

AIDSMark
Social Marketing ✓ On Target, On Time
Semi-Annual Report

Reporting Period:
October 1, 1997 - March 31, 1998

CONTENTS

SECTION 1 INTRODUCTION	
Summary Program Description	1
Summary of Activities Planned for the Period	1
Project Director's General Assessment of the Implementation Status of the Report	2
SO4 Chart	
Workplan Progress Summary Chart	
SECTION II PERFORMANCE REVIEW	
Intermediate Result 4 1	3
Intermediate Result 4 2	6
Intermediate Result 4 3	7
Intermediate Result 4 4	8
Intermediate Result 4 5	9
Intermediate Result 4 6	13
SECTION III COUNTRY SUMMARIES	21
(Optional - not included in semi-annual report)	
SECTION IV PROBLEMS/CONSTRAINTS	
Major Problems Encountered during the Period and Their Resolutions	22
SECTION V FINANCIAL SUMMARY	24
Cooperative Agreement Baseline Report	
Notes	
Financial Summary	
ATTACHMENTS	
1 List of Acronyms	A1

I. INTRODUCTION

SUMMARY PROGRAM DESCRIPTION

The AIDS**Mark** program is designed to carry out regional and country-specific HIV/AIDS prevention social marketing interventions worldwide for USAID. AIDS**Mark** will socially market critical health products and services, including the development and dissemination of messages and concepts relating to behavior change.

AIDS**Mark** aims to meet specific Social Marketing Results, designed to link with and support the six Global Bureau's Population, Health, and Nutrition (G/PHN) intermediate results under USAID's Strategic Objective (SO)4. These Social Marketing Results correspond to key AIDS**Mark** activity areas, including (1) social marketing of barrier methods enhanced and expanded, (2) social marketing applied to STI management and prevention worldwide, (3) effective advocacy for contextual changes as a result of and in favor of social marketing, (4) strengthened and expanded private sector involvement in STI/HIV social marketing projects, (5) increased availability and use of information on the effectiveness of social marketing for STI/HIV prevention and management, and (6) worldwide leadership in social marketing for STI/HIV prevention and management.

SUMMARY OF ACTIVITIES PLANNED FOR THE PERIOD

AIDS**Mark**'s plan for the first year has been designed to contribute primarily to Social Marketing Results 5 and 6 (and G/PHN's Intermediate Results 5 and 6). Many of the planned activities relate to developing and strengthening mechanisms to ensure effective, coordinated program implementation. These include finalizing agreements with our AIDS**Mark** partners and laying the foundation for future collaboration, marketing the program to internal and external customers, and developing and refining research strategies and financial reporting systems.

Halfway through the year, the plan remains basically on track. Collaboration with partners has moved from the administrative to the programmatic. These efforts include formal and informal meetings with all partners, ongoing work with MSH to draw on their experience in organizational development in finalizing our proposed social marketing assessment tool, and the establishment of technical working groups.

Marketing accomplishments have included the development and widespread dissemination of a general information brochure on AIDS**Mark**, faxing more than 30 information sheets to missions, and implementing a consistent AIDS**Mark** IEC campaign targeting PSI field staff. Presentations on AIDS**Mark** were made to the missions in Nigeria, India, Russia, Peru, Nicaragua, Ghana, South Africa, and Tanzania.

The planned development and refinement of research strategies and financial reporting systems

began and is on schedule. Internal PSI contracting and proposal development procedures were also developed or amended as necessary to accommodate AIDSMark add-ons.

We also began implementation of field programs in Rwanda and West Africa, and began design work for activities in Brazil, Russia, and Zimbabwe. Program design trips were taken to Brazil, Cambodia, and Zimbabwe. A major activity was hosting a delegation from Russia to the United States toward an eventual AIDSMark program in that country. Other results include a plan to support DKT in Brazil to target groups at high risk of contracting and spreading HIV, a subcontract with Africare and PSI/Togo in West Africa to implement peer education programs with truckers and other members of the migrant population, an equipped and staffed facility to develop, produce, and evaluate health-promoting communications in Rwanda, and collaboration with both FHI and Horizons on an innovative proposal to develop a voluntary counseling and testing program in Zimbabwe.

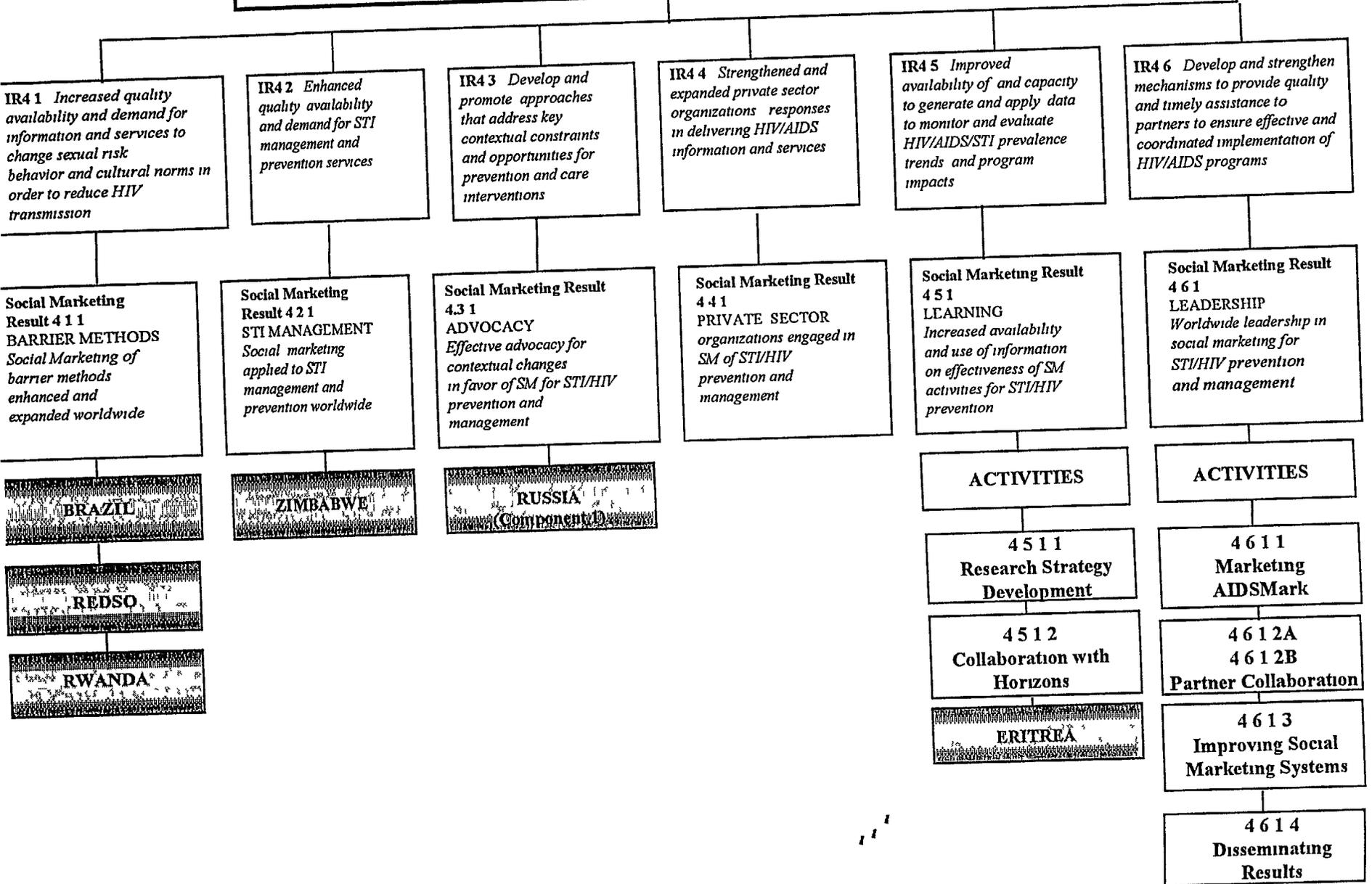
It is difficult to assess our performance to date in marketing the program. The number of add-ons received is satisfactory, but at this early stage, business may be resulting as much from prior mission or bureau satisfaction with social marketing in general and PSI in particular as from D/HIV's or AIDSMark's current marketing.

