200 NGO, business, labor, religious, and government groups, the Consortium has sought to inform and influence HIV/AIDS policy through provincial workshops. At these workshops, a variety of issues and problems—as well as opportunities—for HIV/AIDS prevention were identified, and priority lists of issues were created. The priority lists were presented to a national workshop organized by the Consortium. That workshop reviewed the issues and, in turn, prioritized a short list of issues. Consortium staff and national experts then refined the priority issues into concise policy documents for eventual submission to appropriate national leaders.

An informal review of policy change in Kenya prepared by AIDSCAP indicates the role of the Kenya AIDS NGOs Consortium in facilitating local processes, as well as the influence of AIDSCAP with its technical assistance to several organizations in that country.



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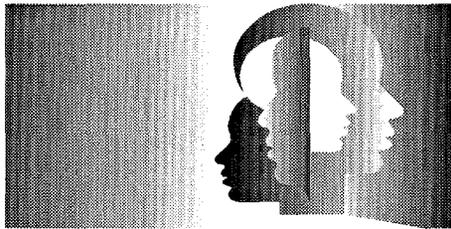
### **Changes in Broader Policy Climate in Kenya**

- There has been a widening and deepening of the discussions and debate around specific HIV/AIDS issues such as cultural practices, responses and responsibilities of employers, and youth sex education.
- Major religious institutions are now publicly acknowledging the importance of HIV/AIDS prevention.
- The Kenyan print and electronic media have given a higher profile to HIV/AIDS issues, including informative and provocative newspaper columns on such issues as sex education, wife sharing, and counseling.
- HIV/AIDS has been recognized as more than a health issue. Perhaps the best indication of this is the frequent reference by provincial and district level authorities to the socioeconomic impact of HIV/AIDS on both national and local institutions. Some of this is mere repetition of what has been presented in the 1994-96 national and district development plans and in AIDS Impact Model (AIM) presentations, but the pronouncements give credibility to the demand for multi-sectoral responses.
- HIV/AIDS has been incorporated into national development planning, and substantial financial and human resources have been committed to prevention activities. The Kenyan government has assumed a loan from the World Bank for STD/HIV/AIDS prevention and planning for implementing the funds has drawn upon the input of a broad array of experts and organizations. Kenya's investment of resources in HIV/AIDS prevention and care is among the highest in the developing world.
- A growing confidence and willingness to speak out on critical HIV/AIDS issues are evident. A prime example is the recent challenge to Pearl Omega, a locally developed drug initially said to cure AIDS. Legal, scientific, and HIV/AIDS program specialists disputed the claim and called for stronger regulatory oversight to prevent such claims in the future. The speed with which specialists and HIV/AIDS prevention communities (including AIDSCAP) responded to the initial reports was far faster than would have been the case in years past, when unsubstantiated claims for AIDS "cures" were rarely publicly challenged.

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### **Improved Mechanisms for Strengthening HIV/AIDS Prevention in Kenya**

- Networks and coalitions have emerged and become stronger. The Kenya AIDS NGOs Consortium has been very successful in gaining membership and expanding relationships with the Kenyan government. The Consortium has overcome government suspicion of NGOs and is now given



## AIDSCAP

credit for its coordinating role, for supporting and strengthening government-NGO cooperation, and for technical input into prevention and care discussions and plans. The strong working relationship between the Consortium and the National AIDS and STD Control Programme is evident in their regular collaboration.

- The Consortium's Resource Centre has filled an information gap. While a handful of experts had access to HIV/AIDS information by the early 1990s, the state-of-the-art Resource Centre has widened the access to a broader audience. A notable example is the use of the Resource Centre for information by two members of Parliament during the debates on support for AIDS orphans.

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### Specific Policy Changes Made in Kenya

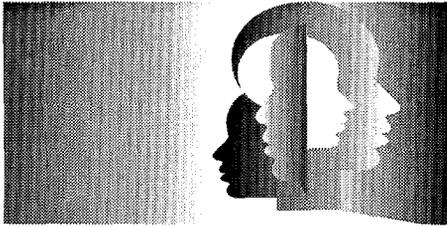
- A Parliamentary Sessional Paper on AIDS has been initiated and is under review. The document, which will outline government policy, is said to be very comprehensive. It has received input from a variety of experts and will represent some of this best thinking on many key issues.
- Legislation was adopted providing for support to destitute youth, including AIDS orphans.
- Syndromic management of STDs is now widely accepted as a legitimate and appropriate method of diagnosis and treatment, including within the private sector.
- Existing guidelines on home-based care and counseling are being reviewed and revised.

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### The Role of USAID and AIDSCAP in Kenya

USAID/AIDSCAP support has been an important catalyst and facilitator to the policy changes in Kenya. The indirect approach supporting policy development processes has provided resources and technical assistance while allowing Kenyan institutions to define and move issues along. Finally, local organizations appreciate the support that USAID and AIDSCAP have given to internal processes of policy development. AIDSCAP is seen as a facilitator and technical advisor, not a director of policy or the policy process.

In Brazil and Thailand, AIDSCAP supported studies of national experiences in HIV/AIDS policy development in their national languages. The Brazil study—more than 400 pages of manuscript—was described as the first and only such review of factors that contributed to existing national HIV/AIDS policies. AIDSCAP is using English translations of the studies to prepare a summary



## AIDSCAP

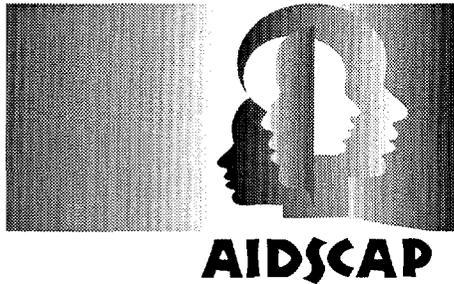
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document that will highlight common as well as unique experiences from the two countries.

Short-term technical assistance to three countries in Central America was designed to provide skills for socioeconomic impact analysis. To ensure that the technical assistance achieved its goals, AIDSCAP recruited a multi-disciplinary and gender-integrated team of participants, including those with policymaking experience. The teams were expected to apply their new skills to a policy development action plan to be implemented after the technical training. While the process has played out in different ways in each country, the result is that legal reform is moving ahead in Nicaragua, the Salvadoran congress is seriously reviewing the national response to HIV/AIDS, and Guatemalan NGOs have formed a coalition to sustain and coordinate attention to the epidemic.

AIDSCAP contributed three policy abstracts to the XI International Conference on AIDS in Vancouver in 1996 and three to the IX International conference on AIDS and STD in Africa in Kampala, Uganda, in 1995.



# SEXUALLY TRANSMITTED DISEASE (STD)

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## Program Accomplishments

AIDSCAP has undertaken several major activities over the past year in its work toward (1) assisting countries in adopting a public health approach to STDs, which demands that services be designed to attract and adequately treat community members with the resources available, and (2) focusing on prevention in the clinic setting. The activities that form the foundation for implementation of a public health approach span the biomedical and behavioral arenas.

In the biomedical arena, establishing STD diagnosis and treatment guidelines is basic to implementing the syndromic approach. Critically important are studies of STD prevalence and antibiotic susceptibility followed and preceded by consensus meetings with the local medical establishment to agree on algorithms. This approach has been implemented by AIDSCAP in the Dominican Republic, Morocco, Ethiopia, Senegal, Malawi, Haiti, Jamaica, Honduras, and Brazil.

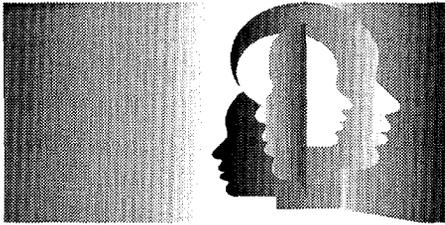
### Workshop, Course, and Conference Sponsorship and Participation

In the past year, AIDSCAP has collaborated in training providers and working at the national level to promote the syndromic management approach through the following fora:

- The First STD Managers' Course in the Republic of South Africa, in conjunction with the National Medical Research Council in Johannesburg, the Belgian Cooperation, and the Institute of Tropical Medicine.
- The Second Latin American STD Managers course, in conjunction with the European Community, the 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, Dominican Republic.
- The Third Anglophone STD Managers' Course in Kenya, in conjunction with the National AIDS Control Program of Kenya, the Institute of Tropical Medicine (Antwerp), and the AIDS Task Force of the European Community in Kenya.

AIDSCAP also presented posters and sponsored and participated in workshops at international and regional conferences, including:

- The X Latin American Congress on STD and the IV Pan American Conference on AIDS in Santiago, Chile.
- The IX International Conference on AIDS & STD in Africa in Kampala, Uganda.
- The XI International Conference on AIDS, Vancouver, Canada (more than



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15 posters were presented at the UNAIDS Satellite Meeting on STDs).

