

SECOND ANNUAL REPORT

of

**COOPERATIVE AGREEMENT
AFR-0474-A-00-9041-00**

for

THE HAPA SUPPORT PROGRAM

between

**The Johns Hopkins University
Institute for International Programs**

and

**Bureau for Africa
United States Agency for International Development**

**Report of activities for the period
May 1, 1990 through April 30, 1991**

Executive Summary

The HIV/AIDS Prevention in Africa (HAPA) Support Program (HSP), funded by the Bureau for Africa of USAID, carried out its second year of technical support activities to nine HAPA Grants projects. In addition, the HSP took on an expanded scope of work that included technical support to other activities supported by the Bureau for Africa, focusing on monitoring and evaluation of the larger HAPA project.

Technical assistance to HAPA grantees was provided in the following areas: direct support for project headquarters staff (individual meetings, a headquarters workshop), direct support to field staff (field project visits, a field workshop, meetings with field staff in the US, and the brokering of technical assistance by other groups), and regular mailings of technical articles of interest, including quarterly publication of the HAPA Update to field and headquarters staff.

Technical reports from the projects were monitored as follows: guidelines for the Midterm Progress Reports (MPRs) were developed and distributed, the HAPA technical advisory group (TAG) convened to review MPRs, and comments from the MPR review were compiled, edited and passed on to project staff. In addition, all quarterly reports were summarized and disseminated in the HAPA Update.

HSP staff participated in eleven domestic and international conferences on HIV/AIDS prevention during the year. They conducted a regular review of technical and educational documents related to HIV/AIDS prevention, and cataloged those most relevant to the HAPA project in a computerized data base. They also compiled a roster of consultants appropriate to work with PVO HIV/AIDS prevention projects in Africa, and entered them into a computerized data base. Information about the HAPA grants projects was disseminated through an informational infold to the quarterly newsletter AIDS and Society.

Technical support to the larger HAPA project was provided when HSP staff provided logistical and financial arrangements for the HAPA Program and Management Assessment, conducted in January 1991. They also provided similar support for the Botswana HIV in the Workplace project, both with the close collaboration of the East and Southern Africa Regional AIDS Advisor, and relevant USAID mission officers.

Interim lessons learned to date from the HSP include the value of flexibility in programming of PVO field projects, the need for projects to be initially funded for a duration of more than two years, the value of skills development components of field-based workshops and support, including survey methodology, the usefulness of cross-visits for sharing relevant program information between projects, and the current difficulties of finding follow-on funding for new PVO HIV/AIDS prevention projects, regardless of the "success" of their efforts. In addition, it was seen as important that the HAPA grants

projects disseminate the lessons they are learning from their project activities to the larger HIV/AIDS prevention community

The financial report indicates that the project spent \$310,969 during the work year covering May 1, 1990 to April 30, 1991, when an estimated \$380,824 in expenditures were projected. The \$69,855 in apparent underspending was largely explained by variances in the travel and consultant line items, and represented services that had already been performed but which had not yet been billed.

The work plan for the coming year includes a continuation of present activities, the development of final evaluation guidelines, including some relating to the gathering of qualitative evaluation data, the provision of technical assistance for several of the HAPA grants final evaluations, including assistance with a final rapid KABP survey, the planning and implementation of a field-based workshop on evaluation and lessons learned from the PVO projects (to be funded from sources outside HAPA), and the final documentation of lessons learned from the HAPA grants projects.

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I INTRODUCTION

In May 1989, the Health, Population and Nutrition Division of the AID Bureau for Africa announced the award of nine HIV/AIDS Prevention in Africa (HAPA) grants for Fiscal Year 1989. The grants funded five private voluntary organizations (PVOs) and one university to add to their existing health or development programs in Africa interventions to assist communities to reduce the spread of HIV infection. An important focus of the program was to strengthen the capacity of U.S. and African PVOs and other non-governmental organizations (NGOs) to provide high quality, effective, community-based assistance in this area.

The HAPA Grants Support Program, based at the Institute for International Programs of The Johns Hopkins University School of Hygiene and Public Health, was funded at that time to assist the HAPA grantees to implement and evaluate appropriate and effective community-based HIV/AIDS prevention strategies. The original scope of work of the Support Program focused on the development of guidelines and standards for the PVO HAPA grants projects, and on assistance to the projects with networking and sharing of resources.

However, the first year of experience with the HAPA Grants Program demonstrated areas of needed support that were not anticipated initially, such as the provision of direct technical assistance to PVOs in the development of project strategies, interventions and evaluation. A need was also identified for the HSP to play a broader role in supporting the larger HAPA project. Increased attention by the HSP to assuring and monitoring the quality of the PVO projects was seen as providing potentially useful input into a project-wide evaluation of the HAPA Project. For these reasons the scope of work of the HAPA Grants Support Program was expanded in an amendment to the cooperative agreement in May 1990 (Appendix 1).

With its expanded scope of work, the HAPA Grants Support Program changed its name to the HAPA Support Program (HSP). The HSP assumed a broader role in monitoring and assuring the quality of the HAPA grants projects and other HIV/AIDS prevention activities of the Bureau for Africa. The expanded scope of work included the following:

- > The Support Program's coordinating role, including field travel, was strengthened. Regular communication with grantees was found to be critically important in assuring acceptable technical standards for the projects, requiring increased funding for communications expenses, and for travel by HSP staff to Africa and relevant international meetings.
- > A mid-term field workshop was planned to bring together staff from each of the HAPA grants projects for technical training in key areas.
- > The Support Program was to produce training or other written materials needed by the PVOs. Useful materials that result from field and headquarters workshops were to be made available in written form.

- > The involvement of the HAPA Grants Technical Advisory Group (TAG) was expanded to include additional TAG meetings
- > Technical assistance by external consultants was to be directly provided through the HSP to the HAPA project, including both the PVO projects and USAID mission-initiated activities
- > The monitoring and evaluation component of the Support Program was further emphasized

This report outlines the accomplishments of the second year of the HAPA Support Program, summarizes a few preliminary lessons learned from the second year of activities, and outlines a work plan for the third year of the program

II ACCOMPLISHMENTS

A. Technical support to PVO projects

1 **Headquarters Staff**

Technical support to headquarters staff was carried out by means of written and telephone communications, individuals meetings, and a workshop. A description of the kinds of written materials that were disseminated is presented in Section C

a Meetings with individual staff members

Souder meeting - In July 1990, HSP staff traveled to Project HOPE headquarters in Millwood, Virginia, to meet with HOPE AIDS coordinator Marjorie Souder, consultant Louise Peloquin, and CEDPA representative Janne Hicks, to discuss the CEDPA counselling consultancy for the HOPE/FLAS project in Swaziland

Powers meeting - In April 1991 Mary Beth Powers of CARE International visited the HSP office to be oriented to the current activities of the HSP, and to discuss future funding possibilities for PVO AIDS prevention activities. Ms Powers had attended the initial Task Force on Objectives and Indicators as a representative of Save the Children Federation in September, 1989, but had since changed agencies

Other meetings - Meetings attended by Nicola Gates, AIDS coordinator for Save the Children, and Madeleine Shea, headquarters administrator for the Johns Hopkins Malawi project, are described in Section A2 c (meetings with field staff)

Headquarters staff and HSP staff often attended the same national or international AIDS meetings, at such time informal meetings were held

b Headquarters Workshop

The HSP brought together headquarters staff from the five PVOs and one university that are HAPA grants recipients for a two-day workshop at Project HOPE headquarters (HOPE Center) in Millwood, Virginia on December 10-11, 1990. The main objectives of the workshop were for headquarters staff to share experiences from the first year of project implementation, improve their ability to recognize and assess the complex community structures that influence health intervention programs, identify their evaluation and sustainability needs, and begin to find resources for meeting those needs.

Resource persons, in addition to HSP staff, were two representatives from AIDSTECH, Carol Jaenson and Nancy Hardy, the USAID East Africa regional AIDS advisor Joe Wiseman, and NCIH AIDS coordinator Shamseh Poonawala. An overview of community structures and a related case study was presented by Carol Jaenson during the opening morning of the workshop. A report of that session was included in a HSP insert for the bulletin *AIDS and Society* (see Appendix 2). Summaries of the other sessions are included in the workshop report (see Appendix 3). The workshop was well received by the participants, who requested that a follow-up workshop be held with members of the HAPA Technical Advisory Group (TAG) after final evaluation of the grants projects.

2 Field Staff

Technical support to field staff was carried out by means of field visits, written, telephone, telex and FAX communications, individual meetings with project staff, and a workshop.

a HSP visits to field projects

Zimbabwe (5/90) - HSP program assistant Sally Scott visited the World Vision (WV) and Save the Children (SCF) projects in Zimbabwe to identify and clarify project strengths and concerns, and to explore the possibility of WV and SCF Zimbabwe co-hosting a field workshop for HAPA project staff and counterparts in October or November 1990. From 5-17 May, Ms. Scott worked in Harare with WV and SCF project staff, and visited the WV Marondera impact area and the SCF Mutema and Muusha impact areas. The World Vision project had forged strong connections with the National AIDS Control Program (NACP) and other NGOs responding to HIV/AIDS in Zimbabwe. Discussions with a MOH representative at the district level indicated that while WV was steadily training health workers and community leaders in the impact area, some tensions had

developed between WV and MOH over the eventual ownership of project resources, particularly vehicles and audiovisual equipment

Save the Children had recently hired a new project coordinator, Ms Linile Malunga, and during visits to the impact areas Ms Scott oriented Ms Malunga to the HSP and discussed the DIP review comments with her. Meetings were held with Ms Malunga and the SCF field director to review delays caused by the transition in project coordinators, and plans to integrate AIDS prevention and child survival project activities. In Harare, Mutare and the project impact areas meetings were held with representatives of USAID, the National AIDS Control Program, the Ministry of Health, and other nongovernmental organizations, such as the Family Counselling Unit (FCU) and the Zimbabwe National Traditional Healers Association (ZINATHA). The NACP approved plans for a HAPA grants field workshop, and WV and SCF agreed to work together in hosting the workshop, with the WV office serving as the coordinating center for workshop logistics.

Swaziland (5/90) - Ms Scott traveled to Swaziland from 18-22 May to meet with staff from the HOPE/FLAS HAPA project and review project strengths and concerns. Ms Scott visited a project impact area in the Siphofaneni district, to observe follow-up of an educational effort to convince informal bar (shebeen) owners to distribute condoms. Meetings were also held with representatives of HOPE's counterpart institution, the Family Life Association of Swaziland (FLAS), as well as USAID, the NACP, and the MOH. Ms Scott also observed a meeting between project staff and the head of the Traditional Healers' Organization (THO) to negotiate terms for collaborating on future workshops. The HAPA TAG had expressed concern about project objectives and implementation, and in response project staff had worked closely with the USAID deputy health and population officer to draw up an action plan, which cut the number of target groups in half and set up a detailed time line for implementation of project activities. This brief visit indicated that the HOPE/FLAS project had successfully narrowed down the focus of the project and tightened strategies for implementation, but still faced significant obstacles in generating the momentum necessary to make headway educating a population that lacked a sense of urgency about HIV/AIDS.

Kenya (5/90-6/90) - HSP director Mary Anne Mercer traveled to Kenya from 28 May to 3 June in order to be oriented to the projects and project settings, review with project staff TAG comments on the project's DIP, orient staff to the HSP, identify needs for a forthcoming field workshop for project staff, identify local resources for NGO AIDS prevention. Dr Mercer met with key project staff and visited the Kibera, Korogocho, and Loitokitok field sites. Meetings were held with the USAID HPN officer, the REDSO health advisor, representatives of the National AIDS Committee, WHO/GPA, staff of international and indigenous

NGOs, and university faculty members. The visit indicated that project activities were well underway, with the KAP survey completed, a high level of training and educational outputs accomplished and community interest perceived as strong. Contacts with the National AIDS Committee and other agencies involved in AIDS prevention appeared to be firmly developed. Modifications of the project's DIP were reviewed and other concerns discussed.

Malawi (6/90) - Following the visit to Kenya, Dr. Mercer travelled to Malawi from 4-9 June, to visit the Project HOPE and Johns Hopkins HAPA grants field projects. The objectives of the trip were identical to those listed above for the visit to the WV Kenya project. Dr. Mercer met with staff of Project HOPE and its counterpart institution, the Private Hospital Association of Malawi (PHAM). Meetings were also held with the USAID HPN officer, the mission director and deputy director, and representatives of the NACP, WHO/GPA, staff of international and indigenous NGOs, and staff at the Nkoma and Queen Elizabeth Central Hospitals. At the time of the visit, Project HOPE had only recently placed a project coordinator in country, and PHAM had just identified a staff counterpart. Despite these and other delays, HOPE had established good working relationships with PHAM, the NACP (where the HOPE office is housed), the PHAM-affiliated religious community, and others involved in AIDS prevention. Revisions in the first draft of the DIP were discussed, which included decentralization of the training effort through training of trainers from the religious community who, in turn, instructed other priests and ministers, revision and simplification of project objectives, a monitoring system in which further trainings conducted will be systematically followed up, and the development of a time line of activities to be carried out.

b 1990 HAPA grants field workshop

A field-based implementation workshop was organized by the HSP, jointly coordinated with WV Zimbabwe, in Harare, Zimbabwe from October 21-26, 1990. The purpose of the workshop was to build the skills of project staff in several key interventions that are common to the HAPA Grants projects. Planning for the workshop began in the spring of 1990, when the HSP program assistant discussed the workshop with WV and SCF project staff in Zimbabwe, and needs assessment forms were sent to project field and headquarters staff. WV project staff agreed to coordinate logistics for the workshop, with assistance from the SCF project coordinator.

In July 1990 the HSP identified Mr. Ben Zulu as workshop coordinator. Mr. Zulu, an independent communications consultant based in Harare, had experience with AIDS awareness and prevention programs in Uganda and Zambia. In August 1990 the HSP staff, Mr. Zulu, and two members of the WV project staff, Ellen Tagwireyi and Gladys Makarawo, met in Geneva, Switzerland to plan the

workshop This planning team reviewed the needs assessment forms, and chose the major topics for the workshop The team also mapped out an outline of the week's structure for the upcoming workshop, discussed each day's schedule of activities in detail, and identified, as far as possible, resource people for each session

Following the Geneva meeting, objectives were developed to reflect the specific skills to be acquired by the workshop participants WV project staff, with help from the SCF coordinator, contacted the Zimbabwe-based resource people and made key logistical arrangements for workshop participants, and assembled written and audiovisual background materials to be shown or distributed at the workshop A week before the workshop began, HSP staff arrived in Zimbabwe to help make final arrangements and to meet with resource people The workshop, which took place at the Mandel Training Center in northwest Harare, began with a reception and introductions the evening of October 21

Sessions ran from 8 a m to 5 p m each day and optional activities took place in the evening following dinner Participants took one field trip to World Vision's project area in Marondera District for focus group discussions with residents of the district capital On the last day, participants wrote up four-month action plans, to demonstrate how they would utilize skills and information gained from the workshop in their projects The HSP sent out evaluation forms to workshop participants in February, 1991 The participants evaluated the workshop very favorably, on a scale from 1 to 5 (1 = poor, 5 = excellent) the average score for accomplishment of workshop objectives was 4.1 See Appendix 4 for a report that briefly describes each of the workshop sessions and lists participants and resource people Also included as an attachment is *Tradition and Transition*, a more substantive publication resulting from the workshop that is comprised of edited versions of workshop papers

c Meetings with project staff visiting the U S

Malunga visit - Ms Linile Malunga, project coordinator for the SCF/Zimbabwe HAPA project, visited the HSP in January 1991 as part of a month-long orientation trip to the U S Ms Malunga gave a presentation to staff of the PVO Child Survival Support Program (also based at the Institute for International Programs) on the integration of SCF's AIDS and child survival projects HSP staff also discussed with Ms Malunga future possibilities for SCF AIDS awareness and prevention projects in Zimbabwe

Dallobetta visit - In February 1991, Dr Gina Dallobetta, co-director of the JHU/Malawi project, met with HSP staff in Baltimore to discuss follow-up

funding possibilities for the counselling and education components of the project. Specific funding possibilities were identified and different project designs were discussed.

d Arrangements for technical assistance by other groups

When needs for technical assistance were identified by project staff, HSP staff were in several cases able to identify available sources of assistance, and arrange for it to be provided from other funding sources.

Care/Rwanda - Consultant Linda Morales was selected by CARE staff to carry out training in baseline data collection and training for project interventions for the CARE project in Rwanda. HAPA funds available through AIDSCOM were utilized to cover two visits by Morales.

Save the Children/Cameroon - Save the Children requested assistance in carrying out a mid-term assessment of activities completed to date, and those planned for the final year of the project. Consultant Natalie Weeks was sent on a 10-day visit, using HAPA funds to AIDSCOM, for this purpose. In addition, TAG member David Sokal, of AIDSTECH, visited the project to share with staff the results of the TAG review of their midterm progress report.

World Vision/Zimbabwe - The services of consultant Ben Zulu, who facilitated the Zimbabwe workshop, were requested to assist the project to further develop their educational messages, based on recently available focus group data. His services were made available through funding from AIDSCOM.

B Management of PVO project reporting

1 Development of Midterm Progress Report Guidelines

Each of the seven main HAPA grants projects is required to submit regular, detailed reports on project progress and accomplishments. Following the first year of project implementation, a report was required that outlined the progress of the project and difficulties that staff had encountered during that critical period. Detailed guidelines for that report were developed by HSP staff, with input from PVO field and headquarters staff. The Midterm Progress Report (MPR) guidelines are seen in Appendix 5.

2 The HAPA Technical Advisory Group

In the first year of the HSP, a Technical Advisory Group (TAG) was convened to provide a technical review of the original HAPA Grants proposals, to review reports of the grants projects, and to provide advice and assistance to the grants projects and the HSP on technical standards and guidelines for HIV/AIDS prevention activities.

The scope of the HAPA TAG broadened in the second year of the HSP, as a part of the broadened scope of the Support Program. The expanded scope for the TAG included review of HAPA project activities other than the grants projects, and an increased role in guiding HAPA evaluation approaches and activities. In addition to reviewing the HAPA grants projects' midterm progress reports, TAG members took part in a review of the overall HAPA project activities on July 30, 1990, and attended a special meeting on evaluation on April 10, 1991.

a HAPA project review

On July 30, 1990, a meeting was convened by HAPA Project Officer William H Lyerly, Jr in Rosslyn, Virginia to bring together recipients of HAPA funding to discuss project activities to date. The main objectives of the meeting were to provide an update on the current status and future plans of HAPA Project activities for HAPA project and other USAID staff, major contractors, cooperating agencies, and HAPA TAG members, provide estimates of the likely completion dates and technical assistance needs of the HAPA Grants projects, and provide a forum for discussion of the progress of the HAPA projects, as well as identify preliminary lessons to date.

In addition to Lyerly, HSP staff, and three members of the HAPA TAG, the meeting was attended by USAID/Washington representatives, USAID/Africa regional AIDS coordinators, and recipients of HAPA funding from the Bureau of the Census, the World Bank, AIDSCOM, and AIDSTECH. Lyerly reviewed the status of the HAPA project to date, and the HSP presented summaries of each grants project, as well as preliminary lessons learned during the first nine months of the grants projects. The AIDSCOM, World Bank, and AIDSTECH representatives each gave overviews of the HAPA Project-funded work undertaken by their agency. For a summary of the meeting, see Appendix 6.

b HAPA TAG midterm progress report review

The HAPA TAG met to review the midterm progress reports (MPR) of the HAPA grants projects on November 27, 1990 in Rosslyn, Virginia. Two HAPA projects, EIL/Uganda and JHU/Malawi, were not required to submit a DIP, and a third project, HOPE/Malawi, was not ready to write a MPR because of initial delays in project start-up. Also participating in the review were the HSP staff and the USAID HAPA Project Officer.

Before the meeting, each TAG member prepared as primary reviewer for one project, and secondary reviewer for another. In addition, each member of the TAG received copies of the DIPs they were not responsible for reviewing. At the meeting, the primary and secondary reviewers presented their comments, and then the floor was opened up for comments from other members of the TAG. This

process, combining prepared comments and open discussion, elicited thorough critiques of the problems and potential of each project's MPR. HSP staff compiled and edited these comments, and sent them to each PVO project. See Appendix 7 for the MPR Review summaries.

c HAPA TAG meeting on evaluation

A special TAG meeting on evaluation was held on April 10, 1991 in Rosslyn, Virginia. TAG members, joined by USAID/Washington staff, USAID/Africa regional AIDS advisors, representatives of AIDSCOM, and outside consultants met to discuss evaluation of the PVO grants projects as well as evaluation issues involving the larger HAPA project. See Appendix 8 for a report summarizing the meeting.

The meeting had three objectives. The first was to review and discuss drafts of guidelines for the final evaluations of the HAPA Grants projects. In preparation for the meeting, consultants to the HSP had developed (in draft version) a set of key HIV/AIDS KAPB survey questions and other information to assist the PVOs plan their surveys, and guidelines for the use of interviews and group discussions in gathering final evaluation data. The second objective was to allow team members from the recently-completed HAPA program and management assessment to brief the TAG on findings from the assessment. The final objective was to discuss evaluation priorities, approaches and mechanisms for the final year of the HAPA project.

C Identification and integration of resources

1 Participation in Domestic and International Conferences

The program director and program assistant participated in a number of domestic and international conferences, in order to strengthen their technical expertise, to establish contact with key individuals, and to present findings to colleagues in the nongovernmental, academic and donor communities. A brief description of each meeting follows. Reports from key meetings are included in Appendix 9.

Impact of AIDS on Maternal-Child Health Care Delivery in Africa (5/90 in Urbana-Champaign, Illinois) This conference presented a broad overview of AIDS in Africa, from political, economic and medical perspectives. HAPA Project Officer William H. Lyerly, Jr. discussed the USAID response to AIDS in Africa, particularly the potential for AIDS to undermine economic development in Africa.

NCIH AIDS Workshop and International Health Conference (6/90 in Arlington, Virginia) The workshop focused on AIDS education and prevention for adolescents, high school students and school leavers as well as street kids. At the

International Health Conference, there were several presentations on primary health care and child survival projects in Africa of relevance to the HAPA grants projects

The Sixth International Conference on AIDS (6/90 in San Francisco, California) This conference included a number of presentations on the epidemiology and prevention of AIDS in Africa. The HSP director made contacts with key individuals involved in the field of PVOs and AIDS prevention.

Fifth International Conference on AIDS in Africa (10/90 in Kinshasa, Zaire) The Kinshasa conference provided an important opportunity to learn from AIDS prevention activities throughout Africa. Of particular relevance were the presentations on women and AIDS, counseling, and community-based prevention efforts.

Assessing AIDS Prevention (11/90 in Montreux, Switzerland) The first meeting of its kind, the Montreux conference provided a forum to discuss the tools used and the results obtained in assessing HIV/AIDS prevention programs to date, and to examine the major methodological issues that have arisen as a result of that experience.

African Studies Association Meeting (11/90 in Baltimore, Maryland) This meeting brought together individuals with a wide range of academic interest related to Africa. Special panel presentations dealt with issues related to AIDS in Africa. HSP subcontractor Norman Miller convened a panel on social aspects of the HIV epidemic in Africa.

Policies in Solidarity: Second International Conference of NGOs Working on AIDS (11/90 in Paris, France) Diversity --in opinions, experiences, and programs -- characterized the participants in the Paris conference. The HSP report on the conference focuses on selected sessions from two seminar tracks, *Education and Prevention* and *Organizational Development*.

International Conference on Rapid Assessment Methodologies for Planning and Evaluation of Health-Related Programmes (11/90 in Washington, D C) The conference focused on the use of anthropological methodologies adapted to the rapid evaluation of health projects in the developing world. The HSP report summarizes the more cohesive and relevant presentations on the application of RAP to AIDS prevention as well as to other health and development programs.

The HIV/AIDS Epidemic: Lessons Learnt from Evaluation (2/91 in Arlington, Virginia) At this NCIH AIDS workshop, participants focused on evaluation methodologies appropriate to the funding and time frameworks of PVOs engaged in AIDS prevention. The HSP director facilitated a case study in which

participants designed a plan for a program evaluation. Donors also gave their perspective on major issues linked to evaluation, such as disbursement of funds, sustainability, intergration, and PVO/NGO networks

The Hopkins All-University Symposium on Africa (HAUSA) (3/91 in Baltimore, Maryland) At this interdisciplinary meeting of graduate students and faculty members conducting research or interventions in Africa, the HSP program assistant gave a presentation on "Understanding the Cultural Context of AIDS Prevention," as observed in the HAPA projects

The Thurd Annual B Frank Polk Symposium (3/91, in Baltimore, Maryland) Faculty from the Schools of Medicine and Hygiene met to discuss their work in all aspects of AIDS research and prevention. The HSP program assistant spoke on cultural obstacles to AIDS awareness and prevention among the HAPA projects, and the HSP director presented a paper on evaluation of NGO programs for HIV/AIDS prevention

2 Review and Cataloging of Technical Documents and Educational Materials

On a monthly basis the HSP scans current journals at the Johns Hopkins Medical School and School of Hygiene Public Health Libraries, to locate articles on the technical and social aspects of AIDS in Africa, and on theoretical and programmatic issues in AIDS prevention. The HSP has identified materials of immediate use to PVO project staff, and background materials to strengthen staff expertise. Once identified, the materials are then entered into a data base, which currently contains over 400 entries

In addition to directly relevant information on AIDS epidemiology or prevention programs, the HSP has found articles that do not directly pertain to AIDS, but which offer insight into the existing health systems of indigenous belief systems in countries where HAPA grants projects are located. The HSP also receives a number of newsletters that discuss AIDS in the international context. PVO projects are sent copies of short items and articles of interest to them

In preparing for the 1990 HAPA Grants Field Workshop in Harare, Zimbabwe, the HSP drew on the data base to compile a collection of documents on topics directly related to the workshop sessions (see bibliography, Appendix 10). The HSP has also been able to assist other organizations searching for materials. For example, when the International Forum for AIDS Research of the Institute of Medicine at the National Academy of Sciences needed materials on behavior change strategies for a major meeting, the HSP was able to provide several relevant articles. The HSP also provides copies of relevant articles for individuals working in AIDS prevention in Africa who visit the HSP office and express interest in specific documents

3 The HAPA Grants Program Update

The HAPA Grants Program Update is a newsletter produced quarterly by the HSP for distribution to the HAPA grants projects. The objective of the Update is to facilitate inter-project communication regarding the progress and problems of the nine widely-dispersed HAPA grants projects, and communication between the HSP office and the projects' field and headquarters staff. The primary focus of the Update is a section summarizing information from the projects' quarterly reports, which provides a forum in which both difficulties and successes of the projects can be shared.

Over the past year the HSP produced four Updates, numbers three through six (see Appendix 11). The third Update, in addition to the quarterly reports, summarized two articles, one on lack of circumcision, STDS, and AIDS, and the other on projections of HIV infections and AIDS cases to the year 2000. The fourth and fifth Updates covered the 1990 Harare workshop, and also included a brief article on NGOs working in AIDS prevention in South Africa, and reports from the Ugandan press on a candlelight march and documentary film organized by the Experiment in International Living (EIL). The sixth Update provided updates on upcoming meetings and conferences, summaries of articles on AIDS education in Uganda and HIV disease in a cohort of African prostitutes, as well as summaries of two sessions from the February 1991 NCIH AIDS workshop.

4 Roster of Consultants

A critical need in the effort to strengthen PVO projects is to identify effective consultants for specific technical areas related to HIV/AIDS prevention. In the course of literature reviews, meeting attendance and field visits, the HSP identifies individuals who are available and appropriate to serve as consultants to the PVO projects. In October 1990 a data base was developed to classify each potential consultant by their training and experience. An effort has been made to limit the consultant roster to individuals who have experience in at least two of three key areas: HIV/AIDS prevention, Africa-based community health or development projects, and familiarity with PVOs/NGOs. Currently, fifty potential consultants are listed in the data base. To date the demand for external consultants to the HAPA grants projects has been light.

5 Contact with Other Individuals and Groups

Over the course of the year, a number of individuals representing NGOs concerned with the problem of AIDS in Africa or elsewhere have visited the HSP office for consultation with staff. Two examples are Dr. Wachira, director of policy and planning for the Catholic Relief Service, and Alison Rader, consultant for The Salvation Army health services. Dr. Wachira facilitated the formulation of a CRS policy specifically authorizing their local affiliated groups to become involved in HIV/AIDS prevention, and solicited the assistance of HSP staff in this effort. Ms. Rader, who has experience as a community

educator in the Chikankata Project of Zambia, requested assistance with preparation for a field visit to Brazil, in which she developed a proposal for The Salvation Army of Rio de Janeiro to work with street children on AIDS prevention

D Provision of technical support to non-PVO HAPA activities

1 HAPA Program and Management Assessment

In December of 1991, the HSP, under the direction of the HAPA Project Officer and in collaboration with the USAID AIDS advisor for East and Central Africa, provided administrative support to a team of consultants undertaking a program and management assessment of HAPA-funded activities in Africa. The team of consultants traveled to five African countries over four weeks, to meet with individuals working in HAPA-funded projects and to assess the different national contexts for HIV/AIDS prevention and control.

The HPS made travel arrangements (between Africa, Europe and the United States) for the five team members, and met other logistic and financial needs such as assisting with travel clearances, initiating contractual agreements, handling travel expenses and providing per diem and consultant fee reimbursements. At a special meeting of the HAPA TAG (see Section B1 c) members of the team which conducted the program and management assessment discussed their findings with members of the HAPA TAG and representatives of USAID. See Appendix 12 for the executive summary of the report.

2 HIV in the Workplace Project - Botswana

In collaboration with USAID AIDS Advisor for East and Central Africa, and the USAID Mission in Botswana, the HSP provided administrative support to a team of four consultants undertaking an HIV in the workplace project in Botswana. Starting in May 1991, in conjunction with the Botswana HIV/AIDS Medium Term Plan, the team of consultants was organized to provide technical assistance to the occupation health unit of the Ministry of Health, the Botswana Defence Force, and the Botswana Red Cross. The HSP is supporting the costs of the consultants who are carrying out the project, in close collaboration with the USAID health officer in Botswana.

E Other activities

1 Ian Campbell Visit

Dr Ian Campbell, medical advisor at the Salvation Army international headquarters, was invited by the HSP to visit The JHU School of Hygiene on September 12 to discuss the work of the Chikankata Hospital in AIDS care and prevention in Zambia. The Chikankata program has received international attention by pioneering a home-based system of care, and an integrated community-based approach to both care and

prevention HSP staff also spoke at length with Dr Campbell and Ms Alison Rader, who managed the Chikankata project for two years, about their past and future work, and possibilities for future collaboration

2 *AIDS and Society*

In an effort to disseminate lessons learned, the HSP contracted with the international bulletin *AIDS and Society* for the publication of two informational infolds and the guest editorship of one issue focussing on NGOs and AIDS *AIDS and Society* is distributed internationally to interested individuals and institutions, as well as through the offices of the United Nations Development Program Several meetings were held with *AIDS and Society* editor Norman Miller over the course of the year

The first HSP insert appeared in the January/February 1991 issue of *AIDS and Society*, and contained an introduction to the HAPA Grants Program, brief summaries of the HAPA grants projects, and a discussion of the social and cultural factors influencing HIV/AIDS prevention (seen in Appendix 2) The last section drew on a presentation made by Carol Jaenson, behavioral research specialist for AIDSTECH, at the December 1990 HAPA Grants headquarters workshop

3 Institute for International Programs Activities

HSP staff have interacted in a variety of ways with other programs at the Institute for International Programs (IIP) Staff meet with any visitors to the Institute who are interested in HIV/AIDS and other African health issues The PVO Child Survival Support Program (CSSP) has sought HSP input on reviews of child survival projects with HIV/AIDS components, the HSP director reviewed project proposals, and the HSP program assistant took part in the DIP reviews On a more informal basis there is a constant exchange of information and ideas between the HSP and the technical and administrative staff of the PVO CSSP and other programs at the Institute

III LESSONS LEARNED

The HSP will analyze and compile a full report of lessons learned from the HAPA grants program following the completion of final evaluations of all of the projects Currently HSP staff are exploring external sources of support to fund an end-of-project workshop that would bring together field and headquarters staff to identify and share lessons learned from the HAPA project experience A number of interim observations have been made to date, however, that are relevant to share at this time

A Lessons from field visits

In the course of visits to the PVO projects, several observations have been made that

were common to most of the projects. They include observations of both HSP and project staff. They are

1 Flexibility

In nearly all of the projects, the original proposals were modified substantively over the course of the first year or so of implementation. This occurred for a number of reasons. In some cases, political or other local changes had taken place that resulted in official requests to change various aspects of the project (e.g., move to a new impact area, expand from a small to a large or national impact area, select a new target group). In other cases, the opportunity for expansion of activities into a new target group arose unexpectedly (e.g., the emergence of people with AIDS who were interested in becoming involved with education about AIDS). In another case, changes in funding support for the PVO's other activities mandated that they concentrate their HIV/AIDS efforts into a smaller area than originally anticipated.

In each case noted, the modifications made from the original design of the project had a clearly beneficial impact on its effectiveness. Given the rapidly evolving nature of current knowledge about HIV and its prevention, as well as the necessity and importance of adapting AIDS prevention activities to the political and social environments at hand, flexibility in designing and carrying out approaches to the problem is a clearly required. The HAPA grants projects have demonstrated that PVO projects have the necessary flexibility to respond to needs for change in approach, and should be encouraged to continue to make use of this capability.

2 Project Length

A universal concern at both field and headquarters levels have been the brevity of the two-year time period for completing the full process of needs assessment, project development, implementation and evaluation. Most appeared to underestimate the level of new skills and innovation of approaches that would be required to begin work in this new area of activity. There has been frustration expressed at the difficulty of ensuring project sustainability within that relatively brief time frame. Project staff recommend that any new PVO activities funded should cover a minimum period of three years, and would ideally allow for up to five possible years of stable funding, even if the annual level of funding had to be lower.

B Lessons from the field workshop

1 Skills Development

The midterm Zimbabwe workshop included the opportunity for participants to take part in a skills development exercise regarding focus group discussion methods. During and after the workshop, participants were very enthusiastic about this opportunity to take

part in a "hands-on" training exercise, however brief, that related to the work in their HAPA grants project. More importantly, the majority of the projects involved have since reported making use of the skills that they were able to acquire or sharpen at the workshop, and requested that more such opportunities be provided if possible. The response to the focus group experience appears to indicate that additional learning opportunities dealing with project-relevant skills would be useful.

2 Survey methods

Discussions at the workshop regarding the projects' experience with their baseline knowledge, attitudes, beliefs and practices (KABP) surveys suggested that the level of resources spent on their baseline surveys was disproportionately greater than the benefits they received. This was due to the length of time required for the survey results to become available, to the questionable quality of the results, and/or to the expense involved in contracting outside agencies to conduct the survey. Participants responded positively to the possibility of training in quick KABP survey methods, and urged that such approach, if feasible, be made available to the larger NGO community.