PROJECT DIRECTOR'S GENERAL ASSESSMENT OF THE IMPLEMENTATION STATUS OF THE REPORT

The project director's overall assessment is that AIDSMark is off to a satisfactory start.

Activities as of March 31, 1998

STRATEGIC OBJECTIVE 4 Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS epidemic



Shaded areas indicate AIDSMark field activities

WORKPLAN PROGRESS SUMMARY (March 31, 1998)

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4 1	--	--	1) REDSO/WCA West Africa Regional Migrant Outreach 2) Brazil Targeted Condom Social Marketing 3) Rwanda Health Communications Center
IR 4 2	--	--	Zimbabwe Voluntary Counseling and HIV Testing
IR 4 3	--	--	Russia HIV Prevention Initiative
IR 4 4	--	--	No interventions focusing primarily on this activity
IR 4 5	IR 4 5 1 1 Research Strategy Development	1) Develop standardized tools for marketing research 2) Improve existing research strategies 3) Develop new strategies for social marketing research 4) Scale up research and evaluation activities	1) Three research tool kits are under development These include guidelines questionnaires and report templates 2) The research "tool kits" will allow more effective strategies of reaching consumers provide information on subgroups and help in improving marketing campaigns 3) Development of plans for targeted social marketing research in Brazil Togo Eritrea, and Zimbabwe 4) Focus on gender-appropriate questionnaires and reaching high risk groups
IR 4 5	IR 4 5 1 2 Collaboration with Horizons	1) Possible collaboration with Horizons on a concept paper involving female condom use 2) Possible collaboration with Horizons on a concept paper involving social marketing for STI treatment	1) Collaboration with Horizons on female condom research in Zimbabwe 2) Collaboration with Horizons in implementing a voluntary counseling and testing program in Zimbabwe

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4.6	IR 4 6 1 1 Marketing AIDSMark	1) Identify mission priorities and needs 2) Assess the levels of awareness of AIDSMark and other SO4 partners 3) Collect information on the perceived needs and preference of PHN officers 4) Investigate barriers to using AIDSMark 5) Market AIDSMark internally to PSI 6) Market AIDSMark externally to USAID mission personnel and other assumed stakeholders	1) Information gathered on 81 different missions and regional bureaus 2) Awareness assessed at those missions/bureaus reached their knowledge is often sketchy and understanding of the new mechanisms poor 3) Information collected illustrates that there are technical needs, but that missions prefer established mechanisms or known entities to resolve them 4) Barriers identified include existing bilateral relationships funds already committed, a belief that PSI 'only does condoms' wariness of the logistics of multiple procurements, general lack of understanding of how the multiple procurements can be used, fear of "double-overhead" 5) Five internal marketing mechanisms have been used a regular feature in the biweekly <i>Report to the Field</i> periodic e-mail surveys to PSI field staff a presentation to all PSI staff at the worldwide retreat, Planning Committee meetings, cooperation with partners 6) Three external marketing techniques used mail fax and e-mail of info to USAID missions telephone calls and personal visits and meetings with bureau staff 7) Unplanned activities include the development of the annual workplan contracting mechanisms and procedures, financial controls, monitoring systems, and staff
IR 4.6	IR 4 6 1 2 Collaboration with AIDSMark partners and other SO4 partners	(With AIDSMark partners) 1) Subprogram agreements 2) Planning Committee 3) Technical Working Groups 4) E-mail forum 5) Ad hoc meetings and communications (With SO4 partners) 1) Communication with partners 2) Monitoring and Evaluation with SO4 partners	(With AIDSMark partners) 1) Subprogram agreements completed with all AIDSMark partners 2) Planning Committee created and functioning 3) Technical Working Groups planned to meet on two issues 4) A proposal has been circulated by PATH A decision has been deferred pending guidance from D/HIV 5) Ad hoc meetings and communications are ongoing with all partners as needed (With SO4 partners) 1) Communication established with SO4 partners through a variety of mechanisms 2) Mechanisms have been implemented by AIDSMark to monitor and evaluate the nature and sufficiency of the collaboration
IR 4.6	IR 4 6 1 3 Improving Social Marketing Systems	1) Expansion of PSI's ability to collect manipulate and use financial data 2) Enhanced performance standards to improve the management of social marketing activities	1) AIDSMark has met with technical and financial staff at G/PHN and at PSI to determine the needs of G/PHN in financial reporting and the ways PSI can respond to them 2) Creation of the PRISSM This has been tested and adapted in several non-AIDSMark countries AIDSMark add-ons for Brazil and Zimbabwe include annual PRISSM exercises PSI country programs are adopting PRISSM methodologies
IR 4.6	IR 4 6 1 4 Dissemination of Results	1) Development of a working paper series 2) Participation in the annual meeting of the Population Association of America 3) Participation in the 12th World AIDS Conference in Geneva	1) Development of the working paper series is underway 2) The AIDSMark Research and Evaluation Coordinator attended the annual meeting including sessions on behavioral research on HIV/AIDS 3) AIDSMark's application to host a satellite meeting on "Global Perspectives on AIDS Prevention Social Marketing" has been accepted

II. PERFORMANCE REVIEW

In our initial Workplan, anticipated field activities were described under specific IRs based on the information then available from missions and bureaus about expected scopes of work. In a few cases, the emphasis of the activities changed during the process of design. This performance review reflects these changes, with such activities now discussed under a different IR based on their primary final content.