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### **Publications and Other Research**

- Published the *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*. To date, two thousand copies have been distributed worldwide.
- Completed the Malawi study of HIV excretion in men with STDs. Initial analysis of data from this study indicates that urethritis increases HIV excretion by about tenfold, which decreases after treatment. Findings were presented at the Vancouver AIDS conference and will be published in the next fiscal year.
- In Senegal, Tanzania, Zambia, and Haiti, the national STD case management guidelines using syndromic approaches were finalized and printed as provider pocket manuals.
- Co-authored and edited the STD/HIV module in *Indicators for Reproductive Health Program Evaluation*, produced by The Futures Group and the Evaluation Project, Carolina Population Center, University of North Carolina at Chapel Hill.

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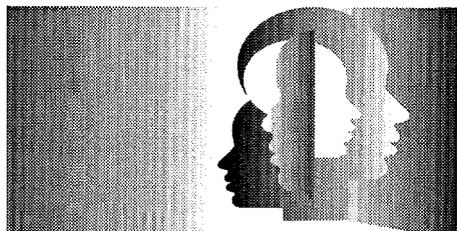
### **Issues and Implications for the Future**

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The consequences of STDs both in their role in the HIV/AIDS pandemic and directly on the health of individuals is increasingly recognized. Data from a clinical trial completed last year in Tanzania provide evidence that STD control reduces HIV incidence. This was corroborated with the recently obtained data from Malawi described above. An ongoing study in Uganda that is testing and treating for STD in all sexually active adults is showing a high prevalence of asymptomatic infection, mainly in women.

In countries around the world, care for clients with STDs is provided in many different settings (public sector, private sector, official and unofficial) by a variety of providers with diverse backgrounds and training. The AIDSCAP STD strategy of provision of optimal patient care at the point of first encounter with the health care system through an emphasis on syndromic management addresses this problem in part. AIDSCAP emphasizes syndromic management of genital ulcer disease and genital discharges, as well as specific STDs most strongly associated with HIV transmission for which diagnosis and treatment are most feasible. Syndromic management works well for genital ulcers in both men and women, urethral discharge in men, and pelvic inflammatory disease in women.

However, the symptoms of vaginal discharge in women form a nonspecific complaint. Thus, the diagnostic validity of vaginal discharge has been improved with



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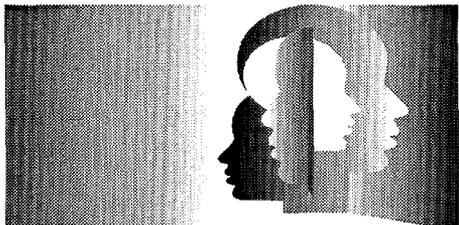
the addition of a risk assessment. Syndromic management was not designed to be a screening tool for identifying STDs in asymptomatic women, nor has it been tested in women at high risk of STD infection. If STD interventions are to have the greatest impact, they must be effectively focused and delivered among individuals in dense sexual networks who have many partners, as well as among symptomatic individuals. Consequently, management strategies, tools, and programs will need to be developed to address both high-risk groups and asymptomatic individuals.

It is of paramount importance for countries to have national STD treatment guidelines that reflect current regional patterns of etiologic and antibiotic resistance of STDs and that there is appropriate health care provider training and the logistical resources necessary to support the implementation of these guidelines. AIDSCAP works closely with other donors to ensure that the most recent data are available for consideration when designing guidelines. AIDSCAP is continuing to update a database of gonorrhea resistance data to ensure that data are available to decision makers. This year, AIDSCAP also published an *AIDScaptions* magazine dedicated solely to STD program implementation experience.

The objectives of any STD control program are to interrupt the transmission of sexually acquired infections; prevent the development of disease, complications, and sequelae; and reduce the risk of HIV infection. The accomplishment of these objectives requires effective program management at the national and district levels. Effective management should facilitate well-designed strategies, appropriate priority setting, and planning and supervision of activities. Other responsibilities of managers include coordinating resources and activities and monitoring, evaluating, and revising elements of the control program. There are significant challenges to effectively manage STD control programs that demand training and skill development of persons who might previously have functioned as clinicians or managers of other types of programs. Because many countries, including Ethiopia, the Philippines, and Zambia, decentralize their national programs, the development of management capacity at the district level is critical.

In the past year, WHO and FHI/AIDSCAP have developed two key publications that promise to contribute to the development of STD clinical management capacity in the field: *STD Case Management Workbooks for Training Providers* and *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*, targeted to national STD managers. The next logical step in improving capacity in STD control is a curriculum for training district STD managers.

Efforts to improve STD management nationally demand the informed commitment of program managers at the district level. Sound management and supervisory skills and an appreciation for the technical and operational aspects of the syndromic case management approach to STDs are critical for these managers.



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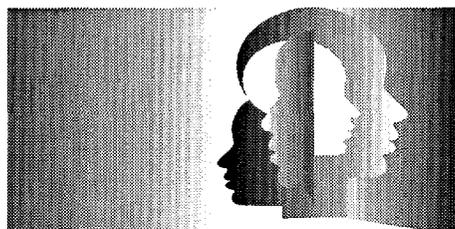
### Current Program Status

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For AIDSCAP's final year, STD efforts will focus on the following:

- Expanding the number of countries and health providers that implement the syndromic approach to STD treatment and comprehensive STD case management.
- Developing in-country training guidelines and client and provider materials based on ethnographic and epidemiologic studies.
- Evaluating the effectiveness of periodic presumptive treatment of high-risk women on their prevalence of STDs and the prevalence of STDs in the community.
- Collaborating with AIDSCAP subcontractors and other multilateral and bilateral donors in exploring effective approaches to making appropriate drugs affordable and accessible.
- Using lessons learned from Cameroon and assessment tools developed for Nepal and Uganda to implement an STD prevention marketing program in a suitable country.
- Developing an STD curriculum with UNAIDS. This curriculum will include content addressed in the national program manager training courses and will adapt the problems and cases to suit district level issues. The district managers' curriculum will be designed to make it very practical and provide supporting materials that will maximize benefit to the programs. The curriculum will include a flexible design based on a modular approach to allow the course to be tailored to local needs; a guide for trainers with methods for participatory approaches; a straightforward, "bulleted" adaptation of many of the chapters in the *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*, recently published by AIDSCAP; concise guidance checklists of STD program management components and strategies for assessing district STD programs to identify strengths, gaps, and directions for improvement; and "how to" materials for STD managers on programmatic components such as sentinel surveillance studies, partner notification programs, syndromic management courses, and so on. Several characteristics will be integrated in this curriculum: a participatory approach, take-away materials for participants, tools for trainers, and practical up-to-date references to facilitate ongoing learning by participants.

In addition, there will be an expanded effort to disseminate the findings of studies and tested strategies for improved STD prevention and care to professional groups at the local and international levels through publications, presentations, and trainings. Further, publication of a peer-reviewed supplement of syndrome algorithm validation studies supported by WHO/UNAIDS, the European Community, and AIDSCAP is planned. Formal evaluation of the training in STD syndromic management will be conducted.



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## **EVALUATION**

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During 1996, AIDSCAP evaluation staff and contractors continued to work collaboratively toward strengthening evaluation capacity while developing improved evaluation approaches. Staff designed and implemented evaluation components of project close-outs in some country programs and continued to work with local organizations and researchers in collecting evaluation data and developing project monitoring and reporting systems for countries still in the early stages of project implementation. In addition, AIDSCAP is working to develop better approaches to evaluating capacity building, gender, and policy initiatives, as well as to advise on appropriate evaluation strategies addressing social marketing concepts for pre-packaged sexually transmitted disease (STD) treatment.

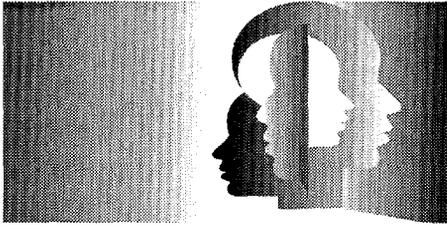
### **Evaluation Approach and Methodologies**

AIDSCAP remains at the forefront of the development of innovative evaluation methodologies specific to the AIDS epidemic and HIV prevention programs. The project continues to use multiple complementary study designs and methodological approaches providing stakeholders with triangulated and comprehensive information characterized by high reliability and validity. In implementing its evaluation strategy, AIDSCAP continues to strive to integrate quantitative and qualitative methods, and to carry out evaluation research in a participatory manner to achieve the delicate balance between practical needs and methodological desirability.

In collaboration with WHO's Global Programme on AIDS (GPA), AIDSCAP played a leading role in the development of a core set of prevention indicators (PIs) for evaluating national AIDS control programs. The GPA PIs and protocols were developed for use with general populations and not for the specific higher-risk groups frequently targeted by AIDSCAP. GPA's field tests established the feasibility of data collection on the PIs, but validation of the sensitivity of these indicators was never completed under GPA.

