

CLOSE OUT REPORT

**Special Objective 596-003
and Strategic Objective 596-008**

1996 – 2002

**Enhanced Central American Capacity to
respond to the HIV/AIDS Crisis**

February 2004

ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
APES	AIDS Policy Environment Score
API	AIDS Program Effort Index
ASICAL	<i>Asociación para la Salud Integral y Ciudadanía de América Latina</i>
CAM	Central America and Mexico
CONCASIDA	Central American Congress on AIDS
CSH	Child Survival and Health
CSM	Condom Social Marketing
CSW	Commercial Sex Workers
FY	Fiscal Year
G-CAP	Central American Programs
HIV	Human Immunodeficiency Virus
IR	Intermediate Result
KAP	Knowledge, attitudes and practices
MFSS	Management/Financial Sustainability Scale
MSM	Men who have Sex with Men
NGO	Non-governmental organizations
PARLACEN	Central American Parliament
PASCA	<i>Proyecto Acción SIDA de Centroamérica</i>
PASMO	Pan-American Social Marketing Organization
PLWHA	People living with HIV/AIDS
PSI	Population Services International
SAS	Systematic Approach Scale
SIDA	<i>Síndrome de Inmunodeficiencia Adquirida (AIDS)</i>
SO	Strategic Objective
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development

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ATTACHMENT: Condom sales graph

I. Strategic Objective (SO) Name: Enhanced Central American Capacity to respond to the HIV/AIDS crisis

Number	Project 596-0179	Project 596-0186	Total
Approval Date:	May 24, 1995	July 27, 2000	
Period:	1995-2001	2002-2006	
Geographic Area:	Central America	Central America	
Total Estimated Cost (TEC):	\$23,000,000	\$12,250,000	\$35,250,000
Funds obligated:	CSH 20,384,900	CSH \$ 7,070,018 DA/TIP \$ 150,000	\$33,482,918 \$150,000
Field Support:	\$ 2,090,000	\$ 3,838,000	\$5,928,000.00
TOTAL OBLIGATED:	\$ 22,474,900	\$10,908,018	\$ 33,382,918
Total Cumulative Counterpart Contribution:			
<ul style="list-style-type: none"> ▪ Academy for Educational Development ▪ Population Services International 		\$3,620,045 \$2,644,443	\$6,593,910

The goal of the Central American HIV/AIDS Program for strategy period 1995-2001 and continued in 2002 was: "Enhanced Central American capacity to respond to the HIV crisis." The Program strengthened the capabilities of Central American organizations to deliver effective HIV/AIDS services, provided technical and financial assistance for strategic alliance building and proactive information dissemination for advocacy and policy dialogue, offered technical assistance and funding for community-based program planning in municipalities with rapidly growing epidemics and where mobile populations converge, and strengthened local capacity through training, targeting technical assistance, and facilitating the exchange of experiences, information, skills and resources across countries. It worked with regional groups such as Central American Parliament (PARLACEN) and *Asociación para la Salud Integral y Ciudadanía de América Latina* (ASICAL) to facilitate a more favorable political-regulatory environment. The Program also supported a regional condom social marketing (CSM) effort which emphasized behavior change in high-risk groups and improved condom access/availability through affordable pricing and distribution through multiple channels and outlets.

The strategy approved for the period 2002-2006 was revised in response to the Agency's operational plan "Stepping up the War against HIV/AIDS." The program will now run through FY08 under the CAM Strategic Plan to support one of its three key emphasis areas—SO3: Investing in People: "Healthier, Better Educated People". Under the CAM SO3, activities will support results under IR4 "HIV/AIDS and Other Infectious Diseases Contained and Impact Mitigated". The key results of the revised program are aimed at: Sub Intermediate Result (Sub-IR) 4.1) Increased use of prevention practices and services to combat HIV/AIDS; Sub-IR4.2) Improved policies implemented; and Sub-IR4.3) Effective and efficient delivery of comprehensive care and treatment for people living with HIV/AIDS (PLWHA). Most of FY03 funds were obligated under this SO.