INTERMEDIATE RESULT 4.1

Increased quality, availability and demand for information and services to change sexual risk behavior and cultural norms in order to reduce HIV transmission.

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4.1	-	--	1) REDSO/WCA West Africa Regional Migrant Outreach 2) Brazil Targeted Condom Social Marketing 3) Rwanda Health Communications Center

During this reporting period, three activities contributing primarily to IR 4.1 got underway, as did another intervention with some elements supporting this IR.

- 1 REDSO/WCA West Africa Regional Migrant Outreach
- 2 Brazil Targeted Condom Social Marketing
- 3 Rwanda Health Communications Center

Activity 1

REDSO/WCA West Africa Regional Migrant Outreach

Description

With support from USAID REDSO/West Africa, the West Africa Regional Migrant Outreach scaled up the existing Family Health and AIDS (FHA/WCA) project beginning a \$300,000 series of interventions in HIV/AIDS prevention education and condom promotion. Both obligation and activities began during this reporting period. The activity targets migrant populations and their sexual partners along major transportation routes in the Ivory Coast and Burkina Faso. Targeted prevention activities also began for additional at-risk migrant groups and their sexual partners in Togo.

Through these interventions, peer educators (PEs) will be trained and their educational efforts reinforced by outdoor advertising, printed literature, and giveaway items that promote socially marketed condoms in the regions. Both PE and IEC activities are carried out in all three countries. Peer educators will sell the socially marketed condoms of the countries they work in,

and condom social marketing (CSM) projects in those countries will also ensure that retail establishments in the targeted areas stock the projects' condoms. Successful implementation of all these aspects of the activity will directly contribute to G/PHN's **IR 4 1**.

This activity also includes a small, pilot intervention to create demand for STI treatment services among truckers which will contribute to **IR 4 2**.

A knowledge, attitudes, and practices (KAP) research study to be conducted among truckers and CSWs in Togo as part of this intervention will also contribute to the achievement of **IR 4 5**, by improving the availability of data to monitor and evaluate program impacts.

Achievements

This intervention was only concluded late in the first half of the year, and no significant benchmark activities had yet been achieved by the close of the reporting period.

Activity 2

Brazil Targeted Condom Social Marketing

Description

An AIDSMark design team negotiated the details of a four-year, \$1.5 million program in Brazil to expand condom availability among high-risk populations and to strengthen private sector HIV/AIDS prevention entities and efforts. Design of activities began during this reporting period, obligation and commencement of activities is expected by early July. This activity is being implemented by DKT/Brazil, with the participation of several other NGOs in the four USAID target states of São Paulo, Rio de Janeiro, Ceara, and Bahia. Over the life of project, the goal is to increase project male condoms sales from 21 million in 1997 to at least 31 million by the year 2000. DKT will also expand social marketing female condoms to at-risk women in the same catchment areas. Sales are expected to increase to 750,000 per year by the end of the activity. Such increases will significantly contribute to the achievement of G/PHN's **IR 4 1**.

Under a separate component of this activity, DKT do Brasil, in collaboration with ASF (Associação Saúde da Família, FHI's affiliate organization), will continue to advocate for changes in commercial regulations and taxation practices that still impede greater condom distribution and accessibility in Brazil. These efforts will contribute to **IR 4 3**.

Other components of the intervention include working with ASF to identify and improve the capacity of other indigenous NGOs to carry out effective HIV/AIDS prevention activities in the states of Rio de Janeiro and São Paulo and with Pathfinder to do the same in the northeastern states of Bahia and Ceara. Together, these activities will materially contribute to **IR 4 4**.

As part of this agreement, DKT/Brazil, through a subcontract to ASF, will conduct annual

condom distribution and consumer profile surveys in the four target states to measure progress in condom accessibility and levels of use. This work will contribute to **IR 4 5**

Achievements

The agreement for the Brazil intervention is expected to be finalized by July 1998 and efforts begun immediately thereafter.

Activity 3

Rwanda Health Communications Center

Description

A two-year, \$1.7 million intervention will deliver an equipped and staffed facility to develop, produce, and evaluate health-promoting communications, including HIV/AIDS/STI prevention messages, for private and public institutions of Rwanda. Design of activities was completed and agreed upon by the mission during this reporting period, activities began April 1, 1998. This activity will directly contribute to the achievement of the Global Bureau's **IR 4 1**. Because the creation of the center will also address the constraints created by the 1994 Rwandan war, including destruction of infrastructure and human resource talent in communications, it also will contribute toward **IR 4 3**.

The center will be independent and function as a private sector, nonprofit, fee-for-service facility, with the goal of attaining some degree of fiscal sustainability within the first two years of the activity. Achievement of this goal will contribute toward accomplishment of **IR 4 4**.

Finally, this intervention will also contribute to **IR 4 5** by improving the ability of Rwandans to generate and apply data to evaluate the effectiveness of the center's health messages.

Achievements

There are as yet no benchmark points reached for this activity, which is just getting underway.

Other Interventions Contributing to this IR

Zimbabwe Voluntary Counseling and HIV Testing (see IR 4 2 immediately below)

INTERMEDIATE RESULT 4 2

Enhanced quality, availability, and demand for STI management and prevention services

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4.2	--	--	Zimbabwe Voluntary Counseling and HIV Testing

Activity

Zimbabwe Voluntary Counseling and HIV Testing

Description

At the request of USAID/Zimbabwe, a design team composed of representatives of AIDSMark, IMPACT, Horizons, the National AIDS Control Program of Zimbabwe, PSI/Zimbabwe, FHI's Zimbabwe affiliate, and a local NGO, MAC, together laid the groundwork for an AIDSMark add-on for a four-year, \$2.8 million, multisite voluntary HIV/AIDS counseling and testing (VCT) intervention to promote adoption of safer sexual behavior. Implementation of this add-on will begin early in the second half of the first year.

This intervention will expand the availability and demand for STI prevention services in Zimbabwe by creating new sites where HIV/AIDS VCT may be obtained. The activity will contribute to G/PHN's IR 4 2. Implementation will follow a comprehensive assessment of issues that bear on the form and content of service delivery. Based on the experience at VCT sites elsewhere in Africa, it is expected that knowledge of one's HIV status will encourage positive changes in sexual behaviors, and this will also contribute to IR 4 1.