3 Follow-on funding

During the workshop several project staff expressed concern over the difficulty of obtaining funding for subsequent years of the activities begun under the HAPA grant. Many sources of funding for PVOs are targeted for start-up activities, and not for an extension or expansion of existing activities. They also feel that the availability of funding from the local USAID mission is not necessarily determined by the quality of project outputs or the need for HIV/AIDS activities in the country, but may be based primarily on pre-determined priorities of mission staff. They urge that USAID identify a mechanism for direct support of US-based PVOs that have demonstrated capabilities in the area of HIV/AIDS prevention.

C Lessons from the broader HIV/AIDS program community

1 Dissemination of lessons learned

Based on observations made over the past year at a number of national and international meetings on HIV/AIDS prevention attended by HSP staff, the relative dearth of critical analysis of useful, program-relevant information is increasingly apparent. Given the rich experience of the HAPA grants projects, it will be important that the lessons they have learned, and the questions that their experiences have raised, be given broad exposure in the international HIV/AIDS prevention arena. Many of the HAPA grants projects have plans for sustaining project activities, either through new funding for follow-on projects (HOPE Malawi and Swaziland, EIL Uganda), absorption into local Ministry of Health responsibilities (Save the Children Zimbabwe), or integration into another ongoing

project (CARE Rwanda, World Vision Zimbabwe) Those projects, in particular, should be encouraged to share their experiences at all relevant national and international forums

IV WORK PLAN

The following activities are anticipated for the period May 1, 1991 to April 30, 1992

A. Routine program management

The established routine functions of the HSP will be carried out as planned distillation of quarterly program reports and production of HAPA Grants Update, review of current literature with dissemination to projects of relevant pieces, participation in national and international meetings relevant to HAPA project, continued updating of consultant data base

B Final evaluations

1 **Final Evaluation Guidelines**

All HAPA grants projects will be asked to complete a final evaluation prior to the end of project funding Detailed guidelines for the implementation and reporting of the evaluation results have been drafted, and will be completed and disseminated during this program year

The final evaluation guidelines will consist of 1) general guidelines, to be used by all of the projects conducting final evaluations, and 2) a section describing the use of qualitative data gathering methods for the HAPA grants project evaluations, to be used with technical assistance if necessary The latter section has already been drafted by an anthropologist who is a member of the TAG, and will be completed in time for the final evaluations

2 **Technical Assistance for Final Evaluations**

Each HAPA grants project will be required to utilize the services of an external consultant on the final evaluation team The HAPA Support Program will assist in identifying, arranging or, if necessary, funding an external evaluation consultant upon request by the PVO

3 Technical Assistance for Final KABP Surveys

Those projects that conducted baseline surveys and are planning to carry out follow-up surveys will be offered technical assistance in the design, implementation and analysis of their followup survey. HSP staff and/or consultants will train project staff in simplified survey methodology and assist them to carry out the survey and analyze its findings.

4 Review of Final Evaluations

The final evaluations, when completed, will be reviewed by a special meeting of the Technical Advisory Group and the results compiled and analyzed for future use by USAID and in other HIV/AIDS prevention efforts.

C Field workshop

Funding will be sought from sources outside the current project budget for an end-of-project workshop to be held in Uganda after the completion of the HAPA grants projects. The workshop, if funded, will bring together all continuing HAPA grants projects with Ugandan NGOs and others involved in HIV/AIDS work in Uganda, to discuss lessons learned from project experience to date. It is planned for February or March of 1992. A publication of selected papers from the workshop, as was produced following the Zimbabwe workshop, is planned.

D Documentation of lessons learned

Following the reviews of the final evaluations and the field workshop, the lessons learned from the HAPA grants projects will be analyzed and compiled into a summarizing document that can serve as a reference for other PVO/NGO AIDS efforts. Included in this document will be a summary of the evaluation strategies and indicators of effectiveness found most useful in the HAPA projects, many of which are likely to be more broadly relevant.

V FINANCIAL REPORT

The actual expenditures of the HAPA Support Program for May 1, 1990 through April 30, 1991, totaled \$310,969. The estimated budget of \$444,041 in the Cooperative Agreement was prepared for the 14-month period May 1, 1990 through June 30, 1991, making direct comparisons between actual and projected expenditures difficult. However, pro-rating the 14-month projected budget to a 12-month equivalent shows an estimated \$380,824 in planned expenditures for the period. Comparisons between the pro-rated and actual amounts are seen below.

May 1, 1990 - April 30, 1991

	Pro-rated <u>projected</u> expenditures	<u>Actual</u> expenditures
Personnel	83,653	89,243
Consultants	54,433	31,421
Equipment rental/serv	1,302	725
Other direct costs	27,428	28,627
Travel	121,686	85,567
Subtotal	288,503	235,583
Indirect costs	92,320	75,386
Total	380,824	310,969

Expenditures for personnel and other direct costs are within 10% of those projected for the period. The cost of equipment rental and servicing was somewhat lower than projected, reflecting a decision to postpone the upgrading of computer equipment already in use. Expenditures for consultants and travel were substantially lower than projected, variances in these two items explain most of the approximately \$70,000 underspent for the period. The apparent underspending is primarily a result of consultant services that were performed and travel expenses that were incurred but not yet billed, for both the Botswana HIV in the Workplace project and, to a lesser extent, for the HAPA Program and Management Assessment.

APPENDIX 1

PROGRAM DESCRIPTION Expanded Technical Assistance Activities HIV/AIDS Prevention in Africa (HAPA) Grants Support Program

BACKGROUND

In May, 1989, the Health, Population and Nutrition Division of the A I D Bureau for Africa announced the award of nine HIV/AIDS Prevention in Africa (HAPA) grants for Fiscal Year 1989. The grants fund five private voluntary organizations (PVOs) and one university to add components to their existing health or development programs in Africa that will assist communities to reduce the spread of HIV infection. An important focus of the program is to strengthen the capacity of U S and African PVOs and NGOs to provide high quality, effective, community-based assistance in this area.

The HAPA Grants Support Program, based at the Institute for International Programs of The Johns Hopkins University School of Hygiene and Public Health, was developed to assist the HAPA grantees in the development, implementation and evaluation of appropriate and effective community-based HIV/AIDS prevention strategies. Technical support is provided in such areas as quantitative and qualitative baseline studies, technical aspects of intervention strategies, and evaluation. Program staff at Johns Hopkins report to HAPA Project staff at A I D regarding the status, needs and progress of the funded projects.

However, the HIV/AIDS pandemic is unique in that it is a health problem of major proportions that began less than ten years ago. This has necessitated that HIV/AIDS prevention programs carefully utilize their ongoing experience to identify, during the course of program activities, the best ways to support the development of effective interventions. The first year of experience with the HAPA Grants Program has demonstrated areas of needed support that were not anticipated initially, such as the provision of direct technical assistance in behavioral, anthropologic, and ethnographic methods for assessing community needs and developing appropriate interventions. Increased attention now to assuring and monitoring the quality of the PVO projects will also help lay the groundwork for a project-wide evaluation of the HAPA Project. For these reasons the scope of work of the HAPA Grants Support Program will be expanded.

SCOPE OF WORK

Current Scope

The Support Program currently functions in a variety of ways to assist the HAPA grants projects. The Program

- > Assists grantees to identify their technical support needs for the two-year project period, particularly in the areas of baseline studies, project strategies, monitoring and evaluation

HAPA Grants Support Program

Expanded Scope of Work

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- > Identifies resources and means for meeting the technical support needs of the HAPA projects, by such activities as field visits, identifying appropriate consultants (from whom PVOs may request direct technical assistance), organizing regional workshops or conferences, providing available written materials, and developing new materials. Maintains a Resource Center of over 250 articles, manuals, and other written and audio-visual materials relevant to HIV/AIDS prevention programs
- > Facilitates communication among HAPA grantees, to optimize the sharing of resources for HIV/AIDS prevention in Africa and the dissemination of information gained from the HAPA projects. Produces a quarterly newsletter, the HAPA Grants Program Update, to share information as to the progress of the projects, and report on current issues and findings in HIV/AIDS prevention
- > Develops guidelines for project reporting, including detailed implementation plans, midterm progress reports and final evaluations, and arranges for technical review of the reports
- > Organizes a technical advisory group (TAG) of individuals having substantial experience with HIV/AIDS prevention, with health programs in Africa, and/or with PVO/NGO health programs. The TAG advises the Program on technical standards for the projects, and reviews reports of project progress
- > Assists the HAPA grantees and the Africa Bureau to analyze the PVO/NGO experience in HIV/AIDS prevention programming, so that their "lessons learned" are available to assist in guiding future PVO/NGO efforts

Expanded Scope

The HAPA Grants Support Program will assume a broader role in monitoring and assuring the quality of the HAPA grants projects and other HIV/AIDS prevention activities of the Bureau for Africa. The expanded scope of work will include activities in at least the following areas:

- > The Support Program's coordinating role, including field travel, will be strengthened. Regular communication with grantees has been found to be critically important in assuring acceptable technical standards for the projects. This requires increased funding for communications expenses, and for travel to Africa and relevant international meetings (estimated at eight trips), in addition to the domestic travel already budgeted
- > Full funding for a field workshop will be provided to bring together staff from each of the HAPA grants projects for technical training in key areas. Topics to be included might include

HAPA Grants Support Program
Expanded Scope of Work
Page 3

training for prevention counseling, methods for qualitative assessments of cultural influences on project interventions, KAP survey methodologies for HIV/AIDS projects, and monitoring

- > Modest funding will be provided for the Support Program to produce training or other written materials needed by the PVOs. Currently there appears to be a need for materials to guide the PVOs in their baseline studies and in making use of qualitative data to plan their training and educational interventions. Useful materials that result from field and headquarters workshops should be made available in written form.
- > The involvement of the HAPA Grants Technical Advisory Group (TAG) has been found to be extremely valuable. It will be expanded to include at least one additional TAG meeting, to review the projects' Midterm Progress Reports.
- > Technical assistance in the expanded Support Program will be directly provided to the PVO projects by external consultants. In particular, technical assistance will be made available in critical areas of the social sciences, to facilitate and assist in evaluating the cultural appropriateness of project interventions. The Support Program can draw on the expertise of anthropologists and others with public health and social science training from The Johns Hopkins School of Hygiene and Public Health, such as staff of the Center for Community-based Health Interventions. In addition, consultants from outside of Johns Hopkins will be used extensively, where appropriate. Africa-based consultants with the necessary skills and training will be emphasized when feasible. Five to eight technical assistance trips are anticipated.
- > The Support Program will also provide technical assistance in HIV/AIDS prevention outside the PVO community. Funding for consultants included under the expanded scope can be used to provide technical assistance by public health program specialists, anthropologists or other social scientists to support USAID mission-initiated project activities. Three to six consultant visits can be provided. Support Program staff will coordinate closely with USAID mission officers to respond to their needs for assistance in this area.
- > The monitoring and evaluation component of the Support Program will be further emphasized, utilizing lessons learned during the course of the PVO projects. The Support Program will develop appropriate process and outcome indicators for monitoring and evaluating the effectiveness of the HAPA grants projects that will also be applicable to other community-based HIV/AIDS prevention programs. They will then utilize the PVO experience to assist in the development of indicators and methodologies that can be used for project-wide evaluation of the HAPA Project's activities.

DELIVERABLES

The Support Program will provide A I D with the following outputs

- 1 Written reports of significant Support Program activities, including training or other technical materials that are developed, comments from the TAG on the projects' Midterm Progress Reports, and trip reports (in addition to the reporting guidelines, technical reviews of program reports, quarterly program Updates and a final "lessons learned" report provided under the original scope)
- 2 A full report and evaluation of the field workshop
- 3 A consultant report for each technical assistance visit, as well as an evaluation of the effectiveness of each consultation (to be provided by the requesting organization or agency)
- 3 A set of proposed indicators with which to measure the effectiveness of small-scale HIV/AIDS prevention projects

EVALUATION CRITERIA

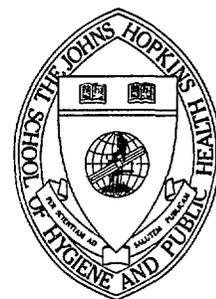
The effectiveness of the expanded Support Program activities will be assessed according to the following criteria

- 1 Timely performance of the activities outlined in the Expanded Scope
- 2 Technical quality and usefulness of the Support Program's outputs, as listed above
- 3 Perception of the HAPA grantees as to the relevance and effectiveness of services provided under the expanded scope
- 4 Demand for and quality of the external technical assistance arranged by the Support Program
5. Usefulness of the lessons learned regarding monitoring and evaluation of the HAPA Grants projects for other A I.D HIV/AIDS prevention activities in Africa

21



Private Voluntary Organizations and HIV/AIDS Prevention in Africa: The HAPA Grants Program



INTRODUCTION THE HAPA GRANTS PROGRAM

In May 1989, the Health, Population and Nutrition Division of the USAID Bureau for Africa announced the award of nine HIV/AIDS Prevention in Africa (HAPA) grants for fiscal year 1989. The grants fund five U.S.-based private voluntary organizations (PVOs) and one university to add to their existing health or development programs in Africa a set of interventions to assist communities to reduce the spread of HIV infection. Two of the grants provide additional funding for ongoing projects, while the remainder fund new activities. A central focus of the program is to strengthen the capacity of U.S. and African PVOs and other non-governmental organizations (NGOs) to develop effective, community-based HIV/AIDS prevention programs. The Grants Program was designed as a one-time-only initiative with the understanding that future Bureau for Africa support for PVO HIV/AIDS work in Africa would be funded directly through the local USAID missions.

The HAPA Support Program (HSP), based at the Institute for International Programs of The Johns Hopkins University School of Hygiene and Public Health, was created to assist the HAPA grantees to implement and evaluate their HIV/AIDS prevention projects, and to coordinate the sharing of information and experiences among the projects. The HSP provides, or arranges for, technical assistance in such areas as quantitative and qualitative assessments, technical aspects of intervention strategies, and monitoring and evaluation. HSP staff produce a quarterly newsletter and mailing of relevant technical materials, visit the field projects, provide guidelines and feedback on project reporting, develop technical materials as needed, and organize workshops for field and headquarters staff. The scope of the HSP was recently expanded to include the provision of technical assistance to other USAID-funded activities for HIV/AIDS prevention in Africa, as well as the evaluation of other HAPA activities throughout the Africa region. An important function of the HSP is to analyze the lessons learned from the HAPA project to assist in guiding future HIV/AIDS prevention efforts of NGOs and of the Bureau for Africa.

In the remainder of this report, a brief overview will be provided of the approaches taken by the seven new HAPA grants projects. A session from a recent HAPA Grants program workshop will then be summarized that highlights some of the social and cultural issues that PVOs may encounter when working in HIV/AIDS prevention.

THE HAPA GRANTS PROJECTS

Cameroon

The Save the Children Federation (SCF) HAPA Grants project began in several impact areas, but currently is focusing efforts on the Far North province of Cameroon. SCF is disseminating its message of AIDS prevention facts, skills and attitudes through the training of schoolteachers and community health workers to train students and other community members in HIV/AIDS prevention. In Maroua, the regional capital, project staff have also tried to train prostitutes to be peer educators, a difficult process because many of the prostitutes are migrants from neighboring countries who do not speak the local languages.

Kenya

World Vision Kenya is implementing AIDS education efforts in four impact areas: two economically depressed parts of Nairobi, a peri-urban settlement outside of the capital, and a Maasai tribal area far from Nairobi. Project staff have compiled a detailed curriculum for training in AIDS prevention. The project has trained community motivators, health workers, community leaders, commercial sex workers, teachers, and herbalists, and has also collaborated with existing community groups to educate youth, pregnant mothers, women of childbearing age, farm workers, community members, and many others. In the course of their efforts in the counseling and support of persons with AIDS (PWAs) and HIV, project staff enlisted the involvement in the project of several PWAs who now work as AIDS counselors and educators.

Malawi

Based in Lilongwe, Project HOPE works with the Private Hospital Association of Malawi (PHAM) to educate religious leaders in AIDS awareness and prevention. A tremendous demand for AIDS information from religious leaders was apparent early in the development of the project, driven by the obvious impact of the disease on their own congregations. Initially, HOPE and PHAM project staff were kept busy responding to requests to give educational talks, now they have begun to undertake training of trainers, to equip religious leaders with the knowledge and skills to educate their congregations. The HOPE/PHAM project is reaching out to Muslim leaders as well as Christians, and is currently designing a training curriculum for Muslim women leaders.

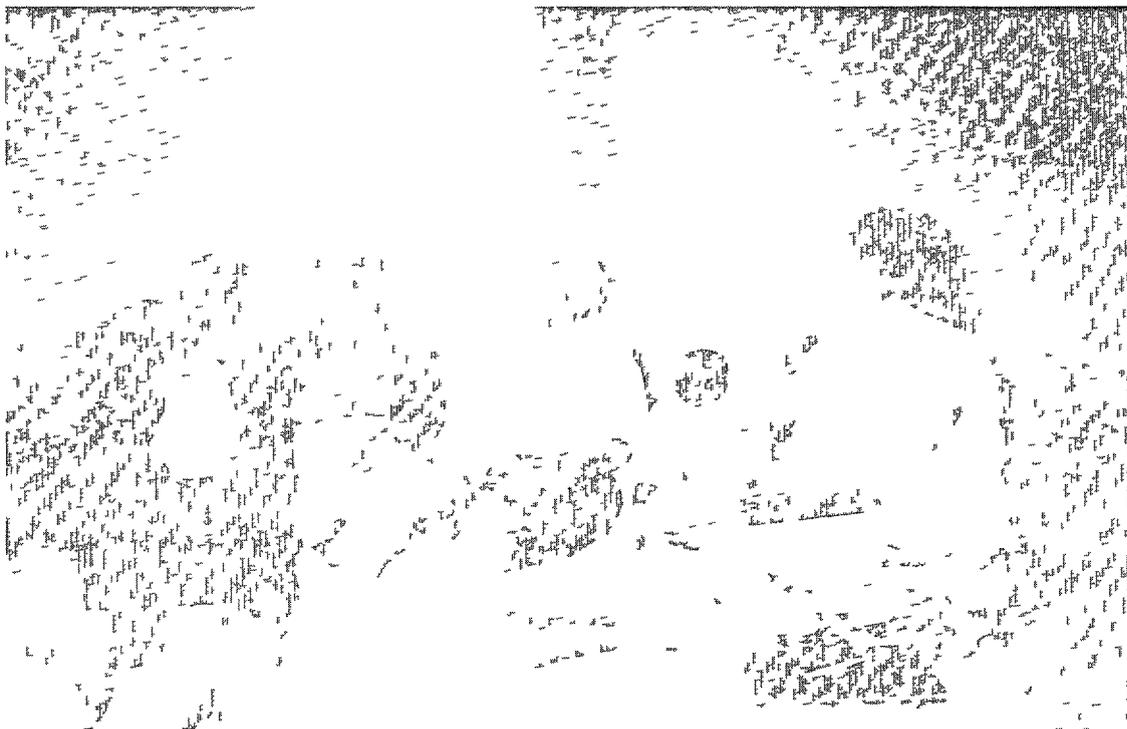
Rwanda

Until the recent national unrest interrupted project implementation, CARE Rwanda project staff were working with community groups in three areas north of Kigali to incorporate HIV/AIDS education and training into the ongoing community development projects. CARE Rwanda determined early in the project that staff would require training in KAP surveys, focus groups, counseling, and the development of educational materials to undertake effective AIDS prevention work. Although the need for such intensive technical assistance was not originally anticipated, the project was able to find resources and a consultant to provide the training. After undertaking a

census of community groups to identify those most appropriate for collaborating with the project, project staff have trained selected group leaders in AIDS awareness and prevention, and have also trained extension agents and teachers.

Swaziland

Project HOPE, in collaboration with the Family Life Association of Swaziland (FLAS), helped initiate AIDS prevention efforts in Swaziland with a nation-wide project targeting out-of-school youth, members of literacy groups, traditional healers, firemen, and a few owners of informal Swazi bars known as shebeens. HOPE/FLAS staff are working with representatives of each target group to create training sessions and educational messages geared to the perceptions and abilities of that group, a time and labor-intensive process that has prompted HOPE to narrow down the number of original target groups. Another focus of the project is the training and follow-up of 60 AIDS counselors, who are attempting to integrate counseling skills into their work as health providers, educators, and religious figures. Project staff have also been able to respond to unanticipated opportunities to raise awareness about AIDS. At a recent national trade fair they set up an AIDS hotline, and through connections with local newspapers they have increased the accuracy and frequency of AIDS-related stories. HOPE staff also produced the first local-language educational video in Swaziland about AIDS.



Save the Children Zimbabwe AIDS project coordinator Linile Malunga (right) speaks with Village Community Workers

Zimbabwe

Save the Children Zimbabwe is integrating AIDS prevention into an existing child survival project, focusing on training of community-level health and development workers and local leaders. The SCF project works in three districts, and coordinates closely with the Ministry of Health through district nursing officers and MOH nurses seconded to the impact areas. As in Cameroon, the SCF training of trainers is centered on a set of AIDS facts, skills, and attitudes, which has been adapted to reflect local norms and values. In the upcoming year, SCF expects to shift the main responsibility for both child survival and AIDS prevention efforts in the impact areas to the local MOH staff.

Also in Zimbabwe, World Vision works closely with the Marondera District MOH staff, where they are reaching out to commercial farm workers, communal farm dwellers, and a small urban population. Project staff and the MOH are trying to find a working definition of collaboration that covers all aspects of project implementation: surveys, workshops, materials testing, information sharing. A KAPB survey undertaken for the project indicates that while much of the target population has some knowledge of how AIDS is transmitted and prevented, a number of important misconceptions continue to thrive.

SOCIAL AND CULTURAL FACTORS INFLUENCING HIV/AIDS PREVENTION

The HAPA grants projects have made significant progress during their first year of implementation, despite the many challenges involved in becoming involved in the relatively new area of HIV/AIDS prevention. Discussions held with field staff (1) and headquarters staff (2) at recent workshops indicate that further refinement of the projects will require an increased awareness of the social and cultural context in which they work, both to facilitate the design of project interventions and to assist in valid evaluations of their efforts.

Carol Jaenson, behavioral research specialist for AIDS-TECH, at Family Health International, presented a session at the December 1990 HAPA Grants headquarters workshop that provided a useful overview of the value of understanding the social forces that influence attitudes and behavior. Using a case study format, she led an exercise in which participants applied this under-

standing to an assessment of the social forces affecting a hypothetical field project's apparent difficulties in gaining local acceptance. The following section summarizes several of the main points of her presentation and the discussion that followed.

AIDS and the Community

AIDS prevention programs are in the business of changing behavior, specifically sexual behavior. Most PVOs/NGOs engage in activities at the family and community levels, and thus are likely to be in positions to influence behavior and behavior change. Sensitivity in dealing with issues such as sexual behavior is always of critical importance. In the context of HIV/AIDS prevention, however, sensitivity also requires the recognition that much of human behavior does not consist of individual decisions, but is heavily influenced by norms and patterns rooted in society and culture. PVO staff must attempt to understand the cultural and social basis for behavior related to HIV and AIDS --- the social context of AIDS --- in order to design programs that utilize, rather than conflict with, those influences.

Understanding social influences implies the need to gather qualitative information about the beliefs, attitudes and behaviors of the groups with whom the project works. Much of the "behavioral" information generated to date about AIDS, however, has been of a quantitative nature: what appears to be happening, and how much of it, the nature and extent of the problem. Qualitative data, on the other hand, focuses on why something is happening, and on gaining a deeper understanding of a given phenomenon. Qualitative information is needed for the interpretation of quantitative data, to ascribe meaning or cause to the reported phenomena. Thus KAP surveys, while providing necessary baseline information for HIV/AIDS prevention projects, are only truly useful when qualitative data is also available to provide a fuller understanding of the social context in which reported attitudes and behaviors occur.

A number of qualitative techniques, derived from anthropology, marketing and other fields of study, are available to assist PVOs/NGOs to understand how local people see the world from what is called the "emic" or insider perspective. Examples of these techniques are focus group discussions, informal interviews, and participant observation. Of the techniques listed, however, participant observation is the one most likely to allow a meaningful look at the social forces that shape people's perceptions, and thus their actions. NGOs need to take advantage of their community base, to participate in the daily lives of the people with whom they work in order to deepen their understanding of the forces that are important in the lives of community members.

(1) "NGOs United Against HIV and AIDS in Africa," the 1990 HAPA Grants Field Workshop, held October 21-26 in Harare, Zimbabwe.

(2) HAPA Grants Headquarters Workshop, held at Project HOPE in Millwood, Virginia, December 9-11, 1990.

Project Staff as Community

Home office staff of international NGOs can focus their attention on at least two sets of social influences that are likely to affect their HIV/AIDS prevention projects. The first set consists of social influences on the project's target population. This is an important area for investigation, because even national NGO staff, as a result of various cultural and social class barriers, are often unaware of many important beliefs and attitudes of the groups with whom they work. For US-based staff working out of the home office, however, another major challenge is to understand the social context in which country national field staff work.

Home office staff tend to assume that their colleagues in the field, often highly educated country nationals, have been fully acculturated into western social and cultural patterns, and do not share the traditional beliefs and behavior patterns of the target population. Indigenous field staff, however, operate within the social and cultural context of their own society. As members of their society they occupy many roles besides that of project staff member. For example, a project manager may also be the daughter of a wealthy clan chief, the mother of several children, the wife of an influential government official, and a member of a women's association.

Any one of a staff member's roles may conflict with her functioning as a project manager. This might occur if, for example, her husband insisted on exerting too heavy an influence on the project. Her multiple roles may also facilitate her managerial role, such as through her ability to influence her women's association to become involved in HIV/AIDS prevention. Conversely, in many African contexts, a female staff member who conducts educational sessions on "safe sex" will command more credibility and respect if she is married and has children. Only by being aware of the possible interactions between "professional" and "nonprofessional" roles can home office staff assess potential problems and provide staff with appropriate support.

Assessing Social Realities. The KEPRA Collection

How do home office staff find out about these different roles, and understand the ways in which they may conflict with or reinforce each other? How does an outsider attempt to identify the many other social factors that may influence project effectiveness? One approach to assessing community structures and social relationships is with the "KEPRA collection" of social influences: kinship, economy, politics, religion, and associations. By systematically examining these five areas of social organization in their project setting, home office staff can gain a better understanding of how interactions between field staff, other key individuals and the community will be viewed from a local perspective. Most difficulties related to the social context of an HIV/AIDS prevention project can be identified as a component of the KEPRA collection.

Substantial obstacles often exist to understanding the KEPRA of a project setting. One important barrier to using KEPRA is the inability of home office staff to speak local languages, because many culturally-specific concepts are tied to local language and are often difficult to translate. In addition to the language differences, there are many other conceptual barriers brought about by the basically western orientation of most home office staff. The first and most important step to overcoming the barriers to understanding is the building of trust — trust between home office and field staff, and between field staff and the local population. Sometimes these relationships may need to transcend western distinctions between "personal" and "professional." Time spent simply talking about personal concerns can foster a sense of interest and concern, and open the door to more honest communication. In time, trusting relationships with staff and other community members, combined with efforts to look systematically at the social and cultural institutions of the society, will provide the key to effective communication, and to effective HIV/AIDS interventions.

In summary, utilizing selected qualitative approaches to gaining information about the socio-cultural context of an HIV/AIDS prevention project should assist in understanding how the people and groups involved in and served by the project view the world. That view must be incorporated into project approaches if broad-based, sustainable behavior change is to occur. NGOs have a message about AIDS that can save people's lives, but if their messages are to be meaningful to the communities in which they work, they must be willing to find or develop methods of communication that reflect the social reality of their project settings.

This supplement has been prepared by staff of the HAPA Support Program under Cooperative Agreement No. AFR-0474-A-00-9041-00 between the Institute for International Programs of The Johns Hopkins University and the Bureau for Africa, United States Agency for International Development. Direct inquiries to

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**Report: 1990 HAPA Grants
Headquarters Workshop**

**HOPE Center
Millwood, Virginia
December 10-11, 1990**

**The HAPA Support Program
The Johns Hopkins University
Institute for International Programs
January 15, 1990**

Report of the 1990 HAPA Grants Headquarters Workshop
December 10-11, 1990 at HOPE Center
Millwood, Virginia

A INTRODUCTION

The HAPA Support Program (HSP) brought together headquarters staff from the five PVOs and one university that are HAPA Grants recipients for a two-day workshop at Project HOPE headquarters HOPE Center) on December 10-11, 1990. The main objectives of the workshop were for headquarters staff to share experiences from the first year of project implementation, improve their ability to recognize and assess the complex community structures that influence health intervention programs, identify their evaluation and sustainability needs, and begin to find resources for meeting those needs. Resource persons, in addition to HSP staff, were two representatives from AIDSTECH, Carol Jaenson and Nancy Hardy, and the USAID East Africa regional AIDS advisor, Joe Wiseman. Further information about the workshop is seen in Appendix 1, and a list of workshop participants is in Appendix 2. An outline of the workshop schedule is presented in Appendix 3.

An overview of community structures and a related case study was presented by Carol Jaenson the opening morning of the workshop. A summary of that session was written up separately for the bulletin AIDS and Society, and will be published in February 1991. The remainder of this report includes summaries of selected workshop sessions.

B BACKSTOPPING EXPERIENCES WITH HAPA PROJECTS

Following the first morning's discussion of community structures, Sally Scott of the HSP led a discussion concerning specific problems experienced in backstopping the HAPA projects. Headquarters staff brought up a number of different problems, and identified potential solutions to each problem area, summarized below.

Setting up information management systems has proven difficult, in part because of an absence of in-country expertise. When local courses and training are not available for field staff, setting up a self-sustaining system is difficult. One solution has been to make all project staff responsible for managing information, a strategy that may require bringing in outside expertise to motivate and train staff in information methods and technologies. In a similar vein, outside expertise can be brought in to improve field staff skills in financial and budgetary management.

Verticality in the design of AIDS prevention projects is another pressing concern. The epidemic is often treated as an isolated problem, when it is clearly connected to a range of other health and social issues. Are there adequate local resources to integrate AIDS into existing health and development programs? How can a PVO support the expansion of AIDS prevention efforts into ministries outside of the

Ministry of Health?

Another challenge concerns the need to respond to newly evolving facets of the AIDS epidemic, such as the impact of growing numbers of AIDS orphans. How much should staff modify their project scope based on new information about needs of the project population? The rapidly increasing and often unexpected demands of AIDS prevention work has put new pressures on field staff, and challenged headquarters staff to provide the field with stronger support on both the emotional and professional levels.

In some cases, the balance of authority between field and headquarters staff is a source of tension, and questions arise as to how fully recommendations from headquarters staff will be put into practice. One approach to coping with this situation is to define the functions of headquarters and field staff clearly, so that everyone understands the responsibilities of each key project staff member. This team approach works better when clear and consistent channels of communication have been established.

The discussion returned several times to issues of how best to evaluate the HAPA grants projects after the initial funding period is over, and before any replication of project innovations. These concerns led directly into the next workshop session, on evaluation.

C EVALUATION ISSUES

Mary Anne Mercer, HSP director, presented an overview of the importance of the evaluation process. She pointed out that meaningful evaluations will not only provide useful information for the PVOs and the larger HAPA project, but also are likely to influence future PVO work in AIDS prevention. In the larger context of AIDS prevention programs, PVOs play a critical role in developing new and flexible approaches to project implementation and evaluation.

Brief reports were given of on the Montreux meeting on assessing AIDS prevention, and the Washington, D C conference on rapid assessment methodologies (summaries of both meetings are included in a separate HSP report). The discussion that followed focused on specific evaluation needs as identified by headquarters staff.

A key question addressed was the importance of following up the projects' initial KAPB surveys with end-of-project surveys. Given the extensive time and resources expended on the baseline KAP surveys, and some questions concerning the usefulness of information gathered, a less time- and resource-intensive approach to gathering end-of-project data may be advisable. One approach, to be explored by the HSP and technical advisory group (TAG), is the development of detailed guidelines for a simplified survey methodology that would measure

changes in a few key aspects of the knowledge, attitudes and/or practices that were targetted for change by the project

Measuring attitudes and practices, however, given the stigma and fear surrounding AIDS, is a difficult and delicate issue. A more informal, qualitative methodology, such as focus group discussions, also needs to be developed that could potentially produce a more accurate evaluation of the effects of project activities and, at the same time, help build trust between the target population and project staff

In addition to assessing outcomes, project staff should also look at process indicators such as the technical and community-perceived quality of their efforts, which can help explain any changes observed in KAPBs. To assess community attitudes towards the project, the quality of linkages and the level of collaboration with local groups could be measured. Increased demand for project services, such as educational talks or condoms, indicates that the project has created important links with the community. In more participatory evaluations, the emphasis may be less on regarding communities as "target groups", and more on helping communities find their own ways to evaluate how a project has influenced changes in attitudes and societal norms

Measuring changes in rates of sexually transmitted diseases (STDs) is often mentioned as a potential way to evaluate AIDS prevention efforts, but this approach has special requirements in a community-based project. Using facility-based data is problematic because of unreliability of the data for reported cases, due to varying rates of symptomatic persons who report for treatment, inaccurate diagnoses, variations in treatment facilities and underreporting. Studies looking at the reliability of self-reported changes in STD rates, and the applicability of this data to evaluation of AIDS prevention, need to be followed

D STAFF AND TRAINING PROJECT EXPERIENCES

On the morning of December 11, a panel of workshop participants discussed their experiences with staff and training over the first year of the project. A summary of the main points from this discussion follows

One important role of supervisors of project staff is assuring that they, and people trained by the project as trainers or educators, "get the facts straight" about HIV and AIDS, as well as know when to admit that they do not know the answer, and where to find the answer to a difficult question. For project staff, time can be allocated in their regular schedules to find the answers to new questions, trainers and educators trained by the project may need written materials to help them remember the essential facts, or the opportunity to meet with project staff to discuss difficult questions

A training curriculum often has to be changed if a project begins working with

new target groups, or decides to work with current target groups in a new way. Qualitative assessment methods, such as focus group discussions, can generate insights into community norms and structures that may be useful in putting a new curriculum together. Qualitative assessments of training sessions can also help project staff determine if their training techniques are appropriate for a particular target group.

Bringing project staff and government officials together for activities such as writing or modifying a curriculum may require much negotiation and compromise, but the process can also help to build trust between the two parties, and make future collaborations easier. If a project wants to work closely with the MOH or NACP, it may be necessary to create a definition of partnership that covers many aspects of collaboration. These discussions may bring disagreements to the surface, but also eventually facilitate the establishment of a better working relationship. If the MOH or NACP is actively involved in the project, project activities are more likely to be sustained when outside funding ends.

If a project is working with marginal groups, such as people with AIDS (PWAs) or commercial sex workers, trust can help overcome the fear and stigma that makes collaboration difficult. Building a collaborative, trusting relationship with marginal groups may mean that the project takes on additional roles and responsibilities, such as providing logistical support for PWAs or facilitating health care for commercial sex workers. A PVO may be wary of taking on these responsibilities because of anticipated problems in sustaining additional activities when project funds end.

E SUSTAINABILITY ISSUES

After a brief presentation by headquarters staff of the issues each project faces in trying to build sustainability, three resource persons made presentations. An open discussion followed. This section summarizes the presentations, and several points from the subsequent discussions.