II. Implementing partners:

In September 1995, USAID/G-CAP signed a five-year cooperative agreement (CA) for the *Proyecto Acción SIDA de Centroamérica* (PASCA) with a consortium headed by the Academy for Educational Development (AED) with the Futures Group International and the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) for Policy/Public Awareness and Non-Governmental Organizations (NGOs) Strengthening activities, with an original completion date of May 31, 2000. USAID/G-CAP amended the CA with AED, in consortium with the Futures Group, in March 2000 to extend the termination date to September 30, 2001. A new extension through August 31, 2003 was signed in 2001.

In September 1996, USAID/G-CAP signed a seven-year cooperative agreement with Population Services International (PSI) to implement the CSM activity. PSI has created a non-profit regional association, the Pan American Social Marketing Organization (PASMO), with affiliates in El Salvador, Guatemala, Honduras, and Nicaragua.¹

Both partners continue implementing activities under the new CAM umbrella strategy.

III. Overall Impact: Achievements Related to the Results Framework:

(1) **AIDS Program Effort Index (API):** Originally, PASCA used the AIDS Policy Environment Score (APES), an indicator specially developed for the project to measure the extent to which policy environment supports effective programs, as reported by experts in the countries where PASCA worked. In 2000, the API was used in place of the APES and the resulting score was 53, indicating no change from 1998. However, when the API was applied retrospectively to 1998, the score was 39 indicating that experts who responded to the API perceived significant change between 1998 and 2000.

(2) **Appropriate HIV/AIDS policies and strategic plans implemented:** PASCA staff created the legal and regulatory policy matrix, an inventory detailing the laws and regulations pertaining to HIV/AIDS in each country (El Salvador, Guatemala, Honduras, Nicaragua, and Panama) during the first year of the project (1996). The inventory has been updated continuously to include changes in policy and new policy actions. A total of 84 policy actions were identified at the beginning in the five project countries. In 2001 alone, a total of 18 positive changes were implemented for a total of 68 cumulative changes in all five countries, exceeding the target of 60 changes set for 2001.

(3) **Improved prevention, support systems and other services implemented:** The indicator used to measure progress towards this result was the number of person-days of technical assistance provided by the network of Central American consultants. As of September 2002, the network of consultants had provided a cumulative total of 4,460

¹ PASMO has since recruited representatives for the remaining three Central American countries (Belize, Costa Rica, and Panama) as well as Mexico with funds from USAID/Mexico.

person-days of technical assistance in the region over the life of the PASCA Project exceeding LOP targets.

(4) Establish an effective regional HIV/AIDS condom social marketing program:

One of the indicators used to measure progress towards this result was the percent of non-pharmacy outlets in high-risk urban areas carrying condoms. PASMO implemented distribution surveys of commercial sales outlets annually since 1999 to collect data to measure progress towards this result. The survey determined the percent of outlets selling condoms by brand name, prices, store hours, and reasons for not selling condoms. Results for 2000 were mixed; targets were exceeded in Honduras (19 percent vs. 17 percent) and Panama (23 percent vs. 21 percent) but not reached in El Salvador, Guatemala, and Nicaragua. However, when the analysis focused exclusively on the high-risk outlets (e.g., bars, brothels, night clubs, discos, and hotels), there was a positive growth in all countries. Sales continued increasing at a geometric rate (See graph in Attachment 1).

(5) Knowledge, Attitudes, and Practices (KAP) Survey: In 1997 and 2000 PASMO conducted a KAP survey among men who have sex with men (MSM) and commercial sex workers (CSW) in Guatemala, Costa Rica, El Salvador, Honduras, and Nicaragua. The 2000 KAP results for MSM indicate that condom use during the last sexual encounter showed no statistically significant change since 1997 (about 50 percent with regular partner and 60 percent with sporadic partners), although risky sexual activity generally showed a decline (median number of casual partners during the last 12 months went down from 4.0 to 3.0 and unprotected receptive anal sex went down from 33 percent to 28 percent, $p < .001$). The 2000 KAP results for CSWs indicate considerable increases in condom use among CSWs and their regular, sporadic, and all clients in the last sex act. However, condom use with their spouses and regular partners remained low.