An additional and important component of the Zimbabwe activity will be to promote the sustainability of VCT services in the country, by providing financial resources to and working with the selected sites to enhance their institutional development and financial sustainability. Achieving these goals will strengthen these private organizations' responses in delivering HIV/AIDS information and services, and thus contribute to G/PHN's IR 4 4.

In conjunction with this intervention, AIDSMark will contract with FHI and collaborate with Horizons on intervention-related research and evaluation. Formative research will guide the nature and shape of the final intervention. Evaluation will measure behavior change among VCT clients. This work will improve data availability to evaluate program impacts, thus contributing to G/PHN's IR 4 5.

Other Interventions Contributing to this IR

REDSO/WCA - West Africa Regional Migrant Outreach (see IR 4 1)

INTERMEDIATE RESULT 4 3

Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4 3	--	--	Russia HIV Prevention Initiative

Activity

Russia HIV Prevention Initiative

Description

During this reporting period, the Russia USAID mission confirmed its intent to procure AIDSMark services for \$500,000. The first component of this field-supported intervention – a high-level visit of Russian HIV/AIDS specialists to the United States – was completed by March 31, 1998. The purpose of the visit was to show Russian policy makers the importance of a variety of HIV/AIDS prevention interventions in a national strategy, and to allow them to visit an array of proven programs in the United States. The hope is to create an informed team of Russian HIV/AIDS specialists with common experience in the United States, who could participate in the elaboration of a national HIV/AIDS prevention strategy in Russia. This will contribute to G/PHN's IR 4 3. Some elements of the strategy that the Russians articulate will be implemented through AIDSMark with the remaining mission add-on.

Achievements

The first component of this AIDSMark initiative in Russia met the needs of IR 4 3 by supporting advocacy efforts for HIV/AIDS prevention. During the March AIDSMark 10-day visit to the United States by Russian health officials, the Russian delegation visited four cities and met with officials from USAID, the Centers for Disease Control, the National Center for Infectious Diseases, and the White House. They also met with the staffs of several NGOs working in HIV/AIDS prevention in the cities visited.

During the debriefing at USAID, the Russian delegation expressed interest in exploring the feasibility of implementing a series of prevention activities in Russia in collaboration with USAID and U.S. organizations. The activities proposed included communications interventions to improve the sociocultural context of AIDS prevention in Russia in keeping with the values of IR 4 3. A USAID/AIDSMark design team will visit Russia in June 1998 to assess possibilities and develop an implementation plan.

Other Interventions Contributing to this IR

Brazil Targeted Condom Social Marketing (see IR 4 1)

Rwanda Health Communications Center (see IR 4 1)

INTERMEDIATE RESULT 4 4

Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4 4	-	-	No interventions focusing primarily on this activity

Activity

No interventions in this reporting period focused primarily on IR 4 4. However, the following interventions, described elsewhere in this report, included components that support the achievement of this IR:

Interventions Contributing to this IR

Brazil Targeted Condom Social Marketing (see IR 4 1)

Rwanda Health Communications Center (see IR 4 1)

Zimbabwe Voluntary Counseling and HIV Testing (see IR 4 2)

INTERMEDIATE RESULT 4 5

Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4 5	IR 4 5 1 1 Research Strategy Development	1) Develop standardized tools for marketing research 2) Improve existing research strategies 3) Develop new strategies for social marketing research 4) Scale-up research and evaluation activities	1) Three research tool kits are under development These include guidelines questionnaires and report templates 2) The research ' tool kits ' will allow more effective strategies of reaching consumers, provide information on subgroups and help in improving marketing campaigns 3) Development of plans for targeted social marketing research in Brazil Togo Eritrea, and Zimbabwe 4) Focus on gender appropriate questionnaires and reaching high risk groups
IR 4 5	IR 4 5 1 2 Collaboration with Horizons	1) Possible collaboration with Horizons on a concept paper involving female condom use 2) Possible collaboration with Horizons on a concept paper involving social marketing for STI treatment	1) Collaboration with Horizons on female condom research in Zimbabwe 2) Collaboration with Horizons in implementing a voluntary counseling and testing program in Zimbabwe

Activity 4 5 1 1 Research Strategy Development

Description

Development of a comprehensive strategy for research and evaluation, including templates for research methodologies to be replicated across countries and incorporated into AIDSMark activities

Planned Activities

- 1 Develop standardized tools for social marketing research
- 2 Improve existing research strategies
- 3 Develop new strategies for social marketing research
- 4 Scale-up research and evaluation activities

Achievements

- 1 *Develop standardized tools for social marketing research* At present, three research "tool

kits” are under development to help social marketing program managers implement research activities. These tool kits include sampling guidelines, questionnaires, and report templates. The tool kits will be disseminated as part of PSI’s research working paper series.

The first tool kit is a distribution survey that measures the accessibility of socially marketed products and the distribution of promotional materials. A standard questionnaire, sampling guidelines, and training materials have been developed and are currently being used for PSI programs in Kenya and Rwanda. These experiences will help to improve distribution survey methodologies for use in future AIDSMark research.

Second, a consumer profile survey (CPS) has been developed and is currently being carried out for PSI programs in Kenya, Rwanda, and the Ivory Coast. This survey is an improvement on consumer intercept surveys of the past, which interviewed only consumers who were observed buying a condom during fieldwork. The new methodology interviews a sample of all consumers at selected outlets, using systematic sampling techniques. This methodology is more cost-efficient in that condom consumers who are not buying a condom at the time of the fieldwork can still be represented in the survey. This research approach also allows non-users of condoms to be interviewed, providing valuable information on the factors behind non-use which can be considered in developing improved program messages. A modified version of the CPS is employed in AIDSMark research that is being conducted on trucking routes in Togo (REDSO) and in collaborating with Horizons on the female condom in Zimbabwe. The approach will also be modified for the AIDSMark research on high-risk groups in Brazil.

Third, revised questionnaires and improved sampling methodologies are being developed for KAP surveys. These surveys provide information on knowledge of HIV/AIDS/STI prevention, attitudes towards condoms, sexual behavior, and condom use among a sample of the general population. This revised KAP survey will be used for the AIDSMark field activity in Eritrea.

2 Improve existing research strategies The research tool kits described above improve past social marketing research in several ways. First, as outlined above, more effective strategies of reaching consumers (both users and non-users of condoms) have been developed, with an emphasis on systematic sampling techniques. Second, efforts are being made to ensure that the sample size called for in the research design is sufficient to examine research questions for subgroups of interest. Such a research design is particularly important if the objective is to show change over time or differences among subgroups. Third, to design more effective market campaigns for consumers, particularly those who do not currently use condoms, we are developing survey questions on perceptions of media messages and advertisements which can be linked to condom use.

