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**PrevSIDA**  
Prévention de la transmission  
sexuelle du VIH/SIDA en Haïti

# PREVENTION OF SEXUAL TRANSMISSION OF HIV/AIDS IN HAITI (PREVSIDA) FINAL REPORT

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## I. List of Abbreviations and Acronyms

AERDO	Association Evangelical Relief and Development Organization
A and B / ABY	Abstinence and Be Faithfull
ARK	Abstinence and Risk avoidance
AOTR	Agreement Officer's Technical Representative
BCC	Behavior Change Communication
CBO	Community-Based Organization
C-Change	Community Change
CDS	Centres pour le Développement et la Sante
COH	Channels of Hope
CNLS	National AIDS Commission
CVA	Citizen Voice and Action
DIP	Detailed Implementation Plan
FBO	Faith-Based Organizations
FH	Food for the Hungry
FOSREF	Fondation pour la Sante Reproductive et à la vie Familiale
GBV	Gender-Based Violence
MCP	Multiple Concurrent Partnerships
MSPP	Ministère de la Santé Publique et de la Population
MOH	Ministry of Health
NGO	Non Governmental Organization
OGAC	Office of the Global AIDS Coordinator
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV and AIDS
PMP	Program Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PrevSIDA	AIDS Prevention Communication Program
PNLS	Programme National de Lutte contre le SIDA
PSI	Programme de Santé et Information
STI	Sexually Transmitted Infections
TB	Tuberculosis
TSA	the Salvation Army
WC	World Concern
WCDO	World Concern Development Organization
VCT	Voluntary Counseling and Testing
WH	World Hope
WR	World Relief
WV	World Vision
WVH	World Vision Haiti
USAID	United States Agency for International Development

## **II. Executive Summary / Overview**

In March 2010, following a call for proposals issued by USAID, World Vision and a consortium headed by Food for the Hungry submitted an application for funding for a project PreVSiDA (Prevention of the sexual transmission of HIV/AIDS). On September 15 2010, the project was approved for five years and was to be implemented in six (6) departments (South-Nippes-Artibonite-North-North/East and West) covering a total of 40 communes. PreVSiDA worked in close collaboration with the Government of Haiti and the PNLS (Programme National de Lutte contre le SIDA) at national, departmental and communal levels to ensure coordination of HIV prevention activities.

After 15 months of implementation, on December 12, 2011, World Vision was informed by USAID of closure and that no additional funds will be obligated for the project. Thereafter World Vision submitted a close out plan with a request to complete close out activities from January 1, 2012 to March 31, 2012.

### ***Overall Strategic Objectives/Key Program Goals***

The goal of PreVSiDA program is to increase adoption of safer sexual behaviors by Haitian youth and adults; enhance behavior change communication by addressing normative and contextual factors and providing support for prevention through behavior modification.

From October 2010 to December 31, 2011 World Vision, FH and partners developed and adopted work plans that responded to the project objectives. This report covers activities implemented in targeted communes during the period of implementation.

The main approach of the project was to use communication to support and reinforce program messages, to increase individual perception of HIV risk, and to promote behavior change in order to reduce risk of HIV infection. Communication tools, including mass media and entertainment education were used to augment the process of change by applying C-Change model to create a buzz that prompted people to discuss off limits topics such as multiple concurrent partners. Through a network of animators and peer educators trained on that model the project encouraged various community members to develop a clear vision of development in their communities.

Over the 15 months period of project implementation, PreVSiDA helped beneficiaries to evaluate their HIV risk and engaged them in a long term process for change of behavior; adopt social norms, attitudes and values to reduce the spread of HIV virus. Key activities that contribute to these results were:

a) Create awareness and behavior change activities to modify the social, cultural, and gender norms related to sexual behavior in Haiti, including clear information about correct and consistent use of condoms.

b) Strengthen referrals between prevention activities and services especially for sexually transmitted infection treatment, voluntary counseling and testing, discordant couple, counseling and family planning, linkages between income generating programs and HIV prevention services.