IV. Significant changes in the results framework during the life of the SO:

The Central American HIV/AIDS Program was initially authorized on May 24, 1995, with a life-of-project funding level of \$10.5 million and a planned closing date of May 31, 2000. It included the Policy and NGO Components, under the acronym of PASCA implemented under a Cooperative Agreement with AED with a TEC of \$9,000,000, and covered the five Central American countries where there is USAID presence. The project was amended on May 2, 1996 to: incorporate the CSM component, to increment the life-of-project funding level by \$12.5 million, and extend the completion date of the CSM component to May 31, 2003.

Specific activities were then organized under three components: (1) Policy Dialogue/Public Awareness; (2) NGO Strengthening; and, (3) Condom Social Marketing. With those IRs the program sought to improve regional policy environment by strengthening policy formulation through sound research and information dissemination, developing a cadre of public and private leaders who actively supported effective policies and programs, and formulated public sector reforms responsive to the HIV/AIDS

challenges; improve NGO capacity by developing their programmatic and management skills and structures, establishing effective linkages among NGOs providing HIV/AIDS prevention services, and promoting the implementation of supportive HIV/AIDS policies; and safer sex practices by assisting in efforts to increase consistent and correct condom use, especially among high-risk groups, and by supporting strategies to make condoms more affordable and widely available.

In 1998, USAID/G-CAP requested that MEASURE *Evaluation* conduct a mid-term review of the PASCA Project. Several changes occurred after the mid-term review. USAID/G-CAP, in consultation with the key partners, revised its results framework for both PASCA and PASMO, for the new strategy 2002-2006, based on the progress made to date and the changing environment for HIV/AIDS programs.

The CSM Component underwent realignment in 1999 in consultation with USAID/W and bilateral missions to emphasize interventions for behavior change among high-risk groups, thereby bringing the strategy more closely in line with new USAID HIV/AIDS prevention guidelines. This involved revising marketing campaigns and changing distribution networks to focus on nontraditional sales points in order to reach high-risk groups. CSM geographic coverage was extended to Panama and southern Mexico (with funds from USAID/Mexico).

The AED/PASCA agreement was amended in March 2000 to extend the termination date to September 30, 2001 and to change the thrust of NGO activities away from strengthening and towards networking for improved advocacy program. The non-presence countries of Belize and Costa Rica were also incorporated into the agreement.

On July 27, 2000, the AA/LAC approved the Enhanced Central American Capacity to respond to the HIV/AIDS Crisis, SO 596-008 under the new USAID/G-CAP Regional Strategic Plan for 2002-2006. The three new IRs approved were: (1) Appropriate HIV/AIDS Policies and Strategic Plans Implemented; (2) Improved prevention, Support Systems and Other Services Implemented; and (3) An Effective Regional Condom Social Marketing Program.

The Program provided technical and financial assistance for strategic alliance building and proactive information dissemination for advocacy and policy dialogue, strengthened the capabilities of Central American organizations to deliver effective HIV/AIDS services, offered technical assistance and funding for community-based programming in municipalities with rapidly growing HIV/AIDS epidemics and where mobile populations converge, strengthened local capacity through training, targeted technical assistance, and by facilitating the exchange of experiences, information, skills and resources across countries. The program also promoted increased consistent and correct condom use, especially among high-risk groups, and supported strategies to make affordable condoms widely available.

V. Summary of activities used to achieve the SO and their major outputs:

The two components implemented by PASCA from 1995 through May 2000, policy dialogue and NGO strengthening, were implemented through research, leadership, development, networking, training and technical assistance, public awareness, and model programming through a grants program to NGOs.

Starting in June 2000 PASCA focused its attention on strengthening the advocacy skills of networks (PLWHA, counselors, and information centers) and multi-sectoral strategic alliances in which NGOs are members.

The CSM program created an effective private sector operation to reduce risky sexual behaviors, thereby decreasing the sexual transmission of HIV and other sexually transmitted infections (STIs) in the region. PASMO worked to increase the utilization of condoms in Central America by increasing personal risk assessment through education, promotion, and advertising. Mass media messages emphasized personal risk awareness along with correct and consistent condom use. PASMO maintained low condom prices and targeted high-risk groups through person-to-person behavior change programs carried out by their own trained personnel and by local NGOs. They marketed *Vive* branded condoms through commercial distributors to traditional retail outlets and increased condom availability in areas of high-risk and commercial sex by distributing through non-traditional channels (e.g., bars, brothels, convenience stores, among others) in all seven Central American countries.