Nonetheless, because of the desirability of a set of common indicators shared by the HIV prevention community, AIDSCAP adopted the constructs of the PIs, incorporated them into evaluation designs, and modified them in ways that made them more appropriate for AIDSCAP's target groups. During the past year, AIDSCAP drafted a "Stages of Behavioral Change" flow chart to complement the WHO/GPA PIs. This flow chart provides a distillation of AIDSCAP's knowledge on capturing intermediate behavior change in a more comprehensive and sensitive manner. It also will help USAID in its efforts to develop "results packages" that include the hierarchical pathways of AIDS prevention indicators. The stages of change pathways will also guide field studies to not only document intermediate behavior changes but also provide valuable information on the contextual obstacles to behavior change.

AIDSCAP is involved in testing PIs 6 and 7, the indicators for evaluation of STD case management through health facility assessments, in Malawi, Jamaica, Honduras, Ethiopia, Senegal, Indonesia, and India. In the first four countries, baseline



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data were collected in previous years and follow-up data collection is planned. In the other three countries, baseline data collection has been planned but has not yet occurred. In Brazil, Tanzania, Rwanda, and Morocco, STD case management is being evaluated, but GPA protocols have not been utilized for various reasons having to do with feasibility and appropriateness.

AIDSCAP has continued classifying its 510 subprojects into project types in order to adopt a more experimental evaluation approach for "demonstration projects" and a more process-oriented approach for "service delivery projects." The process indicator form (PIF) system, for process indicator monitoring and reporting, uses the output level indicators and activities, as summarized in each subagreement LogFRAME, as a reporting form to track the targeted outputs of each subproject. With continued refinements of the system during the past year, it has become more accessible and useful to AIDSCAP staff at all levels.

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### Behavioral Surveillance Survey

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Where evaluation efforts seek to identify HIV risk-related behavioral trends for intervention planning, priority setting, and policy making, AIDSCAP has implemented the behavioral surveillance survey (BSS) methodology with the understanding and consensus of local stakeholders. The methodology of repeated behavioral surveillance knowledge, attitudes, beliefs, and practices (KABP) surveys among target groups provides an effective, coordinated, and comprehensive approach to examining sexual behavior trends at either a regional or national level. When used in conjunction with qualitative and process data collection techniques, this triangulation approach comprises a powerful diagnostic tool.

The BSS methodology has been field tested in Thailand and is currently being adapted for field testing in Senegal, Philippines, Indonesia, and India. During 1996, country-specific questionnaires have been developed, sampling frames designed, and local collaborators identified. Concurrent with developing and revising questionnaires, AIDSCAP has worked to refine a set of key indicators more appropriate for the target groups reached by AIDSCAP interventions.

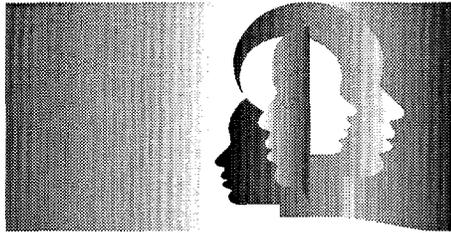
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### Evaluation Tools Modules

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Increasingly, AIDS program managers recognize that an in-depth understanding of the context in which risky behavior occurs is indispensable to implementing successful interventions. Because no single source of information can provide a comprehensive perspective on a program, AIDSCAP measures evaluation data by using multiple methodologies to assess program implementation, behavior change, and capacity building. To assist program managers in effectively using the variety of methodologies, AIDSCAP has produced a series of Evaluation Tools Modules over the life of the project.

In 1996 AIDSCAP completed the fifth module, *Qualitative Methods for Evaluation Research in HIV/AIDS Prevention Programming*, and distributed advance copies to country programs currently completing final program evaluation research. This



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module provides program managers with an overview of concepts and methods used in qualitative evaluation research, as well as examples from AIDSCAP subprojects of the focus group discussions, key informant interviews, and rapid ethnographic studies conducted during the past five years.

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**AVERT  
Model**

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AIDSCAP has also continued to develop the AVERT Model to estimate numbers of HIV infections averted by prevention programs emphasizing condom promotion, behavior change communication (BCC) interventions, and improved STD control. The model has been tested over the past year for technical soundness and internal consistency. A user's manual has been circulated internally among AIDSCAP staff and will be widely distributed by the end of the year. AIDSCAP plans to validate the AVERT Model and apply it in the field as an assessment and planning tool for stakeholders and project managers.

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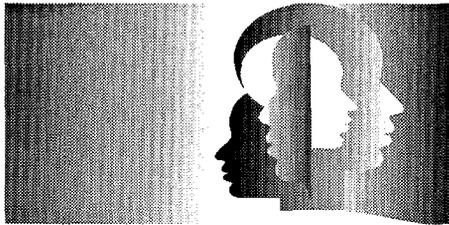
**Planning for  
and Implementing  
End-of-Project  
Evaluations**

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AIDSCAP has developed a Comprehensive Key Informant Interview Questionnaire (CKIIQ) to provide an integrated means of collecting end-of-project technical strategy and capacity building accomplishments. This instrument is designed to provide both qualitative and quantitative information from program managers/ implementors about their organization's structure, management, and technical capabilities, as well as to briefly address sustainability issues. The analysis of the responses to these questions will facilitate subproject and country program reporting, as well as the process of defining lessons learned.

As the evaluation focus turns to summative analysis and interpretation of qualitative and quantitative data collected throughout the life of the project, AIDSCAP is assessing the success of interventions in the first countries to close out (Haiti, Thailand, and Cameroon). The level of assessment is related to criteria based on the type of projects in a given country and whether they were more oriented toward service delivery, demonstration, or research. End-of-project forums have used evaluation data in innovative and creative ways to inform local stakeholders and implementors about responses to the epidemic and to guide them in setting priorities for future HIV prevention activities. Final summative country evaluations have also informed USAID and the larger HIV/AIDS prevention community about AIDSCAP's in-country achievements.

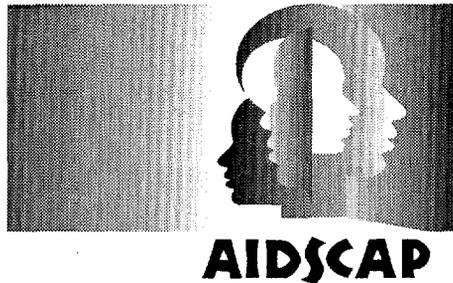
AIDSCAP has also designed and established a research inventory database to catalog and abstract all AIDSCAP's research reports. Annotated report summaries can be accessed by country, strategic approach, target group, methodology, and other fields, as well as linked to specific subprojects and implementing agencies. When completed at the end of the project, the database will greatly assist in reporting at all levels of the project.



# AIDSCAP

In preparation for the final phase of AIDSCAP, evaluation staff have developed guidelines for comprehensive end-of-project (EOP) evaluation. The guidelines describe specific steps for EOP planning, data collection, analysis, and reporting. The six categories that comprise the comprehensive scope of AIDSCAP evaluation are summarized below.

Category	Description
<b>1. Process data</b>	Process data (from PIFs) showing evidence of accomplishments.
<b>2. Behavioral data</b>	Quantitative (e.g., KABP) or qualitative (e.g., FGD, KII) research on HIV/AIDS-related knowledge and behavior among target or general populations.
<b>3. Biological data</b>	HIV and/or STD seroprevalence studies, when available.
<b>4. Capacity building</b>	Assessments of improvements in technical, managerial, and administrative capability of organizations involved in HIV/AIDS control programs, as well as networks, policy, information sharing, and advocacy efforts among HIV/AIDS NGOs and governments.
<b>5. Technical strategies</b>	
STD	Measures of health provider behavior (PI 6 & 7), health provider pre/post-tests, etc.
BCC	Research on IEC materials (pretesting, recognition rates, etc.), etc.
Condoms	Analysis of distribution, brand recognition, etc.
Other	Case studies, AWI research, policy analysis, etc.
<b>6. Lessons learned</b>	Analysis of accomplishments and results to formulate specific lessons learned in a range of categories, including technical strategies, capacity building, evaluation, management, etc.



# AIDSCAP WOMEN'S INITIATIVE (AWI)

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## Strategy

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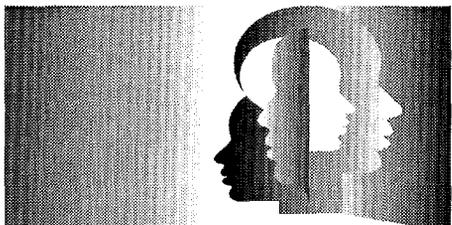
An approach to HIV/AIDS prevention that recognizes gender as important in stemming the spread of the epidemic has been supported by AIDSCAP through the AIDSCAP Women's Initiative (AWI). Efforts have been made to mainstream women's issues and priorities into AIDSCAP activities by ensuring that gender is a factor in the design and implementation of all projects. Groups targeted through training and dissemination include AIDSCAP staff, policymakers, implementing agency staff, other collaborating agencies, and persons with AIDS (PWAs). Through the production and support of model AIDSCAP interventions, policies, and research on women's vulnerability, the Women's Initiative aims to advance and sustain a gender-informed response. The increased proportion of AIDSCAP resources directly focused on women's and girls' vulnerability to HIV/AIDS and women and AIDS issues over the past two years is testimony to a gradual shift in the way that the epidemic is viewed. Moreover, the issue of women and AIDS has been increasingly integrated into programs of collaborating organizations.