Nancy Hardy, coordinator of the small grants program for AIDSTECH, described how AIDSTECH had initially targeted a small number of high-risk groups, and now is expanding its focus to include a wider range of groups, especially in the workplace, among youth, and among rural women. The small grants program funds up to \$50,000 per project per year, and can help international PVOs add an AIDS component to another type of health or development program. Over the past year, the small grants program awarded 31 grants. In Latin American and Asia, grant recipients were almost all local NGOs, while in Africa, approximately half of the grantees were local NGOs. AIDSTECH advisors based in the field can help local NGOs write grants and manage projects. Shamseh Poonawala, coordinator of a program at the National Council of International Health (NCIH) to support PVOs working in AIDS, presented

information about specific resources which can help PVOs find funding for their projects

> The 1989 NCIH book, which lists groups that fund AIDS projects, has rapidly become out of date. About 75% of the groups listed no longer offer funding for work in AIDS.

> A good resource for locating potential donors is Grants for Foreign and International Programs, a book produced by the Foundation Center in 1990. The book costs \$55.00, and can be ordered from the Foundation Center/79 Fifth Avenue/New York, N.Y. 10003.

> The American Foundation for AIDS Research (AMFAR) is currently not funding projects for Africa, but has held training workshops in proposal writing for local NGOs.

> The Ford Foundation and Rockefeller Foundation are still funding AIDS prevention projects.

> In January 1991, the Canadian international development agency CIDA is starting an \$11 million, 5 year project, based in Zimbabwe, to fund AIDS prevention efforts in Southern Africa. CIDA has also allocated \$22 million over 5 years for AIDS prevention in Francophone Africa.

> In February 1991, NCIH will host a workshop for PVOs working in AIDS on lessons learned from evaluation.

Joe Wiseman, regional AIDS coordinator for USAID in east and southern Africa, announced that a multidisciplinary team will be undertaking a program and management assessment of the overall HAPA project in early 1991, in which some of the HAPA grants project may be visited. One goal of this assessment is to provide a planning document to guide the Bureau for Africa's future AIDS prevention efforts. He briefly discussed the Bureau's plan for an integrated health and population project, to include HIV/AIDS, that will follow the current HAPA project, and reiterated that HAPA Grants projects wishing further support from USAID should seek funding through the local AID mission.

F FEEDBACK ON HSP EVALUATION WORKPLAN

The workshop ended with a brief discussion of a workplan drawn up by the HSP in response to evaluation needs identified in the first year of the HAPA Grants (HG) projects. Mary Anne Mercer presented the proposed goals, content and timeframe of the workplan, and asked for feedback from the workshop participants.

The main goal of the workplan is to produce a set of evaluation guidelines which include quantitative and qualitative approaches, and can be used by the HAPA Grants projects in their final evaluations. The HAPA Grants experience with the evaluation guidelines can then be used to refine them for future use by local and international PVOs and NGOs.

Specifically, the evaluation guidelines will have 4 main components

- 1 An overview of evaluation issues that outlines key issues in evaluation for PVO/NGO projects related to HIV/AIDS, e.g., need for both quantitative and qualitative data, participatory approaches, special considerations for PVOs, sustainability, etc
- 2 Detailed guidelines for a rapid KABP (or K and P, or K and A) survey (to be used in conjunction with technical assistance by many of the projects)
- 3 Guidelines for a variety of qualitative approaches to project assessment, such as focus group discussions, interviews, etc., (for which technical assistance would also be needed by some projects)
- 4 Specific guidelines for the HAPA Grants projects final evaluations, to be followed by all projects for their final report

A tentative timeframe for development of the guidelines is as follows

- 1 January 1991 Solicit interest in helping to develop specific components of the guidelines from TAG members and other interested parties and develop detailed plan of action
- 2 February-March 1991 drafts of the guidelines are developed
- 3 April 1991 (first week) Drafts distributed to participating TAG members, and evaluation subgroup meets in Washington for review and discussion
- 4 May 1991 Drafts revised based on discussion, and sent to PVO headquarters staff and other reviewers for comments
- 5 June 1991 Finalize overview and guidelines, and distribute to projects

Workshop participants generally supported this course of action. Several suggestions were made. African AIDS prevention experts who are currently in the U.S. should be involved in reviewing the guidelines, individuals with experience in community participation in evaluation should also take part in the review.

process, and after final evaluations take place, headquarters staff and members of the TAG should meet to discuss what was learned over the course of the projects. The meeting closed at 3 PM on December 11.

List of Appendices

- 1) List of Participants and Resource People in Workshop
- 2) Fact Sheet for Workshop
- 3) Agenda 1990 HAPA Grants Headquarters Workshop

Appendix 1

1990 HAPA Grants
Headquarters Workshop

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Appendix 2

Fact Sheet

1990 HAPA Grants Headquarters Workshop
December 9-11, 1990, Millwood, Virginia

I Workshop Objectives

- A To provide a forum in which PVO headquarters staff can share their experiences from the first year of HAPA Grants project implementation, specifically in the areas of technical backstopping, training and staffing, and collaboration with local groups
- B To provide participants with an overview of some of the social, economic, political and cultural dimensions in developing country communities that affect health and development programs, and provide the experience of assessing and addressing community realities in the context of a hypothetical health intervention program.
- C To provide a forum in which participants can identify the main evaluation needs of their field projects, and assist the HAPA Grants Support Program to develop a plan for addressing those needs
- D To provide a forum in which participants and resource persons can discuss issues relevant to the sustainability of the HAPA Grants projects, and to present information about several sources of available funding for HIV/AIDS activities

II Activities and workshop outputs

Workshop activities will include panel discussions, a case study presentation and problem, small group discussions, formal lecture-discussion presentations, and a video presentation. A resource table will display recent publications in the area of HIV/AIDS prevention, coping and care programs that may be of interest to participants.

The primary workshop output will be an workplan for technical support of the evaluation needs of the HAPA Grants projects. Other outputs will be a report of the workshop proceedings and an evaluation of the usefulness of the workshop by participants.

III Workshop participants

Participants will include the PVO headquarters staff member directly responsible for backstopping of each of the HAPA Grants projects. The projects are CARE/Rwanda, Experiment in International Living/Uganda, HOPE/Malawi, HOPE/Swaziland, JHU/Malawi, SCF/Cameroon, SCF/Zimbabwe, World Vision/Kenya, and World Vision/Zimbabwe.

Resource persons for the workshop will include representatives of AIDSTECH, the NCIH AIDS project, USAID and The Johns Hopkins University.

IV Location and dates

Location Project HOPE headquarters, Millwood, Virginia

The workshop will begin at 7 00 PM on Sunday, December 9, 1990, and will conclude at 3 30 PM on Tuesday afternoon, December 11.

V Organizing agencies

- 1 Host Organization Project HOPE, Millwood, Virginia
- 2 Sponsor The HAPA Grants Support Program of The Johns Hopkins University School of Hygiene and Public Health, Institute for International Programs, through a cooperative agreement with the Bureau for Africa, USAID

VI Contact Persons

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**Workshop Report
1990 HAPA Grants Field Workshop
21 - 26 October 1990
Harare, Zimbabwe**

HAPA Grants Support Program
The Johns Hopkins University
Institute for International Programs
November 20, 1990

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Appendix 5 Results of Final Evaluation

Introduction

In July, 1989, the Health, Population and Nutrition Division of the AID Bureau for Africa awarded grants for nine HIV/AIDS Prevention in Africa (HAPA) projects to seven US-based NGOs. An important focus of the HAPA grants is to strengthen the capacity of US and African NGOs and other organizations to provide high quality, effective, community-based assistance in HIV/AIDS prevention. In October 1990, a field-based implementation workshop was organized by the HAPA Grants Support Program (HGSP), in collaboration with World Vision Zimbabwe, to build the skills of project staff in several key interventions that are common to the HAPA Grants projects, and to facilitate communication among HAPA Grants project staff about their experiences.

Planning for the workshop began in the spring of 1990, when the HGSP sent out needs assessment forms to project field and headquarters staff. In August the HGSP staff, workshop facilitator, and project staff from World Vision Zimbabwe, met in Geneva to plan the workshop. This planning team reviewed the needs assessment forms, and chose the major topics for the workshop. The team also mapped out an outline of the week's structure, discussed each day's schedule of activities in detail, and identified (as far as possible) resource people for each session.

Following the Geneva meeting, objectives were developed to reflect the specific skills to be acquired by the workshop participants. The World Vision staff, with assistance from Save the Children, contacted the Zimbabwe-based resource people and made key logistical arrangements in the two months leading up to the workshop.

The HGSP staff arrived in Zimbabwe a week before workshop began to help make the final arrangements and to meet with the resource people. The workshop, which took place at Mandel Training Center in northwest Harare, began with a reception and introductions the evening of October 21. Sessions ran from 8 a.m. to 5 p.m. each day (with Wednesday afternoon off), and optional activities took place each evening after dinner. Participants took one field trip to World Vision's project area in Marondera District, for focus group discussions with residents of the district capital.

On the last day, participants wrote up four-month action plans, to demonstrate how they would utilize skills and information gained from the workshop in their projects. In February 1991 workshop participants will be asked to provide an evaluation of the workshop, which will include a review of their progress with the activities outlined in their action plans.

What follows is a short report that briefly describes each of the workshop sessions, lists participants and resource people, and reviews results of the final evaluation. A longer and more substantive report comprised of edited versions of selected workshop sessions also is forthcoming.

Workshop Activities

I MONDAY

A Opening Ceromony (8 15 - 9 15)

After opening remarks from Mr B Zulu, workshop facilitator, the workshop was officially opened by Dr R Charore, Acting Permanent Secretary at the Zimbabwe Ministry of Health Mr A Chishakwe, World Vision Acting Field Director, and Ms M Davids, Assistant Health Officer at the U S A I D Zimbabwe mission, also addressed the participants in the opening ceremony Also attending the official opening were Dr R Sena, Provincial Medical Director for Mashonaland East, Dr C Takundwa, District Medical Officer for Marondera, Dr Mayone, Maternal and Child Health coordinator at the Ministry of Health, and Mrs Psvarayi, District Nursing Officer for Marondera

B Women and AIDS Overview (9 15 - 1 00)

Dr S Ray, City Medical Officer for the Harare City Health Department, and a founding member of the Society for Women and AIDS in Africa (SWAA), gave an overview of women's roles in HIV/AIDS prevention She stressed the need to integrate prevention and care in AIDS programs, and the importance of avoiding a negative "us versus them" approach when discussing people with AIDS or people with HIV

Dr Ray pointed out that while it is crucial to be aware of the obstacles facing women trying to protect themselves from HIV infection, there is a danger in overemphasizing women as helpless, passive victims of the epidemic Women need to feel active and strong in order to assert and protect themselves In counseling HIV positive women about contraception and pregnancy, Ray said that the emphasis should be on giving women information and choice, not telling them what to do Women who act as caregivers for people with AIDS also need clear and correct information about precautions to take in the home A local women with AIDS, introduced by Dr Ray, spoke about the pain she had experienced when her baby grew sick and died of AIDS, and how she has counseled other women with AIDS about their reproductive choices The woman described the help and encouragement she has found in a support network of women with AIDS, and in her religious faith

Following tea break, Dr Ray split the participants into small groups to identify the options available to women in support of each other in dealing with issues arising from HIV infection, and the obstacles to achieving this support Each group gave a short presentation on the results of their discussion

C Culturally-determined beliefs (2 00-3 15)

After lunch, Dr J Mutambirwa (University of Zimbabwe Medical School) gave a presentation on local culturally-determined beliefs which influence how people think about health, disease, and AIDS She described the powerful influence of ancestor belief on the marriage relationship, particularly on sexual and child-bearing decisions within marriage Dr Mutambirwa stressed the importance of moral and spiritual (as opposed to physical) hygiene in local concepts of susceptibility and exposure to disease Within this cultural context, AIDS is a new disease which people will try to fit into existing

conceptual frameworks The challenge for NGO AIDS prevention projects is to understand those existing frameworks, and to talk about AIDS in ways that enable people to respond to the problem in their own terms

D Interview with a traditional healer (3 30-5 00)

Mr Musara, national AIDS coordinator for the Zimbabwe National Traditional Healers Association (ZINATHA), was interviewed for this session by Mr B Zulu Using the "fishbowl" technique, Mr Zulu interviewed Mr Musara in the middle of the room, surrounded by participants, who were encouraged to ask questions Mr Musara was an articulate and entertaining speaker He clearly explained the unusually good working relationship that has evolved in Zimbabwe between ZINATHA and the MOH, and went on to answer questions specific to AIDS When he denied that traditional healers can cure AIDS, and described holding workshops and undertaking KAP surveys, he challenged the participants' previous conceptions of traditional healers as ignorant of, or resistant to, new ways of educating and organizing themselves

II TUESDAY

A Overview of Counseling (8 15 - 10 15)

After a recap of the previous day's activities, Rev C Gandiya and Ms C Mutize of AIDS Counseling Trust (ACT) presented an overview of counseling They looked at what makes AIDS counseling different than other types of counseling, and explored different methods of dealing with the stigma attached to AIDS Ms Mutize led the group in a discussion of who should be a counselor A video from The AIDS Support Organization (TASO) in Uganda was shown which described the ideal attitudes and skills of a counselor, and critical stages in the counseling process

B Discussion of evaluation (10 30 - 12 00)

Ms M Herring of AIDSCOM led a general discussion of how trainers are selected, trained, and evaluated Ms Herring emphasized the need to build quality control into the basic structure of a project, and to provide opportunities for on-going support mechanisms for people trained as trainers

C Counseling/education, and role plays (1 00 - 3 15)

Ms Mutize continued the overview of counseling, and branched out into a discussion of education strategies and programs She questioned whether health care workers are the best people to do counselling, because of the shortage of space and time in health centers The discussion also touched on the questions of what age is appropriate to start learning about AIDS, and who should introduce sex education into schools Participants took part in two role plays on counseling, which helped illustrate both effective counseling techniques, and cultural barriers to the counseling process

D Key programmatic issues in AIDS prevention (3 30 - 5 00)

Dr D Wilson, from the University of Zimbabwe, presented key programmatic issues gleaned from an AIDS prevention project with vulnerable groups in the city of Bulawayo. He made a number of challenging and sometimes controversial points. Two points that provoked discussion were 1) that baseline data gathering should emphasize qualitative, not quantitative measures, because quantitative data gathering saps time and energy from project implementation, and imposes the researchers's framework on the community, 2) that projects need to respond to participants' broadest needs, such as medical treatment and support for PWAs and their families, and income-generating activities for women who want to give up sex work. Dr Wilson stressed the need for project staff to build trust and intimacy with their target groups.

F Evening Theater Group (8 30 - 10 00)

After dinner the participants attended a play by the Batsirana theater group, members of the Zimbabwe Association for Community Theater (ZACT). The play began as an amusing satire of relations between workers and managers as well as between men and women in urban Zimbabwe. The mood of the play grew darker when a factory manager's wife learns she is HIV positive, and is thrown out the house by her husband, who is both angry and guilty. A discussion following the play included constructive criticism to the theater group manager regarding ways to improve the potential value of the play for HIV and AIDS education. He responded by describing the play as a vehicle for stimulating conversation about AIDS, not a complete lesson on AIDS transmission and prevention.

III WEDNESDAY

A Overview of qualitative data-gathering methods (8 15 - 10 15)

Mr Zulu, a communications consultant based in Harare, discussed the previous night's play in terms of how project staff can work with artists. He then compared the usefulness and limitations of both qualitative and quantitative data-gathering techniques, and stressed that the two methods are interrelated and complementary.

B Introduction to focus group discussion methods (10 15 - 2 00)

After tea break, Mr Zulu briefly discussed the use of literature reviews, key informant interviews, and in-depth interviews to gather qualitative data. He then introduced the basics of conducting a focus group discussion, which he described as a funnelling process that moves from gathering general impressions to probing for deeper emotions and perceptions. At this time moderators and recorders were identified for each of the 4 focus group discussions to take place in the field the following day.

C Approaches to sustainability (2 00 - 3 15)

A panel of NGO participants, chaired by Dr Takundwa (District Medical Officer for Marondera), addressed approaches to sustainability within their projects. Mrs T Shongwe of HOPE Swaziland and Mr W Salmond of EIL Uganda focused on their close working relationships with local NGOs, while Mrs V Nyabyenda of CARE Rwanda and Ms P Dungare of SCF Zimbabwe described the close collaboration that has developed between the NGOs and the Ministry of Health and other branches of local government. Dr

Takundwa gave the final presentation, in which he linked project sustainability to the willingness of NGOs to work closely and respectfully with MOH staff in the planning and implementation of a project

D Free afternoon and optional evening session

The participants had the afternoon off to rest or go shopping in town. After dinner, Ms Herring gave an optional session on the evaluation of education materials. She stressed the need to pretest materials to ensure that they carry the intended and appropriate message to the target audience.

IV THURSDAY

A HAPA business and project monitoring and evaluation (8 15 - 10 30)

Dr M A Mercer (director of the HAPA Grants Support Program, HGSP) reviewed different pieces of HAPA business, including the option of no-cost extensions and possibilities for follow-up funding for the HAPA Grants projects. HGSP program assistant Ms S Scott gave a brief overview of HGSP activities, after which Dr Mercer led a discussion of objectives and indicators in relation to project monitoring and evaluation. Participants were asked to give their input for the final evaluation structure and guidelines.

B Panel presentation on working with special groups (10 45 - 12 00)

Four PVO project staff participated in a panel on working with special groups, chaired by Dr Milton Amayun, manager of international health programs for WV International. Ms E Yunga of SCF Cameroon discussed educating sex workers, while Mrs F Muthuri of WV Kenya focused on counselling and training PWAs as educators. Mrs M Kailale of HOPE Malawi presented observations gleaned from her work with the Private Hospital Association of Malawi (PHAM), reaching out to Christian and Moslem leaders. Miss E Chilenga of JHU/MOH Malawi discussed that project's research with pregnant women recruited from an urban antenatal clinic.

C Focus groups held in town of Marondera (2 30 - 5 00)

The participants traveled by bus to the town of Marondera, the seat of the district where WV Zimbabwe is working in AIDS prevention. Four focus group discussions were held, to ascertain local perceptions of HIV and AIDS. The discussion involved workshop participants as moderators, recorders, and observers, and two groups of married men and two groups of single women as members of the focus groups. The men held their discussions at the Marondera Hotel, while the women met at the local Red Cross office. The pace and depth of the discussions varied, but a substantial amount of information was gathered by each group.

D Evening blackout and focus group summaries

Despite an electrical blackout after dinner, the focus group moderators, recorders and observers met and summarized the results of their discussions, for presentation the following day.

V FRIDAY

A Key factors and strategies for evaluation (8 15 - 10 15)

Mr J Makina of the University of Zimbabwe led a session on the key factors and strategies for project evaluation. Drawing ideas from the participants, Mr Makina developed a list of specific areas that would be covered in an evaluation of the HAPA Grants field workshop. Working from this list, he then developed a more generic list of categories to be covered in any project evaluation, and the steps to be taken in planning and implementing an evaluation.

B Presentation of results from focus group discussions (10 30 - 11 30)

The four groups (two of men, and two of women) from the focus group discussions (FGDs) presented the summaries of both the content and structure of their discussions. A number of interesting though sometimes disturbing beliefs were reported, including the diagnosis of being HIV positive is so dreaded and unthinkable that several group members stated that would certainly commit suicide if found positive, people with AIDS should be punished like criminals and sent away or locked up, most men have never used condoms but they "know" that condoms diminish pleasure, AIDS education campaigns send a mixed message by stressing being faithful to one partner but also offering condoms, and, the many misconceptions about the possibility of casual transmission of HIV lead people to discount the importance of their high-risk behavior. The presenters also identified specific obstacles to effectively moderating a FGD.

C Wrap-up of focus group discussions (11 30 - 12 00)

Mr Zulu pointed out the difficulties with organizing and conducting a focus group that had been encountered by the participants. He stressed that participants would not be qualified to conduct and analyze FGDs after such a brief training period, but that he hoped they now would be better able to integrate outside expertise on focus groups into their projects. In a program situation, Mr Zulu said, FGDs would not lead to hard conclusions, but to a deeper understanding of cultural patterns.

D Participant Action Plans (2 00 - 4 00)

Dr Mercer introduced the final exercise, in which participants were asked to draw up a four-month action plan, to determine how they might integrate particular information or skills from the workshop into upcoming project activities. Participants then broke into project teams to work on their action plans. After completing their plans, they met in small groups, which included resource people, to discuss their plans with each other. The action plans were also provided to the HGSP staff, for brief written comments.

E Final evaluation and formal closing (4 00 - 5 00)

Participants filled out a final evaluation form and also were asked for verbal comments on the workshop as a whole. The general tenor of the comments was positive. Participants liked the timing of the workshop one year after project start-up, and the opportunity to connect with other projects and learn from their experiences. They did feel that one week was too short to cover all the material offered, but admitted that few project staff would

be able to leave their projects for more than a week The workshop was officially closed by Mr A Chishakwe, Acting Field Director of WV Zimbabwe

F Farewell Banquet

Participants, resource people and guests ended the workshop with a delicious dinner served at the Chapungo Village sculpture garden After dinner, traditional as well as impromptu dancers entertained the crowd in a small outdoor ampitheater The evening ended back in the tent with a virtuoso performance by the entertainment committee, who presented a rich array of intricate riddles, jokes, unforgettable imitations, and wonderfully appropriate awards

Workshop Schedule of Events

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>8:00</u>	Opening Ceremony	Recap of previous day	Recap	Recap	Recap
<u>8:15</u>	Opening Ceremony Overview of women's roles in HIV/AIDS prevention ▶ Dr S Riny (SWAA)	Overview of the counseling process ▶ Rev C Gandiya ▶ Ms CM Mutize (AIDS Counseling Trust)	Overview of qualitative data gathering methods, introduction to focus groups ▶ B Zulu	Refining of objectives and indicators for project monitoring and evaluation ▶ HAPA Grants Support Program	Key factors and strategies for evaluation ▶ Mr J Mankwa (Univ of Zimbabwe)
<u>10:15</u>	Tea Break	Tea Break	Tea break	Tea break	Tea break
<u>10:30</u>	Identifying women's AIDS prevention options and obstacles to change Small group discussion and reporting back	Strategies for evaluation of training ▶ Ms M Herring (AIDSCOM)	Focus group discussion methods practice ▶ B Zulu	Objectives and indicators (continued) Working with special groups ▶ panel of PVO participants	Presentation of results from focus group discussions ▶ PVO participants Writing up results of focus groups ▶ Mr B Zulu
<u>1:00</u>	Lunch	<u>12:00</u> Lunch	Lunch (12:00)	Box lunch (12:00)	Lunch (1:00)
<u>2:00</u>	Culturally determined beliefs health, disease, and AIDS ▶ Dr J Mutambirwa	<u>1:00</u> Discussion of counseling and role plays ▶ Ms CM Mutize	Approaches to sustainability ▶ panel of PVO participants	Field trip focus groups on women's roles in HIV/AIDS prevention	Drawing up of 4 month action plans ▶ PVO participants
<u>3:15</u>	Tea break	Tea break	Tea break		Tea break
<u>3:30</u>	Traditional medicine and AIDS An interview with a traditional healer ▶ Mr Musara (ZINATHA)	Key programmatic issues in ▶ Dr D Wilson (Univ of Zimbabwe)	Free time	Focus groups (continued)	Final evaluation Formal closing
<u>5:00</u>	Daily evaluation	Daily evaluation			
<u>5:15</u>	Meeting of organizing team	Organizing team	Organizing team	Organizing team	
<u>7:00</u>	Dinner	Dinner	Dinner	Dinner	Farewell banquet
<u>Even.</u>	Philly Lutaya video	Batsirani theater group	Evaluation of educ materials ▶ M Herring	Homework summaries of focus group findings	Dancing certificates entertainment committee

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Miller, Timothy E et al
1990 "Changes in Knowledge, Attitudes, and Behavior as a Result of a Community-Based AIDS Prevention Program" AIDS Education and Prevention
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Summary of the HAPA Grants Field Workshop Final Evaluations

Marsha Herring, AIDSCOM

Participant Summary Twenty participants attended the workshop (eight men, thirteen women) representing seven HAPA projects. They came from a variety of AIDS service delivery settings which included clinical care, research, administration, prevention, antibody testing, and counselling.

Brief Narrative This group participated with enthusiasm which enriched the discussions and gave fullness to the topics discussed. It was a very participatory workshop and there was much lively discussion. Many of the highly motivated participants used these five days to network with colleagues and to explore different AIDS issues. In the process they demonstrated growth in knowledge, consciousness, and skills. Feedback both written and verbal was generally excellent. The workshop seemed valuable on many levels and was very useful overall.

Overall Evaluation

Seventeen respondents

Sixteen of the respondents thought the timing of the workshop was appropriate in regards to the selected date and time. One respondent thought the workshop should have been held during the first year of the project.

Fourteen of the respondents thought the facility was adequate. Two thought the facility was too far away from town. And there was one negative response in regards to the food service.

All of the respondents thought the sessions were well conducted and as comprehensive as time allowed. The materials presented were relevant to the needs of the participants.

For the most part the duration of the sessions was adequate with the exception of the time allocated for the action plan exercise. The groups had difficulty in summarizing their work and final wrap-ups were not done.

Learning data analysis by computer was the only topic not covered in the workshop that was specified in the needs assessment.

Overall the workshop was valuable on many levels and useful.

FY 89 HIV/AIDS PREVENTION IN AFRICA (HAPA) GRANTS PROGRAM
MIDTERM PROGRESS REPORT GUIDELINES

The Midterm Progress Report (MPR) for the FY 89 HAPA Grantees is an opportunity for project staff to examine carefully the progress of their projects during their first year of funding, to identify project accomplishments, and to determine any mid-course corrections that may be necessary to facilitate the achievement of project objectives. The report should be prepared with substantial input from both field and headquarters staff, and should reflect the status of the project one year after the official project startup date.

The MPR is not meant to involve the extensive time and effort that would be required for a midterm evaluation, since twelve months of project operation is considered too short a time period on which to base a full evaluation. It is suggested, however, that it may be helpful if at least one person external to the PVO/project with relevant technical expertise provide input into the report. The external input may be from an employee of the Ministry of Health, a local university, another PVO, or any other qualified person, local or expatriate. The important factor is that the report should reflect a variety of perspectives, and include issues constructively critical of the project's weaknesses as well as supportive of its strengths.

The suggested length for the MPR, exclusive of the appendices, is 10 to 20 pages. The MPR is due 13 months after the project's official startup date. The reports will be reviewed by the HAPA Grants Program's Technical Advisory Group (TAG), with feedback on their comments provided to the projects in as timely a manner as possible. The MPR also gives the HAPA Project Officer the opportunity to review project accomplishments and constraints. Multiple copies are required so that all TAG members and U S A I.D. representatives are able to read and review your submission. Please send an original (unbound) and 10 copies to:

Mary Anne Mercer
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JHU/Institute for International Programs
103 East Mt. Royal Avenue
Baltimore, MD 21202

Please also send 5 bound copies to

William H. Lyerly, Jr
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HIV/AIDS Coordinator, AFR/TR/HPN
Agency for International Development
Washington, DC 20523-1515

FY 89 HAPA Grants Midterm Progress Report
Detailed Guidelines

Cover page Include name of project/PVO, country, date submitted and the dates covered by the report

Report Outline

I Background Information

A Report of baseline data

- 1 If a baseline KABP survey was conducted, a survey report should be completed that contains the following information the time frame for the survey, the process and methods used in developing the survey questionnaire, including government clearances required, the sample size and sampling method, a description of the selection, training and supervision of interviewers, and data tabulation/analysis, including any computer software utilized It should also include a description of technical assistance used, if any, the main survey findings, the uses made of these findings in project planning, development, and feedback, and how the results will be used in project evaluation

Has the full survey report and a copy of the entire survey questionnaire been submitted to the HAPA Grants Support Program office? If yes, review the survey report for the above information, and provide here any points that were not included in the main survey report If the report and/or the questionnaire have not been previously submitted, please include the information requested in this section, or attach as an appendix to this Midterm Progress Report

- 2 All projects, whether or not they conducted a baseline survey, should report on their baseline study of the project area and population Include the main kinds of baseline information sought and the methods used to gather information (interviews with key informants, focus groups, baseline survey, study of existing project records or other data, etc) Describe findings that were of importance in the planning of the project interventions, and how the findings were utilized

B Response to DIP reviews

- 1 If a written Action Plan was developed in response to the DIP review, attach it to this report

- 2 Present other responses (not covered in 1 , above) to recommendations or concerns from the review(s) of the project DIP, including both the technical review and any A I D Mission comments that you were provided Include any modifications made in project design, target population, objectives, etc (if responses to specific questions are included in other sections of this report, it is not necessary to repeat them here)

C. National and local relationships

- 1 Describe the functional relationship of the project with the local counterpart organization, and with the National AIDS Committee (or National AIDS Control Program staff) How has the counterpart agency participated in the project? What is the relationship of the project activities with the activities of the counterpart organization?
- 2 Describe any new developments that may have taken place nationally or in the project area since the project began, if any, such as new governmental initiatives, organizations or activities (including those of other NGOs) that are relevant to your project How has the new situation affected the project, and how has the project responded?

D. Human resources development

1. Describe any significant changes in project or counterpart staffing that have occurred during the past year Attach the resumes of current key project staff and a current organizational chart. Are numbers and types of staff adequate to carry out the planned project activities?
2. Describe any relevant training or other professional development activities undergone by project staff
- 3 What technical assistance has been provided during the past year? By whom, and for what? Include any external input for the preparation of this report.

II Project accomplishments and constraints

- A. Describe the main accomplishments of the project during its first year. Include both quantifiable outputs and qualitative indicators of performance for each major intervention Where possible, compare actual outputs for the first year with those planned, as described in the DIP Include the following (where applicable)

- 1 Training completed For each type of worker trained to carry out specific tasks in the community, give numbers trained, and training evaluation results, such as pre- and post-test training scores Include a sample of the training curriculum, and any memory aids or other materials provided to trainees for use in their community work
 - 2 Supervisory systems developed Describe the way that the performance of community-level workers or volunteers is supervised or monitored Include for each category of workers or volunteers: who provides the supervision, how often, where, the supervision content (what does the supervisor do?), and the worker-supervisor ratio.
 - 3 Educational materials developed List materials that have been produced by the project or with the collaboration of project staff, and include samples of materials. Discuss the process by which the materials were developed, the level of input provided by the project (ranging from full responsibility to reviewing, pretesting, etc) and any governmental approval that was required. Include a description of modifications that were made as a result of either pretesting or official clearances
 - 4 Educational activities carried out Describe the public education activities of those trained by the project, and explain how ongoing assessment of the quality and effectiveness of their work is carried out
 - 5 Other key project activities. Describe any other major project activities not already discussed.
- B Describe how your HIV/AIDS prevention project has
- 1 interacted with the target community, and how that community has responded to project interventions;
 2. collaborated with other HIV/AIDS prevention efforts in the country; and
 - 3 influenced other health/development projects of your PVO to become involved in HIV/AIDS prevention (if applicable)
- C Describe any progress the project has made in building the sustainability of the project's activities or effects

D Constraints

- 1 Examine the Schedule of Activities submitted with your DIP (Form B), and describe any differences between activities actually completed and those planned to be completed by the end of the first project year. What factors explain any discrepancies between the two?
- 2 Identify any additional constraints to implementation that have been encountered, and strategies that are being used to overcome the constraints. Include such considerations as bureaucratic obstacles, ethical dilemmas or technical constraints. Have there been increased demands for AIDS-related services or commodities in the project area (e.g., condoms, testing, counseling)? If yes, how has the project responded to the increased demand?
- 3 Describe any important outstanding issues that are yet to be resolved that are likely to affect the effectiveness of the project. How will the project attempt to address those issues?

III. Work Plan

- A. Present a brief summary of the project's work plan for the coming year. Explain any changes in the anticipated work plan for the final project year based on the status of the project at midterm (i.e., how have problems or lessons learned in the first year of implementation led to modifications of plans for the second year?). What will be the project's main areas of focus during the second year?
- B. In what areas do project staff feel they need additional skills or training? What plans currently exist to meet those needs?
- C. Budget
 - 1 Complete Form A, Budget Summary
 - 2 Explain any major changes in project expenditures from the budget presented with the DIP. Can the project meet its objectives with the remaining funding?

IV. Other Comments (optional)

- A. Please add any other comments that you may wish to make regarding the project that have not been covered in the above sections.

MPR Form A Current Budget

PVO/Project _____ Country _____

Part I FIELD BUDGET

	YEAR ONE (AID/PVO) (expended)	YEAR TWO (AID/PVO) (projected)	TOTAL (AID/PVO)
<u>A PROCUREMENT</u>			
1 Equipment			
2 Supplies			
3 Services (excluding evaluation)			
4 Consultants			
Local			
External			
Subtotal Procurement			
<u>B EVALUATION</u>			
1. Consultants			
2 Other			
Subtotal Evaluation			
<u>C. PERSONNEL</u> (list each key position and number of person-months separately)			
1 Health personnel			
2 Administrative			
3 Other			
Subtotal Personnel			
<u>D. TRAVEL/PER DIEM</u>			
1 In-country			
2. International			
Subtotal Travel/per diem			

PVO/Project/Country _____

	YEAR ONE (AID/PVO) (expended)	YEAR TWO (AID/PVO) (projected)	TOTAL AID/PVO)
<u>E OTHER DIRECT COSTS</u> (rent, utilities, maintenance, printing, etc)			
<u>F SUBTOTAL FIELD COSTS</u> (Parts A through E)			
<u>G OVERHEAD ON FIELD COSTS</u> (x %)			
<u>H. TOTAL FIELD COSTS</u>			
<u>PART II HEADQUARTERS BUDGET</u>			
<u>A DIRECT HEADQUARTERS COSTS</u> Key personnel (list)			
Other (list)			
Subtotal Direct HQ Costs.			
<u>B. HQ COSTS ATTRIBUTABLE TO FIELD PROJECT (list)</u>			
Subtotal HQ/Field Costs			
<u>C. SUBTOTAL HQ COSTS (A+B)</u>			
<u>D OVERHEAD, HQ COSTS(x %)</u>			
<u>E TOTAL HEADQUARTERS COSTS</u>			
<u>PART III GRAND TOTAL</u>			
<u>A GRAND TOTALS, FIELD + HQ</u> (Part I-H + Part II-E)			

Report HAPA Project Review
July 30, 1990

Sally J Scott
HAPA Grants Support Program
September 14, 1990

I Introduction

On July 30, 1990 a meeting was called by William H Lyerly Jr , HIV/AIDS Coordinator, Bureau for Africa, to bring together recipients of HAPA funding to discuss project activities to date The main objectives of the meeting were to

- ▶ provide an update on the current status and future plans of HAPA Project activities for HAPA project and other USAID staff, major contractors, cooperating agencies and HAPA Grants Technical Advisory Group members,
- ▶ provide estimates of the likely completion dates and technical assistance needs of the HAPA Grants projects,
- ▶ provide a forum for discussion of the progress of the HAPA projects, and identify preliminary lessons learned to date

The meeting was convened at the Hyatt Arlington Hotel on July 30, 1990 at 9 00 a m (For objectives, agenda, and meeting participants, see summary information, appendix 1) Also attending the meeting were Ken Dunnigan and John Novak from AIDSCOM, and Jeff Harris and Tony Meyer of USAID

II Opening Remarks -- Lyerly

In his opening comments, Lyerly presented a summary sheet of all funds obligated for HAPA activities (see appendix 2) Lyerly also reported that technical approval has been received for a one year extension (through September 1992) of the HAPA Project PACD Administrative approval is still required If administrative approval is received, an additional \$10 million will be authorized An explanation and discussion followed of the different sources of funding for AIDS work in Africa the Development Fund for Africa and the main AIDS account

III Review of HAPA Grants Projects -- Mercer and Scott

Mercer and Scott presented summaries of each HAPA grants project In the presentation of the summaries (see appendix 3) discussion focussed on the current accomplishments and problems, projected completion dates, and technical assistance needs

Wiseman pointed out three issues which he felt applied not only to the HAPA Grants projects, but to the great majority of AIDS prevention projects in Africa 1) PVOs and others underestimated the time needed to establish an HIV/AIDS prevention project, 2) project staff (headquarters and field) did not realize the extent of technical assistance that would be required, especially in-country assistance, 3) project staff and others evaluating

the projects are not sufficiently measuring the actual impact of the projects, as opposed to the numbers of outputs. Ways have to be found to measure the quality of project interventions, to find out what is working in the field.