### Summary of PrevSIDA project key objectives and expected results

<b>Objective 1</b>	<b><i>Educate and mobilize communities to adopt responsible social norms, attitudes, and values that reduce vulnerability to HIV sexual transmission</i></b>
Results #1	<b>Increased engagement of community leaders and creation of new social norms</b>
<b>Objective 2</b>	<b><i>Increase individual perception of HIV risk and self-efficacy to prevent HIV sexual infection among general population sexually active youth and adults with casual partners and those in Multiple Concurrent Partnerships</i></b>
Results #2	<b>Increased perception of risk among youth and people in Multiple Concurrent Partnerships and reduced risk behavior</b>
<b>Objective 3</b>	<b><i>Provide leadership and support to USG partners and Haitian institutions supporting high quality behavior change interventions that are evidence-based.</i></b>
Results #3	<b>Increased capacity among USG partners and Haitian nongovernmental and governmental institutions (including MoH, Education, Youth and Sport, Social Affairs, and Justice) to plan and implement evidence-based behavior change intervention</b>
<b>Objective 4</b>	<b><i>Strategically link communication and education interventions for sexual prevention of HIV with other HIV and health services</i></b>
Results #4	<b>Increased access to HIV and reproductive health related services for sexually active youth and persons engaged in high-risk sexual behavior</b>
Results #5	<b>Increased access of women to rape crisis counseling services, post exposure prophylaxis for rape victims, and the integration of STI services into family planning and reproductive health service</b>

### ***PrevSIDA Summary Results, Successes, and Achievements***

The major achievements of the project during the 15 months include the following:

1) Four (4) meetings, discussions and working sessions were held to review different aspects of the project. The main focus was on: management, operations and coordination. Sessions were held with FH to review the project geographical locations and define strategy to work in close collaboration with MOH.

2) Jointly with PSI the project was presented to the HIV/AIDS coordination unit at the Ministry of Health (MOH) to share with them the goal, the expected results and the support that the two project components (A and B) would provide to the MOH.

3) Jointly with PSI, WV planned and outlined a summary of activities to support the MOH. Together, representatives from both institutions presented the document to the HIV/AIDS Coordination Committee Team at the central level. The same process was completed in all implementing departments with the sanitary departmental team to ensure coordination and prevent conflicts during the implementation.

4) PrevSIDA held a startup workshop from February 14<sup>th</sup> to February 18<sup>th</sup>, 2011 with FH, FOSREF, AORT and MOH BCC Communication officer attended. Participants discussed the Integration of the project within other projects (CHAMP, HOPE CHILD, and Global Funds) that were already being implemented.

5) **Team-Building and /Training Workshop conducted** on capacity building for AERDO partners: World Concern, Nazarene Compassionate Ministries , World Relief, The Salvation army and Food for the Hungry to effectively implement program activities. Topics covered during the training included:

1. Finances: Training Regulations on USAID, World Vision and FH Financial Principles and procedures.
2. Programs : Peer education, Cascade model training for youth and Young couples, Choose Life and skills booklets and Faithfulness curriculum for respectively youth and couples, Educational Methods and Messages (about participatory training techniques )
3. Monitoring and Evaluation tools: Quality Improvement and Verification Check List: (QIVCL) to be used to ensure quality messaging for cascade training, registering, reporting tools.

6) PrevSIDA staff conducted training for trainer's workshop on the C-Change model led by a consultant. Sixteen (16) participants attended (World Vision Field supervisors, FH supervisors and its partners)

7) Training of Five hundred seventy six (576) peer educators in the communities by trained Forty seven (47) animators on C-Change which in turn trained (parents, religious leaders, teachers, youths, and CBO members).



8) One hundred and twenty four (124) sensitization and mobilization meetings with community leaders including religious leaders, teachers and parents to obtain their engagement to play a role in changing the social norms, attitudes and values to reduce vulnerability to HIV sexual transmission.

9) A Baseline study was completed by INTELL CONSULT.