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## Program Accomplishments

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- *Gender and AIDS activity:* Projects integrating gender into HIV/AIDS prevention were launched in five African countries as a result of the Gender and AIDS Workshop Activity sponsored by AIDSCAP in collaboration with USAID REDSO/East and Southern Africa (ESA). Forty policymakers involved in the development and implementation of national AIDS programs in Ethiopia, Kenya, Tanzania, South Africa, and Zimbabwe participated in the three-phased gender and HIV/AIDS training program, which included a five-day training workshop in October 1995, implementation of projects over a seven-month period, and a three-day evaluation workshop in May 1996. The specific country action plans were designed to (1) promote communication of HIV/AIDS prevention messages between women role models and girls in Zimbabwe, (2) address the social and legal constraints that negatively affect commercial sex workers in South Africa, (3) involve management in addressing HIV/AIDS prevention among women in the workplace in Kenya, (4) train nongovernmental organization (NGO) leaders in gender analysis for development and implementation of community-based programs in Tanzania, and (5) promote family planning and HIV/AIDS prevention efforts for out-of-school youth, displaced persons, and mothers in Ethiopia.
- *Award for Excellence in Writing on Women and AIDS:* In January 1995, AIDSCAP spearheaded the formation of a coalition to promote global awareness of women's vulnerability to HIV/AIDS at the United Nations Fourth World Conference on Women in Beijing, China, and the concurrent NGO Forum. The coalition proposed four different women and AIDS activities to be implemented by various organizations. The AIDSCAP Women's Initiative was given the responsibility for the organizational activity related to the Award for Excellence in Writing on Women and AIDS. In collaboration with the Joint United Nations Programme on HIV/

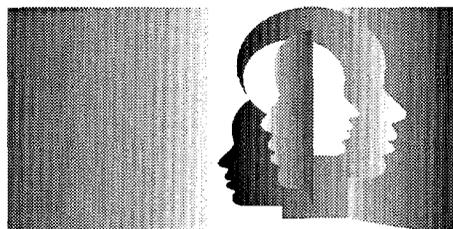


## AIDSCAP

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AIDS (UNAIDS), AIDSCAP presented the award to ten finalists at the XI International Conference on AIDS in Vancouver, Canada, in July 1996, out of approximately 140 submissions received from more than 50 countries. A booklet containing the ten winning articles was produced and distributed at the conference. UNAIDS has announced that the award will be presented at all future international AIDS conferences. The coalition also provided technical support to a USAID-funded meeting in November 1995 that focused on linkages between AIDS prevention and the areas of education, microenterprise, violence, and human rights.

- *The Female Condom Study:* Women's organizations are a key component in an AWI-sponsored study of the female condom being carried out in Brazil and Kenya. The study seeks to determine the profiles of users and non-users of the female condom, assess how introduction of the method affects women's ability to negotiate protection, and explore the role of peer groups in supporting women to sustain use of the method. In addition, male partners of study participants are asked to discuss their perceptions of the device. The study, launched in November 1995 following a training workshop at the HIV Center for Clinical and Behavioral Studies, will conclude at the beginning of FY97.
- *Vancouver Conference activities: "Men, Women, and AIDS Prevention: A Dialogue Between the Sexes"* was an AIDSCAP-sponsored satellite meeting at the XI International Conference on AIDS in Vancouver. Ninety men and women from 27 countries met to explore the potential of dialogue as a formal strategy in HIV/AIDS prevention. Participants recommended that (1) a safe environment be created in which social norms could be changed so both men and women are given respect, (2) research be undertaken that informs what, how, when, and in what context dialogue should occur, and (3) dialogue be utilized as the process that forms the basis for all other policy and operational strategies.
- *Women's Council:* The AIDSCAP Women's Council was convened twice in 1996 to provide technical guidance for reaching women on issues concerning the HIV/AIDS epidemic. Specifically, the Council focused on the evaluation of HIV/AIDS prevention efforts. To assist AIDSCAP in developing indicators that are gender appropriate and that measure empowerment of specific groups of women and men vis-à-vis the epidemic, a number of general recommendations were made: (1) evaluation indicators must come from the field and from the projects themselves, (2) population-based testing of indicators should be done, and (3) new indicators should measure qualitative aspects of relationships and attitudes as much as possible. More generally, the Council suggested that AIDSCAP follow up the Beijing Platform for Action's recommendations for HIV/AIDS; convene a working group to concentrate on gender-sensitive, AIDS-related indicators and objectives; and call a meeting of NGOs, government officials, and academics to discuss gender and AIDS in order to get HIV/AIDS onto the agendas of other organizations.



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- *Country activities:* AIDSCAP worked with several countries to discuss possible strategies for reaching women and to leverage resources from USAID missions. In Kenya, an assessment of communication between mothers and daughters that will serve as the basis of an intervention is being funded through Mission funds, as are seven rapid response activities for women in Brazil. Based on research among market women's associations in Senegal, an HIV/AIDS prevention intervention has been designed to reach a specific group of market women and girls by integrating HIV/AIDS prevention and education into credit programs and market schemes. In Tanzania, two districts are completing projects in which traditional birth attendants provide social support as well as health care to women caregivers and their affected family members.

In Haiti, forums organized in four regions of the country were convened to encourage cooperation between governmental and nongovernmental organizations regarding policies on women and HIV/AIDS. Recommendations were reported to the new Haitian National AIDS Commission, which intends to incorporate them into its five-year National Plan of Action on HIV/AIDS. A handbook explaining the process of developing national action plans for women and AIDS was produced in the Dominican Republic in conjunction with an AWI-sponsored conference that took place at the end of FY95.

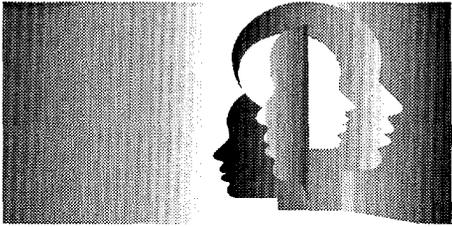
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**Current  
Program Status**

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The implementation of a gender strategy in all AIDSCAP activities has steadily gained momentum since the Women's Initiative was created. The necessity for such a strategy has been recognized at various levels. The UNAIDS strategic plan highlights the relevance of focusing on women and gender in the epidemic. The activities described above suggest that AIDSCAP has been among the organizations to take a leading role in responding to the changing nature of the epidemic.

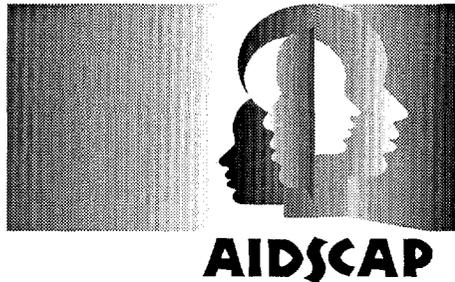
- *Sustainability:* In 1997, AWI will increase efforts to identify and promote activities that have shown promise for sustainability. In this regard, three major activities will be further developed: (1) replication of aspects of the Gender and AIDS Activity in other regions through collaboration with organizations such as USAID/REDSO West and Central Africa (WCA), (2) the development and diffusion of dialogue as a formal strategy in HIV/AIDS prevention based on the Vancouver satellite meeting, "Men, Women, and AIDS Prevention: A Dialogue Between the Sexes," and (3) a second Female Condom Conference in 1997 to update experts on the status of research, review policies, and create strategies for sustaining access to the device and strengthening collaboration among major players promoting its use.
- *Country and regional activities:* AWI model interventions and country subprojects have been designed to integrate gender into implementing agency programs that will be sustained beyond AIDSCAP. A number of



## AIDSCAP

country and regional activities will be concluded in the three regions and documented with information from resident advisors and implementing agencies. These include a project in which three Latin American countries promote a regional response to HIV/AIDS based on a gender approach to STD prevention and management, a project with PWAs in South Africa, and a series of women's projects in Honduras.