3 Develop new strategies for social marketing research AIDSMark research efforts are tied to our overarching strategy of reaching high-risk groups by social marketing. In Brazil, we plan to conduct a consumer profile survey in areas frequented by gay men and commercial sex workers (CSWs). In Togo, a similar survey of truck drivers and CSWs is about to go into the field. Both

require new outreach strategies, such as involving NGOs who work with these groups. In the KAP survey in Eritrea, we plan to include an event history calendar measuring sexual behavior and condom use with various partners in the past year. This information will allow more sophisticated multivariate analysis on patterns of condom use. Finally, research on the female condom in collaboration with Horizons in Zimbabwe includes questions on negotiation of use, which have not been included previously in social marketing research questionnaires. These questions are particularly important to examine since it is not known whether use of the female condom may be more successfully negotiated than use of male condoms.

4 *Scale-up research and evaluation activities* Much AIDSMark research focuses on high-risk groups. Gender considerations have been a cross-cutting issue throughout the development of AIDSMark research tools. For example, one issue encountered when conducting research on the female condom is to develop questionnaire wording that is appropriate for both men and women. Consumer profile surveys include questions, currently being field tested, about those with whom (if anyone) men and women discuss sexual concerns. This information will be used to more effectively target consumers, particularly those with high-risk sexual behavior, and to tailor campaigns by gender.

Unplanned activities

While design work did not yet begin during this reporting period, we received word in late March that the mission in Eritrea would obligate funds for a nationwide KAP survey in the second half of this year.

Activity 4.5.1.2 Collaboration with Horizons

Description

AIDSMark is working with Horizons to identify and develop research initiatives.

Planned Activities

- 1 Possible collaboration with Horizons on a concept paper involving female condom use
- 2 Possible collaboration with Horizons on a concept paper involving social marketing for STI treatment

Achievements

- 1 *Possible collaboration with Horizons on a concept paper involving female condom use* PSI is collaborating with Horizons on female condom research in Zimbabwe. This research uses focus groups of female condom users and a consumer profile survey for male and female condom users and nonusers. The model for the consumer profile survey comes from the standardized

questionnaire described in section 4.5.1.1. Key goals of this research are to identify a consumer profile of female condom users, to investigate barriers and enabling factors regarding negotiation, to better understand reasons for nonuse and discontinuation of use and to gain insight on how to better design the social marketing program.

2. Possible collaboration with Horizons on a concept paper involving social marketing for STI treatment. As mentioned above, AIDSMark, FHI, and Horizons are collaborating in implementing a voluntary counseling and testing program in Zimbabwe. A late April meeting was held at PSI to discuss the details of the collaboration. Models of service delivery will be determined during a three-month assessment phase. Horizons is developing a literature review on VCT and will send a representative to Zimbabwe to participate in the assessment. The details of Horizons' operations research will be worked out once the program design is finalized.

Unplanned Activities

The AIDSMark annual Workplan noted that early meetings with Horizons identified potential areas of collaboration. Two concept papers were submitted to Horizons: a proposed seven-country study on female condom use, and a proposed study on social marketing for STI treatment, prevention, and referral. The model for collaboration with Horizons has changed somewhat since that time. As mentioned above, Horizons and PSI/Zimbabwe are conducting a joint research study (see above) on female condom use. In other settings, Horizons is proceeding with research on the female condom without involvement from AIDSMark. In Brazil, Horizons is conducting a study of the female condom with involvement by DKT. With PSI/Tanzania, Horizons has proposed a study examining the effectiveness of various distribution and promotional strategies in different geographic areas. Since the product is new and was to be launched in a limited area, the feasibility of this complex research design is in question. For marketing of STI kits, no areas of collaboration have been identified to date, though we have discussed potential collaboration on this and other topics.

PSI (including but not limited to AIDSMark) is currently formalizing future collaborations with Horizons through a subagreement. This agreement will lay out expectations for potential collaborations in advance, covering issues such as informing PSI/Washington about Horizons's intention to conduct operations research with PSI programs, the approval of proposals and budgets by PSI/Washington when they involve PSI programs, joint ownership of data, and so forth. It is hoped that this discussion will help to avoid misunderstandings in the future.

INTERMEDIATE RESULT 4 6

Developing and strengthening mechanisms to provide quality and timely assistance to partners to ensure effective and coordinated implementation of HIV/AIDS programs

IR	Program areas proposed	Planned Activities for the first year	Accomplishments within the first six months
IR 4 6	IR 4 6 1 1 Marketing AIDSMark	<p>(Objective 1)</p> <ol style="list-style-type: none"> 1) Identify USAID mission and bureau priorities and needs 2) Assess the levels of awareness of AIDSMark and the other SO4 partners 3) Collect information on the perceived needs and preference of PHN officers 4) Investigate barriers to using AIDSMark <p>(Objective 2)</p> <ol style="list-style-type: none"> 5) Market AIDSMark internally to PSI 6) Market AIDSMark externally to USAID mission personnel and other assumed stakeholders 	<ol style="list-style-type: none"> 1) Information gathered on 81 different missions and regional bureaus 2) Awareness assessed at those missions/bureaus reached their knowledge is often sketchy and understanding of the new mechanisms poor 3) Information collected illustrates that there are technical needs but that missions prefer established mechanisms or known entities to resolve them 4) Barriers identified include existing bilateral relationships funds already committed a belief that PSI only does condoms, wariness of the logistics of multiple procurements, general lack of understanding of how the multiple procurements can be used fear of double overhead 5) Five internal marketing mechanisms have been used a regular feature in the biweekly <i>Report to the Field</i> periodic e-mail surveys to PSI field staff a presentation to all PSI staff at the worldwide retreat Planning Committee meetings cooperation with partners 6) Three external marketing techniques used mail fax and e-mail of info to USAID missions telephone calls and personal visits and meetings with bureau staff 7) Unplanned activities include the development of the annual workplan contracting mechanisms and procedures financial controls monitoring systems, and staff
IR 4 6	IR 4 6 1 2 Collaboration with AIDSMark partners and other SO4 partners	<p>(With AIDSMark partners)</p> <ol style="list-style-type: none"> 1) Subprogram agreements 2) Planning Committee 3) Technical Working Groups 4) E-mail forum 5) Ad hoc meetings and communications <p>(With SO4 partners)</p> <ol style="list-style-type: none"> 1) Communication with partners 2) Monitoring and Evaluation with SO4 partners 	<p>(With AIDSMark partners)</p> <ol style="list-style-type: none"> 1) Subprogram agreements completed with all AIDSMark partners 2) Planning Committee created and functioning 3) Technical Working Groups planned to meet on two issues 4) A proposal has been circulated by PATH A decision has been deferred pending guidance from D/HIV 5) Ad hoc meetings and communications are ongoing with all partners as needed <p>(With SO4 partners)</p> <ol style="list-style-type: none"> 1) Communication established with SO4 partners through a variety of mechanisms 2) Mechanisms have been implemented by AIDSMark to monitor and evaluate the nature and sufficiency of the collaboration