## ***Major Challenges and Constraints and Lessons Learned***

### **Challenges:**

- 1- Harmonization of activities in all the communes to ensure the work plan is implemented uniformly everywhere within PrevSIDA target areas and among partners networks.
- 2- Supervision of activities constrained by the difficulty to access some communal sections within the communes.
- 3- Difficulties in liaising with partners POZ, FOSREF due to long process.

### **Constraints:**

- 1- Partners' expectation - difficulty maintaining trained Peer educators. Some peer educators were lost at the beginning of FY12 as they became aware of other institutions paying youths in the communities and requested to be paid for their work.
- 2- Geographical coverage - working in rural sections of the commune where World Vision and Food for the Hungry were not present. World Vision started to develop partnership with existing organizations in these areas, met with two partners FOSREF and CDS to discuss collaboration, and was in the process of signing an agreement.
- 3- Ministry of Health - at the National level, the Coordination Unit expected PrevSIDA to support staff at the Sanitary Department for Behavior Change Communication (BCC) as other institutions were supporting the MOH. Also the PNLS (Programme de lutte contre le SIDA) relied on PrevSIDA to support prevention activities for sensitization sessions, material productions, country festivals, World AIDS Day, Candle light Memorial Day. There were discussions at departmental level about the slow involvement and supervision from the Ministry at communal level and also some employees requesting to receive per diems.

### **Lessons Learned:**

The short period of PrevSIDA project did not allow for effective learning from the project activities and the experiences in the communities. However, certain observations were noted:

- 1- Parents attending sessions were more comfortable to address HIV issues with their children.

One of the obstacles for parent to address HIV issues with their children was to find a starter for the conversation. The C-Change Model offered to the parents a smooth method to trigger the conversation with their children and made them felt more

comfortable to address delicate issues. Children could examine the causes of the spread of HIV and evaluate their own risk of being infected.

2- Teachers showed a lot of interest for HIV issues and engaged in spreading prevention messages on HIV-AIDS. They have a constant contact with the children throughout the year in the classrooms. They showed a lot of interest to continue the sensitization during their classes using the C-Change Model. Emphasis should be put on teachers training to ensure sustainability in any future HIV prevention project.

3- Focus should be put on how to overcome the reluctance of religious leaders to address HIV issues, as they have contact with youth through activities and in churches. They could become important referral agents for health and HIV related services.

### **III. Project Implementation Summary by Strategic Objective- September 15, 2010 – December 31, 2011**

The program was focused on the following strategic objectives (SO):

#### ***SO1: Educate and mobilize communities to adopt responsible social norms, attitudes and values that reduce vulnerability to HIV sexual transmission.***

Social norms, attitudes and values are obstacle to HIV prevention in Haitian communities. It was very important to engage the community leaders and other stakeholders that impact the health and behavior of young people and adults for HIV prevention if a lasting and sustainable change in behavior was to be achieved in PrevsIDA target areas.



Prevention messages developed by ARK an ABY project funded by PEPFAR, was adapted and used for community mobilization. Radio stations broadcasted these existing messages. FOSREF, PSI, UNFP, and other US government partners were contacted to provide HIV materials.

#### **Training of animators and Peer Educators Community based dialogue/community**

#### **mobilization (C-Change)**

Animators (promoters) and Peer educators (youth Leaders) have been trained to use the Community Change (C-Change) model to put community leaders, teachers and members in the center of learning to address social norms and other factors in their context that increase vulnerability to HIV infection. Following the training action plans were developed to be implemented.

The C-change is an awareness methodology used to reach targeted beneficiaries. It is an animation technique carried out in six (6) steps which allows community members to reflect on the underlying causes leading to the spread of HIV/AIDS. It brings beneficiaries to understand the need to get people to change their behavior and their socio-cultural practices such as social values, norms, and attitudes. The purpose of this approach was to get the community to make their own decisions based on the problems and causes identified, to meet the challenges of HIV/AIDS and to design an action plan including modalities of implementation and monitoring to address HIV/AIDS issues.