Mercer reported that the projects will be submitting midterm progress reports in August, September and October (depending on project start-up date). On October 21-26, the HGSP will be holding a workshop in Zimbabwe for the field staff and counterparts of HAPA grantees. The possibility of AIDSTECH participating in this workshop, in addition to a planned AIDSCOM consultant, was raised. Mercer then presented preliminary lessons learned during the first nine months of the HAPA grants projects.

1 Field staff

Projects had quicker and smoother start-ups when field staff have public health experience and qualifications, as well as the competency and self-motivation required to undertake an array of diverse and innovative tasks. They need to understand their own limitations well enough to request assistance and accept suggestions when needed. While most projects have selected country nationals as HIV/AIDS coordinators, (a practice that is strongly recommended where feasible) this also does not assure the necessary language skills and cultural sensitivity that is needed at the field level. At least one full-time staff member who is fluent in the local language living in or very accessible to each field site appears to be a minimum requirement for field staffing.

2 Headquarters staff

In the projects where headquarters staff have solid experience and academic training in population-based health interventions and health education approaches, there have been fewer important problems in documenting their plans and in getting appropriate activities under way. Two headquarters staff of HAPA Grants projects who were not experienced in Child Survival also lacked either specific technical training or relevant field experience in developing countries. They may have also lacked the agency-specific experience with which to develop the bureaucratic weight and informed judgement needed to support the new and difficult types of activity that AIDS prevention involves. They were also handicapped by other problems that may have been outside their control, such as securing or retaining appropriate field staff.

3 Integration of HIV/AIDS with existing project

Projects that benefit from the existence of a strong, ongoing, population-based health or development project seem to hold an early advantage over projects that are integrating into weak projects or building from the ground up. For these

PVOs, simply having a presence in a country does not appear to be as effective as being already involved in successful implementation of a similar type of project. It will be important to assess whether this apparent early advantage is maintained through the project life.

4 Initial project scope

In the project proposals and the Detailed Implementation Plans (DIPs), projects tended to plan a wide variety of interventions and, in some cases, to target very large and diverse populations. The HAPA Technical Advisory Group (TAG) stressed the difficulties of beginning a new area of activity without a very specific program focus. In response to these comments, several projects --especially HOPE/Swaziland and SCF/Cameroon-- have narrowed their target population or planned interventions.

5 Special technical needs

As Wiseman pointed out, field and headquarters staff often did not anticipate the unique problems and subsequent needs for technical assistance, in undertaking HIV/AIDS prevention activities. For example, the initial selection of appropriate indicators with which to assess project effectiveness appears to be problematic. The need to expend a significant level of effort to acquire a clearer understanding of the cultural context of HIV and AIDS --particularly sexual behavior and beliefs about sexuality, health, and illness-- does not seem to have been widely appreciated. The resulting concern is that interventions may not be optimally meaningful or effective in the target populations, of the selection of project objectives and indicators may not reflect actual project effectiveness.

6 PVOs role in materials development

The majority of projects need to determine what role they should play in the development of HIV/AIDS prevention materials. In the few countries where the government or other NGOs have developed materials, problems have arisen in acquiring sufficient quantities of materials, or finding materials in appropriate local languages or addressing project target groups. In those countries where materials have not been developed, PVOs are facing the question of whether to develop their own materials --which requires good technical support and substantial amounts of time-- or to work with other groups to develop, field test, and print up materials.

7 Relations with National AIDS Control Programs

It has become clear that each PVO project needs to find a way to work with their country's National AIDS Control Program (NACP), or equivalent agency. Those

projects which do not actively collaborate with the NACP face logistical obstacles (such as obtaining approval for their activities) and informational isolation. Because discussing and implementing AIDS prevention activities remains a sensitive and controversial issue in many countries, working closely with the NACP is necessary to prevent disagreements over the structure and content of project activities.

8 Monitoring Systems

Project monitoring systems are not yet well developed. While most projects seem to have adequate systems in place for keeping track of numbers of project outputs (though some of the numbers supplied for this review look like very rough estimates), monitoring of the quality and outcomes of project activities is more problematic. The majority of projects did not allocate the time and personnel needed to undertake systematic quality control measures.

9 Communication among projects

HGSP staff, in visits to the field, found that communication among the HAPA grants projects is weak to nonexistent. The HGSP hopes to strengthen connections between projects by encouraging interproject communication in the HAPA Update, and by bringing together field staff for a week-long workshop to be held in Zimbabwe in October 1990.

10 Potential for innovation outside planned activities

While the presence of an established child survival or development project facilitated the start-up of PVO HAPA projects, undertaking effective AIDS education seems to demand the ability to break out of old patterns and work with new groups of people, and experiment with new forms of education. For example, World Vision Kenya has enlisted people with AIDS (PWAs) as peer educators, an unusual step in a country where, because of the stigma and fear attached to AIDS, few people have been to come forth and admit that they are infected or sick.

11 Expansion of activities within PVOs

Some of the PVOs that received HAPA grants have been able to translate the knowledge gained in starting up their HAPA projects into starting up new projects with sources of funding outside USAID. 1) CARE recently had three projects funded by WHO and AMFAR, 2) Save the Children received funds from a US student group and a grant from the NACP in Cameroon, 3) World Vision obtained a grant from the World Bank to work with AIDS orphans in Uganda.

IV BUCEN surveillance and monitoring -- Way

Way, representing the Health Studies Branch of the Center for International Research of BUCEN, gave an overview of surveillance and monitoring activities undertaken with HAPA funds. BUCEN has gathered 7000-8000 items of information, from 1,000 different sources, on seroprevalence data for all LDCs, by date and population group. They have also developed software that allows the user to compare countries and population groups, and obtain a printout of studies undertaken. In the future, the data base activities will continue to generate country-specific program information, and will include trends on STDS in Africa, to compare patterns in STDs with HIV/AIDS. A staff person will be added to assist with the implementation and evaluation of the HAPA project. BUCEN will provide Africa Bureau and REDSO advisors with the compact disk AIDS library, and also set up a small team of epidemiologists to combine sources data and make recommendations on better uses of the data.

V AIDSCOM -- Dunnigan and Novak

Dunnigan reviewed AIDSCOM activities in Uganda, Rwanda, Malawi, and Tanzania. In Uganda, AIDSCOM has worked mainly with the Federation of Ugandan Employers in training of peer educators. One initial finding is that the HIV/AIDS prevention message seems to lose effectiveness as it is filtered through several different layers of educators. In Rwanda, a PATH/AIDSCOM consultant has trained CARE project staff in focus group techniques, group education techniques, and development of appropriate education materials. This consultant will return to Rwanda to conduct sessions in prevention counseling and follow-up. In Malawi, AIDSCOM has concentrated on the development of curriculum and materials for students and teachers. AIDSCOM's work in Tanzania is comprised of 3 interventions: 1) commodities/logistics management for tracking condoms, 2) condom social marketing, and, 3) working with local employers to prevent HIV/AIDS in the workplace.

VI World Bank economic impact studies -- Over

Over described in detail a study of the economic impact of AIDS that is taking place in the Kigera region of Tanzania. Given the tremendous increase in adult mortality rates that occurs with an increase in seroprevalence, the study will explore the magnitude and distribution of the impact of HIV/AIDS. Using a combination of surveys, the research will look at the impact of HIV/AIDS on the community at all stages of infection and illness, as well as after death, and try to determine which survivors are most hurt, and which types and modes of assistance are most effective in helping those who survive. In sector studies planned for both Tanzania and Uganda, the World Bank may compare the economic effects of malaria compared to those of AIDS. There may be problems comparing AIDS and malaria because of the proscriptions against drawing blood, and also because AIDS cases die, while adult malaria cases usually just fall sick, and then recover.

VII AIDSTECH-- Sokal

Sokal gave an overview of AIDSTECH projects funded by HAPA. Because of time limitations, he submitted more detailed written summaries of these activities to Lyerly. Sokal also discussed U S A I D funding care for people with AIDS, especially in the field of low-cost drugs, such as alpha-interferon, Compound Q, and Peptide T. The issue was raised whether prevention counseling, which is currently supported by U S A I D, should be accompanied by "prevention treatment", which may mean direct funding of care for PWAs.

The meeting closed at 5 p m

List of Appendices

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USAID HAPA Obligation Sheet	2
Project Summaries	3
HAPA Grants Projects Outputs to Date (6/90)	4

Appendix 1

HAPA PROJECT REVIEW Summary Information

I Objectives of the review

- A To provide an update on the status of HAPA Project activities for A I D and HAPA project staff, major contractors, cooperating agencies and HAPA Grants Technical Advisory Group members
- B To provide estimates of the likely completion dates and technical assistance needs of the HAPA Grants projects
- C To provide a forum for discussion of the progress of the HAPA projects, and identify preliminary "lessons learned" to date

II Time and place

Monday July 30, 1990, 9 AM to 5 PM
Hyatt Arlington Hotel, 1325 Wilson Boulevard, Rosslyn, VA

III Participants

USAID William Lyerly, Souleyman Barry, Joe Wiseman
JHU Mary Anne Mercer, Sally Scott
TAG David Sokal (AIDSTECH), Laurie Liskin, Gary Urquhart
Bureau of the Census Peter Way
World Bank Mead Over

IV Schedule

9 00 AM - 12 30 PM

- Introductory comments (Lyerly)
- Review of PVO HAPA grants projects (15 min each)
 - Review of the status of each project, including summary of outputs, estimates of likely completion dates and expected TA needs for each project;
- Discussion of HAPA Grants Support Program activities for the coming quarter
 - Midterm Progress Reports
 - Plans for October Workshop in Zimbabwe
 - Preliminary "lessons learned"
 - Discussion

12 30-1 30 PM Lunch break

1 30 PM - 5 00 PM

- Overview of HAPA activities (Lyerly)
- BUCEN Surveillance and Monitoring (Way)
- Economic Impact Studies (Over)
- AIDSCOM and AIDSTECH Activities (Sokal)
- Closing comments

DOCUMENT TYPE	DOCUMENT NUMBER	HAPA 698 0474	FUNDS REQUESTED	FY 1990 OYB (\$000)	OBS TO DATE	PLANNED OBL DATE	OBLIGATION DATE	ACTION AGENT	DOC OUT PRO DATE	ALLOWANCE/ CABLE DATE	DATE OBLIG DOC RECEIVED
CORE DFA											
None programmed											
CORE AIDS											
PIO/T	0611970	Host Country PVO/NGO Grant (World Vision)	318 0	318 0	318 0	15 Jun 90	15 May 90	MS/OP/O/AFR	16 Apr 90		30 May 90
PIO/T	0611973	Host Country PVO/NGO Grant (JHU)	50 0	50 0	50 0	15 Jun 90	30 May 90	MS/OP/O/AFR	16 Apr 90		01 Jun 90
PIO/T	0611974	PVO/NGO Spt Pgm (JHU/IIP)	145 0	145 5	145 5	15 Jun 90	15 Jun 90	MS/OP/O/AFR	16 Apr 90		15 Jun 90
PIO/T	0611989	Host Country PVO/NGO Grant (HOPE)	291 0	291 0	291 0	15 Jun 90		MS/OP/O/AFR	16 Apr 90	08 May 90	FM Rpt dtd 7/9
PIO/T	0611972	Host Country PVO/NGO Grant (CARE)	161 0	161 0	161 0	15 Jun 90		MS/OP/O/AFR	16 Apr 90		FM Rpt dtd 7/9
Allow	St131036	PSC REDSO/ESA (HIV Advisor)	15 0	15 0		15 Jun 90		REDSO/ESA	05 Apr 90	24 Apr 90	
Allow	St131032	PSC REDSO/WCA (HIV Advisor)	110 0	110 0		15 Jun 90		REDSO/WCA	05 Apr 90	24 Apr 90	
PIO/T	0611977	BUCEN Database/Monitor/Mgt Spt	240 0	240 0		15 Jun 90		MS/OP/O/AFR	14 May 90		
Allow	St131037	Training/Conference (Zaire)	50 0	50 0		15 Jun 90		Zaire	16 Apr 90	24 Apr 90	
Allow	St151357	Training/Conference (Zambia)	25 0	25 0		15 Jun 90		Zambia	16 Apr 90	11 May 90	
Allow	St146347	Rapid Diagnostics Sust Study (Zaire)	300 0	300 0		15 Jun 90		Zaire	25 Apr 90	08 May 90	
PIO/T	0611971	Host Ctry PVO/NGO Grant (Save Children)	188 0	188 0		15 Jun 90		MS/OP/O/AFR	16 Apr 90		
Allow	St185780	Soc/Econ Impact Study (Uganda)	150 0	150 0		15 Jun 90		MS/OP/O/AFR	14 May 90	23 May 90	
PIO/T	0611975	Bilateral Program Support									
PIO/T	0611976	AIDSTECH (Impact Model in Zaire)	75 0	75 0	75 0	15 Jun 90	30 May 90	MS/OP/W/HP	04 May 90		FM Rpt dtd 6/13
Allow	St146335	AIDSCOM (PVOs and Missions)	100 0	100 0	100 0	15 Jun 90	15 Jun 90	MS/OP/W/HP	04 May 90		FM Rpt dtd 7/2
Allow	St146347	Botswana	100 0	100 0		15 Jun 90		Botswana	25 Apr 90	08 May 90	
Allow	St146347	Congo	20 0	20 0		15 Jun 90		Zaire	25 Apr 90	08 May 90	
Allow	St146338	Uganda	115 0	115 0		15 Jun 90		Uganda	25 Apr 90	08 May 90	
Allow	St131035	Rwanda	60 0	60 0		15 Jun 90		Rwanda	16 Apr 90	24 Apr 90	
Allow	St146347	Zaire (Expand Social Marketing)	300 0	300 0		15 Jun 90		Zaire	16 Apr 90	25 Apr 90	
Allow	St185779	Zaire (Expand I E C Component)	75 0	75 0		15 Jun 90		Zaire	14 May 90	23 May 90	
PIO/T	0611978	USUHS PASA	120 0	120 0		15 Jun 90		MS/OP/O/AFR	11 May 90		
PIO/T	0611974 A	JHU/IIP (Expand T A & field Workshop)	300 0	299 5		15 Jun 90		MS/OP/O/AFR	07 May 90		
HAPA AIDS CORE SUB TOTAL =			3 308 0	3 308 0	1 140 5						
DFA BUY INS											
Allow	St85540	Zaire	1 000 0	1 000 0	1 000 0	15 Jun 90	29 Mar 90	MS/OP/W/HP	08 Mar 90	08 Mar 90	29 Mar 90
Allow	St85557	Kenya (AIDSTECH)	200 0	200 0	200 0	15 Jun 90	01 Jun 90	MS/OP/W/HP	08 Mar 90	16 Mar 90	22 Jun 90
PIO/T	31 00010	Cameroon (AIDSTECH)	250 0	250 0		15 Jun 90		MS/OP/W/HP	08 Mar 90	16 Mar 90	
PIO/T	76 00011	CAR (CDC)	350 0	350 0		15 Jun 90		MS/OP/W/HP	08 Mar 90	16 Mar 90	
PIO/T	21 00007	Malawi (AIDSTECH)	100 0	100 0		15 Jun 90		MS/OP/W/HP	08 Mar 90	16 Mar 90	
PIO/T	21 00006	Malawi (AIDSCOM)	200 0	200 0		15 Jun 90		MS/OP/W/HP	08 Mar 90	03 May 90	
Allow	St151355	Tanzania (AIDSCOM)	520 0	520 0		15 Jun 90		MS/OP/W/HP	08 May 90	03 May 90	
Allow	St151355	Tanzania (AIDSTECH)	180 0	180 0		15 Jun 90		MS/OP/W/HP	08 Apr 90	11 May 90	
PIO/T	96 0611968	Uganda (AIDSCOM)	450 0	450 0		15 Jun 90		MS/OP/W/HP	08 Apr 90	11 May 90	
HAPA DFA BUY INS SUB TOTAL =			3 250 0	3 250 00	1 200 0						
HAPA TOTAL PROJECT FUNDS =			6 558 0	6 558 0	2 340 5						

Project Summary CARE Rwanda

Background The project is to be implemented in five communes of one prefecture where subsistence farming is the main occupation. A major transport route from Mombasa to eastern Zaire and Burundi passes through the region, bringing traffic and trade. Kigali (100 kilometers away) is easily accessible, and weekly markets draw traders from all over the country.

Purpose CARE is incorporating AIDS education and training activities into existing water and agroforestry projects.

Counterpart groups CARE's main implementing partner is the Ministry of Health (MINISANTE) through the National AIDS Control Program (Le Programme National de Lutte Contre le SIDA - PNLs). PNLs worked closely with CARE in designing the project, training project personnel and advising on the baseline survey. The collaboration is continuing through project coordination committee meetings, periodic supervision, and on-going training of both project and PNLs personnel. CARE will help train and support health personnel in the project region, especially in AIDS education and counselling. Both the MOH and PNLs are involved in materials design, testing and development.

Target Areas/Groups For the first year, CARE has been working in selected sectors in 3 of the 5 communes. These sectors were selected using 3 criteria: a) existence of HIV positive individuals in the sector, b) proximity to the main Kigali-Uganda road, c) existence of viable groups and associations. In the second year, the project will expand into other sectors of the 3 communes, and work in the 2 remaining communes as well. The project is working with existing groups within the project area: CARE water user associations, farmers' cooperatives, women's groups, youth groups, schools and training centers, and health centers. The project considers all youths and adults between 15 and 45 (73,000 people, or 40% of the impact area population) at risk of HIV-infection, but has identified several high-risk groups clustered in the commercial centers, where truckers, traders, part-time prostitutes and unemployed youth congregate.

Links to the Community The main link between the project and community groups are six project extension workers (animators) with backgrounds in social work or education. The animators are training group leaders and motivated individuals as resource people for their communities. Government extension workers and health workers will be given more intensive training in AIDS education, to incorporate into their daily talks.

Key Interventions and ▶ Current Status

1) To reach 30% of the adult population in the target area through general education and awareness raising about AIDS

- ▶ In educational sessions, 1,154 adults have been reached. Project staff spent much of the first year being trained (see Technical Assistance, below).

2) To train 36 community groups and 60 group leaders to design, implement and evaluate HIV/AIDS education and training activities,

- ▶ A total of 33 training sessions have been held and 403 people have been trained.

3) To develop flip charts and distribute 3000 brochures to the general population in the impact area,

- The project has already distributed 3,700 pieces of educational literature in the target area, which indicates that the original estimate of 3,000 was far too low

4) To train 2 hospital based counselors and 4 health center personnel to give appropriate advice and counseling,

- No training has yet taken place in counseling

5) To disseminate lessons learned from the project through an AIDS Education in Africa workshop to be held for CARE personnel

- CARE/Kenya regional office held an AIDS information and planning meeting in August 1989 for 7 representatives from 6 high priority countries. A CARE AIDS newsletter has been prepared and distributed to all CARE African staff, and an AIDS information packet was distributed to CARE's 17 African missions

Monitoring/Evaluation For the baseline KAP survey 360 interviews were conducted and 150 people were contacted through focus groups. Information of project activities is monitored at two levels: the project coordinator will supervise the animators, and the animators will supervise on the community resource persons. The animators fill out forms before and after each education session and monthly reports detailing the number and type of groups contacted and the number of condoms distributed. The animators will also collect a self-assessment tool filled out by community groups with trained resource persons.

Estimated no cost extension Six months

Technical Assistance AIDSCOM/PATH consultant Linda Morales has trained CARE staff in group education and focus group techniques, KAP survey technique, and development of training curriculum and education materials. Technical assistance may be required for the final evaluation in late 1991.

Constraints Bureaucratic constraints have inhibited project implementation. The KAP survey was delayed for two months as a result of negotiations with the MOH and PNL. Approval for the use of any education materials developed could be an equally long process, though by including personnel from the PNL in the development of these materials CARE hopes to avoid a drawn out discussion. Project staff also have encountered delays in bringing in the AIDSCOM/PATH consultants to develop educational materials.

Project Summary HOPE Swaziland

Background Project activities are targeting groups in all four provinces of the country. Swaziland's small size and efficient road system encourage mobility among the Swazi people (possibly speeding rates of HIV transmission) but also enable HOPE to work with groups scattered throughout the country.

Purpose HOPE/Swaziland, in collaboration with the Family Life Association of Swaziland (FLAS) and the MOH is initiating education and counselling interventions for 5 target groups to prevent and control HIV/AIDS infection.

Counterpart groups HOPE's main implementing partner is the Family Life Association of Swaziland (FLAS), a local NGO affiliated with the International Planned Parenthood Federation (IPPF). FLAS staff work in three family planning clinics, and give family health outreach talks to schools and community development groups. HOPE staff meet with FLAS on a weekly basis to plan activities and share information, and HOPE educators accompany FLAS teams on their outreach talks. While the collaboration is off to a good start, HOPE staff indicate that the main impetus for AIDS education and prevention still comes from the HOPE office, and that a full partnership with FLAS was yet to be achieved.

Target Areas/Groups As a result of TAG comments on the project's Detailed Implementation Plan (DIP), HOPE has reduced the number of target groups to five from the ten originally described in the DIP. The five target groups retained include 1) non-school-going youth, 2) FLAS family planning clinic staff, 3) SEBENTA (adult literacy group), 4) firemen, 5) and traditional healers. A communications consultant is planned to help project staff develop distinct training curricula and educational materials for each target group.

Key Interventions

1) Non school-going youth 30 organization staff will be trained in AIDS awareness and prevention. Each trainee will lead at least 2 training sessions of 20 youth each, for a total of 1200 youth trained.

- ▶ Focus group discussions with the youth groups are reported to be going slowly, because of time required to transcribe the discussions from tapes and translate the transcriptions from Siswati to English.

2) FLAS clinic staff 10 FLAS clinic staff will be trained in AIDS prevention and counseling, and 11 monthly in-service sessions will be conducted by the FLAS IEC unit.

- ▶ Counseling training for 61 people was conducted in June 1990 by an outside consultant, though the number of FLAS staff among the trainees is not clear.

3) SABENTA (adult literacy groups) 15 instructors will complete TOT training, and will in turn train 600 field volunteer workers, who will educate 3,600 students.

- ▶ Training for the literacy groups is scheduled for November 1989, with replication and monitoring to continue through the life of the project.

4) Firemen 225 firemen will be trained in AIDS awareness and prevention

- To date 95 firemen have attended educational sessions HOPE plans to develop visual materials (posters and brochures) for this target group

5) Traditional Healers 15 field officers (literate relatives of traditional healers) will receive TOT training, and will in turn train 120 traditional healers

- Negotiations are currently underway between HOPE staff and the head of the Traditional Healers Association (THO), who wants HOPE to support primary health care training in addition to AIDS prevention

6) Pilot Shebeen Project 25 shebeen 'owners' will be educated about AIDS and prevention (especially condoms), and 12 shebeens will distributing 1,000 condoms monthly

- Eight shebeen owners have started to distribute condoms, and it appears that this objective will be attained or surpassed

7) Counselors In response to a MOH request, 60 people will receive counseling training

- In June 1990, 61 people were trained in counseling They will undertake tasks outlined in individual contracts prepared at end of training

Monitoring/Evaluation Output objectives have been designed for each of the main target groups described above These objectives have been scaled back significantly from the overly-optimistic figures included in the DIP The need for more clearly defined outcome objectives has been discussed with project staff, but they are reluctant to draw up outcome objectives until they have developed a better understanding (through pretests and focus group discussions) of each target group's AIDS-related KAPB

Estimated no-cost extension 6 months

Technical assistance The project has received outside TA in health information systems (3/90) and counseling training (6/90) A consultant in materials development is scheduled for the second half of 1990 Future TA may be needed in designing and funding a follow-up KAPB survey at the end of the project

Constraints The project was late in getting started, and much of the initial effort was focused on revising the DIP and creating a more practical action plan The action plan is still fairly ambitious however, in that the target groups vary widely in socioeconomic and educational background, and will require distinct educational approaches and materials, as well as different monitoring and evaluation strategies Designing and implementing these different approaches, materials and strategies will require (in addition to the project coordinator, educator and counselor) an excellent health information systems manager (identified, but not yet hired) and outside assistance in materials development (planned, but not yet confirmed)

Project Summary Save the Children Zimbabwe

Background The project is being implemented in 3 impact areas one near Harare and two in the southeast corner of the country. The three areas are populated primarily by commercial farm workers and subsistence farmers.

Purpose Save the Children Federation (SCF) is integrating AIDS awareness and prevention activities into existing Child Survival programs.

Counterpart groups SCF is working mainly with MOH officials working within the district, especially the District Nursing Officers (DNO), who have collaborated with SCF Child Survival projects in the past. SCF is working with the MOH to train MOH nursing and other clinic staff, as well as village community workers (VCWs). By August 1991, SCF plans to integrate all health programs, including the HAPA project, into the MOH structure. SCF is also training community leaders -- ministers, headmasters, traditional healers -- as AIDS educators and counselors.

Target areas/groups SCF has not targeted specific high risk groups as target groups. Instead the entire population of the three impact areas, a total of 50,125 people, is considered the project target group.

Links to the community SCF has an impact area manager and MOH-seconded nurse based in each impact area, in addition to several support staff. As the Child Survival project is transferred over to the MOH in the upcoming year, the field staff, especially the MOH-seconded nurses, are expected to work with the project coordinator in training the community in AIDS awareness and prevention. The village community workers (VCWs) also serve as links to the impact area communities, but it is unclear how much time they will have to devote to AIDS prevention. Recently the GOZ added community development duties to the health education activities of the VCWs, a change which may overburden their already heavy work schedules.

Key interventions and ▶ Current Status

1) To conduct a KAP survey in all three impact areas in March 1990

▶ A survey was completed by May 1990, but a report of survey findings has not yet been provided.

2) To train all MOH staff (clinic nurses, environmental health technicians, hospital nurses, and doctors) in the three impact areas

▶ This training began in March 1990, with a workshop in the Mutema impact area. MOH district-level staff in the other two impact areas will require more intensive collaborative efforts, because they lack staff and resources.

3) To train approx 100 community leaders, headmasters, and church leaders in motivation and education for the prevention of HIV

▶ An initial training was held in late 1989, but the current project coordinator doubts the effectiveness of that effort, because over a hundred people were trained and a single curriculum was used despite the different educational levels of the participants.

4) To train 111 village community workers (VCWs) and family health workers (FHWs) in techniques for family training in the prevention of HIV

- ▶ The VCWs and FHWs received basic AIDS education in late 1989 and early 1990, but have not received the training or support needed to motivate and enable them to educate others

5) To train approx 9,000 families in behaviors for the prevention of HIV/AIDS transmission

- ▶ Not yet begun

Monitoring and Evaluation The baseline KAP survey will help SCF evaluate the overall impact of the project among the target population. Monitoring of project activities is the responsibility of the new project coordinator, who is reviewing monitoring forms used by other NGOs working in AIDS prevention. Development of an adequate monitoring system will require tight coordination between the project coordinator, field staff, and MOH staff involved in training and education activities.

Estimated no-cost extension

Technical assistance At the beginning of the project, a training consultant worked with SCF project staff in both Cameroon and Zimbabwe to help them adapt a basic set of AIDS facts, skills and attitudes to the project areas. The consultant was experienced in training methodologies, but had no Africa or AIDS-related work experience prior to this training.

Constraints One of the main constraints to project implementation is the overly heavy workload of SCF and MOH staff. The new AIDS project coordinator is also coordinator of the SCF Child Survival project, which is being phased over to the MOH, and this transition requires substantial attention and administrative energy. MOH staff, including district officers, nursing staff, and VCWs, also appear to be having trouble juggling commitments to their old duties with the new work involved in AIDS prevention.

Project Summary World Vision Zimbabwe

Background The project is being implemented in the Marondera district, which is populated by commercial farm workers, subsistence farmers, and a small number of urban dwellers

Purpose To control and prevent the transmission of AIDS among the target population by motivating and educating people to practice AIDS prevention

Counterpart groups World Vision (WV) is working closely with the MOH at the national and district levels. Sibonginkosi Mushapaidze, WV health manager, served on the WHO/NACP review of Zimbabwe's medium-term plan. Mrs. Mushapaidze and the AIDS project staff have also worked closely with the District Medical Officer (DMO) in carrying out the initial KAP, and in educating district health personnel about AIDS.

Target areas/groups In the first year of the project, commercial farm workers and the urban population are defined as the main target groups. The urban population was targeted because of high levels of mobility and high rates of STDs, while the commercial farm workers were chosen because they lack access to basic health and education services. In year two, the project will target subsistence farmers in the communal areas, with a focus on integrating an HIV/AIDS component into the ongoing training of traditional midwives and village community workers (VCWs).

Links to the community For the urban areas, there are a number of different institutional links to the community: district health team, municipal health department and town councillors, workers' committees, party branches, and market women and other trainers. In the communal areas, WV will collaborate with the district development committee and health team, local councillors, rural health center staff, village community workers, and ward and village development committees. In the commercial farming areas, fewer channels exist because there are fewer established institutions. WV will work with the district health team, rural council, commercial farmer's union, and farm health workers.

Key Interventions and ▶ Current Status

1) To undertake a KAP survey of 2,000 respondents

- ▶ The KAP was carried out in late 1989 and early 1990, with the final report written in April 1990

2) To develop 15 appropriate messages and materials

- ▶ Except for T-shirts developed for World AIDS Day, the project has not yet produced original education materials. Educational materials from different government and NGO programs are currently being tested by the project coordinator.

3) To involve key community members in project activities, through 10 provincial and district committee meetings and 20 community meetings

- ▶ MOH personnel at the district level are well integrated into the project, and traditional midwives are receiving training in AIDS prevention. Some key community members, such as traditional healers and religious leaders, are not yet involved in project activities.

4) To institute on going training for 580 extension workers on information, communication, and counselling for HIV/AIDS

- ▶ To date the project has focused on training farm health workers, to reach the commercial farm workers, and youth leaders. It will be difficult to achieve the objective of training 580 people in two years

5) To provide support services to AIDS victims, their relatives and contacts, through 3 training workshops on counselling

- ▶ The WV counseling officer is receiving further training in counseling through the Family Counseling Unit, and is also working with the Marondera hospital counseling committee. The intense fear and stigma still attached to AIDS make counseling people with AIDS difficult

Monitoring/evaluation The baseline survey will help WV evaluate the general impact of project activities in the Marondera district after two years. Monitoring forms are used by project staff and literate trainees to keep track of training, education, counseling and condom distribution. Quarterly reports and observation of project staff indicate that project outputs are being closely monitored.

Estimated no-cost extension Three to six months

Technical assistance needs To date, the project has relied on in-country expertise, for carrying out a KAP survey and training in preventive and supportive counseling. Around the close of the project's first year they are considering a request for TA in refining indicators for monitoring and evaluation.

Constraints Project staff drew heavily upon their experience in Child Survival in organizing and implementing the HAPA project. This experience has generally been a strength, helping the project get off to a strong start, but it also may act as a constraint, by channeling staff energies into activities with which they are familiar --such as training workshops for health personnel-- when more innovative approaches may be required for AIDS. For example, project staff (former MOH nurses) seem less than eager to work with traditional healers or religious figures, community leaders who were not much involved in Child Survival but who are important opinion-shapers in AIDS prevention.

Project Summary Experiment in International Living Uganda

Background The project is being implemented in and around Kampala, with a primarily urban population

Purpose To contribute to slowing the spread of HIV infection in Uganda

Counterpart groups EIL is working with 10 local organizations, with a particular focus on The AIDS Support Organization (TASO) and the Federation of Ugandan Employers (FUE), to develop AIDS education and prevention programs for people at high risk. EIL project staff and trainers have conducted trainings for these groups to train peer counselors, improve the skills of existing counselors, and provide general information and education to the public about AIDS.

Key interventions

1 To support the development of TASO as a model group for AIDS control and prevention

- ▶ Since 1/89, TASO has trained 251 people in AIDS counseling, who provide services in 6 cities. TASO has also organized one national AIDS care conference and one international council of AIDS support organizations.

2 To train and support other groups of high risk people to do AIDS education and prevention counseling. Among these groups, to establish a system of peer AIDS educators, who will influence their peers to voluntarily change their behavior to reduce their HIV infection risk.

- ▶ Since 1/89, EIL trainers have worked with 16 organizations to train 25 trainers who have trained slightly more than 300 peer educators to date. A manual for trainers and training film, undertaken with FUE and AIDSCOM, have been completed. The World Bank and USAID/Kampala have funded an additional project for AIDS awareness and prevention in the Ugandan military (NRA).

3 To develop a condom retail sales program

- ▶ This program was deleted from the AIDS project and is included instead under a family planning project.

4 To establish an AIDS Information Center

- ▶ EIL, in collaboration with the NACP, WHO, and Ugandan NGOs, has established an anonymous HIV testing site in downtown Kampala. It is the only service in sub-Saharan Africa that offers anonymous testing with pre and post test counseling and limited referral services. Open 6 days a week, the center counsels 55 people a day, of whom 30% are seropositive. GOU support of the center denotes a major change in government policy of not allowing people to be informed of their test results.

Technical assistance needs In 1989, consultants from AIDSCOM visited the project to review project progress, as well to train project staff. Future TA may be needed in training more counselors, establishing systems of support for counseling staff, and developing appropriate materials.

Save the Children Federation/Cameroon

Background Save the Children Federation (SCF) is one of only two NGOs recognized nationally as working on HIV/AIDS prevention in Cameroon. The project was designed to be added on to an existing Child Survival project in three geographically dispersed impact areas, when the Child Survival project was not refunded, one of the impact areas was deleted from the planned coverage area. However, other activities not originally planned have been added, some with other sources of funding, e.g., a local cartoonist has been hired to produce cartoons with AIDS prevention messages, and the cartoons are being reproduced in the local print media and as posters.

Purpose To implement the training of 150-200 trainers for AIDS education and prevention in rural Cameroon focusing on two impact areas and the regions surrounding them, one in the far north and one near Yaounde.