Some illustrative highlights of accomplishments during the life of the SO include:

Under IR1: Appropriate HIV/AIDS Policies and Strategic Plans Implemented

⌘ The Central American HIV/AIDS policy environment, as measured by the API and the Legal-Regulatory Matrix improved significantly since 1996.

⌘ A total of 78 positive policy changes had been enacted through September 2002, surpassing the target of 72 (targets have been surpassed and reset on an annual basis). Positive changes included approval of an AIDS Law in Honduras (1999), Guatemala (2000), El Salvador (2001); budgeting of funds to purchase antiretrovirals for PLWHA in several countries; and development and implementation of national strategic plans in all 7 countries.

⌘ The program strengthened prevention and advocacy strategic alliances in four countries in different topics for: access to treatment, surveillance, laws and regulations, among others. The strategic alliances designed and implemented several advocacy plans to push for the implementation and improvement of existing strategic plans that have been designed in each country. As a result of their efforts Merck dropped its prices for antiretroviral medicine in Central America by 80%. Other achievements of the strategic

alliances include the approval of regulations for HIV/AIDS law in Panama. The strategic alliances are composed of NGOs working in HIV/AIDS prevention, PLWHA, local leaders, and some decision makers as well as anyone interested in the topic of HIV/AIDS.

⌘ During the reporting period, the program started implementation of a Multi-site study in five countries (El Salvador, Guatemala, Honduras, Nicaragua, and Panama): 1) to determine the prevalence of STIs and HIV among vulnerable groups (MSM and CSWs) in all seven Central American countries, 2) to reinforce local capacities in each country in obtaining valid and reliable information useful for decision makers in deciding to implement STI and HIV prevention efforts, and 3) to strengthen epidemiological surveillance of STIs and HIV within the region. This study provided information about populations at risk to decision makers in each of the countries. Results were disseminated in 2002 and 2003.

Under IR2: Improved Prevention, Support Systems and other Services Implemented (and the original NGO strengthening component):

⌘ Significant improvements in the 15 target NGOs technical and management capabilities. 87% of the NGOs received the maximum score of three points on the Systematic Approach Scale (SAS). By September 2000, all the NGOs had improved their score as compared to previous years. Other indicator to measure improved capabilities of NGOs was NGOs reaching a score of five points on the Management/Financial Sustainability Scale (MFSS). By the end of 2000, 100% of the NGOs received five points or higher.

⌘ A strong consultant network of Central Americans providing services in a wide range of areas for NGOs, national programs, and international donors (over 3,450 person/days had been provided by September 2001). This is an indicator of the extent to which Central American capacity was enhanced by the program.

⌘ The project produced and distributed a CD-ROM containing manuals, studies, annotated bibliographies, epidemiological information and key UN documents to decision makers and other audiences. Print copies of important manuals for quality HIV Prevention Programming, for NGO sustainability, Advocacy, Monitoring Evaluation and Lessons Learned were distributed and were used by NGOs and policymakers.

⌘ A community prevention model (*Acción SIDA*) was implemented through local multisectoral committees in 10 sites chosen for the vulnerability contexts existing in the communities. Target populations included in-school youth and parents, out-of-school youth, bus and taxi drivers in some port cities, housewives, PLWHA, single mothers working in factories or working as street vendors. By September 2001 the model was being implemented in five sites. An evaluation carried out by the SYNERGY project in 2003 in different sites identified strengths and weaknesses of the model. The major finding was a reduction of stigma and discrimination and the improvement in the quality of life of PLWHA. Other improvements noted by community members are: increased condom distribution; reduction of numbers of sexual partners; measurable changes in

knowledge and attitudes amongst youth; reduction of fear and anxiety that may enable individual prevention behaviors; and creation of new organizations to address prevention issues. In general, community members were enthusiastic about being able to participate in a local response to the HIV/AIDS epidemic.

⌘ USAID/G-CAP strengthened a number of regional and national networks, the most successful of which, in terms of expansion and participation, have been the HIV counseling networks, networks composed of PLWHA, and a regional strategic planning network for sexual minorities. The active participation by these groups in developing and implementing the national strategic plans has empowered those who are most vulnerable to and affected by HIV/AIDS.