Initially, field supervisors were trained on the model and they replicated the training with the animators which in turn trained the peer-educators. A total of six hundred thirty six (636) have been trained in conducting prevention activities with targeted groups. After their training, animators and peer educators had the ability to organize meetings with members of the communities.

In each department of PrevSIDA implementation area, a field supervisor (one per department) was responsible to supervise activities of animators (promoters) (one per commune), and the Animators (promoters) train peer educators (Youth leaders) and plan activities with them.

Mobilization and education of different sub-groups of the communities in six departments of PrevSIDA implementation area were the main focus during the duration of the project. The workshop discussions have allowed members of the community to determine the root causes of the spread of HIV/AIDS. During these meetings, participants were able to explore HIV/AIDS situation in their communities and sort out the causes for continuation of HIV transmission. These workshops have allowed community members to grasp the importance of HIV as a problem and determine the root causes of the spread of HIV in their communities. Following these workshops action plans were made with the members to alleviate these causes.

Different strategies such as sensitization during sport events, movie projections and country festivals were used to reach the target population. Ongoing activities in the existing Youth, Parent and couple clubs and creation of new Youth, Parent and couple clubs throughout the communes and localities were the main venues for introducing dialogue and to raise awareness on the issue of HIV/AIDS. These clubs have been avenues for the opportunity for fruitful discussions and sharing ideas among members of the community around the common theme of HIV/AIDS.

During these meetings, six thousand seven hundred and ninety two (6792) community leaders including religious leaders and ten thousand and twelve (10012) parents became aware of the vulnerability of sexually active youths to unwanted pregnancy and STI/HIV infection. Among them, Four thousand three hundred and eighteen (4318) community leaders and three thousand nine hundred and thirty nine (3939) parents accepted the necessity that sexually active youths are protected from unwanted pregnancy and STI/HIV infection through adoption of responsible attitudes and community values.

## **Mass media communication for community mobilization**

Prevention messages developed by the ARK and ABY project, funded by PEPFAR was adapted and used for community mobilization. FOSREF, PSI were contacted for obtaining HIV prevention materials. In addition, sixteen messages addressing key social norms, attitudes, and values that are obstacles to HIV prevention in the communities have been crafted. Result of the baseline study that includes formative research on alcohol and other drugs such as marijuana helped in finalizing these messages.

Mobilization and education of different sub-groups of the communities in six departments of PrevSIDA implementation area was a major focus during the period of implementation. The different sub-groups were: youth ages 10-14 and 15-24 and parents, and community leaders in the communes of PrevSIDA intervention. Meetings with community leaders, parents and youths were conducted to introduce and share the goals of the project with the target population for active participation and ownership of the program. During these meetings, participants were able to explore HIV/AIDS situation in their communities and sort out the causes for continuation of HIV transmission. Poverty and the continuous fight and struggle for survival are the commonest barriers to the reduction of HIV transmission in the target communes.

Focus group discussions revealed that parents are the best persons to communicate messages to youths, followed by teachers and religious leaders. Emphasis was put on meetings with these groups to address the social norms, attitudes and values that reduce vulnerability to HIV sexual transmission.

Workshops have also been held with other community leaders to mobilize and involve them in the process, such as CBOs, elected leaders. These workshops have allowed leaders to grasp the importance of HIV problematic and determine the root causes of the spread of HIV in their communities. They commit to work together with members of their communities to make an action plan to mitigate these causes.

Plans were implemented, particularly with parents and teachers who accept the necessity that sexually active youth are protected from unwanted pregnancy and STI and HIV infection to receive training on sexuality and HIV prevention and become peer educators. The parents and teachers were then able to discuss with youth, using the C-Change model, at home or in the class rooms.