Counterpart groups There is no local counterpart NGO. However, the project describes the National AIDS Committee as its counterpart group, and SCF's country director is a member of that committee.

Links to the community The main community links are with SCF's staff in the impact areas, primarily village health workers and community development agents. It also has links with community elders, schoolteachers, and other community leaders as a result of its child survival program.

Key interventions and ▶ current status

1) The key intervention described in the Detailed Implementation Plan is the training of 100-200 trainers in 8 facts, 7 skills and 6 attitudes related to HIV/AIDS and its prevention. The training will take 4-7 days per group.

▶ To date 217 individuals have been trained in 5 training sessions.

2) Each of the above "trainers" will have reached 10-15 people from the target groups by the end of the project.

▶ To date only anecdotal information is available regarding the followup activities of the trained individuals.

Estimate of no-cost extension May need a 6 to 12-month extension to complete planned activities.

Technical assistance Expects to use a consultant to assist in developing a monitoring plan to follow up the results of training.

Constraints Some difficulties have been encountered with enlisting the support of the schoolteachers and principals in including AIDS information in the curriculum. The resistance seems to arise from their perceived lack of time and the absence of any Ministry of Education (MOE) mandate to include the subject of AIDS in the curriculum. Project staff intend to approach

both the MOE and MOH to suggest that a collaborative effort be made to develop an AIDS component for the curriculum. Another perceived constraint has been the poor quality of condoms that were being distributed in mid-1990 through the national social marketing scheme, confirmed by both the NACS and the NGO involved in their distribution (PSI). The problem is being remedied at present.

Project staff are becoming increasingly aware of the difficulty of training the wide variety of groups they had identified to be "trainers" of others. This will reduce the number of different groups that will be trained as trainers, and probably will mean an increased focus on training health personnel rather than individuals of lower literacy from the community. This should result in a smaller number of trainers being trained, but those trained individuals will reach larger target populations in the long term. An organized monitoring system to follow up the activities resulting from the training is yet to be established.

Another likely constraint is the geographic distance between SCF's head office and the Doukoula impact area. An assistant trainer has been hired for that area, however, who, after he is trained, will be able to take over many of the activities of the project coordinator for the Doukoula site.

Project Summary HOPE Malawi

Background HOPE has had numerous delays in beginning this project. There was difficulty in identifying an appropriate project coordinator, and after he was identified and hired there was a delay of several months in his approval by the Malawi Ministry of Health. As a result, the project coordinator did not arrive in country until March 1990, and the PHAM counterpart staff member was only identified in June, 1990. Much of the first three months were spent in setting up the HOPE office, since Project HOPE had no full-time presence in the country prior to the HAPA project.

Due to a request from the Private Hospital Association of Malawi (PHAM) and the National AIDS Control Program (NACP), HOPE has changed its focus from educating the health personnel of PHAM units to the training of religious leaders. This change is reflected in the project's Detailed Implementation Plan, which is currently still undergoing revision.

Purpose PHAM aims to train religious and secular leaders of the Christian churches affiliated with PHAM, and one non-PHAM group of Muslim leaders, in HIV/AIDS education and counseling.

Counterpart groups The project was developed to provide assistance in HIV/AIDS prevention activities to the Private Hospital Association of Malawi (PHAM). PHAM is a consortium of all of the Christian health units in the country, reported to provide 40% of all health services in Malawi. The project also works in close collaboration with the National AIDS Control Program, and the project coordinator's office is located within the National AIDS Secretariat.

Links to the community The major community links are through the PHAM-affiliated ministers, priests and nuns who are already making heavy demands on the NACP for training and education in AIDS prevention and counseling. PHAM has member units in all regions of the country.

Key interventions and ▶ current status

1) Provide TA to PHAM in curriculum development and training for the religious community

▶ Not yet begun. The project is considering employing a consultant to assist in this task.

2) Provide TA to PHAM in management of the HIV/AIDS education and training program

▶ Not yet begun.

3) Train a core group of 24 priests, nuns and ministers to be trainers of the religious community in HIV/AIDS education and counseling.

▶ Needs assessment for the training has been informally carried out through the project coordinator's participation in educational sessions requested by the religious community of the NACP. A total of 5808 religious leaders have been reached by educational talks.

4) Educate a group of 227 Muslim religious leaders in HIV/AIDS prevention and follow up their educational activities

▸ Not yet begun

5) Provide HIV/AIDS education training to PHAM-affiliated youth group leaders and chaplains, and women's guild leaders

▸ Not yet begun

Estimate of no-cost extension 6 months

Technical assistance Expects to use a consultant to organize the first training workshops for core trainers in AIDS education and pastoral counseling for the religious community. May also use technical assistance for setting up the monitoring system for tracking educational outputs of those trained by the project.

Constraints An obvious major constraint has been the project's late start. The project's being based in the national AIDS secretariat has both advantages and disadvantages. Although the project is being well-integrated into the NACP, the project coordinator is also being asked by the NACP manager to carry out a number of functions that do not relate directly to his major tasks of providing quality training to the PHAM religious community. To date, the community education that has been carried out has been helpful in providing contact with the religious groups that he will be training, and in orienting him to the HIV/AIDS situation in Malawi. It is hoped that those demands will be lightened, to enable him to carry out the training of core trainers and other key activities of the project.

Project Summary World Vision Kenya

Background The project is being implemented in three sites in urban or periurban Nairobi, and one rural site that is also a Child Survival impact area. World Vision (WV) is building on a well-developed country presence that includes several hundred local employees.

Purpose WV aims to help reduce the spread and negative impact of HIV infection in Kenya through an AIDS education program targeting high risk groups and through training of counselors in four WV-assisted project communities.

Counterpart groups WV does not have formal affiliation with any counterpart groups. They work in close collaboration with the National AIDS Control Program and with other NGOs in Kenya.

Target areas/groups The four target areas are Korogocho and Kibera, urban slum areas of Nairobi, Ruiru, a town 20 km outside of Nairobi, and Loitokitok, a Maasai tribal area 250 km from Nairobi. Within those areas, the major groups targeted for education are women of childbearing age, including pregnant women, commercial sex workers, youth (in schools and youth groups), long-distance truck drivers, prisoners, community leaders, and farm workers. Identified AIDS patients and/or their families in the impact areas are targeted for counseling.

Links to the community In all four project areas, WV has active community-based projects with health and/or development activities. The main links to each community are four Community Motivators (CMs) from each area, 16 in all, who are trained as AIDS educators. The CMs have enlisted the support of a group of highly-motivated commercial sex workers from one of the slum areas, who are working within their community to educate other sex workers on HIV/AIDS prevention. The project also has well-established links with various churches that are influential in each of the Nairobi area communities. In Loitokitok, their community base is the WV-supported health center that serves the Maasai project population.

Key interventions and ▶ current status

1) Conduct pre-project and post-project KABP surveys in all four communities

- ▶ KABP survey of 2700 respondents has been completed and the survey report submitted

2) Training of WV management staff and 16 CMs as trainers in motivation and community mobilization for HIV/AIDS prevention and control, counseling of persons with AIDS and their families, condom use, and reducing misinformation and fears in the community. The CMs, with assistance from project staff, are to train 100 volunteer community members, 200 community leaders, 200 CHWs, 200 TBAs, 400 volunteers and 60 other WV staff.

- ▶ WV staff and 16 CMs have been trained, and the CMs are actively working as designated in the project communities. To date 9 training sessions have been held and a total of 531 individuals from the above groups have been trained. The first draft of a detailed curriculum for the training of the CMs has been completed and is being reviewed by the NACP.

3) Conduct educational sessions with the target populations, using lecture/discussion, drama, song and radio broadcasts

- ▶ To date 15 educational sessions have been held, and an estimated 10,000 persons reached. As a result of the project's counseling activities staff have recruited as AIDS educators several persons with AIDS from the Nairobi area. They are speakers at community educational meetings, and are paid a small stipend for each presentation they make. Other innovative educators are the commercial sex workers, who are enthusiastic participants in a song and drama presentation on AIDS.

4) Develop and distribute at least 100,000 copies of AIDS-related pamphlets

- ▶ The project has not found it necessary to develop their own materials as yet, since a number of groups in Kenya are designing and printing educational materials. To date they have distributed 2000 pieces of literature, less than anticipated due to periodic shortages of the materials.

5) Provide counseling services to AIDS patients and their families

- ▶ A full-time counselor is employed by the project. To date, 150 persons have been counseled by project staff.

Estimate of no-cost extension 4 months

Technical assistance WV has used in-country experts for technical assistance to date. They anticipate a need for external technical assistance in refinement of educational approaches to the project's different population groups, specifically with communications strategies and messages.

Constraints The lack of consistently available written materials from national sources is seen as a problem by project staff. They anticipate increased needs for counseling of AIDS patients and their families, and a consequent need for increased support of WV staff as their contact with the sick and dying increases. Another possible constraint is that the very rapid pace of activities may not be allowing project staff to make ongoing assessments of the effectiveness of current efforts, and make the mid-course corrections that may be needed.

HAPA Grants Projects Outputs to Date (6/90)

[NS = not specified]

	CARE	HOPE Malawi	HOPE Swazi	SCF/Cameroon	SCF/Zimbabwe	WV/Kenya	WV/Zimbabwe	TOTAL
A Training								
1 Number of training sessions held	33	2	3	5	6	9	6	64
2 Number of people trained in counselling (if specified)	NS	25	54	NS	NS	125	62	269
3 Total number of people trained in training sessions	403	205	56	87	217	543	221	1 735
B Education								
1 Number of educational sessions held	75	11	17	6	2	15	25	151
2 Number of participants reached in educational sessions	1 154	5 505	522	549	231	10 000	5 000	26 264
3 Number of pieces of educational literature distributed	3 700	15 544	522	1 200	NS	2 000	39	23 005
C Other								
1 Sample size of KAP	360	NA	2 000	NA	1175	2 700	2 015	8 253
2 Condoms distributed	4 100	2 000	3 700	15 360	NS	25 000	6 000	56 160
3 Number of people counseled by counselors trained by project	NA	NS	NS	NA	NA	150	10	160

Appendix 4



Reviews of Midterm Progress Reports
of the HAPA Grants Projects

January 1991

HAPA Grants Projects - Review of Midterm Progress Report
CARE Rwanda

A Strengths

1. Strong relationships have been forged with national and local community structures, including close coordination with the National AIDS Control Program both for training and for developing educational materials. Using existing community organizations to deliver AIDS messages to their members through peer training appears to have worked well.
2. Structure of the project staffing is well planned, with a good balance between field and central staff.
3. Cross-visits from other CARE country projects in Africa, as well as from other NGO/PVOs in Rwanda, are an important way to maximize experience gained and lessons learned.
4. Use of CARE extension agents from many sectors to help promote AIDS prevention helps maximize resources.
5. The project has developed a good plan for sustaining activities after the end of the project, by integrating field staff into other health related projects, and by transferring supervisory responsibilities to existing structures (CCDFP and regional health directorate)
6. Outstanding issues and constraints, particularly counseling and condoms, were recognized and well explained.

B. Areas of Concern

1. Trainings for the Communal Pedagogical Counsel (CPC) seem brief. The CPC teams which will take over AIDS education and prevention training when the CARE project ends receive only three days of training from CARE. This seems inadequate for such an important component of the project.
2. While it is clear that the project considers all inhabitants of the impact area at risk and has targeted the general population, there is concern about the extent to which project efforts are reaching the groups most vulnerable to HIV infection, such as prostitutes, soldiers, migrant laborers, and truck drivers. Has the inclusion of special messages/approaches that might be especially appropriate for these especially vulnerable groups been explored?
3. It is unclear how it will be possible to cover a target population of 67,000 by the end of year two with the current pace

of the project six animators training and supervising 45 second-generation trainers or group leaders, each of which holds no more than one discussion/training session per month

4 It would have been helpful to include in the MPR preliminary tabulations of the supervisory forms and the number of condoms distributed [The HAPA Support program does have access to condom distribution data in the July-October 1990 Project Implementation and Monitoring Report, but this was received after the November MPR Review]

5. The skeletal plan for project evaluation indicates that the final evaluation will include repeating the KAPB and focus group discussions, to evaluate the KAPBs of the target population and the effectiveness of different methods of education. How will the rather brief presentation of findings of the initial FGDs and the end-of-project FGDs be compared?

6. The report indicates that a brief evaluation of the results of the educational sessions is verbally carried out "by asking a few questions on facts and attitudes." Further elaboration on this aspect of quality control and project monitoring would be extremely useful.

C. Recommendations.

1. Additional training is suggested for the CCDFP personnel and other members of the Communal Pedagogical Counsels who will continue the work of the project at the end of the HAPA funding. Key members of each CPC might be included in CARE project staff training sessions, and one CPC "apprentice" might be selected to work with and eventually take over from each of the six CARE animateurs at the project's end

2. Staff should address the question of whether prevention messages for mainstream community groups appear to be reaching more vulnerable populations such as prostitutes, military, migrant workers and truck drivers. If those groups are not being reached, can and should the project put more effort into educating them?

3. Staff should determine how the planned numbers of animators and trainers will be able to cover a significant portion of the target population by the end of the project.

4. The project should continue to address the problem of condom availability and distribution. The NACP should be encouraged to look at social marketing schemes in neighboring countries (e.g. Zaire and Burundi) and test the Rwandan market

5. Before the final evaluation, staff should identify the precise ways they will gather and use the information from KAPB surveys and focus group discussions, evaluating the effectiveness

of each method in terms of cost, time, and type of information gathered.

6. Staff should further explore methods, such as mini-surveys and systematic informal interviews, of monitoring the extent to which the target population understands and accepts the HIV/AIDS messages of the group leaders and CPC members.

HAPA Grants Projects - MPR Review
HOPE Swaziland

A Strengths

1. The sampling design and implementation of the extensive KAPB survey of March-June 1990 appear to be well done. Survey results have provided the project with the ability to make mid-term adjustments and may result in further corrections when the survey report is finalized.
2. It was important to increase the project coordinator's post to 24 person months, and useful to have the replacement coordinator overlap with the incumbent.
3. The project appears to be a valued resource for FLAS and NAP, indicating strengthened local and national relationships.
4. HOPE and FLAS have successfully kept the project activities flowing despite significant fluctuation and turnover of staff in the project, FLAS and NAP. Excellent project accomplishments include:
 - Training of more than 60 HIV/AIDS counselors
 - Establishment of trade fair AIDS/STD helpline
 - Production of AIDS video
 - Integration of project activities into FLAS to promote sustainability
5. The report included a good discussion of constraints, and the need for systematic follow-up of counselors.
6. The comprehensive appendices were appreciated, and the workplan was especially useful.
7. The HIS consultant report was high quality. Inclusion of portions in the body of the report would have been useful.

B. Areas of Concern

1. It would have been useful to include a preliminary description of focus group data findings and uses, given that the final focus group discussion report was not available for the review.
2. The focus group discussion (FGD) guidelines presented in Appendices 3 and 4 would benefit from review by a consultant experienced in conducting FGDs on HIV/AIDS. Some limitations noted were that, for example, the FGD guidelines for youth violated a commonly held rule that no more than 4 or 5 topic areas should be covered in one FGD, and no more than 4 or 5

questions be asked for each area. It also included several examples of "leading questions." The guidelines for FGDs with traditional healers did not appear designed to maximize in-depth understanding of their beliefs and practices, but rather seemed more like an open-ended KAP survey.

3. Although considerable training has taken place, evidence of its quality and effectiveness was not provided. This requires that specific training objectives be identified and assessed. The training curriculum provided for the Sebenta groups only identified content, but not training methods, skills to be developed, or methods of assessing the training effectiveness.

4. Measurable indicators for longer-term changes in knowledge, practices or skills of the target groups have not been provided to date. The Action Plan indicates that an information manager will measure training outcomes through various sample surveys. Staff should describe whether the project still plans to follow this course of action; if so, provide more details on how, when, for what and for whom these measurements will be accomplished. If not, they will need to identify and map out an alternative approach to the measurement of outcome objectives for the project. To facilitate their planning of the final evaluation, a commitment to carry out, or not to carry out, an end-of-project survey should be made as soon as possible.

5. Because of the complex nature of the project, an organizational/operational chart would have clarified its many connections with other governmental and private organizations.

6. The report demonstrates that HOPE staff work closely with FLAS in project planning, problem-solving, and implementation activities, and that progress has been made in building local capacities to undertake HIV/AIDS prevention and counseling. However, it is not clear how the project defines sustainability, and what additional efforts or approaches, if any, are planned to further ensure continuation and follow-up of project activities at the end of project funding.

7. Apart from the NAP statement on page 2, how the KABP survey will impact on NAP plans is not well defined.

C. Recommendations

1. The focus group discussions are an important element of the project and should continue to be conducted and documented. However, the technical assistance of a consultant skilled in FGDs should be enlisted to review the discussion guides and other aspects of implementation of the discussions.

2 Pre- and post- tests of knowledge, skills, and/or attitudes are necessary for all categories of training being undertaken. More attention needs to be focused on quality control and effectiveness of training.

3. The project should select a small number of clear, feasible indicators to measure changes in knowledge and practices in the population trained or otherwise reached by the project, and determine how these will be measured at or by the end of the project. An important part of the selection process will be a determination of how the population "reached" will be defined, and what baseline data are available for that population.

4. HOPE/FLAS needs to consider and eventually to describe how the follow-up activities to the counselor training (page 24) are to be implemented. Note the time and resources required by the different follow-up activities, and which seem most essential and effective.

5. Given the large number of activities being implemented, HOPE/FLAS may want to consider developing a budget by functions. The project could budget out each planned activity and overhead, compare it to expected impact, and decide if some activities can be eliminated, leaving more money and energy for key activities.

6. The TAG strongly supports two suggested changes made in the report: to train traditional healer promoters, rather than field officers, as a way to intensify activities; and to continue follow-up of HIV/AIDS counsellors, even if additional funding needs to be pursued.

7. Staff should determine how sustainability is being defined for this project, and outline what additional efforts will be made to foster sustainability of project activities. This effort should include consideration of the issue of financial sustainability.

HAPA Grants Projects - Review of Midterm Progress Report
Save the Children Cameroon

Strengths:

1. The project has made several positive changes in response to the criticisms of the DIP. It has focused on two groups (health workers and teachers) instead of 12, and has concentrated the geographic focus in the Far North Province, which has a total population of 1.5 million.
2. The project has been asked to lead IEC activities by the Provincial Health Director--this appears to indicate confidence in the organization by the MOH and the PHD.
3. SC appears to enjoy good collaborative relationships with the MOH and other NGOs. For example, SC has apparently helped PSI initiate its social marketing activities in the Far North Province.
4. Addition of radio spots to the IEC activities in the Far North Province can be important, if effectively carried out. As a social marketing approach, the use of mass media in promoting health messages can reach much larger audiences than face-to-face training makes it highly efficient as a promotional technique.
5. Many of the "Areas of Concern" that follow are candidly discussed in the Midterm Evaluation, and have therefore already been recognized by SCF.

Areas of Concern

1. The midterm report still presents no clear vision of the project's strategy, and its activities appear to lack focus. Activities such as the presentation of educational spots for the Far North radio, while commendable, do not clearly fit into the project's overall strategy or work plan.
2. There is no indication that any community input was obtained to help formulate plans or decide upon target groups.
3. SCF still has not adequately staffed this project to implement and supervise activities in the impact area.
 - a. The AIDS Coordinator, who was the only staff person for the entire project for most of the first year, has no familiarity with the local languages spoken in the North, and is based in Younde.

b A single field person was finally hired in May 1990. This person is not well qualified technically and, although apparently charismatic and a good communicator, he may not have adequate credibility as a trainer for health professionals. Neither of the two key project staff have technical backgrounds in either education or health.

c It was stated that a second person is to be hired, Dr Nkodo Nkodo, who will "take over director-level responsibilities for the field office in October 1990." However, no biodata is included for Dr Nkodo, nor an explanation of his exact role, if any, with the project. The role in the project of the former field director was also not discussed.

d. With the current staffing plan (one coordinator at the central office and only one of two assistant trainers hired), the supervision ratio is reported to be 85 to 1. It is unlikely that the proposed bi-monthly supervision will be feasible, nor will it improve in Year 2 when the plans call for increased numbers of first generation trainees.

4. The choice of school teachers as a target group may raise some serious political or religious issues--should secondary school students be taught how to use condoms? There is no discussion of the sensitive issues involved, nor is there mention of any collaboration or contact with responsible officials in the Ministry of Education.

5. There were concerns regarding the availability of the MOH curative personnel that SCF plans to train to carry out substantial IEC activities for HIV/AIDS. Do health personnel have the time and motivation to add new responsibilities to their already heavy workloads?

6. There is some uncertainty about the exact meaning of "trainers", "trainees" and "training" as used in the report. SCF uses the term "training" loosely, in situations when they appear to mean communication/discussion of ideas, rather than the preparation of individuals to carry out clearly defined tasks or functions.

7. The presentation of data regarding "retention" of AIDS facts in first and second generation trainers would be much stronger evidence for effectiveness of the training if pre-training levels of knowledge were provided, and/or if levels of knowledge in the general population were available for comparison.

8. Despite the slow beginning of the project, it has spent nearly half of the allocated funds (43.6%). More budgetary detail is necessary to determine how the project expenditures relate to various activities.

Recommendations

- 1 A second Assistant Trainer should be hired as soon as possible for the Far North Province, and all ATs should be given structured, formal training so as to maximize their final years' efforts. Every effort should be made to find key staff with educational preparation in the area in which they will work, as well as familiarity with the local languages and culture and appropriate status for working with the identified target groups.
2. A plan for the final year of the project should be developed that includes clear identification of responsibilities for all current and proposed staff, as well as specific activities to be undertaken in areas of chosen program focus. Clear statements of the objectives of involvement with each target group should be developed with the close collaboration of members of the involved groups
3. Ministry of Education officials should be contacted regarding the project's plans for local teacher training so as to to insure coordination and compliance with MOE plans and policies.
4. As recommended by the MPR team, consideration should be given to continuing the work with commercial sex workers, in addition to the two chosen target groups. Sex workers might be substituted for the school teachers if there are problems with implementing teacher training activities.
5. Pre- and post-test scores for workshop trainings should be assessed regularly to assist in assessing the effectiveness of the workshops presented. A realistic plan for supervision and followup of trainees should be developed for the final year.

HAPA Grants Projects - Midterm Progress Report Review
Save the Children Zimbabwe

A. Strengths

- 1 The project continues to revise its training curriculum in response to results of the KAP survey, feedback from external reviewers, and from village community workers
2. Project staff has refocused and prioritized activities, which will help them implement a more effective intervention.
3. The forthright reporting of areas in which the project is behind schedule or facing constraints was appreciated. Output details such as numbers of persons trained and numbers of village health workers per supervisor were helpful.
4. The response to the DIP is excellent. The project has modified its objectives, added an evaluation component to the training of trainers, added a one day follow-up training course for village community workers 3-5 months after the initial training, and increased coordination with the MOH. Classification of the AIDS FACTS and the identification of lessons learned were also helpful for reviewers.
5. The report showed strong collaboration with the MOH and to a lesser extent with the NACP in terms of training staff and planning activities.
6. The evaluation team's small survey suggests that the village community workers are fairly well informed about AIDS transmission and prevention.
7. The project exhibits a positive openness to new forms of learning (e.g. games, songs) and is sensitive to gender differences in training.

B. Areas of Concern

1. The KAP survey report given in the MPR does not outline the supervision provided interviewers during the survey, or other quality control measures taken. Since some of the survey results reported are inconsistent and confusing, it is not clear how the baseline will be used in evaluating the effectiveness of project activities.
2. The training curriculum still has not been carefully evaluated through systematic pre and post-workshop questionnaires. Since no pre-test data are available, it is not

clear that the training was responsible for the high level of knowledge reported among village community workers surveyed by the evaluation team

3. Staff turnover is a continuing problem for PVOs and contingency plans need to be established in the event of loss of key personnel such as the AIDS/CS coordinator. Similarly, poor morale near the end of CS grants is a problem that can be anticipated; SCF needs to make advance plans for bolstering morale as a project is being phased out.

4. There appears to be a critical shortage of staff at the central, district and community levels. The heavy workload of the VCWs and area health coordinators may prevent some of the planned educational activities from being carried out or adequately supervised.

5. The role of community leaders trained by the project is not clearly articulated and the results of focus group discussions with community leaders are not reported. The project needs to determine how effective the community leaders are at educating community members.

6. The report does not describe plans to assess the knowledge and skills of families trained. There is a critical need for followup of training activities of staff to see if the health workers are, at a minimum, clear in their communication with the families they train, and, if possible, assess the extent to which their training has resulted in behavioral change.

7. The project's plans for sustainability were not clearly described, and do not appear adequately worked out.

8. VCWs are primarily women and may be unable to provide information about condoms to men.

Recommendations

1. Explore, with field staff and field director, ways to address the project's staff morale problem, and to anticipate similar situations which might occur in future projects.

2. Discuss the usefulness of the baseline KAP survey, including possible sources of measurement error in the responses noted, and explore specifically how a follow-up KAP can be feasibly carried out and used in project evaluation. Inconsistent or clearly invalid results from the baseline survey, particularly in important areas such as condom use, will diminish its usefulness in the evaluation process.

3 Consider the use of rapid assessment techniques to assess the quality and acceptability of family training by VCWs. Explore the feasibility of incorporating these techniques into the project evaluation process, and the possibility of seeking outside expertise or additional training of project staff if rapid assessment is judged potentially useful

4 Review the role of community leaders in the project and the objectives for training them, which represents a significant portion of project funding and activity. Training should focus on specific activities that leaders can implement afterwards, and which can be monitored after training to determine their accomplishments Determine how the project will be able to train 300 community leaders in two months, and provide refresher courses for 450 leaders trained since the start of the project.

5. Review carefully the training curriculum and put in place a systematic and consistent evaluation methodology. Efforts should be made to determine whether the curriculum is equally effective with different groups These tasks might best be undertaken by SCF/Westport, or an outside consultant, to free the field coordinator for networking and focusing on sustainability issues in Zimbabwe. A thorough evaluation of the curriculum and training methodology is particularly needed because SCF is planning to "export" the training curriculum to other countries.

6. Continue current efforts to collaborate with local NGOs, including the AIDS Counseling Trust and others, which are also working with low literate populations and with drama groups.

7. Evaluate audience comprehension of and reaction to drama group performances. Help the drama group understand the role of evaluation and train them to carry out evaluations of their work.

8. Develop a clear schedule of activities for phasing the project over to the MOH Consider whether the MOH in Mupedzanahmo, where there is a lack of PHC infrastructure, will be ready to take over the project from SCF in one year

HAPA Grants Midterm Progress Reports
World Vision Kenya

Strengths:

1. A baseline KAP survey of all the project areas has been completed
2. DIP comments were addressed and appropriate revisions made for many of the comments.
3. Integration of project activities in four areas has been achieved through close working relationships and shared resources with the National AIDS Control Program and with local NGOs
4. Staff have conducted an ambitious and impressive number of activities since the beginning of the project
5. Involvement of the community through drama competitions has been successful, and entertainment and drama is used to present AIDS messages
6. Project emphasizes reaching church leaders and involving the churches in AIDS prevention activities
7. Project uses self-identified PWAs and peer educators (prostitutes) to work in the community, and is also training a variety of health workers -- TBAs, community health workers, and professional health workers -- in AIDS information and communication.

Areas of Concern:

1. Some of the stated project accomplishments to date are unclear or seem unrealistic
 - a. How does the project define "reached/counseled," referring to the 49,082 community members listed on "Project Accomplishments to Date" (page 2)? The number seems very high, given the limited staff and funding that has been available.
 - b. There is some inconsistency in the tables listing numbers trained on page 2 and on page 12
 - c. Table 1 does not list target numbers of accomplishments for September 1991 for many of the project activities.

2 The KAP survey has some basic limitations, assuming that it was intended both to provide useful baseline data for the project and to assist in evaluating project outcomes

a The survey does not include a question on the respondent's age (contrary to discussion in text, page 4) Since any household member over 15 was eligible for interview, there is no way to know how much of the sample includes young sexually active adults, and what their special needs for education might be

b The survey questions cover areas of knowledge of AIDS most completely, yet several surveys conducted in and around Nairobi in 1988 already showed relatively high levels of knowledge Several questions on practices regarding AIDS prevention will not be useful for post-project comparisons. For example, 100% of the responses to "where do you usually receive your injections?" indicated medical or health care facilities. "Are you currently using condoms?" simplifies a complex reality, and would have provided better information if, at a minimum, information on "with whom?" or "when?" was also obtained.

c. The sampling methodology is unclear. Was the sampling proportional to the population? It appears that respondents were selected from those over 15 years of age who were at home at the time of the survey; did that bias the sample towards women and respondents who were unemployed (and thus perhaps of lower educational attainment)?

d. It is not clear how the data collected in the survey was used in the planning and implementation of project strategies.

3. DIP comment regarding usefulness of KAP surveys (comment #3 in Appendix 1), points out some of the limitations of outcome objectives in measuring project accomplishments. However, exclusive reliance on output objectives also has serious limitations, particularly when indicators of the quality of the outputs are not carefully monitored and evaluated. The reviewers emphasize the importance of developing feasible methods of assessing measurable short-term effects on those reached by project interventions (outcomes)

4. Comment #5 in Appendix 1 makes the perhaps misleading statement that the project is aiming for 45% condom use by "couples in union." Both in monitoring of condom use and in the educational messages presented, generalized condom use, i.e., even by monogamous couples in stable unions, is not needed or even desirable for an HIV/AIDS prevention program. Project staff are no doubt in agreement with this assessment, but it is also important that it be reflected in the project's educational

strategies

5 Training evaluation, as described in the report, appeared inadequate. According to the text, pre- and post-tests were conducted during training of trainers, community motivators, TBAs and CHWs, but the results were not tallied. There was no system described for monitoring the extent to which individuals trained are actually carrying out AIDS education and prevention activities.

6. The quality and effectiveness of the health education talks and presumably other public meetings do not appear to have been evaluated.

7. The 1991 budget for evaluation is only \$3,337. This is inadequate for a large KAP survey and for other interim evaluation activities.

8. Some of the AIDS educators may be working with inappropriate target populations. For example, according to Appendix 8, TBAs are working with drug addicts, out of school youth, and promiscuous women. What experience, qualifications and/or credibility do TBAs have for working with these groups?

9. Despite the many achievements of the project, staff may be responsible for too great an array of activities, and, as a result, may be unable to adequately evaluate project effectiveness.

Recommendations

1. The project should immediately analyze existing data from groups already trained and use it to improve planned training activities for Year 2. All future training should continue to be evaluated with, at a minimum, pre- and post-testing.

2. A sample of trained health workers should be interviewed to determine whether their knowledge of AIDS transmission and prevention is accurate, what type of education/counseling activities they are carrying out, and how these are integrated into their other responsibilities.

3. An evaluation method should be developed for assessing health education talks and other presentations, as planned.

4. Since the project has already distributed over 55,000 pamphlets and posters as of September 1990, there appears to be no long-term shortage of print materials. Before going ahead with their plans to develop print materials in Year 2, the project should review carefully those available locally from

NGOs, WHO, and the NACP The project should not develop new materials unless they can demonstrate that specific gaps need to be filled with respect to information on knowledge and attitudes about AIDS or if a specific target audience has such highly specialized needs that existing materials are completely inappropriate. The project should also consider adapting existing materials rather than creating entirely new ones

5. Project staff and management should should determine how they plan to evaluate the effects of project activities on the target populations. This might include identifying the specific questions in the baseline survey that could be effectively used for comparison with an end-of-project sample, and consideration of planning an abbreviated followup KAP survey.

6. Project staff need to revise their work plan for year 2, considering carefully the need for ongoing monitoring of the many activities undertaken. It may be advisable to suspend regular activities for a brief, defined period, so that the project's needs for monitoring and evaluation can be given the full attention of all project staff. They also may wish to consider eliminating the Loitokitok site, since it appears to pose many logistical problems.

HAPA Grants Projects - Midterm Progress Report Review
World Vision Zimbabwe

A Strengths

1. The project seems to be well organized, particularly in terms of staffing and scheduling of activities.
2. There appear to be excellent working relationships with the District Health Team, MOH, NACP, and other NGOs working on AIDS in Zimbabwe.
3. Many of the targets set in the DIP, such as number of nurses trained in AIDS counseling and number of training of trainers workshops held, have largely been met.
4. Objectives for year two of the project are well-defined and realistic, and appear to be based on a careful assessment of experiences from the first year.
5. The project has very good baseline data and a follow-up survey will be done, which should lead to important lessons being learned.
6. Large numbers of training sessions have been completed despite a lack of educational materials, and reluctance on part of farm owners to give time to farm workers for training.
7. The report was unusually candid in discussing problems encountered in negotiating with local MOH officials about certain issues, such as sharing project materials, and placement of project staff.

B. Areas of Concern

1. With fluctuations in local supply, it is not clear how the increasing demand for condoms will be met.
2. The discussion of sustainability on page 14 is inadequate, because it focuses almost exclusively on sharing project assets, and does not explore how other aspects of the project will (or will not) be phased over to the MOH at the end of two or more years.
3. As stated in the report, there may be a need for greater integration of WV field staff into the district level health planning activities, along with a better definition of roles for WV and MOH collaboration.

4 The effectiveness of the training activities completed was not documented, and appears not to be routinely monitored. What quantitative and qualitative methods have been considered for assessing the effectiveness of the training workshops?

5 Educational activities of the more than 2000 "trained" workers are not documented. The description of the supervision and followup of trainees is weak, and does not indicate how the supervisory system monitors and assures the quality of educational activities.

C. Recommendations

1. Project should continue to explore the possibility of assistance from USAID to assure a stable condom supply.

2. The project seems to be generating an increased demand for treatment of sexually transmitted diseases, which should be considered in any extension of the project.

3. Project and MOH staff need to continue the process of negotiating the meaning of sustainability for this project, developing working definitions, cost estimates, and a timetable for transfer of responsibility for activities and supportive materials.

4. The effectiveness of training in increasing the knowledge and skills of trainees should be assessed and documented for all training undertaken, by such means as, at a minimum, pre- and post-testing. This should be an important component of the process component of the final evaluation.

5. A system for monitoring the number, type and effectiveness of the educational sessions conducted by the trained educators should be developed. Some of the monitoring can be carried out by the educators themselves, with systematic follow-up reports on their activities and standardized questions before and after the educational sessions. Supervisors may need to use other assessment tools, such as simple small-scale surveys of attendees and/or other methods.

6. Important and potentially fruitful interactions are taking place between World Vision and MOH, as the two groups try to find working definitions of partnership and sustainability. In addition, the careful analysis of project surveys should provide valuable lessons learned regarding the effectiveness of the project. Both the process and results of these aspects of the project should be carefully documented as lessons learned at the end of the project.

HAPA TAG Meeting on Evaluation

April 10, 1991
Rosslyn, Virginia

June 21, 1991
HAPA Support Program

I Background

A special meeting on evaluation of the HAPA Technical Advisory Group (TAG) was held on April 10, 1991 at the Westpark Hotel in Rosslyn, Virginia. TAG members, joined by AID staff and outside consultants, met to discuss evaluation of the PVO grants projects as well as evaluation issues involving the larger HAPA project.