⌘ During the period of this project, the program supported the Central American Congress on AIDS (CONCASIDA) initiated in 1999 in San Pedro Sula, Honduras, and carried out again in Guatemala in 2001, which provided a forum for leaders working with the program to present their accomplishments, as well as an incredible opportunity to develop a regional vision for approaching HIV/AIDS prevention. Participants included representatives of the National AIDS programs, NGOs, activists, researchers, clinicians, international agencies, PLWHA and USAID personnel.

⌘ The program supported the first PLWHA Meeting held concurrently with CONCASIDA II. An estimated 500 PLWHA participated. The PLWHA who participated expressed the need for increased access to treatment, better leadership skills, and more effective communication skills to empower others, and increased advocacy for human rights of PLWHA. The data obtained from this assessment was used to design a leadership training of trainers program for PLWHA carried out in 2002.

⌘ Panama's National Business Council established an AIDS Business Council in October of 1999 with an action agenda supporting the implementation of activities in 2000. This was an unprecedented initiative from the private sector in the Central American region.

⌘ Establishment of a Media Network for AIDS prevention in Panama committed to providing free time and space for HIV/AIDS prevention communication messages.

Under IR3: the CSM Component

⌘ In Central America, prior to 1997, condoms were largely available through three channels: the public health system; pharmacies; and family planning programs. Coverage in pharmacies has been and remains extremely high (better than 95%). The regional program made significant progress in increasing availability through non-traditional outlets. A 2002 regional distribution survey of high-risk urban zones found consistent growth in availability in "high-risk" outlets (brothels, motels and discos/nigh clubs) for the period 2000-2002.

⌘ CSM had increased condom use with clients and MSM and CSW who had had contact with the program demonstrated significantly better condom skills than those who had not participated in program activities.

⌘ Program regional condom sales increased by over 4 million units (from 2.9 million to almost 7.0 million) from 2000 to 2002. However, the total estimated commercial market for Guatemala, El Salvador, Honduras, Nicaragua and Panama increased by an estimated 9 million units (from 18.4 million to 27.4 million) over the same time period. The percentage of program condom sales in pharmacies dropped from approximately 63% to 51% while sales in high-risk outlets (brothels/discos/night clubs/motels and through NGOs) increased from 22% to 32%. These figures provide some evidence that the program contributed to the overall growth of the market and to strategically expanding points of sale.

VI. Prospects for long-term sustainability of impact and principal threats to sustainability:

Successful prevention and policy dialogue activities were carried over to the new CAM umbrella strategy, under SO 3, IR 4. The behavior change activity expects to cover its direct costs for the commercial marketing activities with program revenues by 2006 and all costs (direct and indirect) by 2008.

The implementing agency for IR1: Appropriate HIV/AIDS Policies and Strategic Plans Implemented, and IR2: Improved Prevention, Support Systems and other Services Implemented, is committed to assuring sustainability of the activities it undertakes after USAID funding has ended. Their Cooperative Agreement with the Agency was extended through 2007. They intend to register as an NGO in Guatemala during the extension period. While registering alone will not assure sustainability, they propose a number of strategies built upon a market study completed in May of 2002 including: establishment of in-house finance and management systems that conform to regulations and laws in Guatemala pertaining to registered NGOs; diversification of funding streams to include both earned and donated resources; and developing buy-in and ownership of PASCA among key stakeholders within the Central American region.

VII. Lessons learned:

Changing Nature of the HIV/AIDS Epidemic: As HIV/AIDS becomes more entrenched, we need to transition from an outbreak mentality to treating it as a priority endemic health problem. While HIV/AIDS is still largely concentrated in socially marginalized groups, it may soon evolve into a more generalized health problem. USAID/G-CAP has leaned that local partners and donors need to better prepare themselves for establishing long-term programs for HIV/AIDS prevention rather than short-term projects. Focus needs to be on developing lasting in-country structures, capabilities, and prevention. Donors need to be aware of the necessity for long-term investment in developing such programs, especially because raising local funds in Central America for a disease that is still largely concentrated in marginalized groups may be

difficult. Furthermore, host-country governments in the region will be devoting an increased amount of attention to AIDS case treatment which will put further pressure on the amount of local resources available for prevention programs.