## **Mobilization of Community Members for Citizen Voice and Action**

During the meetings with community leaders and members, emphasis was placed on the need for members of the communities to organize them in order to identify their major concerns and challenges and plan for action. Six thousand seven hundred ninety two (6792) community leaders have participated in the meetings held by PrevSIDA trained animators. During leaders' sensitization in all the communes in PrevSIDA implementation area, a plan



was to organize talks between members of local governments and members of the community.

Over the period of project implementation, eight hundred and forty eight (848) members of CBOs and faith-based organizations have been trained to conduct evidence-based strategic planning and implementation of behavior change interventions

using the C-Change model.

### **Addressing stigma and discrimination**

Thirty six (36) Faith leaders have been sensitized on different aspects of HIV problematic in their communities, including on stigma and discrimination. These religious leaders who have received training will mobilize members of their churches.

Identification of Faith based leaders already trained to respond to HIV and AIDS and the stigma surrounding the disease, and enrolment of PLWHA to help fighting Stigma and Discrimination was one of the major activities.

### ***SO2: Increase individual perception of HIV risk and self-efficacy to prevent HIV sexual infection among general population sexually active youth and adults with casual partners and those in multiple concurrent partnerships.***

Perception of risk in the community among sexually active youth and adults is low in part due to socio-cultural norms. A life skill approach was used to increase risk perception among youth and to reach adults during the period project was implemented. This approach consists of discussing traditional believes, trans-generational sexual activity during workshop for trainers, animators and peer educators. Existing materials such as “Choose Life”, “Fidelity for couple” “ARK Guides” were used to reach sexually active the population.

The animators started by presenting the project to groups formed among sexually active youth and adults. Others groups were also constituted among mothers participating in the regular mother’s club activities. Peer-educators who worked on USAID ARK project were mobilized and new peer-educators were also identified to animate these groups.

PrevSIDA h used a life skills approach to increase risk perception. With the assistance of trained animators, peer educators were oriented to work with targeted population. This cascade training strategy was the core strategy for all training in the field.

The Baseline assessment reported that participants in the survey found it difficult to determine who has casual partners and who is in multiple concurrent partnerships. In the baseline Study, even though none of the respondents indicated they are part of these categories, fourteen percent (14%) of people questioned know of people involved in casual sex and having multiple concurrent partners. Messages on MCP were generally addressed to the general population, since it was difficult to identify and target specifically people who accept to being MCP.

During our sessions on HIV prevention, people who accepted they had casual sex and have multiple concurrent partners were mostly males. Of the two thousand six hundred and fifteen (2615) youth and adults who accepted to being in MCP category, about Two thousand five hundred and ninety seven (2597) understand the responsibility associated with sexual activity and protecting themselves and others from unwanted pregnancy and STI infections including HIV. Sixty four thousand one hundred and forty four (64144) people have been reached during the 15 months with individual and /or small group level preventive interventions that are based on evidence and/or meet the minimum standards required.

### **Development of communication messages**

Graphic messages to reach sexually active youths and adults to dispel some of the misconception that perpetuate the perception of low HIV risk and to enhance risk perception and self-efficacy have been crafted: 16 specific messages designed by gender and age category, 3 on abstinence, 2 on fidelity, 2 on the correct and consistent use of condom, 1 on testing and counseling, 1 on harmonious couple relationship, one 1 on post-rape services, one 1 on parent-child dialogue, 2 on Alcohol, and 3 on MCP. These thematic messages have been recorded and were used in youth meetings.



### **Life skills for youth and adults**

Much effort during the period was focused on recruitment and training of Animators, and Peer Educators. Different groups (youth, teachers, parents, religious leader, and community leaders) were mobilized for HIV prevention in the project. Mothers, youth and couple's clubs were created in the targeted communities. These clubs were the main venues for conveying messages on health and other topics to the target population. They were constituted in neighborhoods, and in schools. People of same age group and/or of same socio-economic situations were gathered by peer-educators and/or animators to talk about a topic of interest to the group. Each group was composed of no more than 20 participants to buzz and discuss about sexuality, unwanted pregnancy, sexually transmitted infections.