The meeting had three objectives. The first was to review and discuss drafts of guidelines for the final evaluations of the HAPA Grants PVO projects. In preparation for the meeting, consultants to the HAPA Support Program had developed (in draft version) a set of key HIV/AIDS KAPB survey questions and other information to assist the PVOs plan their surveys, and guidelines for the use of interviews and group discussions in gathering final evaluation data.

The second objective was to allow team members from the recently-completed HAPA program and management assessment to brief the TAG on findings from the assessment. The final objective was to discuss evaluation priorities, approaches and mechanisms for the final two years of the HAPA project.

II Participants

For contact information, see Appendix 1.

Both morning and afternoon sessions were attended by

Richard Arnold (Consultant)
Souleymane Barry (USAID AIDS advisor,
West and Central Africa)
Robert Cunane (PVO Child Survival Support Program, JHU)
Laurie Liskin (Center for Communications Programs, JHU)
William Lyerly (HAPA Project Officer, USAID)
Mary Anne Mercer (Director, HAPA Support Program)
Susan Middlestadt (Director of Research, AIDSCOM)
Kathy Parker (International Health Program Office, CDC)
Sally Scott (Program Assistant, HAPA Support Program)
Michele Shedlin (Consultant)
Dace Stone (AIDSCOM)
Judith Timyan (Consultant)
Joe Wiseman (USAID AIDS advisor,
East and Southern Africa)

Joining the meeting in the afternoon were

Jeff Harris (Agency AIDS Coordinator, USAID)
Randy Roeser (Evaluation officer,
Bureau for Africa, USAID)

III Opening of Meeting

See Appendix 2 for the meeting agenda

After introductions, Lyerly welcomed the participants, and gave a brief overview of recent changes in the Africa Bureau, which has been restructured. Under the new structure, the Africa Bureau will have two main offices: Analysis, Research and Technical Support (ARTS) and Operations and Initiatives (OI). For all programs, including AIDS prevention and control, the bureau will have a strong focus on impact assessment.

IV Final Evaluation Guidelines for the HAPA Grants Projects

Mercer introduced the morning sessions, which focused on the development of guidelines for obtaining qualitative and quantitative data for the HAPA grants projects' final evaluations. She emphasized that the guidelines under development were specific to the final evaluations of the HAPA grants PVO projects, but after field testing guidelines may be expanded for use with other HAPA-funded activities.

a Rapid KAP survey guidelines

Richard Arnold presented a set of key KAPB survey questions and other information on sample size, supervision, and data analysis developed for use in training PVO staff to do rapid KAPB surveys for their final evaluations. A lengthy discussion followed, during which general support was expressed for the usefulness of such guidelines. Several suggestions or recommendations were made by the participants during this discussion.

- 1) An important part of developing a final evaluation KAPB survey is to identify which questions from the baseline survey should be retained, and assistance may be needed in this process.
- 2) Baseline surveys conducted with relatively large sample sizes, many of over 1000, may contain valuable information, which should be made available for study.
- 3) PVOs should share their KAP data with other PVOs, MOH, NACP, etc.
- 4) The survey training package should include a generic format for presenting the survey results.
- 5) A long-term goal in field-testing the questionnaire may be to learn whether the target group for the survey can usefully be narrowed down by age group or gender.

6) Discussion of sample size should include a clear rationale for sample size selection, and might usefully recommend an acceptable minimum sample size for the HAPA PVO surveys

b Qualitative guidelines

Judith Timyan discussed her initial draft of guidelines for using individual and group interviews in the PVO projects' final evaluations. In the discussion that followed, several important points were made

1) The introduction to the final evaluation guidelines should state clearly how quantitative data can be used, and purposes for which it should not be used. The most appropriate use of qualitative data is to explore, describe, and explain what is incomplete or unclear

2) The relationship between the rapid KAPB survey and the qualitative guidelines needs to be clearly defined, whether each component can stand alone, or whether/how the two may be interrelated

3) To assist PVOs that do have resources to take on both quantitative and qualitative evaluations, the HSP should consider identifying individuals at local institutions who can be trained in these techniques and are willing to work collaboratively with PVOs

5) The TAG's consensus was that the PVO project staff need simple and specific guidelines on how to gather and use qualitative data in their evaluations, with good examples of the different techniques. The appendices could include additional discussion of methodological or theoretical concerns

V Report on the HAPA Program and Management Assessment

Wiseman, Barry and Shedlin presented findings from the HAPA program and management assessment, which took place in January, 1991 (for the draft report). Wiseman and Barry, as regional USAID AIDS advisors, served as resource people to the evaluation team, which included Shedlin and three other outside consultants. A synthesis of their remarks and the discussions that ensued follows

The assessment team made two recommendations concerning the HAPA Support Program (HSP). First, the team advised that the HSP receive more resources to provide more technical assistance, particularly to local NGOs. Local NGOs especially need help in writing proposals for funding. The team also recommended that a buy-in mechanism be established that would enable the missions to go through the HSP to access technical assistance

The team found that the overall HAPA project has enabled individual missions to pursue AIDS-prevention activities in a rapid, flexible manner, and to fill in gaps left by other USAID programming for AIDS. However, as the HAPA project is designed to be mission-driven, a strong effort is needed to convince the missions that AIDS is an immediate and critical problem to address. Some missions lack concrete, country-specific AIDS strategies, which hinders their ability to support prevention and control efforts. Barry recommended that independent teams need to be made available to missions to help them identify priority needs. It was recommended that efforts to make the AIDS threat more vivid and immediate to the Africa mission directors be a part of their next meeting.

Shedlin reported that, at a country program level, the assessment team found support for the integration of AIDS prevention efforts into related programs, such as child survival and family planning. At the community level, the team observed that in countries where missions have not made AIDS a priority program, PVOs are not enthusiastic about the missions' increased control over AIDS funding. There was concern that effective community coping mechanisms, such as halfway houses for people with AIDS, are not being funded by donors. This echoes a broader concern that a prevention-only policy is less effective than a broader approach in countries where many people are already dying of AIDS, and community organizations must address the problems of caring for the sick. The team also advocated supporting the use of local resources and indigenous methods of communication, such as song and drama.

Lyerly indicated that, because mission directors are being held more accountable to assess the economic impact of their programs, stressing the development impact of AIDS is essential. Part of the effort of the new ARTS division of the Africa Bureau will be demonstrating to mission directors and senior AID staff the positive and significant impact that AIDS prevention and control programs can have on the economic progress of countries in Africa.

VI Preliminary Program Indicators

Middlestadt presented preliminary program indicators that were developed at a HIV program indicators meeting organized by AID/Health/AIDS at the Academy for Educational Development. The six indicators developed relate directly to the four overall objectives of the AID/Health/AIDS program: to decrease the number of sexual partners, to increase access to condoms, to increase the demand for condoms, and to improve the diagnosis and treatment of STDs. The indicators are intended to be global indicators, applicable to AID projects in all regions, rather than country or project-specific micro-indicators.

A discussion of the indicators and HAPA evaluation approaches followed. The HAPA project is in the process of developing its evaluation strategies for its final two years, the participants agreed that HAPA activities should be encouraged to include the preliminary program indicators in their monitoring/evaluation systems whenever feasible. The first indicator, the percentage of the population to have sex with more than one partner in the last 7 days (or 1 month, or x number of months), was discussed at length. The question was seen as problematic in polygamous societies, where having sex with more than one partner in a week may be the norm for men, and (if a man does not go outside of his polygamous household for sex) not necessarily an indication of risky behavior. The question needs to be reworded to generate better data on changes in the number of casual sex partners.

The meeting was adjourned at 5 00 p m

Contact List Meeting Participants

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HAPA TAG Meeting on Evaluation

AGENDA

Rosslyn, Virginia
April 10, 1991

- 9 00 a.m. Overview and Introductions
- 9 15 a.m. I Final evaluation guidelines for HAPA Grants Projects
- 9 30 a.m. A. Rapid AIDS Survey - Richard Arnold
- 10 15 a.m. Break
- 10 30 a.m. B Rapid Qualitative Data Gathering - Judith Timyan
- 11 30 a.m. C Discussion
- 12 00 p m Lunch
- 1 00 p m II Report on HAPA Program and Management Assessment
- Joe Wiseman
- Souleymane Barry
- Michele Shedlin
- 2 30 p m. Break
- 2 45 p m. III HAPA Project Evaluation and Impact Assessment:
Priorities, Approaches and Mechanisms
- 3 00 p m A. Preliminary Program Indicators - Susan Middlestadt (AIDSCOM)
- 3 45 p m B Discussion and Feedback
- 5 00 p m. Close

APPENDIX 9 MEETING REPORTS

Overview of selected presentations on Women and AIDS, Counseling, and Community-Based Prevention Efforts

AIDS in Africa Conference

October 9-12, 1990

Kinshasa, Zaire

A Women and AIDS

In many areas there are no longer any clearly defined risk groups, because the virus has spread widely in the community. The Johns Hopkins/Ministry of Health project in Malawi (abstract #1), found that out of 3891 pregnant women presenting for prenatal care at a large urban hospital, 23.1% were HIV positive. Among these women, HIV-1 infection was associated with younger age, multiple sexual partners, a history of sexually transmitted diseases (both ulcerative and non-ulcerative) or genital warts, or being married to a man with a history of multiple partners or more than 9 years of education. The study concluded that it is important to control STDs to reduce heterosexual transmission.

In a study with a similar population, recruited from a large maternity hospital in Nairobi, Kenya (abstract #2), women were told of their HIV status and given a single counselling session intended to encourage HIV+ women to use contraceptives. After 12-15 months, interviews with the women indicated that the one-shot counselling sessions had no effect on rates of condom use, oral contraception, or pregnancy. The implications are that more follow-up counselling is needed, or perhaps that men, as well as women, need to be included in informational and motivational campaigns to use contraceptives.

A study from Uganda (abstract #3) reported surprising results regarding the effect of information campaigns on women's willingness to be screened for HIV. Urban women, who tended to be more informed on HIV/AIDS, were less willing to be screened for HIV. Also, women who perceived their partner relations and sexual behaviors to involve a high level of risk taking also were more reluctant to be screened. This reluctance to be screened may stem from fear of stigmatization and rejection if one is found to be HIV positive, and underscores the need to encourage or provide support for people with HIV, and people with AIDS.

Two studies looking at Zairian sex workers (abstracts #4 and #5) indicated that while these women recognize that their profession puts them at risk of HIV/AIDS, certain economic, social, and emotional needs constitute barriers to risk reduction. Focus group discussions with sex workers in Kananga (21% of whom are seropositive) indicated that divorce and widowhood often push women into prostitution. The income that a woman earns from sex work may support both her parents and children, and few other options are available for earning an adequate, steady income.

In the survey of Kinshasa sex workers, consistent condom use increased from 0% to 40% over one year, but the need for money was the single most important reason that women engaged in unprotected sex when clients refused condoms. In discussing relations with their steady partners, sex workers echo many of the reasons given by married women for not using condoms: 1) the condom threatens intimacy and trust between partners (55%), 2) condoms decreased sexual pleasure (21%), 3) the condom prevents the woman from

having a baby (7%) For sex workers with their regular partners, as with other single women and their boyfriends or married women with their husbands, the decision to use a condom depends heavily on a man's level of information and motivation, and a woman's economic and social dependence on her partner

B Counseling

Four presentations from Zambia ¹ explored counseling at the levels of the individual, family, and community levels At Chikankata Hospital, counseling is a key component of a four-part management plan

- 1) Diagnosis of AIDS, with pre and post-test counseling that involves the family
- 2) Planned discharge of the person with AIDS to the family
- 3) Home-based care for the patient (accepted by 89% of patients treated at the hospital)
- 4) Hospital care for the seriously ill

One goal of the project is to normalize AIDS, to treat AIDS like any other serious disease While starting at the level of an individual patient and his/her family, the project also raises the issues of care and prevention of HIV/AIDS with community leaders, and tries to promote communities working with each other, or "communities counseling communities"

Dr Kalumba, a Zambian sociologist, and Dr Banda, of the Churches Medical Association of Zambia, discussed in more detail the tone and content of community counseling and education Dr Kalumba proposed a chronological model of behavior-change strategies (roughly reproduced below) In this model, as the AIDS epidemic progresses, the effectiveness of rational, informational interventions declines, while interventions for personal empowerment and change, including counseling, grow increasingly important

Dr Banda gave examples of decisions which rural Zambian communities had made in response to community counseling

- 1) Abolishment of the ritual cleansing process, in which a widowed woman would sleep with her late husband's brother
- 2) Training of community health workers in HIV/AIDS information and prevention
- 3) Building churches to promote a more Christian lifestyle
- 4) Building community health facilities

At the individual level, psychosocial counseling of people with HIV seems to be having an impact on high-risk sexual behavior, in a study from the University Teaching Hospital in Lusaka, Zambia (abstract #6) Of 55 people with HIV (32 men and 23 women), most were preventing the occurrence of pregnancy, had reduced sexual activity to one partner, were using condoms more frequently, had fewer episodes of STD, and had reduced or cut

¹ Abstracts were not available for three presentations from Zambia a) Family focus in home care C Chela Salvation Army Chikankata Project, Zambia, b) Role of counseling in preventive education Katele Kalumba Zambia, c) Community counseling as a strategy for control of HIV spread Mazuwa Banda Churches Medical Association of Zambia

out alcohol use. It was unclear from the study whether this self-reported reduction of risk behavior had led to a reduction of seroconversions among partners of the people counseled.

C Community-Based Prevention Strategies

David Wilson of the University of Zimbabwe presented the results of a survey undertaken with Zimbabwe adolescents on predictors of expected condom use (abstract #7). Perceptions of individual susceptibility to infection and the severity of AIDS were, surprisingly, unrelated to intended use of condoms. Instead, barriers to using condoms (such as embarrassment at buying or using them) and the presence of facilitating cues (such as thinking that parents or boyfriends/ girlfriends approved of condom use) were among the strongest negative or positive predictors of intended condom use. Wilson concludes that mass media approaches to AIDS prevention are less effective than community-based, face-to-face approaches, which involve talking about AIDS in small groups, or with friends, relatives, and teachers. Instead of stressing the informational/health dimensions of AIDS, Wilson thinks programs should target the social dimensions of HIV/AIDS preventive behavior.

Geoff Foster from the Family AIDS Caring Trust (FACT) and Mutare Hospital, also in Zimbabwe, described an educational technique which follows the face-to-face, community-based principles outlined by Wilson (abstract #8). FACT has trained 60 volunteers as AIDS storytellers, who use flashcards to introduce sensitive sexual issues. Foster stressed that unlike didactic AIDS education, storytelling avoids confronting people with their ignorance and captures their interest before teaching about AIDS.

In Uganda, quantitative and qualitative data-gathering methods are being used to gauge whether AIDS education programs are having their intended effect. Maxine Ankrah of Makerere University in Uganda used random sampling and focus group discussion techniques to explore the sexual behavior of Ugandan men in both rural and urban areas (abstract #9). The study reports that men report having fewer partners, making less use of prostitutes, actively trying to acquire condoms, and having fewer STDs. Apparently to compensate for the decreased numbers of sexual partners, frequency of sexual intercourse within marriage or regular partnerships is reported to be high, with abstinence periods before and after birth shortened to a few days. In addition, men report a desire for circumcision as protection against HIV infection. Despite these reported changes, Ankrah concludes that risk behavior still appears sufficiently prevalent to require intensified AIDS education behavior targeted at men.

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Assessing AIDS Prevention
Montreux, Switzerland, October 29-November 1, 1990
Conference Report

I INTRODUCTION

The International Conference on Assessing AIDS Prevention, the first meeting of its kind, was held in Montreux, Switzerland, from October 29 through November 1, 1990. It was sponsored by the European Community Working Party on AIDS, the World Health Organization, and three Swiss groups. The intent of the meeting was to provide a forum in which to discuss the tools used and results obtained in assessing HIV/AIDS prevention programs to date, and to examine the major methodological issues that have arisen as a result of that experience.

The European Community was the most heavily represented group among both meeting participants and speakers. Only 17 of the 338 pre-registered participants, or 5%, came from developing countries. Nonetheless the conference included topics relevant to HIV/AIDS prevention in both developed and developing countries.

II PLENARY SESSIONS

Several of the plenary sessions were relevant to NGO programs for HIV/AIDS prevention. Four of those that presented issues of direct relevance for NGO project evaluation are summarized here.

Gary Slutkin, WHO/GPA

Dr. Slutkin provided an overview of the HIV/AIDS situation worldwide, and discussed several aspects of the approaches taken by GPA in assessing the effectiveness of AIDS prevention programs. GPA has organized midterm reviews of the National AIDS Control Programs in a number of countries, including several in Africa. The purpose of the reviews is to assess the progress and efficiency of the programs to date, as well as the relevance and adequacy of their plans. The effectiveness and impact of the programs are not yet being studied, with the understanding that the programs tend to be too new to demonstrate measurable impacts. Some of the recommendations that have been typically made of the programs are the need for increased targeting of IEC for specific groups, e.g., youth, more attention to establishing policies and systems for condom distribution, increased support for counseling, including prevention counseling, and more attention to the needs for care of HIV-infected persons, including systematic planning and provision of commodities (e.g., drugs, protective equipment for health workers).

The limitations of GPA's past emphasis on national KABP surveys for program assessment was also discussed. It was Dr. Slutkin's impression that these studies are not necessarily useful tools for evaluation. Precise survey objectives are often not clear, and the level of resources and time needed for the completion and analysis of large surveys make timely feedback of results difficult. As a result they are frequently undertaken but not utilized in either program design or evaluation. He stated that currently WHO is encouraging the development of more practical, less intensive KABP studies, as well as methods for gathering supplementary qualitative program information. Another approach

that may prove useful for evaluation purposes is monitoring changes in sexually transmitted diseases. At this point in time, the data on HIV prevalence or seroconversion rates is not used in evaluation for a variety of technical reasons.

In his summary comments, Dr. Slutkin emphasized that, although HIV seroconversion rates in many developing countries are continuing to increase, much useful activity has been undertaken. He presented a number of areas in which increased resources need to be placed: STD control, new methods for reaching youth, condom promotion (along with recognition of its limitations), and increased access to confidential HIV testing and counseling.

Robert Hornik, University of Pennsylvania, USA

Dr. Hornik discussed the uses of research and evaluation to improve AIDS education/prevention activities and programs. He stated that much program evaluation, as currently practiced, was "a waste of time" because it was too focused on impact, without adequate scrutiny of the processes and management constraints of the programs.

Dr. Hornik presented three stages in program development, and discussed the ways in which the stage of development affects the kinds of research and evaluation questions to be asked. The stages are:

- 1) the planning stage, in which questions focus on needs assessment, such as: who needs the education? what education do they need? what is the context? what communication channels will reach the desired audience?
- 2) the early operational stage, where questions are asked such as: was the educational message understood? did the expected events happen as planned? etc., and
- 3) the mature operational stage, when the questions asked might be: were the messages learned and/or accepted? were practices affected as a result? who was susceptible to the messages? what elements worked best?

The remainder of the presentation focused on approaches to identifying the specific questions that should be asked at each stage.

The first step in the identification of the study question is to develop conceptual (theory-based) and operational (practice-based) models of program components. For example, if a program is intended to improve the counseling that occurs at an STD clinic, they would first identify the sequence of changes that would need to take place for the counseling to be improved (e.g., counseling training, which would lead to improved counseling knowledge, attitudes and skills, which would lead to more effective counseling, and in turn to desired behavior changes). It is important that the model be as complete as possible, and not leave out important changes needed (e.g., is lack of staff time the most important reason that effective counseling doesn't occur?). The model can be diagrammed as a series of interconnected boxes.

The operational model follows the same idea, but instead of theory, looks at the practical changes that would have to take place for the program to succeed (e.g., staff are assigned for retraining, then staff are registered for the workshop, curriculum is developed, training

takes place, etc) Each of the operational steps can be monitored, to assure that the necessary activities are taking place as planned

The next step in developing the study question(s) is to look at the different possible relationships between the boxes, and identify the importance of that relationship in the context of the project Aspects to consider are leverage how open that relationship is to being changed, based on the results of the evaluation, prior experience where problems are most likely to occur, based on what is already known about the process, and resources available to study the relationship In the example cited, a relevant evaluation question might be the effect of counseling training on improved counseling of clinic clients

Based on the level of resources available, the method used to study the problem must also be decided, which requires that a choice be made as to how precise an assessment of program effects is needed The trade-offs with the precision required of the estimates are cost, credibility, and the importance of the answer to be obtained For most program purposes, the simplest design that provides an acceptable balance in the cost/precision trade-off is a pre- and post-test of the program beneficiaries, to ascertain (in the case of the clinic example) whether significant changes occurred in the quality or level of counseling following the training program

Several aspects of Dr Hornik's presentation were relevant to NGO evaluation The process of identifying the logic of project interventions, and from that model clarifying which aspects of the project process will be evaluated, would strengthen most NGO programs Carrying out this process would also allow NGO staff to provide a logical basis for narrowing the focus of their project evaluations Identifying the "boxes," or program elements, would provide a simple guide to determining which program elements might usefully be monitored In all, the application of research methods to the development of a simple, practical approach to program evaluation for NGOs would be a much-needed contribution to the larger field of HIV/AIDS prevention and control

Kaye Wellings, St Mary's Hospital Medical School, London, UK

Dr Wellings addressed several methodological issues related to assessing HIV/AIDS prevention efforts that are aimed at the general population, rather than specific target groups

Mass media is the main tool of programs for the general population, and a standard tool for evaluation is the KAP survey Examination of such surveys is not necessarily a useful way of evaluating the effectiveness of the programs, however The sampling method frequently used for KAP surveys is quota sampling, which does not necessarily provide valid or reliable information about the population it aims to study KAP surveys from different regions or countries are particularly difficult to compare, since any differences noted could well be the result of differences in sampling, in the way questions were asked, or in the categories of responses presented

Another method for assessing the results of mass campaigns is the cross-comparison over time of various expected outcomes of the campaign, e.g., comparing calls to AIDS helplines or demands for HIV testing over time with the timing of the public education campaigns, or correlating increases in condom sales with reported changes in condom use

behavior on KABP studies

A limitation of all of these methods, however, is that they focus on individual behavior, rather than the changes in societal institutions that are most likely to sustain long-term behavior change. An example cited is the observation that only 5 years ago the sales or use of condoms in Ireland was illegal, whereas now they can be found openly displayed and sold throughout the country. It will be important in the future to develop measures of the social, political and economic changes that may occur as a result of public education campaigns about HIV infection and AIDS.

Adrian Renton, St Mary's Hospital Medical School, London, UK

Dr Renton discussed the monitoring of sexually transmitted disease (STD) rates as a measure of the impact of HIV/AIDS prevention programs. He discussed two possible approaches: the use of rates of specific STDs as indicators of changes in sexual behavior, and the use of STDs to assess changes in HIV seroprevalence. He stressed the importance of identifying which approach was being taken, because of the different epidemiologic characteristics of the STDs that are monitored.

Gonorrhea was cited as an STD that has characteristics that make it potentially useful as a marker of changes in sexual behavior: it has high infectivity and a short incubation period. However, gonorrhea rates typically reflect the sexual activity of a relatively small proportion of the total sexually active population, and so does not necessarily reflect changes in HIV seroprevalence rates. There are other technical limitations of attributing causation to changes in STD rates over time. He cited the widely noted decline in gonorrhea rates and HIV seroconversions during the 1980s among a cohort of San Francisco gay men, and questioned the conclusion that they necessarily resulted from safer-sex education campaigns in that group. Alternative explanations were that the declines came about as a result of the aging of the cohort, since older men typically have lower rates of sexual activity than younger men, or the depletion of numbers of those at highest risk for STDs and AIDS, as a result of the deaths or illness of large numbers of gay men during that period.

Dr Renton presented several potential problems with the interpretation of time trends in STD rates. The accuracy of rates presented is always problematic, since changes may also represent differences in the proportion of total cases presenting for medical care, in the proportion being accurately diagnosed, in the proportion who are seen and accurately diagnosed being reported, and in the accuracy of the statistics after compilation. These problems tend to be less serious when comparing rates over time within one setting, however, than when attempting to make cross-national comparisons.

Another difficulty in interpreting trends in STD rates is the effect of treatment on duration, and thus prevalence, of the conditions reported. For example, recent data from Scotland and Wales show that rates of gonorrhea and syphilis, which are both treatable conditions, are decreasing. Venereal warts, however, which are not as regularly or easily treated, are increasing. The decline in gonorrhea and syphilis may be due to better treatment, and not to changes in sexual behavior. It is also important in assessing time trends to look at long-term trends, so that significant changes can be differentiated from short-term random variations. Renton illustrated this point with a line graph of the

decline in gonorrhea rates in Sweden during the 1980s, which looked as if it might be related to widespread concern about HIV during that period. A longer-term look at the trend, however, showed that gonorrhea had been declining at a similar rate since the early 1970s, before HIV was known to exist.

In summary, Renton stated that observations of time trends in STD rates were useful but need to be interpreted with caution, it is important to distinguish between STDs as proxies of sexual behavior or of HIV, that gonorrhea rates are useful indicators of sexual behavior in a relatively small proportion of the sexually active population, that there is no known STD indicator of changes in HIV rates at this time, and that there is a need for further study of the relationship between STDs, sexual behavior and HIV.

III CONCURRENT ORAL PRESENTATIONS

A large majority of the concurrent sessions focused on European programs for HIV/AIDS prevention. However, several presentations discussed the evaluation experience of developing country projects for HIV/AIDS education and prevention.

Several of the most relevant of those papers are to be published separately, and will not be summarized here. One is a summary of lessons learned in David Wilson's project in Bulawayo, Zimbabwe working with vulnerable groups (presented at the conference by Sharon Wier of AIDSTECH). Another was a paper by Susan Crane and J W Carswell, also of AIDSTECH, on "Review and Assessment of Education and Prevention Projects Focused on Marginalized Groups," in which lessons learned from a number of small-scale, predominantly NGO projects are summarized. Glen Margo of AIDSCOM also presented an interesting and provocative paper on "AIDS: The Politics of Survival," in which he urged a closer examination of the social epidemiology of the HIV epidemic. This paper, which stresses that the social, political and economic determinants of HIV infection must be understood and addressed if the epidemic is to be interrupted, will also be published soon.

The remainder of the concurrent sessions relevant to developing countries consisted largely of presentations of KABP surveys and other evaluation results. One of the most compelling lessons of this part of the conference was the need for more relevant and systematic approaches to assessing the effectiveness of small-scale, community-based programs for HIV/AIDS prevention, coping and care.

Policies in Solidarity

Second International Conference
of NGOs Working on AIDS
Paris, 1-4 November, 1990

In the first week of November, NGO representatives from Europe, the U S A , Latin America, Africa, the Pacific, Asia, and the Soviet Union gathered in Paris for the Second International Conference of NGOs working on AIDS. The conference was co-organized by the National Minority AIDS Council (U S A) and Le Comite France Sida, with the financial support of the WHO Global Programme on AIDS. The Commission of European Communities, UNESCO, and the French Ministry of Health and Social Protection also provided support. Diversity --in opinions, experiences, and programs -- characterized the participants. They represented a tremendous range of NGOs, including, but by no means limited to, Christian counselling organizations, gay rights groups, community housing initiatives, sex worker groups, and minority health collectives. The presentations varied widely in scope and format, from formal plenary speeches to spontaneous open forums for participants responding to an urgent concern. The flexibility of the conference design, while labor and energy-intensive, did create ample time and opportunities for the exchange of ideas and materials, particularly on an informal level.

Five simultaneous seminar tracks took place each day, making it difficult to attend more than a small portion of the daily sessions. What follows is a brief report on selected sessions from two seminar tracks, Education and Prevention, and Organizational Development, and an overview of discussions on the formation of ICASO (International Council of AIDS Service Organizations). Attached to the end of the report is a copy of a speech given by Dr. Jonathan Mann, entitled "Pandemic Disease, NGOs, and the Future of Public Health". Dr. Mann's speech is included because it offers an unusually broad and hopeful perspective on the actual and potential contribution of NGOs in the fight against AIDS.

Education and Prevention

At the first Education and Prevention seminar session, Ken South, a minister with the AIDS National Interfaith Network, U S A , outlined the three roles --pastoral, priestly, and prophetic-- that religious communities have played in response to community and social problems. In order for the church community, including both clergy and congregations, to play these roles in response to HIV/AIDS, they need to receive direct and accurate information on all aspects of the problem. One church group has created an extensive AIDS Resource Packet to educate ministers and lay people.¹ In addition, a coalition of churches has formed the AIDS National Interfaith Network to lobby for progressive public policy on HIV/AIDS at the national level.

Later in the first session, Ms. Viola Mukasa, of the Experiment in International Living

¹ The HAPA Grants Support Program has ordered one copy of this packet for review. Additional copies can be ordered, at \$17.45 a packet, from AIDS Resource Packet, Lutheran Social Services of Northern California, 1101 O'Farrell, San Francisco CA 94109.

project in Uganda, spoke on the cultural and social constraints she has faced educating women about safe sex. Many Ugandan women lack basic sex education, and the willingness or ability to assert themselves in sexual encounters, or to talk about sex. Ms Mukasa has tried to respond to this problem by involving women in role plays of safer sex negotiations. She was optimistic that the local culture is not static, and that women, and their male partners, will learn to accept and use condoms on a regular basis. NGOs working in Africa, she feels, can assist in this process of change by advocating for better sex education in schools and communities

The final education session focused more closely on the issues of program structure and evaluation. Mr. Chandra Mouli, working in the Zambian Copperbelt Project, described a crash course in survival skills for local street children. The trainers tried to deal with the children's immediate concerns while also raising their awareness about AIDS. The larger goals of the course were to provide useful survival information, impart practical skills and motivation, increase self esteem, and stimulate peer education. In addition to visiting a hospital ward and STD clinic, the trainers led discussions of staying within the law, going back to the land, and running a small business, and introduced the children to skills training opportunities in the copperbelt. Mr. Mouli stressed the importance of embedding the HIV/AIDS prevention method in a context -- finding a job, staying out of jail-- valued by the participants

Mr. Meurig Horton of the WHO Global Program on AIDS (GPA) gave a detailed description of qualitative evaluation of an HIV/AIDS prevention work in South India. In contrast with approaches that focus on behavior on the individual level, he stressed that risk-bearing behavior is the property of a social and cultural process, not the decision of an individual. In the Indian workshop, an anthropological evaluation was carried out to identify points of social contact and information diffusion within a community. The qualitative research also found specific factors which helped or blocked behavior change at both the individual and the group level. Unfortunately, Mr. Horton only briefly discussed the evaluation methods used, such as group discussions and in-depth interviews, logs, diaries, and reports of project meetings. Further information is forthcoming in a paper Mr. Horton is preparing on the results of the workshop.

Organizational Development

In the second session of the Organizational Development track, NGOS representatives spoke to donors about funding issues. A Malaysian participant reported that under current funding guidelines requiring government approval, NGOs use significant time and energy in negotiating with government officials, especially in developing countries, where it is difficult or impossible for an NGO to challenge the government directly. He proposed that more mechanisms be found to fund NGOs directly, without government approval or interference. A Kenyan NGO representative pointed out that local NGOs need start-up help in proposal writing, in addition to on-going funding for leaflets and posters.

Several NGO participants proposed that donors develop more flexible funding guidelines, and work to reduce the competitiveness that develops between NGOs over bidding for the same pot of funds. Better dissemination of information about funding possibilities was requested. Some participants felt that AIDS is proving to be such a huge and constantly growing problem, that NGOs find it difficult to narrow down their focus and produce

watertight projects, and perhaps should not be expected to do so. In response, several donors expressed sympathy with NGO funding frustrations, and asked that NGOs understand the obligations that limit donor flexibility, and require accountability for funds. The NGOs were urged to learn to speak the donors' language(s), and to take advantage of opportunities to build better communication between the two sectors.

Discussion of ICASO

At the NGO AIDS Conference held in association with 1989 International AIDS Conference in Montreal, the groundwork was laid for the formation of an international council of AIDS service organizations, (ICASO). At the Paris conference, ICASO coordinators scheduled regional meetings to discuss an international council in more detail. After the regional meetings a general meeting of regional representatives was organized, to formalize and ratify the purpose and structure of ICASO.

At the Africa regional meeting, participants expressed a great deal of scepticism and frustration with the process of ICASO's formation. While some wanted to go ahead and choose people to represent Africa in the general ICASO meeting, many thought it was inappropriate to focus on the formation of an international organization when there was a clear need to discuss the formation of national and regional networks within Africa. Several participants expressed the fear that a new international bureaucracy would divert resources from those areas which most need assistance in responding to the AIDS crisis.

After much debate, the African participants agreed to select individuals from five sub-regions who would attend the general ICASO meeting as volunteers, not as official representatives of their regions. They were unwilling to consider themselves representatives because they had not heard about ICASO before the Paris meeting, and thus had not been able to find out what other local NGOs working in AIDS thought about joining ICASO. At the global meeting of regional representatives, much of the scepticism and doubt voiced in the Africa meeting was amplified. However, hope was also expressed that ICASO, if kept small and flexible, could help build effective local organizations and networks.

The official post-conference press release reports that on November 5, a day after conference closing, ICASO was ratified by the AIDS NGO community. How ICASO will function following this ratification is not clear. There is talk of a small meeting in association with the International AIDS conference in Florence in June, 1991. According to the press release "ICASO's mission is to promote the community-based AIDS service organizations' (ASOs) response to HIV, with particular emphasis on resource-poor regions and affected communities. ICASO plans to accomplish this through advocacy, networking, and training activities. A fifteen person Council of Representatives, representing six global regions and the diversity of peoples affected by AIDS, will steer ICASO.

"The comments of ICASO's founders paint a picture of the new group. 'If we make a small investment in joining together, we can make our case to the international funding and policy making organizations, says Juan Jacabo Hernandez of Colectivo SOL in Mexico city. 'We see ICASO as small and non-bureaucratic. It will help to keep funding flowing to local organizations, not divert money from NGOs,' states Rita Arauz of Nicaragua. 'We expect to be on the ground, working with local and regional groups. We

want to identify what is working and help to raise funds to repeat these successes in similar locations,' adds Lucy Gabriel of Trinidad and Tobago

"The only way to maintain, or even think about increasing current efforts, is through solidarity, through articulating our needs to global funding organizations and policy makers, by speaking with one voice,' adds co-chair Richard Burzynski of Canada Fellow ICASO representative As Sy of Senegal adds, 'But, in order to fully participate in ICASO we must develop better pan-African networking and build our own solidarity first Regional concerns and local needs must drive ICASO' Co-chair Waler Almeida, of Brazil, [states] 'As founder of the Latin American Network, I fully agree ICASO will succeed only if it promotes regional affiliations and works closely with them '"

Those interested in learning more about ICASO should contact interim coordinator Jim Holm at 1429 Corcoran St, NW, Washington, D C, U S A His telephone number is (202) 332-4703

RAPPERS in D.C.