IR 4 6	IR 4 6 1 3 Improving Social Marketing Systems	1) Expansion of PSI s ability to collect manipulate and use financial data 2) Enhanced performance standards to improve the management of social marketing activities	1) AIDSMark has met with technical and financial staff at G/PHN and at PSI to determine the needs of G/PHN in financial reporting and the ways PSI can respond to them 2) Creation of the PRISSM This has been tested and adapted in several non-AIDSMark countries AIDSMark add-ons for Brazil and Zimbabwe include annual PRISSM exercises PSI country programs are adopting PRISSM methodologies
IR 4 6	IR 4 6 1 4 Dissemination of Results	1) Development of a working paper series 2) Participation in the annual meeting of the Population Association of America 3) Participation in the 12th World AIDS Conference in Geneva	1) Development of the working paper series is underway 2) The AIDSMark Research and Evaluation Coordinator attended the annual meeting including sessions on behavioral research on HIV/AIDS 3) AIDSMark s application to host a satellite meeting on 'Global Perspectives on AIDS Prevention Social Marketing' has been accepted

Activity 4 6 1 1
Marketing AIDSMark

Description

AIDSMark is being marketed internally as well as to USAID field missions and regional offices, USAID Washington bureaus, and other donors who may be able to leverage USAID funds This activity has two objectives gaining better understanding of our customers and environment, and promoting better understanding of our programs among our customers

Objective 1 Better understanding our customers and clarifying issues about our operating environment

Planned Activities

- 1 Identify mission priorities and needs
- 2 Assess the levels of awareness of AIDSMark and other SO4 partners
- 3 Collect information on the perceived needs and preferences of the PHN officers to achieve their strategic objectives
- 4 Investigate barriers to using AIDSMark

Achievements

- 1 *Identifying mission priorities and needs* Using Congressional Presentations and direct mail and phone contact with missions and regional bureaus, information has been gathered on the results frameworks and strategic plans of 81 of the countries and regional bureaus with which USAID works We continue to collect information on these projects Of the 81 countries and

regional projects for which information has been collected, 32 have no HIV/AIDS prevention objective in their results framework

2 Assess the levels of awareness of AIDSMark and other SO4 partners

Of missions and bureaus contacted so far, awareness is reasonably widespread, although often slight, (e.g., “I think I heard/read something about that”) Knowledge is even sketchier, particularly about the mechanisms involved, relationships of AIDSMark to other SO4 partners as well as of SO4 partners among themselves, and how any of this relates to or is different from AIDSCAP or can be used to implement or expand AIDS prevention social marketing in a specific country or region

3 Collect information on the preferences and perceived needs of PHN officers to achieve their strategic objectives

The information on preference and perceived needs collected to date generally shows that there are clear technical needs, particularly for new or improved prevention methods and approaches, but the missions’ inclination is to continue with established or known mechanisms or entities — PSI, DKT, and FHI country offices (through bilateral arrangements) — and to avoid multiple procurements

Some PHN officers do not seem to see the need to improve the quality or expand the scope of their existing programs, possibly because they lack information about the possibilities offered by new technologies and approaches, such as female condoms, prepackaged therapy of STIs, periodic presumptive STI treatment, voluntary counseling and testing, private sector leveraging, the changing of social norms, and addressing gender issues

4 Investigating barriers to using AIDSMark

Several have been identified

a) Satisfaction with existing, often long-standing, bilateral relationships with PSI and DKT at the country level or with other organizations (which is clearly a barrier to AIDSMark’s goals, but not necessarily a barrier to solid AIDS prevention)

b) Prior commitment of available AIDS prevention funds for two to three years under existing agreements

c) A strong presumption that AIDSMark, because of its PSI link, “only does condoms,” and that other organizations or CAs are better placed for interventions beyond condoms even when these approaches involve social marketing principles

d) Fear of dealing with multiple procurements, each of which they expect to be a stepchild of AIDSCAP, with whatever liabilities that attach to that Some missions, for example, have expressed an interest in using social marketing through IMPACT, even when PSI would still implement in that case (as an IMPACT partner) and the costs would be the same as if the add-on went directly to PSI through AIDSMark

e) General lack of understanding (and, perhaps, time to learn) of how to use the multiple procurement resources to build a better, country-level AIDS prevention program

f) A misapprehension of the costs to a mission of using the add-on mechanisms Double overhead is the buzzword

Conclusion

In gathering information on all themes, AIDSMark has mainly used printed resources and direct telephone contact with missions and bureaus The customer perceptions survey proposed in the workplan is being developed and considered for use in the second half of AIDSMark first year Based on information collected to date, we continue to revise and refine our marketing strategy for these primary customers Of course, we have not yet fully achieved the “win-win-win”, G/PHN-field-PSI partnership sought in the Workplan

Objective 2 Widespread awareness of the benefits of the program among primary customers (missions, regional offices, and bureaus)

Planned Activities

- 1 Market AIDSMark internally to PSI
- 2 Market AIDSMark externally to USAID mission personnel and other assumed stakeholders

Achievements

1 Internal marketing of AIDSMark to PSI

a) A regular feature on AIDSMark has been included in each PSI biweekly *Report to the Field* since October 1997 This report is disseminated to 41 PSI country representatives — our first line of contact with missions and regional offices — the regular feature has built awareness of AIDSMark at the country level and reasonably good knowledge about its mechanisms We have been less successful, it appears, at equipping PSI and DKT country representatives to articulate and communicate to missions AIDSMark’s expanded mandate in AIDS prevention social marketing, STI efforts, private sector leveraging, changing social and political contexts So far, we have relied on our AIDSMark partners’ home offices to spread similar awareness and knowledge among their field offices

b) Periodic e-mail surveys have been conducted with most PSI and a few AIDSMark partner field staffs

c) A presentation on AIDSMark to all PSI staff during PSI’s biennial, worldwide retreat will take place in July

d) Two Planning Committee meetings with AIDSMark's partners have been held, and another is scheduled for June

e) Representatives of FHI, a primary AIDSMark partner, have visited and worked with PSI's affiliated program in Zimbabwe on the planned VCT intervention and on other possible collaboration with FHI's Zimbabwe office