New Perspective on NGOs: We have often viewed support for NGOs for HIV/AIDS prevention as an end in and of itself without fully evaluating other complementary options. PASCA and PASMO's experience over the life of the projects has culminated in a more realistic view of the role played by NGOs in HIV/AIDS prevention efforts. At the beginning of the Program, prevention efforts focused almost exclusively on NGOs. Now, as HIV/AIDS prevention efforts are more geared towards modifying the contexts that make people more vulnerable to HIV infection, PASCA focused its attention on community-level interventions such as *Acción SIDA* in high-risk areas as a more cost-effective and sustainable strategy. NGOs are still key players in the implementation of activities, but within the context of developing a community-based response. NGOs also continue to be key actors in strategic alliances for improved policies and programs, but in alliance with other sectors.

Likewise, PASMO has found that NGOs' willingness and capabilities to conduct person-to-person activities in nightclubs and similar places at late hours was highly variable. PASMO's experience has demonstrated that having two educators/consultants per country working for them on a per-activity basis was reaching more of the target population than all of the NGOs combined. PASMO continues to work with NGOs, however, it will also expand work by its educator/consultant network and staff in each country in an effort to increase coverage of prevention services to high-risk groups. All of these education modalities have one thing in common; they will be remunerated according to how much work they do.

National Strategic Plans and the Role of the Strategic Alliances: National Strategic Plans must be complemented by operational plans. The National Strategic Plans in the region include strategic objectives related to specific aspects of the HIV/AIDS crisis, such as the provision of prevention for the most vulnerable groups, integral care for PLWHA, and epidemic surveillance. However, some countries have not developed operational plans to implement those actions, creating gaps between strategic planning and program implementation. This is why the complementary advocacy activities organized by the members of the strategic alliances are critical in translating specific objectives included in national strategic plans into concrete actions and improved programming.

Behavior Change: Changing any behavior requires several years as well as intense levels of activity. PASMO found that measuring changes in sexual behavior between 1997 and 2000 was too short a time period especially when PASMO's activities did not start in earnest until early 2000. PASMO's current strategy is to decentralize and use existing capacity to further develop the ability to implement more intensive activities for MSM and CSWs on a country level. These activities must be conducted on a consistent basis; they must have multiple reminders of safe sexual practices and be repetitive in nature in order to sustain behavior change.

Scaling up: PASMO needed to focus its efforts on reaching scale. KAP results demonstrated that those MSM and CSWs that participated in PASMO-sponsored activities had higher levels of consistent condom use.

Decentralization of activities: PASMO found that centralizing management and logistics functions in Guatemala made for inefficiencies and delays. They have decentralized operations and management (including financial) to the country level with only certain functions (marketing and training) still being carried out by the regional office.

VIII. Performance indicators:

After the mid-term review in 1998, USAID/G-CAP revised PASCA's SO indicator from the APES to the API. The IRs for PASCA were changed to 1) Appropriate HIV/AIDS policies and strategic plans implemented and 2) Improved prevention, support systems and other services implemented. The indicator used to measure IR1 remained the same as before: the net number of positive HIV/AIDS policy changes enacted. PASMO revised its SO level indicator to be the percent of the target population reporting using a condom in the last sex act in an effort to better measure consistent condom use among MSM and CSWs. USAID/G-CAP also combined its IRs for PASMO into a single indicator that more accurately reflects the intent of the project, to establish an effective regional HIV/AIDS condom social marketing program.

The indicators used over the life of the project to measure performance are described below:

SO LEVEL INDICATORS:

NGOs that use a systematic approach to intervention as measured by the Systematic Approach Scale (SAS): Under the original results framework, two indicators (see also MFSS under the IR level) measured the change in capacity of NGOs to manage HIV/AIDS prevention programs. The data source used to measure these changes was the Institutional Capacity Assessment (ICA) and it was implemented in 1997, 1998 and 2000. The Customer Representative Feedback survey, consisting of a series of 25 closed and open-ended questions, was also administered to NGOs and was considered a section of the ICA itself. This portion of the ICA solicited feedback pertaining to the extent of contact and satisfaction with PASCA on different project activities, project impact, and recommendations for the project.