- *Information dissemination:* The second Female Condom Conference (noted above) will report on the recently concluded AIDSCAP research in Kenya and Brazil and other work being done by FHI in North Carolina. AWI will produce and disseminate (1) the "Gender and AIDS" training module, report, and handbook, (2) a "Dialogue Resource Package" to assist agencies in replicating the "Men, Women, and AIDS Prevention: A Dialogue Between the Sexes" meeting, (3) a video on women and AIDS, and (4) the report on female condom research. The book, *Women's Experiences with HIV/AIDS: An International Perspective*, will be published by Columbia University Press and launched by AIDSCAP. In addition, a peer-reviewed article about the Vancouver satellite meeting on dialogue between the sexes will be published in *AIDS Care*.
- *Lessons learned:* As a leader in the area of gender and HIV/AIDS, AIDSCAP will ensure that gender is highlighted in the collection and distillation of all lessons learned. Specifically, AIDSCAP will collaborate directly in various fora to highlight issues of gender in country programs. The final Women's Council to be convened at AIDSCAP headquarters will include organizations that have worked on HIV/AIDS prevention and will focus on providing a framework for documenting lessons learned related to gender within AIDSCAP and through other organizations.



# UNICEF

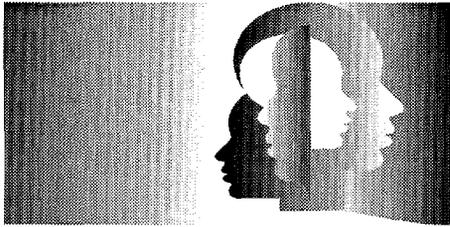
AIDSCAP and the United Nations Children's Fund (UNICEF) collaborated in the area of HIV/AIDS prevention from September 3, 1993, to August 26, 1996, with funding from a \$500,000 technical assistance grant. Under this collaboration, AIDSCAP provided technical support in three major areas, including participating in meetings and providing technical assistance to the Sexual and Reproductive Health Promotion Technical Support Group (SRHP TSG) and the Mass Communication and Mobilization TSG and providing information support through mailings and the production of a CD-ROM. Evaluation support was provided to one SRHP TSG member country, Benin.

## Program Accomplishments

- An AIDSCAP representative attended the Mass Communication and Mobilization Technical Support Group meeting to work with participants from the countries to (1) identify their technical assistance needs, (2) accelerate and improve UNICEF country office programming, and (3) bring the skills and experiences of relevant FHI/AIDSCAP project staff—U.S.- and field-based—to the attention of the country offices. AIDSCAP also contributed the experience and knowledge of FHI to the peer review of country programs, the development of the situational analysis, planning and evaluation tools, and the development of the countries' six-month work plans.
- At UNICEF's direction, AIDSCAP's activities in information support focused on the production of a CD-ROM, to be updated semi-annually. The initial version was to serve as a prototype to be evaluated by users and reviewed by peers before work on a second version was initiated. In preparation for production of the CD-ROM, AIDSCAP completed a survey of members of the TSGs to determine topics of greatest interest, level of access to information on particular topics, and the preferred format for information across topics. The results of the survey were used for reference in selecting topics and formats for information to be sent to country offices and to be included on the CD-ROM.

Subsequently, letters were sent to more than 95 expert consultants identified by the project officers in the UNICEF Health Promotion Unit to solicit suggestions for entries in areas identified by UNICEF program officers. Based on these suggestions, AIDSCAP designed a database for child health, youth health, women's health, reproductive health, sexual health, HIV/AIDS, school health, disease control, health policy, health systems, services and supplies, health monitoring, and health communications. The CD-ROM was distributed to more than 100 individuals in October 1995. Plans to revise corrections to the prototype and the companion pamphlet have been put on hold by UNICEF as they undertake an agency-wide review of UNICEF information mechanisms.

- In October 1995 AIDSCAP participated in the UNICEF meeting, Programming Approaches to Youth and Women's Health, in Mohonk, N.Y. The



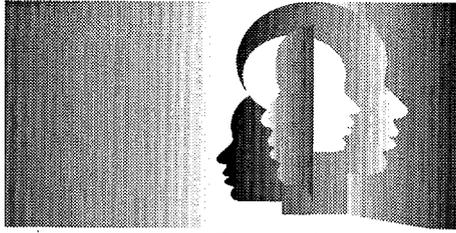
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purpose of the meeting was to review UNICEF's past two to three years of experience in strategies and approaches in youth and women's health, school health programs, health communications and mass media, and social marketing. UNICEF field office and headquarters staff and key technical partners presented country experiences and proposed technical guidelines for program planning and evaluation. AIDSCAP presented its experience in improving STD user-friendly services through targeted intervention research in Benin, Swaziland, and Zambia.

AIDSCAP also participated in an evaluation of UNICEF'S Technical Support Group Initiative by the Center for Partnership Development of Oslo, Norway.



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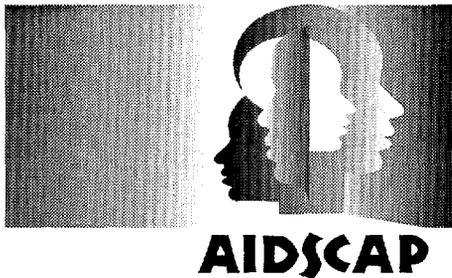
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**AND**

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**PRESENTATIONS**

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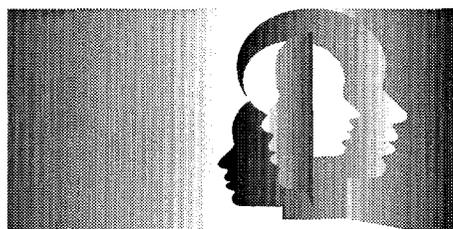
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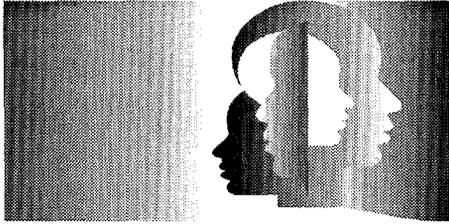
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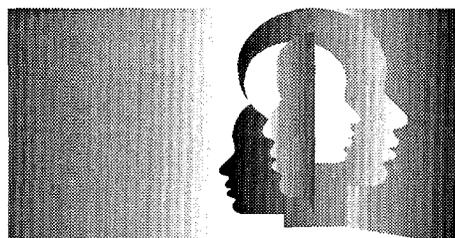
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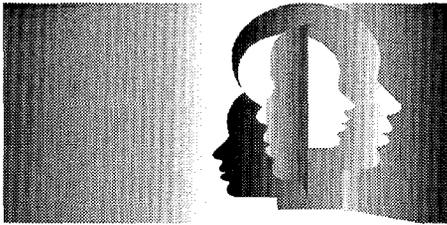
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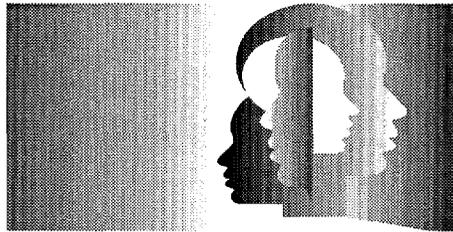
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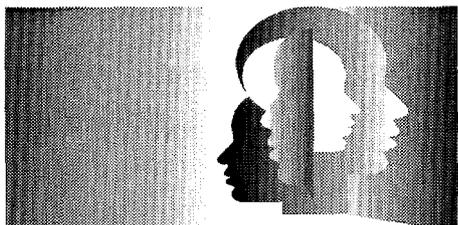
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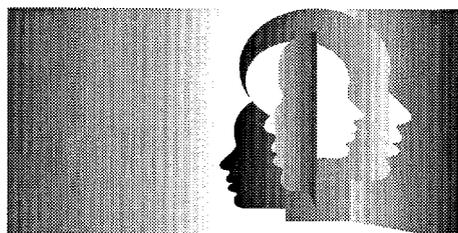
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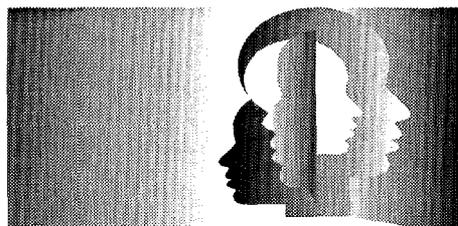
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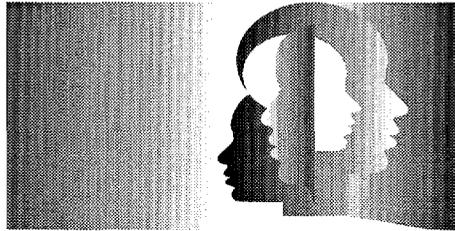
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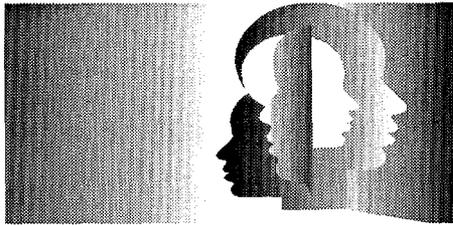
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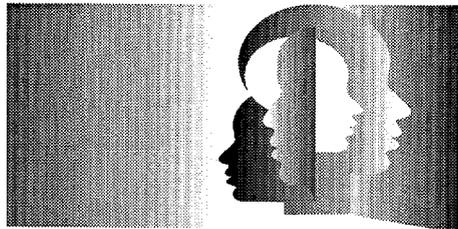
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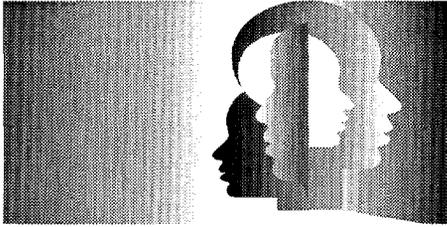
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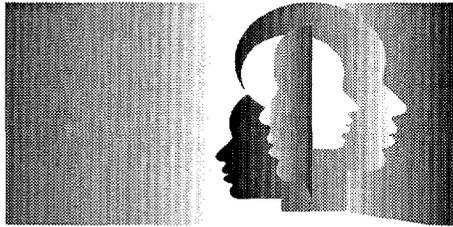
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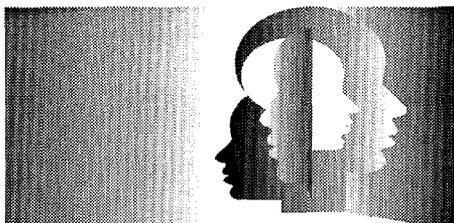
"Superstar" and "Model Brothel": Developing and Evaluating a Condom Promotion Program for Sex Establishments in Chiang Mai, Thailand. *AIDS*. 1995; 9(suppl 1):S69-S75.