2 Market AIDSMark externally to USAID mission personnel and other stakeholders

a) Following up on D/HIV's initial communications about the SO4 procurements, AIDSMark has also sent general information about AIDSMark and its capabilities by mail, fax, and/or e-mail to USAID field missions. An AIDSMark brochure has been developed as part of this package. The brochure describes AIDSMark objectives, the role of social marketing in AIDS prevention, and the technical contribution of each of AIDSMark's partners. Mission response to these various communications has generally been poor.

b) These general communications have more recently been followed up with telephone calls. An AIDSMark team member, PSI staff member, or a resident representative made personal visits to the missions in Russia, India, Peru, Nicaragua, Ghana, Nigeria, South Africa, and Tanzania. These follow-up visits have been more productive, with those visited demonstrating willingness to listen and in some instances the intent to pursue intervention possibilities with the AIDSMark team. (Apparently, the earlier communications — if they reached the proper person — failed either to register or to stimulate a response.)

c) AIDSMark's Washington-based staff has met with or had substantial phone conversations with at least some AID/W representatives of Africa, ANE, and LAC bureaus to pursue potential regional interventions. These contacts have been inconclusive.

Conclusion

Based on these lessons, and with increasing information about missions strategic plans and objectives, AIDSMark is developing customized communications that speak to the issues and concerns of specific missions. These messages will be supplemented by an AIDSMark framework document that will provide greater technical detail on program components and emphasize the programmatic expertise of PSI and its AIDSMark partners.

Unplanned Activities

Significant time during the first six months was devoted to activities essential to operationalizing AIDSMark's mechanisms to provide quality and timely assistance to partners. Many of these were not articulated in the Workplan. They include

- 1 *Annual Workplan*. The plan was completed, submitted on time, and approved.
- 2 *Contracting mechanisms and procedures*. Contract templates and processing procedures have

been developed and institutionalized

3 *Financial controls* Financial reporting and monitoring systems that are consistent with PSI and DKT worldwide systems and USAID requirements have been established and operationalized

4 *Monitoring systems* Preliminary monitoring responsibilities for field interventions have been negotiated with PSI's headquarter field program managers and DKT's management. These assignments are being fine-tuned as experience dictates

5 *Staffing up* Additional staff have been recruited to assist key personnel in developing interventions and monitoring and managing contracts

Activity 4 6 1 2

Collaboration with AIDSMark partners and other SO4 partners

Description

AIDSMark is collaborating with AIDSMark partners and other SO4 partners through regular communication (formal and informal), sharing results, inviting participation, and participating when invited

Planned Activities

(With AIDSMark partners)

- 1 Create subprogram agreements
- 2 Create a Planning Committee
- 3 Create Technical Working Groups
- 4 Set up an e-mail forum
- 5 Use ad hoc meetings and communications as needed

(With SO4 partners)

- 1 Communicate with partners
- 2 Monitor and Evaluate with SO4 partners

Achievements

(With AIDSMark Partners)

1 *Create subprogram agreements* A framework of understanding, defining AIDSMark's collaboration with partners and setting out each partner's technical assistance responsibilities, has been concluded successfully with all our partners

2 *Create a Planning Committee* A Planning Committee was formed, has met twice, has assisted with Workplan development, and is advising on ways and means of more effectively marketing AIDSMark. The Committee will begin monitoring AIDSMark's implementation in the second

half of the year

3 *Create Technical Working Groups* A Technical Working Group has been planned to meet at least once to review and advise on issues dealing with the social marketing of prepackaged STI therapy. The idea of a Technical Working Group specifically oriented for research was presented to the partners at the March 24 meeting. Several members expressed interest in this Technical Working Group. A scope of work has been prepared for the group, and it is expected to meet in conjunction with the next partners' meeting on June 10. Other technical issues have been addressed as needed (and as foreseen in the Workplan) by relevant partners on an ad hoc basis without the formation of a formal group. Issues addressed in this way have included appropriate evaluation indicators for the innovative Zimbabwe VCT intervention with FHI, and structure and content review of a planned assessment tool for institutional progress in Promoting Improvements in Sustainable Social Marketing (PRISSM) with MSH.

4 *Set up an e-mail forum* A listserv proposal, circulated by PATH, has been reviewed, but a decision has been deferred on adopting this proposal pending discussions with D/HIV.

5 *Use ad hoc meetings and communications as needed* Ongoing with all partners.

(With SO4 Partners)

1 *Communicate with partners* Communication with SO4 partners has been frequent, regular, and substantive, particularly with Horizons, IMPACT, UNAIDS, and the Peace Corps. Beyond many phone, fax, and e-mail exchanges, communications have included the following:

- Attendance of key personnel at SO4 IWG meetings
- Participation in D/HIV working groups on workplans, financial and data reporting, and NGO capacity building
- Formal liaison representation with IMPACT
- Informal liaison with Horizons and UNAIDS
- One week of technical assistance to UNAIDS,
- Country-level communication/collaboration among partners physically present, including PSI, DKT, IMPACT, FHI, Horizons, Population Council, MSH, UNAIDS, and the Peace Corps.

2 *Monitor and Evaluate with SO4 partners* Mechanisms have been put in place at AIDSMark headquarters to periodically monitor and evaluate the adequacy and sufficiency of collaboration. Field-level implementing partners funded by AIDSMark are beginning to report on field collaboration.

Activity 4 6 1 3 Improving Social Marketing Systems

Description

One AIDSMark goal is to improve the quality of AIDSMark-funded social marketing programs by improving the financial reporting and management system and by developing and adopting field management performance standards. Both field and headquarters financial reporting and management systems will be refined. Better field management performance standards will be achieved through the development and use of the PRISSM.

Planned Activities

- 1 Expand PSI's ability, as the accounting and financial reporting support entity for AIDSMark, to collect, manipulate, and use financial data.
- 2 Establish enhanced performance standards to improve the management of social marketing activities.

Achievements

1 *Expand PSI's ability to collect, manipulate, and use financial data.* AIDSMark has arranged several meetings with technical and financial staff at G/PHN to identify G/PHN's financial reporting needs and ways and means to meet them. These meetings have tried to anticipate extrasystem demands for information from Congress and others. Meetings have also been held with FHI's financial and management personnel to discuss AIDSCAP's lessons learned in financial reporting.