International Conference on Rapid Assessment Methodologies
For Planning and Evaluation of Health-Related Programmes
Washington, D C , November 12-15, 1990

The term 'RAP' is an acronym for Rapid Assessment Procedures, and refers to anthropological methodologies adapted to the rapid evaluation of health projects in the developing world. On November 12-15, an international conference on RAP methods was organized by Dr. Nevin Scrimshaw of the United Nations University, working with a strong cast of multilateral, non-governmental, and academic institutions¹. Judging from sessions at this conference, practitioners of RAP (who are sometimes called RAPPERS) have kept the definition of RAP loose, because most prefer that the term refer to a "basket of choices"², not a rigid or standardized methodology. In this report several of the more cohesive and relevant presentations are summarized, to give the reader a sense of how RAP has been applied in the field, in both AIDS prevention efforts and other health and development programs.

RAP and AIDS Prevention Among Kenyan Lorry Drivers

David Nyamwaya, director of health education and behavior at the African Medical Research and Education Foundation (AMREF), described how his organization used RAP techniques to plan an AIDS prevention program with Kenyan lorry drivers. AMREF was applying for a 1-2 year operations research grant, and they received a small amount of funding to conduct pre-proposal research. With only 3 weeks to gather data for their proposal, they used selected RAP techniques --such as observations, informal interviews, conversations, and focus group discussions--to gather and evaluate information on the lorry drivers and their sexual partners. RAP methods were also used after funding was obtained, to learn more about the drivers' language and the places where they spent the night.

To establish rapport with the drivers, AMREF staff observed their behavior when they were out of the lorries, and learned that petrol station attendants knew the drivers well. Through the petrol attendants AMREF met the lorry drivers, and once they had established rapport, they gathered AIDS-related information through informal interviews and conversations. To their surprise, AMREF staff learned that the drivers do not consider the women that they spend the night with prostitutes, but as multiple wives. They also learned that the drivers' wives came from local communities, and that to influence the women's behaviors the project would need to reach these communities as well. In focus group discussions with the drivers, AMREF staff found that posters, booklets and T-shirts did not work well as educational tools, because the drivers did not have much interest in reading. Peer educators could reach the drivers more directly and effectively than written materials. Focus groups also helped AMREF staff determine where to distribute condoms.

¹ The other sponsors of the conference were United Nations Children Fund (UNICEF), International Development Research Centre (IDRC), Pan American Health Organization (PAHO), Plan International (PI), and World Health Organization (WHO).

² A term from Dr. Robert Chambers' presentation "Rapid but relaxed participatory rural appraisal: Paradigm practices and potential", given November 15, 1990 at the RAP conference.

to the drivers

Mr Nyamwaya reported that RAP, because of the emphasis on listening to the target group's perspectives and concerns, encourages a flexible and humble approach to data gathering. The direct contact involved in observing and interviewing can break down the lines between research and intervention, and between project staff and target population. In September 1990, AMREF helped coordinate a RAP workshop for a range of Kenyan professionals. When some of the doctors doubted that they needed training in observation, Mr Nyamwaya sent them out into the community to observe people in the streets. When they returned, baffled as to how to record what they were seeing, they were ready to be trained in RAP observation methodologies. Mr Nyamwaya stressed the importance of cross-checking findings, with different RAP methods, in order to increase the reliability of results.

RAP with urban women in India

Most of the conference presentations looked at a broad range of community health issues, and did not focus specifically on AIDS. Dr Shubhada Kanani, of the University of Baroda in India, discussed the use of RAP methods to study and try to alleviate health problems of married women in urban slum areas. She reviewed the strengths and limitations of each method, as well as actions taken as a result of data gathered with that method.

1 Focus group discussions (FGDs)

FGDs helped project staff build rapport with the urban women in the project area, and to design a general framework for the study. The discussions were not helpful for learning about sensitive topics, such as infertility and faith healers, that the women were uncomfortable discussing in a group setting. As a result of the FGD findings, the project opened health centers in the slum areas.

2 Free listing/pile sorting

This technique involves making lists of terms used by local women to describe their health problems, and sorting those terms in related groups, or piles. The listing and sorting proved useful for obtaining information on specific illnesses, learning local terminologies, and understanding folk categorizations of illness. Project staff did find the listing/sorting method limited in at least two ways: 1) in the listing there was overlapping between symptoms and illnesses, 2) it was difficult to explain the concept of pile sorting, especially to illiterate women. The main result of this activity was to facilitate communication between local practitioners and women, by sharing the women's health and illness terminology with the practitioners.

3 Ethnographic interviews

In-depth interviews helped project staff obtain background cultural data on family structures, folk views of female physiology, and health-seeking behavior. While the women had much to say about health at the individual and family level, somewhat surprisingly they could or would not answer questions related to the larger community. The data gathered from the interviews emphasizes the need to integrate other development and support programs (such as education and child care) with

health care systems for us helped project staff obtain background cultural data on family structures, folk views of female physiology, and health-seeking behavior. While the women had much to say about health at the individual and family level, somewhat surprisingly they could or would not answer questions related to the larger community. The data gathered from the interviews emphasizes the need to integrate other development and support programs (such as education and child care) with health care systems for wellness episodes.

Project staff hoped to obtain detailed descriptions of recent illness episodes, and to elicit health-seeking behaviors in sequential steps. They were unable to accomplish these goals, except for illnesses the women were experiencing at the time of the interview. In addition, this technique was time-consuming.

In conclusion, Dr. Kanani reported that RAP increased the project staff's sensitivity to the target population's points of view, provided staff with training in detailed documentation, and focused attention on key emotional issues in women's attitudes towards health and illness. [The HGSP is trying to obtain copies of Dr. Kanani's paper, and will notify project staff if and when the paper is available.]

Rapid Rural Appraisal (RRA) in India: Two Perspectives

While RAP stems from the application of anthropological methodologies to the rapid evaluation of nutrition and primary health care programs, RRA is rooted in an interdisciplinary approach to appraising and evaluating community-level agricultural programs. In addition to having different theoretical foundations, RRA is not as popular an acronym as RAP, each speaker used a different term to describe their rural appraisal methodology. Dr. Robert Chambers, who has been working at the College of India, preferred the term PRA, for participatory (also rapid and relaxed) rural appraisal.

Dr. Chambers had a number of insightful points gleaned from his work, and much of what he said could apply to RAP as well as PRA work. He stressed that PRA should not be considered a second-best technology to longer-term quantitative studies, because some of the results could not be gathered any other way. He urged RRA practitioners to keep experimenting with their methodologies, to fight the creation of rigid procedures and bureaucratic standardization. The paradigm he supports for RRA is one of decentralization and openness to complexity, the creation of "baskets of choices, not packages of practices." Dr. Chambers thought it was important to ask how far down the ladder of power and bureaucracy can the processing and ownership of information move. Can villagers process and own their own information, or is an educated outsider required to help villagers undertake these tasks?

In interacting with villagers, Dr. Chambers found it critical to invent forms of interaction in which local people take more control of the content and practice than is possible in standard interviews. He urged RRA practitioners to take a relaxed, unstructured approach, to "embrace error" and improvise when mistakes are made, not to be bound by manuals. Dr. Chambers identified three key factors that can facilitate the development of a relaxed, participatory exchange with villagers. First is for outsiders to be aware of the effect that their attitudes, demeanor, and behavior can have on wary villagers. Ignorant or inarticulate qualities observed in villagers may be artifacts of the outsiders being unable to interact with them in a way in which local knowledge and opinions are respected. Second,

outsiders need to develop a personal rapport with local people, not to treat them simply as research objects or obstacles to change, to be educated to a more correct, modern point of view. Finally, Dr Chambers emphasized the importance of using methods and materials that local people can easily understand and utilize.

Describing his work over the past year, Dr Chambers reported that rural people have far greater capacity than realized to diagram and analyze information. He showed slides in which an old village woman used small stones to explain changes in her food consumption from when she was a child. The researcher initially placed the stones from left to right, with the stones representing her childhood food on the left, and those representing her current food on the right. The old woman worked in that format for a while, then switched the stones around, with her childhood food stones placed behind the current food stones, because she understood the shift from past to present as moving from far to near, not from left to right. This was a simple but important example of the flexible approach urged by Dr Chambers, which allowed the woman to take control of the interview and create a diagram which conformed to her sense of time and space. In other slides Dr Chambers showed village people using sticks and stones to represent long-term or seasonal shifts in village life, such as amounts of rainfall, disease occurrence, or women's labor. These stick and stone diagrams could easily be recorded by researchers through drawings or photographs.

In summing up the strengths of relaxed but rapid PRA, Dr Chambers noted that PRA allows the researcher to use sequences and combinations of methods, in a flexible and experimental way. The public and visual nature of the stick and stone diagrams allow for checking and adjustment by the group. In addition, the methods were fun, and useful in democratizing knowledge and involving illiterate people. Dr Chambers also discussed certain dangers involved in working with RRA. He was worried that RRA could become a fad, misused by researchers rushing to get results or reputations. There is also a risk of women being left out in RRA research, because they tend (in India) to take a longer time to answer questions and create diagrams. Dr Chambers encouraged researchers and donors to work on finding answers to the following questions: 1) how to enable exchanges on RRA to take place between countries, 2) how to involve institutions in RRA yet avoid fossilization, 3) how to keep the methodology loose and flexible. He pointed out that RRA is rooted in tolerance and respect for local people, and that Northern community-level organizations could learn from the experiences of their Southern counterparts with this methodology.

Mr James Mascarenhas from the Indian NGO Myrada then described his group's version of RRA, which they call PALM, for participatory learning methodology, because they put more emphasis on participation and less on rapidity. While much of the methodology that Mr Mascarenhas reviewed was rooted in principles similar to Dr Chamber's work, he described in much more detail the interaction between project staff and villagers. The Myrada staff camps in a village for approximately five days, to build the possibilities for communication and trust between staff and villagers. Project staff are careful to be sensitive to cultural norms, and not to raise expectations too high with unrealistic promises. At the beginning of their stay, staff engage in a series of work tasks, termed "equalizers and empathizers" because the outsiders are not as skilled as the villagers at these tasks, and they learn first-hand how difficult the work can be.

During the rest of their stay, the staff develop personal ties with the villagers, and use

participatory techniques to learn about village needs and plan a program, in a technical area such as resource management or rural credit systems. Mr. Mascarenhas showed slides of remarkable small-scale models that local people built of their villages, using clay, wood, and wire to depict their houses, roads, fields and watersheds. Project staff used these models to learn about changes in resource use over time, or to ask questions about patterns of illness in a village.

RAP-up panel discussion of training issues

One of the last sessions looked at the training of professionals and paraprofessionals in the use of RAP methodologies. Susan Scrimshaw, an anthropologist at the University of California at Los Angeles (UCLA), co-authored a RAP manual for nutrition programs. She reported that while some researchers are fearful that the RAP manual will be used inappropriately because there is no control over the knowledge, she accepted the imprecision in people's understanding and application of RAP methodologies that has resulted from wide dissemination of the manual. She considered both models of working with the manual to be appropriate: either under a trained anthropologist, to gather data in a more systematic fashion, or with non-specialists for problem-solving.

The most difficult people to train in RAP techniques, Scrimshaw observed, are traditional anthropologists, medical practitioners, social workers, and quantitative hard-liners. While traditional anthropologists and quantitative hard liners have difficulty accepting the validity of the methodology (though for different reasons), medical practitioners and social workers have trouble listening to or observing people, because they are trained to treat people and tell them what to do. Mr. Nyamwaya (AMREF) thought that help from education specialists is needed to develop diverse training methods tailored to different groups. The original RAP manual, he observed, is weak in the analysis of data, and in enabling communities to participate in gathering data. These areas need to be strengthened for RAP techniques to fulfill their potential as a tool for program effectiveness. Michael Cernea of the World Bank added that the target audience for RAP training should be expanded to include "socially illiterate technical experts" such as agronomists, engineers, and economists, who currently are not trained to communicate with or respect the people on whose lives their work can have a huge impact. There may also be a need to expose policy makers to RAP, to get their support behind the use of these participatory techniques.

Understanding the Cultural Context of AIDS Prevention

by Sally J Scott, M.A.

- A. The HAPA Support Program (HSP) at the JHU Institute for International Programs monitors and assists 7 AIDS education and prevention projects implemented by non-governmental organizations (NGOs) working in 6 African countries. The rates of HIV infection in these countries is frighteningly high or increasing rapidly. Lack of resources, infrastructure and trained personnel are familiar problems to organizations undertaking health or development activities in Africa. This paper focuses on a specific set of problems that NGOs who have received HAPA grants have encountered, and which the HSP is helping them identify and address
- B. In the knowledge, attitudes and practices surveys (KAPs) undertaken by 5 out of the 7 projects, certain general trends were identified. 1) Most people had heard about AIDS, but thought that it was a disease of other people, particularly prostitutes and promiscuous men. 2) People tended to know at least one major mode of HIV transmission, but they also thought that the virus could be transmitted by mosquito bites or casual contact. 3) Few people had ever used a condom, and men in particular had very negative attitudes about condoms. In their view, condoms: are unnatural; decrease sexual pleasure; can get stuck inside a woman; and might cause trouble if discarded and then picked up by a child
- C. Most U.S.-based and local staff tend to attribute risky behavior and misconceptions to ignorance and superstition, resulting from misinformation and a lack of education. The anthropological perspective indicates however that misconceptions often spring from a coherent framework of local beliefs, people's ideas about AIDS are strongly influenced by the cultural context surrounding sex, marriage, health and disease. Relying on local NGO staff to supply the cultural context may not be effective, because urbanized, well-educated field staff may not fully understand or respect traditional belief systems.
- D. The HAPA Support Program, while planning to streamline and improve the NGO's KAP methodologies, is also developing appropriate qualitative data-gathering techniques, for use in the projects' final evaluations, as well as baseline assessments and monitoring for upcoming AIDS prevention projects. Such techniques could include direct observation, in-depth interviews, focus group interviews, free listing and pile sorts. Our work is part of a broader effort to help NGOs understand, respect, and work with the local cultural context to slow HIV transmission in Africa.

Evaluation of NGO Programs for HIV/AIDS Prevention
Mary Anne Mercer, HAPA Support Program, The Johns Hopkins
University Institute for International Programs, Department of
International Health

Context: International and indigenous NGOs can play an important role in efforts to control the HIV/AIDS epidemic in developing countries. However, in most countries at present NGOs represent an underutilized resource. One reason for their limited involvement with AIDS is a lack of confidence by donors, and sometimes by the NGOs themselves, in their ability to develop technically sound interventions and critically analyze the results of their efforts. This belief is reinforced by the limited usefulness of many standard approaches to evaluation for NGO HIV/AIDS programs. If the potential of NGOs is to be realized, innovative and flexible approaches to assessing the effectiveness of their activities must be developed.

Purpose: This presentation will discuss key issues in the evaluation of NGO programs for HIV/AIDS prevention, support and care, and will present recommendations for guidelines for NGO HIV/AIDS program evaluation. The guidelines must consider the unique strengths of NGOs, recognizing their need for flexibility in determining the approaches most congruent with their organizational missions. They must address the interdependence of NGOs with other governmental and nongovernmental groups. They should acknowledge the importance of community involvement and sustainability in NGO programs. Consideration should be given to strengthening NGO capacities to undergo critical self-evaluation of their efforts in HIV/AIDS programming through the development of simplified guidelines for specific evaluation techniques, encouraging partnerships with local universities and other technical experts, and providing technical assistance in appropriate participatory evaluation methods.

OBSTACLES TO AIDS AWARENESS AND PREVENTION IN SEVEN AFRICAN COUNTRIES

The HAPA Support Program (HSP) at the JHU Institute for International Programs monitors and assists 9 AIDS education and prevention projects implemented by non-governmental organizations (NGOs) working in 7 African countries. Lack of resources, infrastructure and trained personnel are familiar problems to organizations undertaking health or development activities in Africa. This paper focuses on a specific set of problems that NGOs who received HAPA grants have encountered, and which the HSP is helping them identify and address.

- 1) Certain entrenched beliefs and behaviors have hindered AIDS prevention efforts in many African communities. Men and women see having children as essential to their status, men are not familiar or comfortable with condoms, women often lack the power to negotiate sexual encounters or challenge husbands who have multiple partners, and, sexual partners, and parents and children, are not used to discussing sex openly.
- 2) These patterns of belief and behavior are strongly influenced by the local cultural context, particularly regarding sex, marriage, health and disease, which expatriate and local NGO staff may not understand well or respect. Significant communications barriers may exist between urbanized, well-educated field staff and community leaders, such as traditional healers, who are in a position to interpret and influence the cultural traditions.
- 3) Gathering cultural data is important but initially difficult, because it requires moving beyond the more familiar quantitative KAP surveys. Project staff may need training in qualitative data-gathering techniques, including interpretation of data and incorporation of findings into project activities.

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APPENDIX 11 HAPA GRANTS PROGRAM UPDATE -- 4 issues

HAPA GRANTS PROGRAM UPDATE

Vol 2, No 1 January 1991

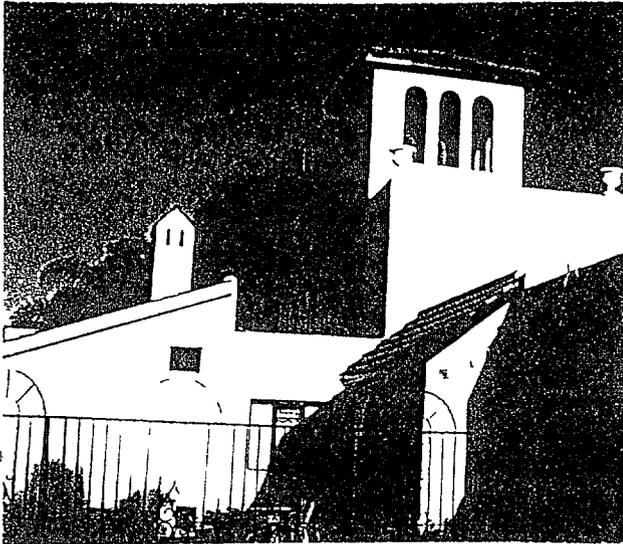
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- > HAPA Business
- >> Field Workshop
- >>> Headquarters Workshop
- >>>> Quarterly Reports



1991

Mandel Training Centre, site of the workshop



HAPA Workshop Brings Field Staff and Counterparts to Harare

From October 21-26, 1990, field staff from the HAPA grants projects, and their counterparts from MOH and partner NGOs, met in Harare for the 1990 HAPA Grants Field Workshop, "NGOs United Against HIV and AIDS in Africa" The purpose of the workshop, coordinated by the HAPA Support Program and World Vision Zimbabwe with assistance from Save the Children Zimbabwe, was to build the skills of project staff and counterparts in several key interventions, and to facilitate communication among participants about their experiences

On the first morning of the workshop, participants discussed the role of women in HIV/AIDS prevention and listened to a Zimbabwean woman with AIDS describe her experiences That afternoon, the workshop facilitator conducted an open interview with the AIDS coordinator of the national traditional healers' organization, and a medical anthropologist spoke on the impact

that local cultural beliefs about family life, health, and disease can have on people's perceptions of AIDS The focus shifted to counseling and evaluation on the second day of the workshop, which included discussions of counseling strategies and role plays of interactions between counselor and client The last session of the day reviewed the key programmatic lessons from a HIV/AIDS prevention project in southern Zimbabwe

On the third day, participants were given an overview of qualitative data-gathering methods and an introduction to focus group discussions Later in the day, a panel of participants presented their thoughts and findings on project sustainability The next morning's sessions began with a broader presentation on refining objectives and indicators for monitoring and evaluation A panel of participants then spoke on their work with special groups, such as prostitutes and people with AIDS In the afternoon the whole group traveled to a nearby project site, where a few moderated and the rest observed focus group discussions with local residents on their perceptions of AIDS

On the fifth and last day, following a presentation on key factors and strategies for evaluation, participants discussed summaries of the focus group discussions Later the participants wrote up four-month action plans to demonstrate how they planned to utilize skills and information gained from the workshop in their projects The workshop ended with a banquet dinner, traditional dancing, and inspired awards In February 1991 participants will be asked to provide an evaluation of the workshop, which will include a review of progress with activities outlined in the action plans

A short report of the workshop has been produced that briefly describes each of the workshop sessions, lists participants and

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HAPA GRANTS PROGRAM UPDATE

Vol 2 No 2 May 1991



In this mailing
A South African comic,
Love and AIDS

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- 1) seropositive but symptom-free
- 2) generalized lymphadenopathy
- 3) symptomatic disease
- 4) death

In most cases, a straightforward transition from one stage to the next was not observed. Often people with HIV disease moved back and forth between stages 2 and 3. While the expected time from infection or seroconversion to death is difficult to estimate from the data, it is clear that the rate of progression from asymptomatic infection to overt disease is considerably more rapid than reported from other studies.

Several theories --none yet proven-- are offered to explain why the rates of progression differ for this group of African women:

- 1) As this is the first large study of women anywhere, gender itself could be an important determinant of disease progression.
- 2) Genetic or environmental factors unique to Africans could account for the more rapid rate.
- 3) The high rates of sexually transmitted diseases among prostitutes could stimulate more rapid disease progression.
- 4) In addition, with 80% rates of seropositivity among the study population, it is likely that the women are being reinfected with HIV on many occasions, which could affect the progression of the disease.

Quarterly Reports

Save the Children Cameroon

Activities for the quarter included training of trainers (TOT), follow-up visits, and refresher courses for 1st generation trainers. In the two project areas, approximately 3470 people have been reached with AIDS message and many of the 1st generation trainers have trained their colleagues as trainers to assist them.

In a 3-day TOT, the divisional Chief Medical Officer helped facilitate the workshop, especially more technical sessions dealing with the epidemiology of the disease and the scope of the problem in Cameroon. Participants --who must have been expecting the doctor to refute some of the horrors they had been hearing about AIDS-- were visibly shocked when the doctor only confirmed them. At the onset, participants seemed reluctant and hesitant about Save the Children's (SC) participatory training methodology, but all agreed by the end of the workshop that this approach was more effective than the didactic method of training. All participants developed 3-month action plans and were given monthly reporting forms.

Four one-day refresher courses provided an opportunity for the trainers to meet as a group and share potential solutions. Some of the experiences reported by the trainers include:

- > Most people contacted were conscious of the danger posed by AIDS and wished to see an end to it
- > In spite of the danger, most people abhorred the idea of using condoms. People believed using condoms would reduce the pleasure and satisfactions they expect from sex and would even make them permanently sterile
- > Some women accuse their husbands of being unfaithful if the man proposes using a condom
- > Most men don't realize the health implications of their actions on their families. This is particularly true with regard to mother-to-child transmission
- > Women are reluctant to participate in condom demonstrations

"Most men don't realize the health implications of their actions on their families particularly with regard to mother-to-child transmission "

Participants in the refresher courses discussed possible solutions to these problems, including conducting separate condom discussion and demonstrations for men and women, meeting with com-

munity leaders privately before a public information session to discuss the agenda and get their support, planning sessions to coincide with other community development activities so as to reduce transportation problems, and, concentrating on the training of 2nd generation trainers so as to reduce the workload on 1st generation trainers

In addition to organizing refresher courses, project staff made follow-up visits to 1st and 2nd generation trainers. Staff noted the trainers' level of progress on action plans and learned what problems trainers are encountering in training others. To evaluate the effectiveness of the training given to trainers, SC staff asked them questions which assess their understanding of the materials presented to them, and, in the case of 1st generation trainers, their experiences in training others. Trainers and staff together evaluated the effectiveness of the AIDS messages being promoted and revised them if necessary, and also gleaned lessons learned which could help project staff better prepare for future workshops

In follow-up visits to Ntui, one project area, several problems were identified. First, most of the trained trainers could not name the 3 main modes of AIDS transmission. The trainers often did not mention mother-to-child transmission, and their understanding of certain other facts was tentative. Many trainers were behind in their action plans, due to increased agricultural demands, and most had not written their activities

printers This represents unprecedented speed in the start-to-finish process for development of new literacy materials, and confirms the importance attributed to HIV/AIDS prevention by Sabenta

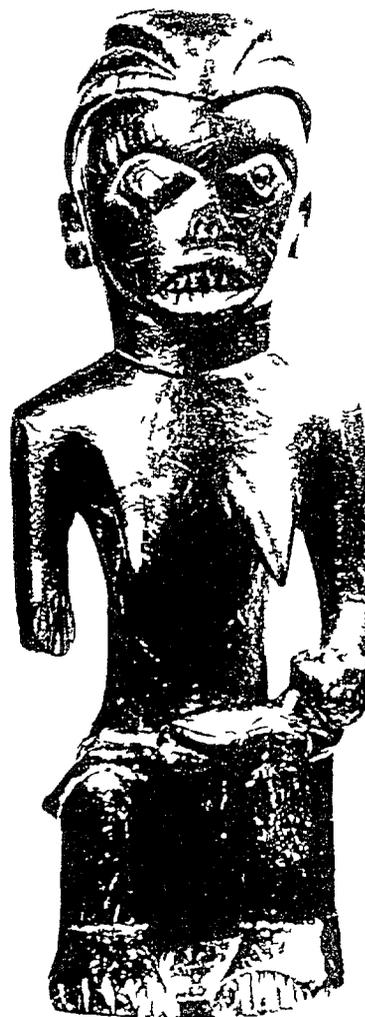
-> **Love and AIDS comic book**

HOPE/FLAS has ordered 500 copies of the comic book "Love and AIDS" from the Johannesburg City Health Department, after pre-testing it for appropriateness and popularity in Swaziland [Photocopies of the comic book are enclosed in Update mailings to project staff] When the comic books arrive they will be distributed to the seven youth groups/organizations which had representatives educated by HOPE in STDs and AIDS Meanwhile negotiations are underway between HOPE/FLAS and the Johannesburg City Health Department for rights to translate the comic book into Siswati and to produce it in Swaziland

-> **Counselling**

In June 1990, HOPE/FLAS trained the first group of HIV/AIDS counselors in Swaziland In December 1990 a follow-up workshop was organized, during which regional counselling support groups were formed Recently these support groups were officially introduced to the regional health management teams In addition, lists of the trained counsellors have been distributed to the major medical institutions for establishing a referral system for HIV/AIDS counselling

The National AIDS Programme (NAP) has requested the part-time secondment of the HOPE/FLAS counselling officer to serve as interim national counselling coordinator, until such time as funding can be found and the position officially established This will result in the NAP assuming responsibility and funding for the continuation and expansion of counseling activities developed by HOPE/FLAS



BAMBALA Female figure with child

"Community leaders have an important role to play in supporting the efforts of the village community workers and farm health workers in planning and monitoring progress of activities"

As the project heads into its final months, sustainability is a critical issue. In all three impact areas, health coordinators have started having monthly meetings with the village community workers and farm health workers to identify problems and constraints during the phaseover period, and to deal with them before the end of the project. At a February meeting SC and MOH staff produced a calendar of events outlining the handover of staff and assets.

In January 1991, the project coordinator Linle Malunga visited the SC home office in Westport, Connecticut. Ms Malunga received an in-depth orientation to SC -- its history, organization, systems, and approach to development-- as well as to individual departments. Ms Malunga gave valuable feedback on the AIDS curriculum that is still undergoing development. The visit to Westport gave Ms Malunga an opportunity to address pending issues in depth and learn what resources exist at the home office that she can tap into. Home office staff had an opportunity to better understand programs in the field. Ms Malunga

reports that the orientation "makes the people in Westport real" as opposed to talking on the telephone to a person you do not know. This gives the Coordinator a sense of who to talk or write to if she needs certain information or advice."

While in the U.S., Ms Malunga also traveled to Baltimore to meet with HAPA Support Program and Child Survival Support Program staff, and to Washington, D.C. for meetings with the USAID Child Survival project officer and HAPA project officer.



BAKONGO -- Female figure with child

World Vision Zimbabwe

World Vision participated strongly in National AIDS week activities, from 24 to 30 November 1990. The theme for the week was "A national effort will stop the spread of AIDS and will create understanding and compassion for people with AIDS." Highlights from the week of activities

- > All church ministers were requested to preach sermons on AIDS during Sunday services. National AIDS Council messages and leaflets were distributed to church ministers.
- > Trained anti-AIDS motivators carried out house-to-house campaigns in the two high-density suburbs in Marondera urban area. Market women were also reached by the campaign.
- > The AIDS videos "Born in Africa" and "African Perspective" were shown to factory workers, beer hall and hotel clients, college and school children, and members of a women's church group. The videos were followed by question and answer sessions, condom demonstrations, and condom distribution. A total of 6,500 condoms and 3,000 leaflets were distributed during the week.

After National AIDS week, the organizing committee met to discuss and evaluate the activities. They decided

that there is a need to stress the common modes of transmission, and also how AIDS is not spread. The question of whether mosquitoes spread AIDS was raised by nearly all the groups reached during the campaign. The video "Born in Africa" made an impact on all those who were shown it, and demand for more videos was expressed.

"The question of whether mosquitoes spread AIDS was raised by nearly all the groups reached during the campaign."

In the town of Marondera, the seat of WV's project area, World AIDS Day was commemorated with a marching procession, speeches, choir singing, poems, and traditional dance. The mayor of Marondera district emphasized the crucial role played by women in development, and that women have key roles in preventing HIV infection and in caring for HIV-infected people and people with AIDS.

Project plans for FY91 were mapped out by the MOH district nursing officer and WV IEC, counselling and evaluation officers. The annual plans for AIDS activities of the rural health centre staff were incorporated into the District plans. Targets for planned activities are still to be decided upon. The IEC officer also attended the Zimbabwe AIDS Network (ZAN) steering committee meeting in

3) **Condom dispensers can become part of corporate culture** The company was very supportive, but initially was not optimistic. Minutes after the first motivation seminar, 12,000 condoms were distributed.

4) **A successful program will be asked to consult with other organizations** interested in learning from the program.

Ms Cole expressed reservations about claiming a direct association between condom distribution and use, suggesting that the association would probably be greater if the project were selling the condoms. Also, she noted that sustainability requires a better condom distribution system. Currently, condoms are being distributed via AMREF and the national AIDS program. The system works, but is not currently sustainable. An effort to involve district medical officers has not yet been successful.



Evaluation of a KAP Study

Susan Toole, CARE

Background

The CARE/Rwanda HAPA grants project carried out a baseline survey to identify target population and community groups, and to assess condom use in project area. The KAP process took an unexpectedly long six months. KAP findings included the following: 65% of respondents knew several facts about AIDS, while only half had ever seen a condom, and only 7.2% had ever used a

condom. While people feared AIDS, only 65% felt at risk. Most people had negative attitudes towards condoms, but a very compassionate attitude towards PWAs. Of people claiming to practice protective behaviors, only 7.8% are monogamous, and only 6.6% use condoms.

Lessons learnt

1) **Collaboration** Work closely with groups who have already implemented similar baseline surveys. In this example, the NACP survey was adapted, by eliminating of questions which had received the same response from 98% or more of respondents, and by adding questions about attitudes towards condoms and AIDS protection.

2) **Resources** Significant survey pre-testing time and accompanying resources are required. The project was aided by the survey experience of the NACP, but the CARE survey still had to be pretested and turned out to be more expensive than expected.

3) **Remuneration** People were reluctant to sit for one hour without remuneration of some kind. Respondents appreciate it when some form of exchange is made. During focus group discussions, a bottle of banana beer was given to respondents.

4) **Data validation** It is necessary to validate data entry. The project used CDC Epi-Info package software which was found to be very useful. However, data entry hadn't been validated and

AIDS ACTION AHRTAG

1 London Bridge Street
London SE1 9SG, U K

Quarterly/English, French, Portugese,
Spanish

International newsletter for information
exchange on AIDS prevention and
control, with a report from WHO Global
Programme on AIDS in each issue
Regularly features new resources

**HEALTH TECHNOLOGY
DIRECTIONS**

Program for Appropriate
Technology in Health
4 Nickerson Street
Seattle, Washington 98109-1699
U S A

Quarterly/English

Each issue focusses on one specific topic
(such as eye care, nutrition, safe birth,
etc) giving detailed practical advice on
diagnosis and management The
newsletter is written with appropriate
and community health participation in
mind, and includes a materials list for
further study

IPPF MEDICAL BULLETIN

International Planned
Parenthood Federation
Regent's College, Inner Circle
Regent's Park, London NW1
U K

Bi-monthly/English, French, Spanish

Up-to-date information on clinical
aspects and developments in the field of
family planning practice General
discussion of population and fertility
issues

NETWORK

Family Health International
Research Triangle Park, NC 27709
U S A

Quarterly/English, French, Spanish

A quarterly newsletter on family
planning and family health Contains
research/project reports, topical reviews
and lists of FHI publications

POPULATION REPORTS

Population Information Program
The Johns Hopkins University
527 St Paul Place
Baltimore, MD 21202
U S A

Five per year/English, French, Portugese

Provides comprehensive and up-to-date
reviews of important issues in population
and family planning, with occasional
issues in general health topics

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Subscription Newsletters

ADULT EDUCATION AND DEVELOPMENT

Adult Education Association
 Deutscher Volkshochschul-Verband
 Fachstelle Fur Internationale
 Zusammenarbeit
 Rheinallee 1, 5300 Bonn 2
 Federal Republic of Germany

2 per year/English
 Subscription price contact newsletter

A journal on adult education in Africa, Asia and Latin America. Articles cover all aspects of adult education with an emphasis on non-formal education, including cultural differences in visual perception, popular theatre, literacy programmes, traditional education, and development. Reviews of relevant resource materials and meetings.

WORLD HEALTH FORUM

Office of Publications
 World Health Organization
 1211 Geneva 27
 Switzerland

Quarterly/English
 Subscription price contact newsletter

An international journal of health development, providing a platform for the exchange of experience, ideas and opinion on all aspects of health.

WORLD NEIGHBORS IN ACTION

World Neighbors
 International Headquarters
 5116 North Portland Avenue
 Oklahoma City, Oklahoma, USA 73112
 U S A

quarterly/English
 Subscription US \$5 00 a year

This is a 'how-to' newsletter treating a different topic of interest in each issue. Topics have included breastfeeding, animal husbandry, land conservation, pesticides, participatory education, appropriate technology, health and nutrition, dental health, community-based health care, visual aids, women and development, agriculture, associations and co-ops.



NSAPO NSAPO Female figure

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HAPA GRANTS PROGRAM UPDATE

Vol 1, No 3 June 1990



Source Save the Children Cameroon

A Cameroonian artist created this cartoon, and the one on page 9, with support from a group of students at Yale University who donated funds to Save the Children for AIDS prevention. These cartoons form part of a set, which has already appeared in several editions of a prominent Yaounde newspaper, and will be produced as posters and widely distributed.

In This Issue...

- ▶ Quarterly Reports from the Field
- ▶ Article Abstracts
- ▶ HAPA Business
- ▶ Recent Trips

HAPA Business

▣ Field Workshop

In April 1990, the HAPA Grants Support Program (HGSP) mailed a needs assessment to all field staff to survey your ideas on content and structure for a field workshop later in 1990. Thank you for sending us your ideas and opinions

Plans for the workshop are beginning to fall into place. We will be inviting 2 staff members from each HAPA grants project to attend the workshop, including, if appropriate, a representative of the local counterpart organization. Though still pending final approval, the workshop is scheduled for 21-26 October 1990, at a hotel in or near Marondera, Zimbabwe. Staff of World Vision Zimbabwe and Save the Children Zimbabwe will work closely with HGSP staff in planning and implementing the workshop. Please keep the third week in October open. We will send you more detailed information in the near future.