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AIDS & STDs: Risk Behavior Patterns among Female Sex Workers in Bali, Indonesia. *AIDS Care*. 1992; 5(3):289-303.



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# PRESENTATIONS AND POSTER SESSIONS FY96 (SUMMARY)

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Listed in chronological order.

**Field M.**

Development of an Information Tool for UNICEF Country Offices: The HEALTH95 Promotion and Services CD. UNICEF Programming Meeting. New Paltz, New York. October 10, 1995.

**Field M.**

FHI Technical Support to UNICEF Technical Support Group Countries: Highlights of Lessons Learned. UNICEF Programming Meeting. New Paltz, New York. October 10, 1995.

**Field M.**

AIDS Prevention from Different Perspectives: The Need for Inter-Organizational and Interdisciplinary Collaboration. Yale School of Public Health. New Haven, Connecticut. November 2, 1995.

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**X Latin American  
Congress on  
Sexually  
Transmitted  
Diseases  
and the  
IV Pan American  
Conference on  
AIDS.  
Santiago, Chile.  
November 10-13,  
1995.**

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**Plenary Session**

**Lamprey P.**

Prevention of the Sexual Transmission of HIV: A Comprehensive Approach.

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**Presentation**

**Calderón R.**

Reality of HIV/AIDS. Media Seminar for Latin American Journalists. Panos Institute. Santiago, Chile. November 14, 1995.

**Calderón R.**

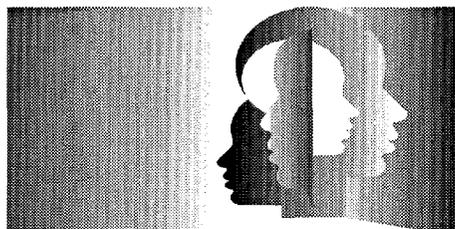
Press Conferences and Television Interview.

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**Presentations**

**Lamprey P.**

AIDS in Developing Countries: An Update. Woodrow Wilson School of Public and International Affairs. Princeton, New Jersey. November 28, 1995.



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**Field M.**

STDs in Adolescents. Advocates for Youth Tenth Anniversary Meeting. Washington, D.C. December 1995.

**Calderón R.**

One-hour WORLDNET TV Satellite Latin America/Caribbean Conference for World AIDS Day. WORLDNET TV, U.S. Information Agency. Washington, D.C. December 1, 1995.

**Lamptey P.**

WORLDNET TV Interview on HIV/AIDS in Africa for World AIDS Day. WORLDNET TV, U.S. Information Agency. Washington, D.C. December 1, 1995.

**Saidel T.**

Uses of HIV/AIDS Epidemiologic Data, Estimates and Projections in Policy Development. International Conference on AIDS—Law and Humanity. New Delhi, India. December 7, 1995.

**Lamptey P.**

Prevention of the Sexual Transmission of HIV: A Comprehensive Approach. Professor K.S. Sanjivi Endowment Lecture. Voluntary Health Services. Madras, India. December 18, 1995.

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**IX International  
Conference on  
AIDS & STD  
in Africa.  
Kampala, Uganda.  
December 10-13,  
1995.**

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**Workshops**

**Lamptey P.**

Co-Chair of AIDSCAP Preconference Workshop: The Status and Trends of the HIV/AIDS Epidemics in Africa.

**Asiedu K. and Hayman J.**

Chairs of AIDSCAP Behavior Change Communication Preconference Workshop on Peer Education.

**Makinwa B.**

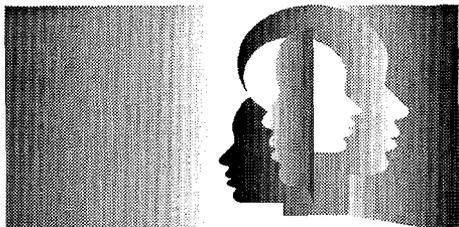
Presented the study findings of Peer Education Projects in Africa at AIDSCAP Behavior Change Communication Preconference Workshop.

**Steen R.**

Chair of AIDSCAP Preconference Workshop on Sexually Transmitted Disease.

**Mtasiwa D.**

Presentation on Baseline Assessment of STD Case Management in Tanzania at AIDSCAP Preconference Workshop on Sexually Transmitted Disease.



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**Plenary Session**

**Eka-Williams E.**

Women, Are They Still a Vulnerable Group.

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**Special Session**

**Lamptey P.**

Chair of panel on Determinants of Stable and Declining HIV Prevalence and Incidence Rates. Behaviour Change or Natural Incidence Dynamics.

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**Posters**

**Benjamin J.**

AIDS Prevention in a Society in Crisis: One Year Experience of Rwanda Refugees in Tanzania.

**Costello D.**

Sexually Transmitted Diseases, A Survey of Case Management in Malawi.

**Crabbé F.**

Antimicrobial Treatment and Susceptibility Surveillance of NG in Africa: Perspectives.

**Eitel M.**

An STD Prevention Program among Men Attending STD Clinics in Yaoundé, Cameroon.

**Mahler H.**

The Power of Fear-Based Messages: Do They Promote Behavior Change?

**Nakyanjo N.**

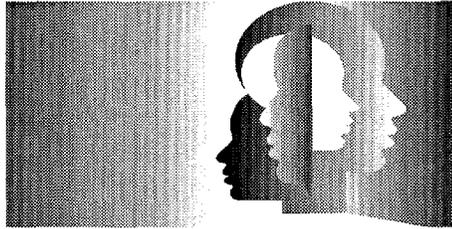
Qualitative Evidence for Sexual Behavior Change in Muslim Ugandan Communities.

**Outwater A.**

Evidence of Behavior Change in a Prostitute Population in Morogoro, Tanzania.

**Steen R.**

STD Case Management in Non-Governmental Health Care Facilities in Dar es Salaam, Tanzania.



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**Steen R.**

Syndromic Management of STDs: Notes from the Field.

**Widmeyer G.**

Social Marketing and Free Condom Distribution in the Context of an Emergency Situation: Constraints and Lessons Learned.

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**1996  
Presentations**

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**Lamprey P.**

Interview on HIV/AIDS Education in Africa. BBC World Service. January 1996.

**Schellstede W.**

The Advantages of Mass Media Communications. Experts Meeting, National Academy of Sciences. Washington, D.C. January 1996.

**Rau B.**

The Private Sector AIDS Policy Presentation (PSAPP) Materials. USAID/Africa Bureau. Washington, D.C. March 11, 1996.

**Preble E.**

Women and AIDS in Developing Countries. Columbia University International Women's Health Seminar Series. New York, New York. March 19, 1996.

**Rau B.**

AIDSCAP's Policy Development and Advocacy Processes in the Context of Kenya HIV/AIDS Prevention Efforts. USAID/Kenya and Collaborating Agencies. Nairobi, Kenya. April 2, 1996.

**Calderón R.**

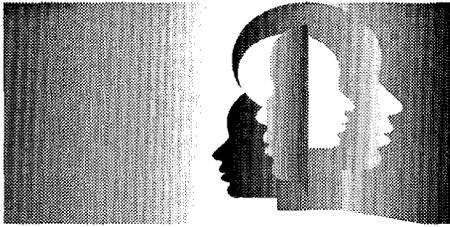
AIDS in the World: The Growing Gap. Leadership Training Program. The Margaret Sanger Center International. New York City, New York. May 1996.