AIDS Program Effort Index: The success of PASCA to influence the policy environment was originally measured by the APES, an indicator specially developed for PASCA to measure the extent to which policy environment supports effective HIV/AIDS programs, as reported by experts in the countries where PASCA worked (Stover et al., 2001). The Futures Group and PASCA worked together to develop the APES and first implemented it at the beginning of the project (1996-1997) to establish a baseline measurement for the policy environment, as well as to provide PASCA with concrete

information for planning policy dialogue component activities. They repeated the study in 1998, using a slightly modified, self-administered questionnaire.

During PASCA's mid-term review in 1998, results indicated measurable changes in the policy environment for HIV/AIDS between 1996 and 1998, based on the original APES. The APES increased from 44 to 53 points, exceeding the targets set for the full five years of the project. While it was not possible to quantify the extent to which the change in the APES was attributable to PASCA versus other factors (such as other programs operating in the region, the changing HIV/AIDS epidemic, changes in the political climate or economic conditions of the different countries), PASCA did implement a series of activities that could be linked to different improvements in the policy environment as measured by the APES (PASCA Mid-term Review, 1998).

In 1999, the APES was expanded for use in countries worldwide to encompass all aspects of program effort. USAID/G-CAP revised the SO-level indicator for the policy component to be the API. The API, adopted by UNAIDS, was applied in 40 countries in 2000 including the countries in Central America (Stover, et al. 2001). The API follows a similar format as the APES; it is a self-administered survey completed by approximately 20 HIV/AIDS experts in each country considered knowledgeable regarding the country's response to the AIDS crisis. It measures levels of political support, policy formulation, organization structure, program resources, evaluation and research, legal and regulatory policies, and program components related to HIV/AIDS.

The score for the API (based on the 37 items common to both instruments) in 2000 was 53, the same score as obtained by the APES in 1998 indicating no change. However, when the API was applied retrospectively to 1998, the score was 39 indicating that experts who responded to the API perceived significant changes between 1998 and 2000. At an "Expert's Meeting" held in Washington in April 2001, the apparently contradictory results of the APES/API, where the "current" scores did not reflect change from 1998-2000 but the "recall of the situation two years ago" score showed significant progress, were discussed. The group decided that a two-year interval was not a realistic timeframe in which to measure changes in the index, and the conflicting results suggested a shift in the frame of reference in certain content areas (e.g., with the new focus on access to antiretrovirals, what previously represented "sufficient" resources may now be regarded as "very insufficient"). For these reasons, USAID, PASCA, The Futures Group, MEASURE *Evaluation*, and other key partners believed it necessary to take into account the recall scores of the situation two years earlier. The group also concurred that focusing on the legal-regulatory and political commitment components of the index (the areas of effort of the regional program) made more sense as a measure of program success than the overall score that contained many items outside of the program's objectives. For more details see Transition Planning Review referenced in the bibliography.

Modified safer sex composite: This indicator was changed to percentage of target population reporting using a condom in the last sex act since the first indicator did not respond to the programmatic needs because it was not realistic in determining safer sex activities of target populations (MSM & CSW). This composite indicator included

abstinence and single sex partner, which isn't realistic for either population. The new indicator was a more relevant measure of condom use among the target populations. The KAP survey was the data source for measuring progress on this indicator.

IR LEVEL INDICATORS:

- **Net number of positive policy changes enacted:** PASCA staff created the legal and regulatory policy matrix, an inventory detailing the laws and regulations pertaining to HIV/AIDS in each country (El Salvador, Guatemala, Honduras, Nicaragua, and Panama). Staff created the inventory during the first year of the PASCA project and updated it continuously to include changes in policy and new policy actions. Policy actions include constitutional provisions, legislation, implementing rules and regulations, executive orders, ministerial level decrees, national and regional strategic plans, standards, and guidelines. Experts in each country determine the existence of policies and the extent of change at regular intervals over the life of the project. The legal and regulatory matrix is the data source for IR 1 "net number of positive policy changes enacted (cumulative)."

At the beginning of the PASCA project, staff identified a total of 84 policy actions in the five project countries. El Salvador had the greatest number of policy actions (32) and Honduras the least (7). In 2001 alone, a total of 18 positive policy changes were implemented for a total of 68 cumulative changes in all five countries, exceeding the target of 60 changes set for 2001. Of the 68 positive policy actions, three were changes in Directives and Guidelines for the region. AED/PASCA's Memorandum of Understanding (MOU) with UNAIDS has had a positive effect in the policy dialogue process in the region and has enabled PASCA to surpass the goal originally set for measuring changes in the policy environment for HIV/AIDS programs (PASCA, 2001). In 2002, the cumulative number of policy changes was 78, surpassing the target of 72.

- **Number of NGOs that can deliver HIV/AIDS prevention projects (MFSS).** See SAS under SO level indicators.

- **Number of person-days of technical assistance/training provided by Central American consultants:** The program has developed a pool of highly-qualified Central American professionals capable of providing guidance and leadership for the development and implementation of strategies and HIV/AIDS programming for NGOs, national programs, and international donors. This indicator measures the extent to which the Central American professionals were working to strengthen institutions and promote appropriate HIV/AIDS programming. Consultants had provided a total of 4,460 person-days of technical assistance/training as of September 2002, surpassing the planned target of 4,000.

- **Percent of high-risk outlets in high-risk urban areas carrying condoms:** The program worked to increase the availability and accessibility to condoms in high-risk zones and in particular, non-traditional, high-risk outlets such as bars, nightclubs, motels, brothels, and discos. By increasing the availability of condoms at high-risk outlets, the program ensured more convenient sales points for high-risk groups. The original

indicator was “percent of outlets in high-risk urban areas carrying condoms”. In January 2001 it was changed to reflect the condom social marketing activity’s focus on increasing availability in non-traditional sales points in high-risk areas. The results in the distribution survey used to track the indicator were difficult to interpret since they didn’t correspond to program efforts. When data were reanalyzed on sales outlets eliminating pharmacies, the program found improvements in condom availability in all countries where the program was active and declines in the countries where the regional program still had not launched at the time of the survey. The program tracked this indicator through Distribution Surveys implemented in the major metropolitan areas where program activities take place.

- **% of target population knowledgeable of correct condom use:** The KAP survey was the data source for measuring progress on this indicator.
- **Number of Vive condoms sold:** One of the objectives of the condom social marketing program was to make condoms widely available and affordable to the low-income general population and high-risk populations through the marketing of their project-brand condoms, Vive. Information on Vive condoms sales was collected monthly from distributors and sales promoters in each country.

IX. Counterpart Contribution:

The total counterpart contribution required from AED by September 30, 2003 was \$3,712,875. According to their financial reports they had already complied by September 2000. By March 2003 the counterpart contribution had been exceeded by \$357,453. However, in the quarterly financial report SF-269 for the period January – March 2004 AED reported a reduction of \$450,283, bringing the total to \$3,620,045 which is \$92,320 less than the amount required to be reported. AED informed USAID/G-CAP that they had audited the back up documentation received from their field office and decided that the documentation did not justify all the costs that were reported in previous fiscal quarters. According to communications with AED (see letter in Attachment 2) AED will make up the difference during the rest of the life of the Cooperative Agreement under the new extension.

Populations Services International total counterpart contribution to the Cooperative Agreement was \$2,644,443 which represents 19.12% of the Total Program Costs by the termination date of the Cooperative Agreement in July 2002. This percentage was agreed in the last modification of the Cooperative Agreement.

IX. Evaluations and special studies conducted during the life of the SO:

- Mid-term evaluation, Measure Evaluation 1998.
- Transition Planning Meeting Report, Measure Evaluation, 2001.

X. Instrument close out reports prepared:

End of project report submitted by PASMO for the Cooperative Agreement No. 596-0179-A-6089-00 implemented during the period 1996-2002.

XI. Names of individuals involved in various phases of the SO:

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CLOSE OUT REPORT
Special Objective 596-003 and Strategic Objective 596-008

ENHANCED CENTRAL AMERICAN CAPACITY TO RESPOND TO THE HIV/AIDS
CRISIS

Drafted by:

OHE:ISanchinelli: _____ Date: _____

Cleared by:

OHE:STerrell: _____ Date: _____

PDM:GCordón: _____ Date: _____

FMO:RLayton: _____ Date: _____

PDM:CThompson: _____ Date: _____

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