PrevSIDA has supported social activities particularly football tournament in several communes and movie projection to trigger discussions. Sports and social activities were

other ways to enhance community engagement and participation. In the schools animators and peer educators used the period between the two halves to sensitize the public using megaphone. Projections of carefully selected movies on HIV/AIDS were done to trigger discussions among participants.



Football team and championship supported by Prevsida in the South

### **Links to Economic strengthening**

Contacts were made with two micro-credit institutions, Hope International and Esperanza International. The plan was to identify other local micro-credit institutions to link young women and young men in the Prevsida project to benefit from the micro-credit opportunity.

***S03: Provide leadership and support to USG partners and Haitian institutions supporting high quality behavior change interventions that are evidence-based.***

### **Support to the PEPFAR partners in BCC Behavior Change Communication (BCC) interventions**

Prevsida supported Community HIV/AIDS Mitigation Project (CHAMP) and MOH Health services in implementing prevention activities on special days such as World AIDS Day and HIV/AIDS Memorial. Prevsida contributed to elaborate and product materials (Banners) in support to the MOH for activities at National, departmental and communal levels on World AIDS Day.

### **Support to Government Ministries**

Prevsida Project Director and Field supervisors visited MOH departmental directors and presented Prevsida project at start up. Field supervisors and animators worked in close

collaboration at communal and departmental levels to coordinate HIV prevention activities with MOH.

### **Scope, build, and launch new public-private partnerships through workplace HIV programs**

#### **Scaling up HIV Prevention at factories:**

PrevSIDA had the opportunity to develop partnership with factory owners in the metropolitan area (industrial park of Port-au-Prince) and to introduce HIV and AIDS prevention messages to factory workers. They were initially reluctant to allow PrevSIDA animators to hold HIV prevention information services sessions. As time went by progress have been made, owners agreed to free one hour in the daily routine for HIV/AIDS outreach activities. Fliers and video tapes have been used for outreach. MOU have been signed with factory owners (7 in the South), and factory workers have been sensitized during several meetings.

### ***S04: Strategically link communication and education interventions for sexual intervention of HIV with other HIV and Health services***

#### **Counseling and testing**

During meetings, sensitization was done for counseling and testing and referrals were made to VCTs centers. A list of all VCT operating in PrevSIDA's interventions areas was compiled and distributed to all partners. An inventory of VCT shows the following number of VCT per department (Nippes: 9, Artibonite: 13, Ouest: 70, North-East: 8, North: 20, South: 17). Most of the VCT centers were situated in urban areas and people living in remote areas do not have access to testing and counseling. In some communes, for example in St. Louis du Sud (South), there was no VCT. PrevSIDA negotiated with FOSREF and POZ to introduce VCT and expand mobile VCT in remote areas.

#### **Promoting HIV prevention intervention through national festivals**

PrevSIDA had taken advantage of country festivals throughout the year to raise awareness among the population in order to make people understand the responsibility associated with sexual activity and protecting themselves and others from unwanted pregnancy and STI infections including HIV, and to organize condom distribution. During these activities, 2664 received condoms.

Only in the North, about one hundred eighty two (182) people have reported to have access to "user-friendly" HIV related services.

#### **Referrals and Linkages**

Efforts have been made to identify Health facilities with permanent workers to be trained in rape crisis. Two centers were identified, one in Fort-Liberté in the North-East and one in Camp Perrin (South).

Special sessions have been held to address sexual violence issue. Three thousand six hundred and sixty eight (3668) indicate they understand the moral and legal implication of sexual violence. Two thousand five hundred and twenty three (2523) are aware of action to take to reduce vulnerability to sexual violence and one thousand four hundred and thirty three (1433) are aware of actions to take following sexual violence. And a total of nine hundred seventy nine (979) of target populations are aware of the link between alcohol consumption and unprotected sexual activity.

The project received flyers from the UNFPA aimed at sensitizing rape victims to seek care after a rape.

#### **IV. Project Indicator Tracking**

Please see appendix I for progress on priority indicators and project plan indicators