**Calderón R.**

Overview of the Epidemiology, Trends and Impact of HIV/AIDS. Leadership Training Program. The Margaret Sanger Center International. New York City, New York. May 1996.

**Calderón R.**

Diagnosis and Treatment of HIV/AIDS. Leadership Training Program. The Margaret Sanger Center International. New York City, New York. May 1996.



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**XI International  
Conference  
on AIDS.  
Vancouver, Canada.  
July 7-12, 1996.**

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### **Symposium**

#### **Lamptey P.**

Co-Chair: The Status and Trends of the Global HIV/AIDS Pandemic  
Satellite Symposium.

#### **Calderón R.**

Presentation on The Status and Trends of the HIV/AIDS Pandemic in  
South America.

#### **Rehle T.**

Presentation on The Status and Trends of the HIV/AIDS Epidemic in West  
and Central Africa.

#### **Lamptey P.**

Press conference on The Status and Trends of the Global HIV/AIDS  
Pandemic.

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### **Oral Presentations**

#### **Brathwaite A.R.**

Survey of STD Seen among Private Physicians in Jamaica.

#### **Crespo J.**

Lessons Learned: What Makes HIV/AIDS Prevention Sustainable?

#### **Daly C.**

Validation of the WHO Diagnostic Algorithm and Development of an  
Alternative Scoring System for the Management of Vaginal Discharge in  
Malawi.

#### **Hancock J.**

The Macroeconomic Impact of HIV/AIDS in Kenya.

#### **Hayman J.**

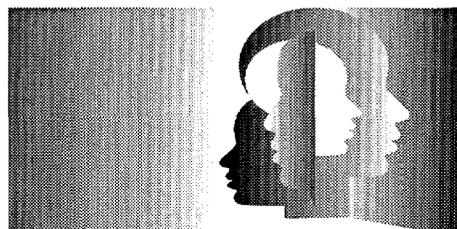
Comparative Experience with Worksite Prevention Programs in Africa:  
Zimbabwe, Tanzania and Kenya.

#### **Hoffman I.**

Effects of Urethritis Therapy on the Concentration of HIV-1 in Seminal  
Plasma.

#### **Pradhan Mahesh P.**

STD/HIV/AIDS: Chemists and the Community.



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**Sanchez L.**

Broadening the Social Base of AIDS Prevention among Men Who Have Sex with Men in the Dominican Republic.

**Siegel G.**

The Epidemiologic, Social and Economic Impact of HIV/AIDS in Three Central American Countries: A Country-Specific and Regional Analysis.

**Wi T.E.**

Communications Patterns Related to STD—Findings from a Qualitative Research Activity among Female Sex Workers in Manila and Cebu City, Philippines.

**Wienrawee P.**

The Socioeconomic Impact of HIV/AIDS in Thailand's Workplace.

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**Posters**

**Alves A.B.**

Training and Capacity-Building on Forms of STD/AIDS Infection for Information Multiplying Agency among Marginalized Populations in Rio de Janeiro.

**Ankrah E.M.**

The Female Condom as a Woman-Controlled Protective Method.

**Asiedu K.**

Gender and AIDS: Training the Top Policymaker.

**Basnyat A.**

Dhaaley Dai Speaks HIV/AIDS Messages in Nepal.

**Benjamin J.A.**

AIDS Prevention in Chaos: The Case of Rwanda Refugees in Tanzania.

**Bhattarai Mahesh D.**

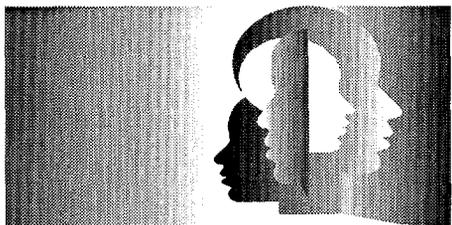
Involving Women in HIV/AIDS Outreach in a Conservative Hindu Society.

**Brito C.**

"VIEJO SI TE DA NO LLEGAS": Tapping in on Private Sector Collaboration for a BCC Adolescent AIDS Campaign in the Dominican Republic.

**Burian C.**

Creating an Asian Network on Women and AIDS.



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**Butler de Lister M.**

Prevalence of STD among Women on the Sugar Cane Plantations (Batayes) of the Dominican Republic.

**Carvalho R.C.**

STD Control: Building Bridges for HIV/AIDS Prevention in Rio de Janeiro, Brazil.

**Castillo J.**

Provocative Theater: An Invitation to Life an Innovative Strategy for HIV/AIDS Prevention in the Commercial Sex Industry.

**Chicrala M.A.**

To Evaluate HIV/AIDS Knowledge, Attitude and Practices among Low Income Teenagers, including Street Dwellers in Rio de Janeiro, Brazil.

**Clemente M.**

The Brazilian Condom Market: Positive Effects of Social Marketing.

**Coleman J.**

Women and AIDS: A Coalition Educating for Empowerment and Prevention.

**Cromack L.**

Should We Distribute Condoms to Adolescents? The Experience in Rio de Janeiro, Brazil.

**Dallabetta G.**

Validation of the WHO Diagnostic Algorithm and Development of an Alternative Scoring System for the Management of Vaginal Discharge in Malawi.

**Delgrande J.P.**

AIDS Prevention for Low Income CSWs in Two Urban Areas in the Northeast of Brazil.

**de Zaluondo B.O.**

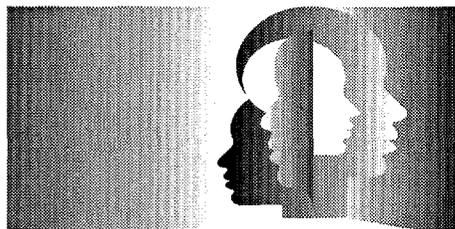
Insider Images of Sexual Relations in Cité Soleil: A Resource for BCC Interventions in Urban Haiti.

**Douglas K.G.**

Risk Factors Associated with STD/HIV Seropositivity among Female Commercial Sex Workers: Implications for an Integrated Intervention Strategy.

**Ella A.**

Strategy for HIV/AIDS Prevention Activities in the Armed Forces and Police in Cameroon.



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**Fernandes M.E.L.**

Capacity Building: A Critical Component in the Implementation of HIV/  
AIDS Prevention in Brazil.

**Flanagan D.**

"Emma Says" and the "Fleet of Hope": The Appeal of Global Messages  
and Icons.

**Ford K.**

What Makes an Intervention Effective? A Multilevel Analysis of Data from  
Female Sex Workers, Pimps and Clients in Bali, Indonesia.

**Forsythe S.**

The Evolution and Role of Socioeconomic Impact Assessments in the  
Policy Process.

**Gebre A.**

Health-Seeking Behaviors for STDS in Four Ethiopian Communities: Their  
Relevance for Designing Treatment and Prevention Programs.

**Ghee A.**

Experience in the Philippines Using a Pre-Designed Qualitative Research  
Protocol to Investigate STD Health-Seeking Behavior.

**Gravato N.**

Refinement of Census for Commercial Sex Workers in the City of Santos.

**Hartwig K.**

The Role of Women Living with HIV in Community Education, Prevention  
and Care.

**Kalckmann A.S.**

Female Condom and the Media in Brazil.

**Lacerda R.**

A Cohort Study of Risk and Serology among Male Port Workers in Santos,  
Brazil.

**Lacerda R.**

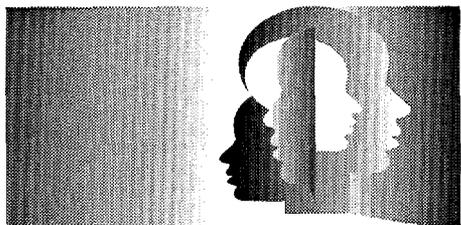
Intervention for HIV/AIDS Prevention among Harbor Workers in the City  
of Santos, São Paulo, Brazil.

**Lima Ivanilda S.**

Commercial Sex Workers Experience as Health Agents in Rio de Janeiro,  
Brazil.

**MacNeil J.**

Weighing the Evidence: Linking Prevention with Care.



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**Mahlalela X.**

Experience of Capacity Building in HIV/AIDS Education and Prevention with South African Traditional Healers: The Nompumelelo Phambili Traditional Healers' Project.

**Mahler H.M.**

Afraid to Use Fear? Observations and Recommendations from Africa, Asia and Latin America.

**Makinwa B.**

Misinformation among AIDS Educators: A Survey of Key Persons in Rwanda, Senegal, South Africa and Tanzania.

**Mangkalopakorn C.**

Opportunities for Sustainability in Bangkok's STD Clinics.

**Manhart L.E.**

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**Maradizika J.**

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**Marufu T.**

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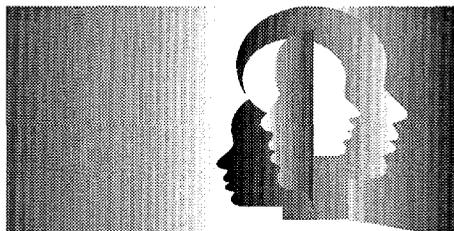
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An STD/HIV/AIDS KABP Survey Conducted in the Zimbabwe National Army.

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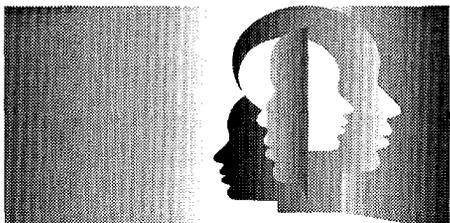
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**Ryan C.**

Validation of Algorithms for the Syndromic Management of Sexually Transmitted Diseases in the Dominican Republic.

**Siziya S.**

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**Szterenfeld C.**

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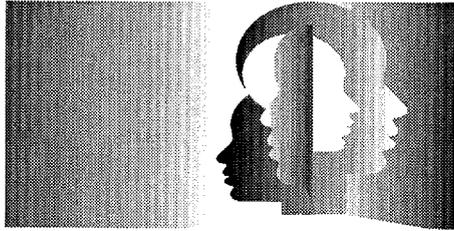
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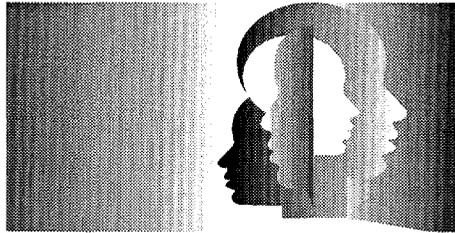
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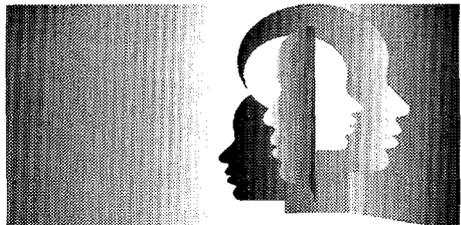
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# **FINANCIAL**

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# **SUMMARY**

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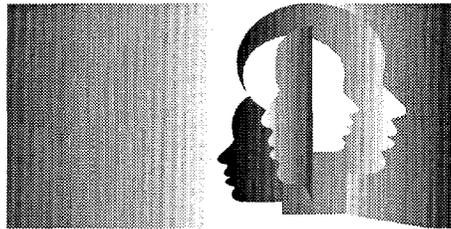
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# BUY-INS, ADD-ONS, OYB TRANSFERS BY REGION

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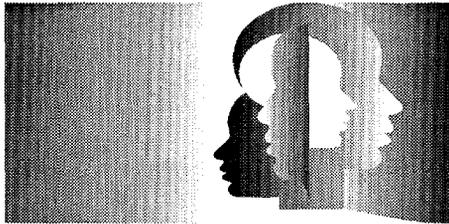
Family Health International/AIDSCAP  
Buy-Ins, Add-Ons, and OYB Transfers by Region  
Cooperative Agreement DPE-5972-A-1031  
Contract HRN-5972-Q-00-4002

	Fiscal Year 1996	Prior Fiscal Years	Total
<b>Africa</b>			
<b>Africa Regional</b>		527,175	527,175
<b>Burundi</b>		490,894	490,894
<b>Cameroon</b>		1,550,000	1,550,000
<b>Côte d'Ivoire</b>		79,776	79,776
<b>Ethiopia</b>	448,771	2,465,000	2,465,000
<b>Kenya</b>		4,596,182	4,596,182
<b>Lesotho</b>		624,000	624,000
<b>Malawi</b>		400,000	400,000
<b>Mali</b>		475,000	475,000
<b>Niger</b>		150,000	150,000
<b>Nigeria</b>		4,720,000	4,720,000
<b>Rwanda</b>		6,438,396	6,438,396
<b>South Africa</b>		6,591,584	6,591,584
<b>Tanzania</b>	3,418,618	9,196,200	12,614,818
<b>Uganda</b>		200,000	200,000
<b>Zimbabwe</b>		4,500,000	4,500,000
<b>Subtotal</b>	<b>3,867,389</b>	<b>47,204,207</b>	<b>51,071,596</b>



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	Fiscal Year 1996	Prior Fiscal Years	Total
<b>Asia/Near East</b>			
Asia Regional		2,500,000	2,500,000
India		320,500	320,500
Indonesia		5,513,952	5,513,952
Morocco		829,585	829,585
Nepal	465,624	999,242	1,464,866
<b>Subtotal</b>	<b>465,624</b>	<b>10,163,279</b>	<b>10,628,903</b>
<b>LA/C</b>			
LA/C Regional		638,000	638,000
Bolivia		49,804	49,804
Brazil	1,397,946	4,628,347	6,026,293
Colombia		75,000	75,000
Costa Rica		150,000	150,000
Dominican Republic	999,825	4,248,638	5,248,463
Ecuador		298,000	298,000
Haiti		6,792,820	6,792,820
Honduras		1,853,565	1,853,565
Jamaica		4,134,252	4,134,252
Nicaragua		235,190	235,190
Peru		14,055	14,055
<b>Subtotal</b>	<b>2,397,771</b>	<b>23,117,671</b>	<b>25,515,442</b>
<b>Other</b>			
CDC		100,000	100,000
NIAID		400,000	400,000
WID		582,000	582,000
<b>Subtotal</b>	<b>0</b>	<b>1,082,000</b>	<b>1,082,000</b>
<b>Total</b>	<b>6,730,784</b>	<b>81,567,157</b>	<b>88,297,941</b>



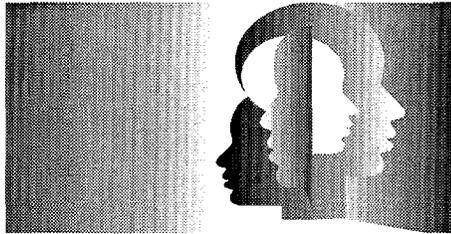
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# **AIDSCAP FY96 EXPENDITURES BY COUNTRY**

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**Family Health International/AIDSCAP  
FY96 Expenditures  
October 1, 1995 - September 30, 1996**

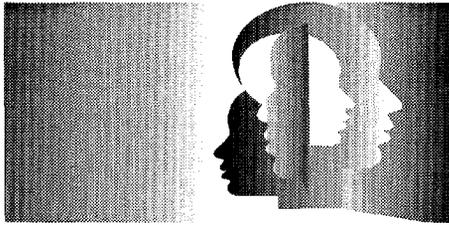
<b>Africa</b>	<b>Cameroon</b>	1,084,713
	<b>Ethiopia</b>	386,386
	<b>Guinea</b>	46,923
	<b>Côte d'Ivoire</b>	126,893
	<b>Kenya</b>	2,063,089
	<b>Malawi</b>	1,416
	<b>Mali</b>	12,148
	<b>Mozambique</b>	54,413
	<b>Niger</b>	42,199
	<b>Nigeria</b>	2,373,621
	<b>Rwanda</b>	2,477,134
	<b>Senegal</b>	2,047,672
	<b>South Africa</b>	1,811,781
	<b>Tanzania</b>	3,195,747
	<b>Uganda</b>	17,169
	<b>Zambia</b>	305,345
	<b>Zimbabwe</b>	1,260,540
	<b>Africa Region</b>	3,171,398
	<b>Headquarters support to country programs</b>	4,446,363
	<b>Subtotal</b>	<b>24,924,950</b>



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<b>Asia/Near East</b>		
	<b>Bangladesh</b>	84,515
	<b>Cambodia</b>	112,806
	<b>Egypt</b>	97,761
	<b>India</b>	521,735
	<b>Indonesia</b>	1,827,198
	<b>Lao PDR</b>	144,859
	<b>Mongolia</b>	8,460
	<b>Morocco</b>	197,271
	<b>Nepal</b>	561,809
	<b>Philippines</b>	189,513
	<b>Sri Lanka</b>	8,280
	<b>Thailand</b>	1,078,028
	<b>Asia Region</b>	956,094
	<b>Headquarters support to country programs</b>	1,202,362
	<b>Subtotal</b>	<b>6,990,691</b>



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LA/C		
	Bolivia	0
	Brazil	1,712,062
	Chile	9,591
	Colombia	6,927
	Costa Rica	0
	Dominican Republic	1,489,797
	Ecuador	31,085
	El Salvador	80,760
	Guatemala	16,655
	Haiti	1,204,566
	Honduras	982,548
	Jamaica	1,370,491
	Mexico	92,424
	Nicaragua	70,805
	Peru	12,957
	Latin American Region	715,408
	Headquarters support to country programs	1,676,554
	<b>Subtotal</b>	<b>9,472,630</b>
	<b>AIDSCAP Administration</b>	<b>2,761,472</b>
	<b>Total AIDSCAP Project</b>	<b>44,149,743</b>