▣ Midterm Progress Reports

Guidelines for the HAPA Grants projects' midterm progress reports (MPRs) have been sent to PVO headquarters. As you are probably already too aware, the reports are due 13 months after the project funding date. As with the detailed implementation plans, the MPRs will be reviewed by the HAPA Grants Program's technical advisory group (TAG). The HGSP staff will then compile the TAG members' written and spoken comments and send them to PVO headquarters and field staff.

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The HAPA Grants Program Update is produced by Dr. Mary Anne Mercer and Sally J. Scott at the office of the HAPA Grants Support Program, The Johns Hopkins University Institute for International Programs, 103 East Mount Royal Avenue, Baltimore, MD 21202. Phone (301) 659-4104.

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Quarterly Reports

CARE - RWANDA
(11/89 - 2/90)

After all project staff had finished a basic training in AIDS information, an outside consultant came to Rwanda to train the animators (local-level AIDS educators) in techniques for group education and focus group interviews. These trainings included multiple practice sessions, giving project staff ample opportunity to try out different education methodologies, as well as to become comfortable discussing HIV/AIDS related topics in their own language, ikinyarwanda. Once the KAP questionnaire and research protocol had been agreed upon, the government IEC coordinator trained the animators in KAP survey technique, giving the project personnel a good base from which they could carry out such a survey.

For the KAP survey, project staff developed a questionnaire that includes most of the 1988 national survey questionnaire administered by the national AIDS control program. Questions that had proven problematic were deleted, while questions on attitudes to condoms and to AIDS protection in general were added. For the survey, 360 individuals were interviewed by questionnaire, which took three weeks to complete. Data from the questionnaire was then entered and analyzed in EPIINFO, an epidemiological software package developed by the Centers for Disease Control (CDC). Each animation team also carried out 16 focus group interviews with a broad range of groups. The information gathered from these activities will now be used to develop the key messages for the education program.

While the KAP and focus groups results are too long to include in this brief report, a few of the main findings are included. The survey found that, for

most people, AIDS is a frightening contagious disease transmitted through sexual relations, drugs, pregnancy, unsterilized needles and sharp objects. The period of incubation is understood as being between 3 and 5 years. False beliefs exist that the AIDS virus can be transmitted by sharing toilets, beds, clothing or cutlery, by breathing the same air, by eating fish, and by kissing. Many people have the impression that AIDS will only strike certain risk groups and are not concerned that AIDS threatens their own health. Concerning treatment of people with AIDS (PWAs), some believe that they deserve moral support and good care, but the majority think that it is necessary to burn, abandon or chase them away.

It is evident from the results of the KAP and focus group discussion (FGD) surveys that there is much education work to be done. The high level of knowledge about AIDS and AIDS transmission, the impressions of low personal risk and a somewhat fatalistic attitude towards prevention mean that project staff have a clearer sense of where they must focus their education efforts. The next project implementation period will see the development of appropriate education materials and active reflection on what are appropriate, creative education activities to undertake. General awareness raising will begin, as will training of community groups, and especially community educators in designing and implementing education activities.

Project HOPE - MALAWI
(2/90 - 6/90)

During the first quarter the HOPE AIDS project coordinator settled in and introduced the project to the various parties who will be involved in project implementation. The project coordinator's office is located at the National AIDS Secretariat, in order to facilitate coordination among Project HOPE, the

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Private Hospital Association of Malawi (PHAM) and the AIDS Secretariat In June PHAM hired an AIDS control Program Coordinator, who will be a counterpart to the HOPE project coordinator (PC) To meet the urgent demand for AIDS education sessions, the PC has made a number of presentations to groups affiliated with PHAM, including a church group (the presentation was part of the regular church service), Youth Coordinators of the Christian Council of Malawi, and the Christian Council of the Malawi General Council (made up of all the church leaders of the different denominations) It was necessary for the PHAM AIDS Control Coordinator to be hired, and the project to be introduced to influential church groups, before training of trainers workshops can begin



Project HOPE Swaziland
 Ms Thandie Shongwe (right), HIV/AIDS educator for HOPE/FLAS, speaking with the owner of a shebeen (a bar serving home brewed beer) in the Siphofaneni area

Project HOPE - SWAZILAND
 (3/90-5/90)

KAPB data from 2000 people has been collected by the Social Science Research Unit of the University of Swaziland The instrument, modified and translated into Siswati, was developed by WHO/GPA for use in African countries HOPE is anxious to know if other HAPA PVO grantees are using this instrument and if they could compare data at some point The study will provide a baseline from which to measure accomplishments of the project

Project HOPE works in collaboration with the Family Life Association of Swaziland (FLAS) In response to feedback, HOPE/FLAS staff have modified the project DIP and developed a new action plan The number of target groups was halved, and now the project will focus on the following five groups non-school going youth, FLAS family planning clinics, SEBENTA (an adult literacy group), firemen, and traditional healers

A training of trainers (TOT) approach is being used with the non-school going youth, SEBENTA members, and traditional healers For example, with the traditional healers, TOT training will be provided to the 15 field officers (literate children of traditional healers) and promoters already designated by the president of the Traditional Healers Organization (THO) THO field officers will conduct training sessions to 120 traditional healer promoters Extensive monitoring of this aspect of the project is planned

At the FLAS family planning clinics, clients will be reached through the service delivery staff The 3 levels of staff will be trained in 3 separate sessions corresponding to their level of responsibility Curricula will be designed for each of the 3 levels All of the firemen will attend lecture-discussion sessions on HIV/AIDS prevention

HOPE is also developing an HIV/AIDS information

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and counseling center within a FLAS facility that will provide counseling to persons pre and post HIV testing, deal with fears about HIV infection, help persons with HIV infection or AIDS and their families, and advise clients with STDs. In addition, the project will train and supervise 60 counselors. Three 5-day counseling workshops for 20 participants each will be conducted during the month of June

who are able to speak at least one of the native languages of the impact area. The project had also planned to videotape a person with AIDS (PWA) to use as one of its educational aids. Again, this has not been possible as yet, because PWAs are wary of being recognized by the public and stigmatized

(3/90-5/90)

Save the Children - CAMEROON

(12/89 - 2/90)

In Doukoula, one of Save the Children (SCF) Cameroon's two impact areas, five target groups were identified early in 1990. These are health personnel from the five health centers in the Guidiguis District, health personnel (about 30) from the Sub-Division and the military, secondary school students and teachers, a group of 10 Chadian commercial sex workers, and party members of the Cameroon People's Democratic Movement. Training workshops were held for impact area staff, health personnel and commercial sex workers. The length and content of the workshops varied according to the knowledge and experience of the participants. Impact area staff and health personnel suggested that the workshops be lengthened by one day to allow more practice of the skills acquired. The SCF staff also felt that they would have benefitted more from the discussion of how adults learn if it had been presented in comparison with how children learn. The training for the commercial sex workers, a one-day session, covered AIDS facts, skills and attitudes, with special attention on how to use a condom and how to insist on safe sex. Working with this group is especially challenging as very few of the women can understand French and none are literate.

In a follow-up to the earlier workshops, project staff met with 7 of the 17 people trained in February. Some reported having trained their co-workers and incorporated AIDS education into their different programs. On busy days, the nurses give a talk on AIDS before consultation. They have reached a total population of about 170 people. However, project staff were not on-site to observe them train, nor were inquiries made into the methods used to train the others. Future visits will focus on training methods, new methods, and problems encountered.

Project staff continued to hold training workshops--for military health personnel, women party leaders, and Peace Corps volunteers-- and information sessions, with a women's social group and high school students. Workshops planned with some schools could not be held because the principals complained of not having enough time, saying they could not fit the workshops into their normal schedules. Project staff instead presented information sessions, which school administrations agreed could be held during a few hours on less busy afternoons. Teachers and principals seem to resist taking the time necessary to present the material. SCF will suggest to the MOH that they should involve the Ministry of Education in AIDS IEC programs and integrate them in school curricula.

The project had hoped to recruit an HIV positive person as an assistant trainer (AT), but such persons are unwilling to come forward. The project now plans to hire two ATs, one for each impact area,

Project staff have determined that not all of the original target groups will be trained as trainers. They feel that the level of education of some groups (e.g., sex workers, lorry drivers, village leaders) may be too low to train these people to train others. Instead they will be offered information sessions on

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AIDS facts, attitudes and skills Future training of trainers probably will focus more on training health personnel and other extension workers rather than all the initial target groups

a concern that while much emphasis has been placed on prevention, very little has been done in terms of prevention counseling Workshops are being held to enable the health workers to organize their own training sessions in their areas

Save the Children - ZIMBABWE
(3/90 - 5/90)

Ms Gladys Furosa, who formerly coordinated the HAPA project, has left Save the Children and has been replaced by Ms Linile Malunga The change in coordinator has necessitated some changes in the DIP One change involves starting a dialogue with prostitutes in one of the impact areas Project staff has identified one prostitute whom they hope will provide a bridge to her colleagues The project hopes to form a club where objectives would be to share correct AIDS information and promote condom use

In two workshops for health staff held in the Mutema district, participants raised the following concerns and constraints a) There is a shortage of sterilization equipment in the Rural Health Centers SCF plans to purchase equipment for the clinics within its impact areas b) A nationwide shortage of condoms has led SCF staff in the US to approach major condom manufacturers for donations c) As training materials (posters, pamphlets, etc) are not available at the rural health center level, SCF will acquire needed materials at the national level for distribution at the district level

While AIDS education has intensified in the schools of the Mutema impact area, there is ongoing debate as to whether or not to promote the use of condoms in schools It has been agreed that abstinence be encouraged and condoms be discussed if the need arises, e g , if a student comes forward wanting to talk about condoms At a provincial-level AIDS workshop for public health and clinic nurses in the Mupedzanhamo impact area, participants expressed



Save the Children Zimbabwe
Ms Linile Malunga, SCF AIDS project coordinator, speaking with village community workers in the Mutema impact area

World Vision - KENYA
(3/90 - 5/90)

Community motivators (CMs) in four selected areas have shown tremendous enthusiasm in their work. In Korogocho (one of the impact areas), the CMs make home visits, and refer suspected AIDS cases to the Kenya Medical Research Institute In counseling sessions, one patient and his young son were referred to a church drug assistance program CMs have shown videos about AIDS to primary school pupils, and are planning to move on to secondary schools They also have identified 20 TBAs and 20 community health workers, and distributed condoms and other

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World Vision Zimbabwe
Members of the Batsiranai
Community Theater Group,
who performed at a WV AIDS
IEC and counseling workshop
for health workers in the
Marondera district

MOH education campaigns have increased peoples' knowledge that HIV/AIDS is spread principally through sexual intercourse, and that no cure is currently available. There remains extensive lack of knowledge about the signs and symptoms of AIDS however, and there are still widespread inappropriate beliefs about routes of transmission other than sexual intercourse. In all areas, respondents demonstrated a desire for further information and an expectation that such information should be provided by health staff. Many respondents identified particular groups, especially prostitutes, as high risk for contracting and transmitting AIDS, which could lead to stigmatization of those groups and the belief that people outside of those risk groups are not likely to contract the disease.

The perception that people with AIDS should be isolated was shared by many respondents. These negative responses to the needs of sufferers and their relatives could undermine the development of community-based support groups or structures. On a more positive note, some men, especially those who with higher levels of education and those aged 35

years or less, have begun to alter their behavior to reduce the risk of contracting AIDS. Unfortunately negative attitudes towards the use of condoms still prevail. More information is needed on sexual practices, in particular on women's ability to influence their partners' use of condoms. Overall the development of appropriate health education messages is a priority for women, especially those who are younger or have less education.

WV project staff also held meetings to refine project objectives and decide on the project's information system. The monitoring forms developed were monthly, quarterly and annual project reports' registers of training sessions, and registers of counselors.

In the field, the project has a unique opportunity to involve the private sector in the AIDS education campaign through the commercial farms in the district. Project staff are actively soliciting the collaboration of farm owners to allow their workers to be trained as volunteer AIDS educators. The recruitment process has taken longer than anticipated, but going through the process is crucial to ensuring cooperation from participants and farm owners.

Article Abstracts

Lack of circumcision, STDs and AIDS

The first abstract was written by C Fordham von Reyn for AIDS and Society, an international research and policy bulletin AIDS and Society, which started up in 1989, provides a thorough overview of the broader social, political, and cultural issues linked to the transmission and prevention of HIV/AIDS. Upon request, copies may be available free of charge for individuals in developing countries. The subscription address is 4 West Wheelock Street, Hanover, NH 03755 U S A.

▣ The Risk of a Male Developing HIV Infection After A Single Exposure to a Prostitute May be as High as 43%

Drs Cameron, Plummer, and colleagues studied a group of 422 men in Nairobi, Kenya who developed symptoms of a sexually transmitted disease after exposure to a prostitute from the Pumwani district (Lancet, 1989, 2 403-407). Since previous studies had shown over 85% of these prostitutes to be seropositive for HIV, all men were assumed to have been exposed to HIV. The overall rate of new HIV infection in the men with prostitute exposure was 8%. However, among a group of uncircumcised men who had only a single sexual contact and who also developed genital ulcer disease (GUD) from the exposure, 43% developed HIV infection. Lack of circumcision may be a major factor. This carefully conducted study demonstrates the high rate of female to male sexual transmission of HIV from a single contact under certain circumstances. It is thought that some of the prostitutes were more infectious because they had an active genital ulcer (usually due to chancroid or herpes) and that this ulcer somehow facilitated transmission of HIV.

▣ Projections of HIV infections and AIDS cases to the year 2000

An article by J Chin, P A. Sato and J M Mann, in Bulletin of the World Health Organization, 68 (1) 1-11 (1990), estimates the number of HIV infections and AIDS cases expected to develop through the year 2000. The projections were obtained using the Delphi method, which involved surveying 14 experts with extensive experience and knowledge of the epidemiology of HIV/AIDS. The potential impact of global prevention and control efforts on the number of annual AIDS cases can be seen in Figure 7 (below). The annual totals in Fig 7 are divided into three parts, those AIDS cases expected to develop in persons infected prior to mid-1988 are shown in the lowest part. The middle and top portions include AIDS cases expected to develop in persons infected after mid-1988, the top part represents those AIDS cases which may be preventable through global and regional prevention and control efforts. Fig 7 demonstrates that the potential impact of global prevention efforts undertaken in the late 1980s will not be apparent until close to the mid-1990s. The overall projections indicate that in the 1990s HIV/AIDS prevention and control programs could prevent close to half of the new HIV infections that may occur (i.e., instead of an increase of 12 million HIV infections during the 1990s the increase may be limited to 6 million). It is important to appreciate that even if HIV/AIDS prevention and control programs are adequately supported and coordinated, very large increases of AIDS cases will occur in the 1990s.

For the year 1988, a global total of over 90,000 adult AIDS cases was estimated. In contrast, the annual AIDS case totals in the years 1995 and 2000 respectively, even with a global prevention and control effort, are projected to be about 450,000 and over 600,000, respectively. Health and social service systems throughout the world need to strengthen their capabilities to respond to this very large projected increase in AIDS cases.

The Delphi projections presented in the article should be considered speculative, since there remain uncertainties and incomplete information about variables such as (a) the precise proportion of HIV-infected persons who will ultimately develop AIDS, (b) the efficacy of national HIV/AIDS prevention and control efforts in eliminating or modifying HIV risk behaviors, and (c) the numbers of person who engage in high-risk behavior for HIV infections

Trips to the Field

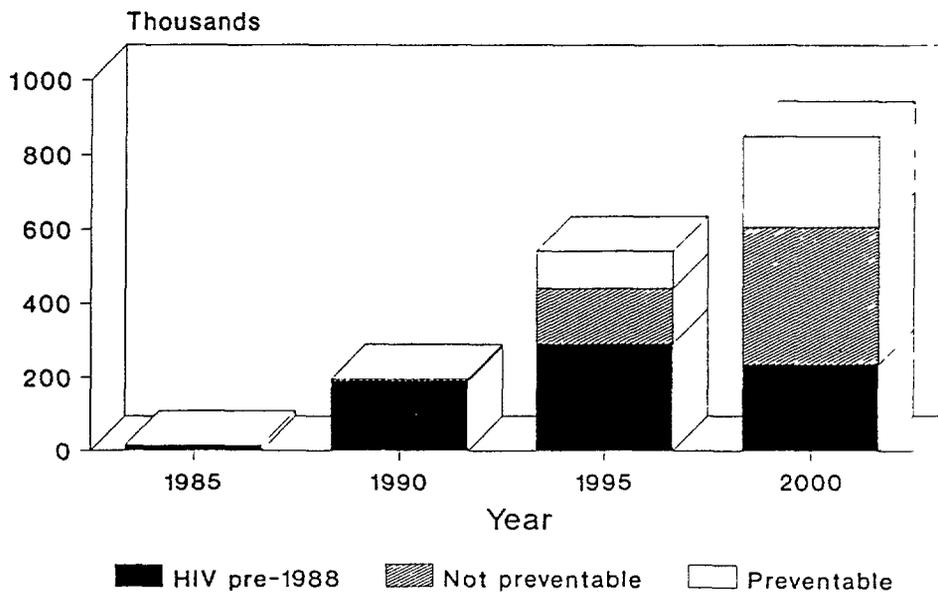
HAPA Grant Support Program (HGSP) staff recently visited 6 projects in Zimbabwe, Swaziland, Kenya and Malawi. From 5 - 23 May, Sally Scott, program assistant, visited the HAPA projects of Save the Children (SCF) and World Vision (WV) in Zimbabwe, and Project HOPE in Swaziland

From 27 May - 10 June, Mary Anne Mercer, program director, visited the HAPA projects of World Vision Kenya, Project HOPE Kenya and Johns Hopkins School of Hygiene and Public Health (Malawi). The main purposes of the field visits were

- ▶ to be oriented to the setting, approaches and field realities of the HAPA Grants projects and the respective National AIDS Control Programs,
- ▶ to discuss reactions of project staff to the Technical Advisory Group (TAG) DIP review comments,
- ▶ to orient field staff to the aims and resources of the HGSP,
- ▶ to discuss technical support needs of the projects,
- ▶ to identify and meet with government and NGO representatives working in HIV/AIDS prevention
- ▶ to initiate planning for a field workshop to be held later in 1990

Dr Mercer and Ms Scott met extensively with field staff to discuss current project activities, and, if

Fig 7 Annual number of new AIDS cases by Delphi projection of HIV prevalence and use of the WHO AIDS projection model



New adult AIDS cases could reach about 850,000 annually by the year 2000. Because of the relatively slow progress from HIV infection to AIDS (median about 10 years), AIDS prevention and control efforts started in the late 1980s may not result in any large reduction of AIDS cases until the mid 1990s.

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necessary, to assist in the development of an action plan in response to the TAG DIP review comments. They traveled with field staff out to project sites, which ranged from a bars (shebeens) serving home-brewed beer to a major hospital screening women for STDs and AIDS. Dr Mercer and Ms Scott held meetings with national-level representatives of each country's National AIDS Control Programs, and investigated other resources for NGO HIV/AIDS awareness and prevention. They spoke with representatives of organizations working as counterparts with the HAPA Grants projects, and with other NGOs undertaking or considering

HIV/AIDS education programs. Both Dr Mercer and Ms Scott felt that their field visits made them more aware of the different kinds of problems faced by the projects. They saw a need to provide more information about the approaches of each project -- particularly when a project identifies an effective approach to HIV/AIDS prevention --- to field staff of the other HAPA Grants projects. The expanded quarterly reports in this Update and enclosed project summaries are in response to this need for the circulation of more detailed information among project staff.

Doctor, to avoid AIDS,
we have always used condoms
But now we want to have a child
What should we do?



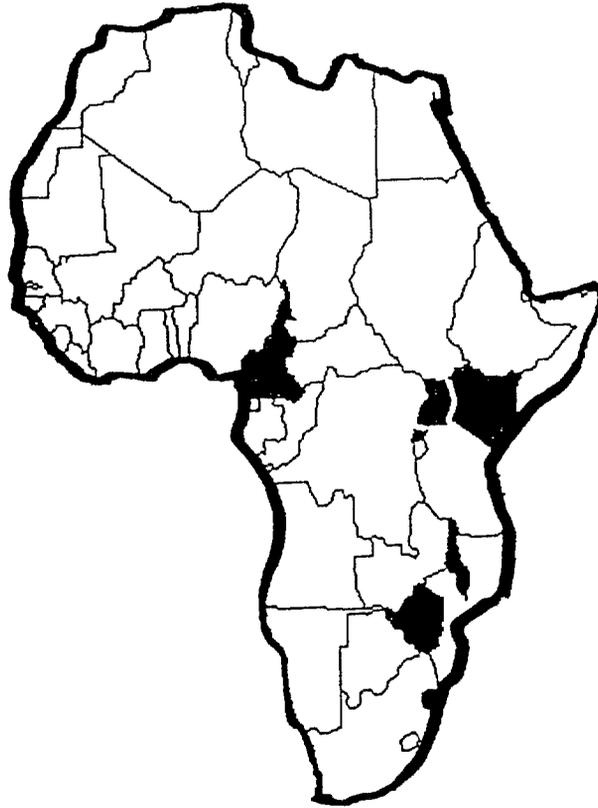
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HAPA GRANTS PROGRAM UPDATE

Vol 1, No 4 September 1990

Workshop Background Issue

NGOs United Against HIV and AIDS in Africa



1990 HAPA Grants Field Workshop
21-26 October 1990
Harare, Zimbabwe

Corrections

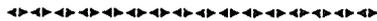
We were alerted by Ms Cindy Carlson, Program Coordinator at CARE/Rwanda, that several mistakes were made in the last Update and project summaries She writes

" 1 In the Update I think it would be false to say 'Concerning treatment of PWAs the majority (of Rwandans) think it is necessary to burn, abandon or chase them away' The results of our study showed the opposite, that the majority of persons are compassionate and would care for a PWA as they would care for any other seriously ill family member or friend

2 In the project summary The purpose of the project could be more accurately described as To pilot the incorporation of AIDS education and training activities into the on going training activities of five rural communes in order to provide a model for rural-based HIV/AIDS activities throughout Rwanda The approach listed under counseling is more accurately described as training hospital based social workers and project animators in counseling HIV/AIDS patients and their families

[3] Last, my title is Program Coordinator, not Health Program Coordinator, the difference being that I am involved in the development and implementation of projects in all sectors "

We would like to thank Cindy for pointing out these mistakes, and encourage other project staff to let us know what they think of this and future Updates



The HAPA Grants Program Update is produced by Dr Mary Anne Mercer and Sally J Scott, M A. at the office of the HAPA Grants Support Program, The Johns Hopkins Institute for International Programs, 103 East Mount Royal Avenue, Baltimore, MD 21202 Phone (301) 659-4104

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New Plan to Fight AIDS	4
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A wooden vase from Southern Africa

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The Workshop
Planning Process

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In putting together the 1990 HAPA Grants Field Workshop, the planning team has tried to respond to the unique challenges of AIDS prevention, and to draw as much as possible on local African resources. Planning for the workshop began in the spring of 1990, when the HAPA Grants Support Program (HGSP) sent out needs assessment forms to project field and headquarters staff. In compiling the results of these forms we assigned each topic a ranking, at the top (level 1) were topics considered most useful by project staff, and at the bottom (level 4) were those topics considered least useful.

In late May, following discussions with the two NGOs implementing HAPA projects in Zimbabwe -- World Vision (WV) and Save the Children Federation (SCF) -- and representatives of the Zimbabwe Ministry of Health and National AIDS Control Program, Zimbabwe was chosen as the workshop site. Telexes flew back and forth between Harare and Baltimore to arrange a workshop planning meeting between HGSP staff, NGO representatives, and a workshop facilitator. The HGSP staff (Mary Anne Mercer and Sally Scott), the workshop facilitator (Ben Zulu), and project staff from WV Zimbabwe (Ellen Tagwireyi and Gladys Makarawo), finally met in Geneva in August to plan the workshop. Time constraints prohibited a representative of SCF/Zimbabwe from participating in the planning meeting, but SCF will take part in local workshop preparations coordinated out of the WV office.

Our planning team in Geneva tackled four major tasks. First, we reviewed the needs assessment forms, taking into account the opinions of field staff, headquarters staff, and the HAPA Grants Technical Advisory Group (TAG). Following this review, we chose the major topics to be addressed in the

workshop. Second, we mapped out the outline of the week's structure and then discussed each day's schedule of activities in detail. This process involved identifying blocks of time for each of the major topics, trying to find a balance between the conventional lecture/discussion format and more participatory or less predictable types of sessions, and, setting aside a little free time in the middle of the week for resting or shopping.

Third, we identified, as far as possible, resource people for each session. Given the diversity and depth of AIDS prevention expertise available in Zimbabwe, we agreed to ask Zimbabweans to act as resource people for the great majority of sessions. The remaining sessions will either be organized by outside resource people, or consist of discussions among panels of project field staff. Fourth, our planning team divided up responsibilities for different aspects of workshop preparation. The WV representatives, in collaboration with SCF project staff, will handle local logistics and discussions with Zimbabwe-based resource people. The HGSP staff will focus on travel logistics, preparation of materials for the workshop sessions and resource room, and discussions with U.S.-based resource people.



Workshop planners hard at work in Geneva. From left to right: Sally Scott, Mary Anne Mercer and daughter Maia, Gladys Makarawo and Ellen Tagwireyi. Missing: Ben Zulu, meeting facilitator.

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Resource Persons On Workshop Agenda

Mr Alfred Chingono
Counselling Coordinator at the Zimbabwe National AIDS Control Program

Mr T M Masara
National Coordinator of the AIDS Programme at the Zimbabwe National Traditional Healers' Association

Dr Jane Mutambirwa
Medical anthropologist based at the University of Zimbabwe Medical School

Dr Sunanda Ray
One of the original organizers of the Women's AIDS Support Network in Zimbabwe

Mr Ben Zulu
Marketing and communications expert with extensive experience in African family planning and AIDS prevention programs

Ms Marshia Herring
AIDSCOM consultant with experience in AIDS prevention project monitoring and evaluation

Mr Makina
Lecturer in adult education at the University of Zimbabwe

Background on Zimbabwe and Harare

After a long struggle, Zimbabwe finally achieved majority rule in 1980, and has achieved a great deal in its first decade of true independence. The infant mortality rate has fallen dramatically, and now, at 80 per 1000 live births, ranks among the lowest in Africa. The population has continued to grow at a rate of 3.74% a year, from a total of 6 million in

1975 to 10 million in 1990. For the year 2000, the projected population is 15 million. Life expectancy for men is 55 years, and 59 years for women.

While English is the main language for government and business in Zimbabwe, Chishona and Sindebele are the primary vehicles for informal communication. The Shona people make up 71%, and the Ndebele people 16%, of the total population. Approximately 50% of all men and women know how to read and write. While 24% have settled in urban areas, the large majority (76%) still live in villages or on commercial farms. The largest city, Harare, is home to over 700,000 people.

Harare was founded in 1890 by a column of white pioneers, who named their settlement Salisbury after a British prime minister. The largest of the black suburbs, which had always been known as Harare, gave its name to the whole city when Zimbabwe achieved independent majority rule. Harare means 'the one who does not sleep' and was the name of an ancient chief in the area who gained a reputation for being particularly alert.

Other Update News

South Africa NGOs Working In AIDS Prevention

Though medical and serological data is sparse and sometimes inconsistent, the number of recorded AIDS cases and seroconversion doubling times in South Africa appear to be rising rapidly. As the problem has become increasingly visible, a number of NGOs have begun to work in AIDS awareness, prevention, counseling and care. What follows is an introductory (and incomplete) listing of non-governmental efforts to fight AIDS in South Africa. For NGOs working in other areas of Africa, the

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potential exists for exchanging information and ideas with these South African groups

Body Positive This non racial organization, based in Johannesburg, tries to support all HIV-positive people who contact the group

National Medical and Dental Association (NAMDA) This group of progressive/anti-apartheid doctors and dentists held a national conference in May 1989 that featured AIDS as a major issue to be addressed. Their approach to AIDS is shaped by the view that AIDS cannot be tackled as an issue apart from the broader political concerns facing South Africa

The South African Health Workers Congress SAHWCO includes para medical and other health workers in addition to medical and dental practitioners. Recently, the organization appointed a new Education and AIDS Officer, who attended the Sixth International Conference on AIDS in San Francisco. SAHWCO is now developing AIDS-related policies and programs

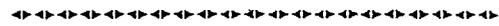
The South African Black Social Workers Association (SABSWA) As a national organization with a large membership of both rural and urban black social workers, SABSWA already has the structure to facilitate AIDS-awareness outreach efforts. Currently SABSWA is training member social workers in counseling HIV-positive people and their families

Progressive Primary Health Care Network PPHCN is a national organization with active branches in nearly all major urban centers. In May 1989 PPHCN held a well-attended two-day workshop to help promote a wider discussion of AIDS. Currently they are developing a national program on AIDS

Alexandra Health Clinic (Alexandra, Johannesburg) Located in a township north of Johannesburg, the Alexandra Health Clinic (AHC) has established a strong program to educate their own staff. In the future they hope to share their experience and help

other organizations put similar educational programs into practice

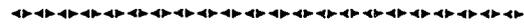
Township AIDS Project (TAP) Initially TAP concentrated on raising awareness and knowledge of AIDS through small groups of people within their homes, among groups of friends. Now the project has shifted its focus to working with larger groups in a more structured, formal approach to AIDS education



Reports from the Ugandan press on EIL Candlelight March and Documentary Film

The Experiment in International Living (EIL) received good coverage from the Ugandan press for several of their project activities. The following passages are excerpted from articles written in March and May of 1990

[Other HAPA Grants projects are encouraged to submit to the Update articles on project activities that appear in the local or international press. Original copies of a newspaper or magazine article, which can be directly photocopied, are preferable to photocopies or faxes, which usually have to be retyped.]



New Plan to Fight AIDS (12 March 1990) By Alfred Wasike

An AIDS trainers manual and a 60-minute documentary film to help disseminate information about the disease will soon be launched by an American Non-Governmental Organisation (NGO) and a Uganda non-profit making body

Addressing participants to a five-day conference entitled "AIDS education and control training of trainers workshop" at Lweza on Entebbe Road, the

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Experiment in International Living (EIL) AIDS education and control project manager, Mr Shem Bukombi, said "the manual and film are a combined effort of the Federation of Ugandan Employers (FUE) and the Experiment in International Living (EIL) "

The manual is arranged in four chapters chapter one deals with the use of the manual and outlines the qualities of a good trainer, chapter two addresses the question of how to organise a training It contains six sections which [are] a framework for developing a workplan, chapter three is the content area which helps a trainer to select his subject matter and chapter four contains a list of resources which a trainer can contact on his own for more information



Candles that cast rays of hope (May 1990)

By Bthunybru Ngabirano

It was at 4 00 p m on 20th last May when two marches led by Uganda Police and Uganda Prisons bands set off from Mulago and Jinja Road round about at the same time to Kampala City Square, in commemoration of the 1983 marches in San Francisco and New York to protest the discrimination against people who are AIDS [HIV] positive

The marches consisted of people of all grades NRC members, security officials, religious leaders, medical practitioners, members of local and foreign organisations, students, the aged and youth, citizens and foreigners The participants carried lit candles with flames which they sheltered from the Kampala gentle evening breeze with banana leaves Members of social and medical associations carried placards of mottos of their associations in the fight against the AIDS epidemic

The AIDS Support Organisation (TASO), recently formed in a bid to support and counsel AIDS patients, carried placards of names of those who died of the epidemic while under their support Although the ceremony was the first of its kind in

Uganda, it was the 7th international AIDS candlelight memorial march In 1983 in San Francisco and New York, AIDS [HIV] positives organised a march against being disregarded and discriminated

Uganda opted to take part in the international AIDS candlelight memorial march because it is one of those countries which, after realising the deadly disease, decided to do something openly about it

Viola Mukasa, training manager [of the] AIDS Education and Control Project [and an EIL staff member] gave a brief account and significance of the international candlelight memorial march She told the audience that the theme of the year's candlelight memorial march was to sensitize the public awareness of AIDS Her account was followed by the reading of names of victims of some Ugandans who have died of the AIDS disease Accordingly, the deceased were read by their first names to protect their confidentiality and their families

Mrs Museveni, [the President's wife] in her capacity as chief guest, read out the first ten names and led prayers for the deceased She was followed by the Minister for Health Zack Kaheru who read out 20 names, and then the Director of AIDS Control Programme Dr Samuel Okware, to mention a few Altogether, about 150 names were read out by different officials

As the names were read out, grief moved across the crowd, making the occasion a solemn one A good number of the participants stood powerless with heads bowed and tears trickling down their cheeks

Mrs Museveni, however, consoled them that the occasion was of hope and not despair, a significant one, a testimony of the instinct of self-preservation inherent in all human beings, saying that "when human beings are confronted with life-threatening situations such as this, they will always close ranks and turn to face the enemy as one "

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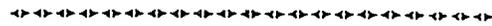
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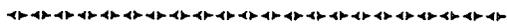
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CONSULTANTS REPORT

of the

HAPA PROJECT AND MANAGEMENT ASSESSMENT

June 1991

Prepared by

Development Solutions for Africa, Ltd

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Nairobi, KENYA

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EXECUTIVE SUMMARY

This report presents the findings of the HAPA Project and Management Assessment which was carried out in January 1991. It supplements and expands on two interim reports submitted to the AIDS Project Officer which summarized findings, recommendations and project activities. The assessment was carried out by a team of five consultants who visited Zimbabwe, Zaire, Zambia and Uganda. The two HAPA Regional Technical Advisors accompanied the team during most of the trip.

The major objectives of the Assessment were to examine the appropriateness of the HAPA mechanism, the project integration into HIV/AIDS control programmes, management, project sustainability and ways to strengthen performance and administration. The purpose of the HAPA project is "to provide Africa Bureau support for national and regional HIV/AIDS prevention and control activities in African countries." It is financed through \$10.5 million in core funds and an additional \$10 million authorized in mission buy-ins. The PACD for the HAPA Project is June 30, 1991. Project components including funding of PVO projects, an administrative mechanism to provide this support, an HIV/AIDS database managed by BUCEN, a project office in Washington and two Regional Technical Advisors (RTAs) attached to REDSO offices in East and West Africa.

The Assessment Team determined there was a generally high level of support for the project and that its programmatic flexibility had enabled it to complement and "fill gaps" in USAID mission and national HIV/AIDS activities. HAPA funds have been used to support a wide range of projects and to strengthen and expand HIV/AIDS activities funded through other mechanisms. The RTAs have provided important and in some cases critical support to missions, particularly those with limited technical resources in health.

HAPA is a difficult project to manage and, in view of the scale and diversity of its activities, requires both expansion and increased administrative support. Obstacles to effective implementation include communication problems and the fact that some missions, and countries, do not consider AIDS prevention and control to be a priority issue. Recommendations include the extension of the project, additional staff for Washington and the field, strengthening of the PVO support Project and some modifications in the BUCEN activities. At the country level, the Team identified a large number of project areas that could benefit from HAPA project support. They include multisectoral strategic planning, the development of evaluation mechanisms at the national and project levels, increased programming directed towards youth and the private sector, increased condom distribution and programs for the control of STDs.