AIDSMark staff is working regularly and closely with PSI's accounting and financial departments to devise ways and means of complying with additional AIDSMark reporting needs without disrupting established systems. We are also working with an external MIS consultant to capture, record, manipulate, and report other information about activities' implementation and expenditures that we might be required to report on.

2 *Establish enhanced performance standards to improve the management of social marketing activities.* The SMEAT (Social Marketing Excellence Assessment Tool) proposed in the Workplan has been rechristened PRISSM. It has been tested and evaluated in several non-AIDSMark PSI countries. Refinements have been made based on this feedback, and we have asked MSH, our partner experts on capacity building, to further review the current draft and suggest additional enhancements. The AIDSMark-funded activities in Brazil (DKT) and Zimbabwe (PSI) will be the first interventions to adapt the PRISSM throughout life-of-project. The PRISSM will be incorporated into other AIDSMark-funded activities and also will be used worldwide by all PSI country programs.

Activity 4 6 1 4 Disseminating Results

Description

AIDSMark will widely disseminate the methodology and results of its interventions and planning activities. Dissemination includes participation in the annual meeting of the Population Association of America in Chicago, April 2-4, 1998. AIDSMark staff will also participate in the 12th World AIDS Conference in Geneva, June 28-July 3, 1998. AIDSMark core staff will attend the conference and organize an AIDSMark booth, present oral abstracts and research posters, and lead "satellite meetings" (symposia).

Planned Activities

- 1 Develop a working paper series
- 2 Participate in the annual meeting of the Population Association of America
- 3 Participate in the Geneva Conference

Achievements

- 1 *Develop a working paper series* The AIDSMark working paper series will include the research tool kits described earlier in section 4 5 1 1. The series will also include reports to address IR 4 5 on the research described in each of the field activities described above.
- 2 *Participate in the annual meeting of the Population Association of America* The AIDSMark Research and Evaluation Coordinator attended the annual meeting of the Population Association of America in Chicago, including sessions presenting behavioral research on HIV/AIDS, and met with a representative of MEASURE.
- 3 *Participate in the Geneva Conference* AIDSMark is sponsoring a satellite meeting entitled "Global Perspectives on AIDS Prevention Social Marketing" at the 12th World AIDS Conference in Geneva. The session will likely cover a description of social marketing, early lessons from the social marketing of new products, and aspects of targeted marketing and sustainability. AIDSMark will also be present at the PSI booth in Geneva, and will present a poster on "Research and Evaluation of Social Marketing Interventions for HIV/AIDS Prevention The AIDSMark Program." The poster will review both current and possible future research activities.

III COUNTRY SUMMARIES

This section is optional for the semi-annual report. See Section II for reports on field activities.

IV. PROBLEMS/CONSTRAINTS

MAJOR PROBLEMS ENCOUNTERED DURING THE PERIOD AND THEIR RESOLUTIONS

1) *Lack of information needed for effective marketing* At the outset of the program, problems were encountered in gathering needed information to market AIDSMark. These included a lack of, or inability to access, updated information on mission strategic objectives and on the appropriate decision makers for HIV/AIDS activities to contact at the mission and bureau level.

Resolution The issue was discussed at the second IWG meeting. It was agreed that HIV/AIDS Division would provide updated lists of mission R4s and contact information. The Division also offered to inform AIDSMark when HPN officers were visiting Washington and were available to meet with AIDSMark staff.

2) *Collaboration with SO partners* Some problems have been experienced in establishing working relationships with Horizons and IMPACT on social marketing research activities. In some cases, these problems stem from misunderstandings at the mission level. In Zimbabwe, the mission was interested in having Horizons manage and fund evaluation research on the voluntary testing and counseling program, yet FHI is AIDSMark's partner for evaluation. We have also had problems coordinating OR programs with Horizons in other countries, in some cases, these involve PSI programs not funded through AIDSMark. Several factors have contributed to this:

- Mission budgets are limited, and the fact that Horizons has independent financial resources to offer can render their participation in project evaluation very attractive. Missions are not particularly interested in reconciling their interest in taking advantage of Horizons' funding with AIDSMark's prior commitments to its own technical partners. In Zimbabwe, this complication was exacerbated by the fact that roles for collaboration were not clearly decided before key members of the design team left the country.
- Horizons is often interested in tweaking a project design to facilitate the investigation of global research issues, such tweaking, however, is not always consistent with the best implementation design to satisfy the SOW set out for AIDSMark by the Mission. Balancing the need to not overextend a field implementing partner's management capacities against the promise of additional resources is difficult. In some cases, we felt that OR needs were driving — and distorting — an already sound program design.

Resolution As discussed above, a PSI-Horizons subagreement is being developed, which will clearly spell out the procedures whereby collaboration occurs. When more than one procurement is involved in a design team, expected roles need to be clearly articulated and agreed to before the design process begins, representatives of each procurement should be available to participate until a final design is agreed to. In addition, we plan to arrange more face-to-face meetings.

among senior PSI and Horizons staff

3) *“Double Overhead”* Some missions have expressed a generalized concern that, by using the add-on mechanism, significant funds will “get eaten up in Washington” rather than going to program implementation in the field. This has several times been articulated as a fear of “double overhead.” Such concerns appear to have influenced at least one mission to fund a new field implementation by amending an existing bi-lateral agreement with PSI rather than opting for a social marketing add-on through IMPACT. In another country, significant design team time was devoted to allaying similar mission “overhead” concerns. We feel that the choice of funding approaches and mechanisms should be based on program considerations, and if there is misunderstanding on how overheads are applied, then this should be cleared up. To the degree that mission concerns are valid or, if invalid, not addressed, this can work against using centrally funded programs.

Resolution The issue was discussed at the second IWG meeting, and the resolution was that D/HIV will research the issue and develop a response.

ATTACHMENT

Attachment 1

LIST OF ACRONYMS

ANE	Asia and Near East
ASF	Associacao Saude da Familia
CA	Cooperating Agency
CSM	Condom Social Marketing
CSW	Commercial Sex Worker
D/HIV	The Department of HIV/AIDS of the Global Bureau
FHI	Family Health International
G/PHN	The Center for Population, Health, and Nutrition of the Global Bureau
IEC	Information, Education, and Communication
IMPACT	Implementing AIDS Prevention and Care Project
IWG	Inter-agency Working Group
KAP	Knowledge, Attitudes, and Practices
LAC	Latin America and Caribbean
MAC	Matabeleland AIDS Council
MSH	Management Sciences for Health
NGO	Non-governmental organization
PATH	Program for Appropriate Technologies in Health
REDSO/WCA	Regional Economic Development Services Office/West and Central Africa
SO4	Strategic Objective 4
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing