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AIDSCAP

Sri Lanka Assessment and Recommendations

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GLOSSARY OF TERMS

AAFLI	Asian-American Free Labor Institute
ADRA	Adventist Development Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
AIM	the AIDS Impact Model
ANC	Ante-Natal Care
BCC	Behavioral Change Communications
CDS	Community Development Services
CFPA	Community Front for the Prevention of AIDS
CIPART	Citizen Participation (a USAID/Colombo project)
CSE	Commercial Sex Establishment
CSW	Commercial Sex Worker
CVDV	Central Venereal Disease Clinic
DHVI	Democratic, Humanitarian and Voluntary Initiatives
FLE	Family Life Education
FHB	Family Health Bureau
FPASL	Family Planning Association of Sri Lanka
FP	Family Planning
FTZ	Free Trade Zone
GOSL	Government of Sri Lanka
HEB	Health Education Bureau
HIV	Human Immunodeficiency Virus
IE&C	Information, Education and Communication
IPPF	International Planned Parenthood Federation
JICA	Japan International Cooperation Agency
KA	Knowledge and Attitudes
KABP	Knowledge, Attitudes, Behavior and Practice
MCH	Maternal and Child Core
MOH	Ministry of Health and Women's Affairs
MTP	Medium Term Plan
NACP	National STD/AIDS Control Programme
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for Development Co-operation
PHC	Primary Health Care
PSL	Population Services Lanka
SIDA	Swedish International Development Agency
SLAVSC	Sri Lankan Association for Voluntary Surgical Contraception
STD	Sexually Transmitted Disease
TOT	Training Of Trainers
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO/GPA	World Health Organization/Global Programme on AIDS

EXECUTIVE SUMMARY

This document reviews the current STD/HIV situation in Sri Lanka and response to date, suggests areas in need of government, donor and/or NGO attention, and recommends activities for support by the United States Agency for International Development/Sri Lanka (USAID/Sri Lanka) and the Asia Bureau of USAID

As of November 1993, a total of 118 persons with HIV infection had been reported to the National STD/AIDS Control Programme (NACP). Although the actual number of infected persons is estimated to be over 5,000, it appears that Sri Lanka is in the early stages of the global HIV/AIDS pandemic. This presents an opportunity to contain the spread of HIV infection with a series of targeted interventions in areas and among populations most at risk.

Global epidemiological studies indicate that more than 80% of HIV infections are transmitted sexually. Those most at risk of infection are those who have frequent relations with multiple sex partners. In Sri Lanka, as in most other nations, this leads to a focus on those who engage in unprotected sex with multiple partners, in particular prostitutes and their clients.

This document provides general recommendations for a new focus and direction needed by all groups working in HIV/AIDS prevention in Sri Lanka, as well as specific recommendations for possible USAID and AIDSCAP contributions to the effort.

1. INTRODUCTION

USAID/Sri Lanka requested AIDSCAP to review the HIV/AIDS epidemiological situation and the response to date in Sri Lanka, to propose a strategic framework for the current NGO AIDS prevention projects funded by USAID, and to make more general recommendations on areas in need of attention from other donors, the Government of Sri Lanka, and NGOs.

This document provides the situational assessment and recommendations of the AIDSCAP team. It develops a strategic approach for the USAID-funded NGO projects as well as specific recommendations for each project. It also provides suggestions on areas in need of further development, and a menu of possible AIDSCAP contributions to the reduction of STD/HIV transmission in Sri Lanka.

2 COUNTRY SITUATIONAL ANALYSIS

Sri Lanka is an island nation of approximately 17.6 million population (1992), located off the southern coast of India. Twenty-two percent of the population lives in urban areas, and the majority of the population is concentrated in the south and west. Literacy rates are high (84% for women, 93% for men) and health and family planning indicators are considered to be very good for a low-income country. Armed conflict in the north and east has led to a deterioration in health services and increases in communicable disease and malnutrition. The armed conflict has also diverted government funds and attention that might otherwise be used for health and development efforts.

The official languages are Sinhala and Tamil, the three major ethnic groups are Sinhalese (74%), who are concentrated in the densely populated south and west, Tamil (18%), living mostly in the north and east, and Muslim (7%). Buddhism is the predominant religion, followed by Hinduism, Islam and Christianity. Most Sinhalese are Buddhist or Christian, most Tamil are Hindu or Christian. There are social and economic links between the Tamil communities in south India (Tamil Nadu) and the Tamils in North and East Sri Lanka. For a three-four year period beginning in 1987, Indian troops were stationed in the North and East in an effort to help quell the armed conflict in those areas.

Sri Lanka was classified as a low-income country in the 1991 World Bank Index of Economic Development, with a GNP per capita was \$470 in 1990. Agriculture is the leading economic sector, with plantation produce (tea, rubber and coconut) providing the traditional source of export earnings. Garment manufacturing has become more recently an important industry both for employment and foreign exchange earnings. Sri Lanka is highly dependent on foreign assistance. Some estimates show that it is the highest per capita recipient of aid in South Asia.

2.1 Epidemiology of HIV/AIDS

The first HIV infection was detected in September 1986, in a foreign tourist who fell ill during his stay. The first Sri Lankan HIV infection was detected in April 1987. As of November 15, 1993, 118 persons had tested positive for the HIV Antibody test. All these were confirmed with the Western Blot test. Amongst the 118, 20 were foreigners who took ill while in Sri Lanka. Of the 98 Sri Lankans, 33 went on to develop AIDS and 26 of them are deceased.

Sri Lanka has conducted two rounds of sentinel surveillance. A preliminary attempt round was conducted in July 1990 in five centers initially: Colombo, Galle (port), Ratnapura (gem trade), Kandy (tea plantations) and Jaffna (capitol of North). However, after only two weeks of operation the center in Jaffna was closed due to the security problems in the area. Subsequent rounds of sentinel surveillance were suspended due to lack of test kits,

the first and second rounds were carried out in Jan/Feb 1993 and Aug/Sept 1993 under a new protocol. Sentinel groups included CSWs (voluntary confidential testing of CSWs referred to the STD clinic by police after arrest), STD patients (anonymous unlinked tests performed on serum collected at STD clinic in some locations, voluntary confidential testing in others), TB patients (unlinked anonymous), and blood donors. 100 percent of the blood supply in the State sector is tested using rapid diagnostic tests. HIV positives have been found among TB patients and CSWs.

Table 1: Sentinel Surveillance - January 1993
(number tested/number HIV+)

SITE	STD	CSW	TB	BLOOD
Colombo	205/0	215/0	103/0	718/0
Galle	198/0	23/0	84/0	504/0
Katugastota	100/0	100/0	100/1	600/0
Ratnapura	50/0	7/0	107/0	355/0
TOTALS	553/0	345/0	394/0	2,177/0

Table 2: Sentinel Surveillance - November 1993

SITE	STD	CSW	TB	BLOOD
Colombo	200/0	200/1	200/0	600/0
Galle	133/0	8/0	882/0	438/0
Katugastota	100/0	100/0	100/0	400/0
Ratnapura	79/0	46/0	55/0	429/0
TOTALS	512/0	354/1	1,237/0	1,867/0

The NACP has changed its sampling strategy to obtain period prevalence data, and plans to add two new sites in the next round: Anuradhapura (rest station for soldiers fighting in North and Northeast) and Kurunagala (intersection of major national roadways, major truck stop).

Based on available data in 1993, projections made with the assistance of the WHO/GPA estimate that in 1993 there were about 3500 HIV infected persons in Sri Lanka. That number was expected to rise over 5,000 in 1994, and by 1997 there would be a cumulative total of 1000 AIDS cases and 12,000 HIV infections. (Please refer to Attachment A)

Sexual transmission is the predominant mode of infection in Sri Lanka, accounting for the majority of HIV cases identified.

to date. Initially, homosexual or bisexual transmission was the predominant mode, but subsequently it has become clear that heterosexual transmission is the predominant mode of transmission in the country. Currently, 83% of indigenous transmission is heterosexual, with a male to female ratio of infected at 3:2. It is also clear that although foreigners accounted for the first cases identified in Sri Lanka, indigenous transmission now accounts for an increasing proportion of the new infections. The first case of indigenous transmission was detected in December 1989, and in 1993 40% of transmission is estimated to be indigenous.

While Sri Lanka is still a "low prevalence" country, many behavioral risk factors are present. A 1991 WHO study estimated more than 200,000 STD infections occur in Sri Lanka each year, of which only a small portion are treated. Behavioral studies have confirmed that risk behaviors do exist in Sri Lanka, and that young people's attitudes about premarital sex are changing. Thirty percent of respondents to a 1992 government survey admitted to having extra-marital sex, university studies have documented a varied commercial sex industry providing a range of services for different client groups, the FPASL has documented changing attitudes among young people about reproductive health issues and the acceptability of premarital sex.

Overall the data suggests that HIV infection is becoming widely spread in Sri Lanka, and the epidemic is at the point of exponential increase (see attached graphs). Without serious intervention, Sri Lanka will soon see an explosion in the number of AIDS cases and the number of people infected with HIV. The epidemic will soon impose a severe burden on the country's health care system and have serious negative social and economic consequences on the country as a whole.

2.2 Other STDs

There is little doubt that STDs are abundant in Sri Lanka. A rapid assessment of the STD situation was performed by WHO in 1991. Extrapolating from key-informant interviews with providers in Colombo and other urban centers (primarily in the Southwestern region of the country), it was estimated that more than 200,000 STD infections occur annually in Sri Lanka.

Based on this qualitative survey and government STD statistics, it was estimated that less than 10% of STD patients are managed in the government network of one reference STD center in Colombo, 12 STD referral clinics in the provinces, and a number of branch part-time STD clinics. The majority of patients seek treatment from the private sector, from STD specialists with private practices, general practitioners, other specialists, and from chemist shops. The Ministry of Health strongly opposes the sale of antibiotics by chemist staff without medical prescription and has stepped up enforcement of the law in the past year.

The Central Venereal Disease Clinic (CVDC), Sri Lanka's STD center of excellence, also serves as a walk-in clinic and a screening center for CSWs. More than 65% of women attending the clinic are CSWs, the remainder are referrals for pre-employment physicals, contacts of male patients or referrals from the antenatal clinics (ANC).

The most common clinical syndromes managed at the CVDC are genital discharges and gonorrhoea. A commonly identified etiology while testing for chlamydial infection is not routine, the laboratory has recently been performing chlamydial antigen ELISA testing on a research basis on all female patients and number of male urethritis patients. Results of the testing were not available at the time of the AIDSCAP visit.

A study conducted in 1990 revealed that 16.7% of female patients examined at the CVDC had gonorrhoea and 22% had a reactive VDRL test. Furthermore, syphilis seroprevalence by VDRL was 2.6% among ANC patients attending the two major maternity hospitals in Colombo.

Gonococcal cultures are routinely performed on female patients and male urethritis patients at the CVDC. A study was recently conducted on the antibiotic resistance of gonorrhoea attending isolated at the clinic. The percentage of penicillinase-producing gonorrhoea (PPNG) strains appears to have peaked in 1992 and has declined dramatically to less than 10% of strains in 1993. Of the remaining non-PPNG strains, 40% were reported to have intermediate sensitivity to penicillin while 28% were resistant.

Until 1993, the recommended treatment for gonorrhoea was a cumbersome combination of penicillin, amoxicillin plus clavulonic acid and probenecid. Since then the quinolones have been introduced at the CVDC, including norfloxacin and more recently ofloxacin. Tetracycline will soon be replaced with doxycycline for the treatment of non-gonococcal urethritis or cervicitis.

2.3 Response to date

Government of Sri Lanka

The Government of Sri Lanka established the national AIDS Task Force in May 1986, chaired by the Director General of Health Services and consisting mostly of members from the Ministry of Health with representation from the Ceylon Tourist Board and the Police. In July 1987 a short term plan of action was developed. In November 1988 the Medium Term Plan for Prevention and Control of AIDS was developed and became the responsibility of a combined STD/AIDS Control Programme (NACP) of the Ministry of Health and Women's Affairs. This plan was not approved for funding until November 1990 although WHO had provided interim funding to support sentinel surveillance and blood bank screening.

UNDP is the major donor for the NACP, providing US\$1 58 million for the 1991-93 MTP. The third year amount of US\$507,000 will be extended to cover 1994-96 activities, amounting to \$170,000 per year. An external review of the first MTP was conducted late in 1993 but the report on findings has not been officially released. Plans for MTP-II will begin in May 1994 with implementation targeted for July or August 1994. One of the priorities of this new plan will be improved coordination of NGO contributions to HIV/AIDS prevention activities in the country. The NACP is financially dependent on donor funding with the government contributing only STD unit staff salaries.

The NACP conducts blood screening, sentinel surveillance, outreach to CSWs (only in Colombo to date), training of MOH health personnel, IE&C activities and behavioral and operational research.

The first KABP study, conducted in April 1988, found very low levels of knowledge about HIV and AIDS, and many misconceptions about its transmission and prevention. In 1992 the Health Education Bureau of the MOH conducted a second national KA survey (excluding the North and East for security reasons), and found that knowledge about AIDS had increased substantially. However, there remain serious misconceptions about the transmission and means of prevention of the infection among the general public.

The NACP commissioned a behavioral research study in 1992 to describe the commercial sex industry in the country and to recommend possible intervention approaches for CSWs in their various work environments. The study found that female prostitution is widespread in the country with an emphasis in Colombo and other urban areas. An estimated total of 11,445 female prostitutes operate as street walkers, massage clinic or health clinic girls, "house" or brothel prostitutes ostensibly engaged in sewing or doll-making, CSWs working out of hotels or guest houses. The study estimates there is a total of 1,230 male prostitutes who cater mostly to male or female tourists staying in beach resorts along the southern coast. There are also small numbers (a total of 313 country wide) of transvestites in some towns who operate outside of the tourist industry, and serve important social functions such as helping to prepare food for wedding festivals and dress the brides.

Until 1994, prevention messages have for the most part focused on abstinence and sticking to one partner for life. Condoms could not be mentioned on television, although they could be discussed in smaller media and lectures. While the proscription on condom advertising has been recently rescinded, health promoters are wary of moving too fast in discussing condom use via national mass media channels.

International donor response

- UNDP UNDP was the major donor in the first MTP, funding

nationwide blood screening and a range of IEC activities. The total input from UNDP to the NACP was US\$ 1,580,158. UNDP and WHO will both assist the government in developing the upcoming MTP-II. Although UNDP considers AIDS a high priority, no additional UNDP funds will be available until the next five year funding cycle. This is due to a 30% budget cut in the global UNDP budget. A no-cost extension of the current MTP funding is likely to provide \$170,000 per year from 1994-1996. UNDP has commissioned a study on the socio-economic impact of HIV and AIDS in Sri Lanka. UNDP also plans to sponsor a U N Volunteer to help the NACP coordinate work with NGOs for one year.

- WHO/GPA The World Health Organization helped develop and provide interim funding for the short-term plan and MTP, starting in 1988. At present, WHO/GPA and UNDP jointly fund the NACP.
- The World Bank (WB) A WB team was in Sri Lanka at the time of this assessment. The team estimates that funding could be as much as \$10M a year for five years beginning in FY96 or 97. They will propose strengthening the primary health care (PHC) infrastructure down to the district and village levels. This would consist in building PHC units, training health workers, and procuring equipment, reagents, drugs and condoms.
- United Nations Population Fund (UNFPA) UNFPA is integrating AIDS/STD training wherever possible in their projects, concentrating on training for health workers and education for school children. UNFPA supplies the FHB with a total of \$1 Million worth of Rose Tex condoms (the condoms are distributed by midwives through the network of Maternal and Child Health (MCH) clinics), but is reducing contraceptive supplies by 17% a year. UNFPA will work closely with UNICEF and the FHB to avoid duplication of efforts.
- United Nations Children's Fund (UNICEF) UNICEF is just getting involved in AIDS work in Sri Lanka. They have recently submitted a proposal entitled "Promoting Health and Development Among Adolescents and Youth Emphasizing HIV/AIDS Prevention" to their headquarters office for global funding. They are requesting \$50 thousand for 1994 and approximately \$190 thousand a year for 1995 through 1997. The workplan for 1994 includes a situational assessment and building training capacity through a training of trainers (TOT) program. The target groups include women ages 18 to 25 working in the Free Trade Zones, youth in the armed forces, exploited and street children, students ages 12 years and upward including university students.

- Norwegian Agency for Development Co-operation (NORAD)
NORAD is providing 600,000 Norwegian Kroners (about US\$80 thousand) a year to AIDS control activities in Sri Lanka. Roughly half the funds will go to the NACP and the other to support NGOs. In the future, NORAD hopes to expand areas of involvement to the care for HIV infected and AIDS cases and to addressing human rights issues and policies. NORAD expressed a particular interest in working with displaced persons and refugees returning from abroad.
- Japan International Cooperation Agency (JICA) Although JICA is interested in AIDS prevention in Sri Lanka, so far there has been no direct contribution in this area of work. Indirect contribution involves Japan's funding to establish the Medical Research Institute, whose research work will also include HIV/AIDS. However, Japan plans to participate in some way in MTP II planning process.

USAID

USAID/Colombo provided two-year grants to four NGOs in 1993, in the total amount of US\$552,470 under their \$10.5 million PVO Co-Financing Project. USAID is thus a major if not the largest single donor for NGO AIDS prevention efforts in the country. Grantees are developing a variety of IE&C activities for several different target groups in Colombo, Kandy, and the south coast area. A detailed description of these activities, progress to date, and recommendations is provided in Attachment B.

USAID has not had a health officer since 1989, and does not expect to extend or provide further funding for these AIDS prevention activities beyond the end of the two-year period. The four AIDS prevention PVO grants are managed by a Project Management Specialist who oversees 22 grants in USAID's Division for Democratic, Humanitarian and Voluntary Initiatives (DHVI). The Division chief emphasized the Mission's desire for the lowest possible management burden in assisting with AIDSCAP activities.

USAID is currently developing a 6-year, \$10 million democracy and human rights project called CIPART (citizens' participation). The project focuses on the representative and intermediary roles of NGOs, and plans to use lead organizations to strengthen the NGO role in working with citizen's groups and advocacy efforts. The project hopes to encourage citizen groups to resolve issues at the community and local government level as well as work with national institutions to create a better policy framework for assisting ordinary people to control their own resources and make their own decisions. It may be possible for the Mission to incorporate HIV/AIDS prevention issues into some aspect of the CIPART project.

Indigenous NGO response

USAID funded the creation of a directory of NGOs working in AIDS, the "Directory of Current and Planned AIDS-related Activities in Sri Lanka ". This Directory was updated in December 1993 and lists approximately 100 NGOs that are involved in HIV/AIDS work. Activities range from AIDS awareness education, blood-screening, condom social marketing and/or supply, counselling individuals about AIDS, HIV testing, infection control in medical settings, in-patient care, out-patient care, STD education, screening, treatment and/or referral, and research. Funding for the NGOs comes from both indigenous and foreign funding sources. Notable foreign donors include SIDA, NORAD, IPPF, WHO and USAID. Please refer to Attachment C for a description of some of the NGOs active in AIDS prevention.

The NGOs work independently, without a coordinating agency. No one institution in Sri Lanka has a complete picture of the types and extent of NGO AIDS prevention and control programs in the country. There is a need for a strong NGO coordinating body which can help NGOs work together to assess financial and human resource needs, provide and coordinate training opportunities, and ensure information sharing between NGOs to avoid duplication and obtain greater solidarity in their AIDS prevention effort.

2 4 Summary of Accomplishments to Date

	Government	Other donors	NGOs/Private Sector
STDs	<ul style="list-style-type: none"> - Govt STD control program since 1951 - 1 center of expertise and 12 referral clinics - Other STD facilities provided through Branch clinics and part time clinics - MOH developing program for providing STD services at PHC level - Estimate that 10% of STD clients seek services in public clinics 	<ul style="list-style-type: none"> - WHO had provided substantial assistance till 1974 - Thereafter, assistance reduced considerably - Present level US\$10,000 for the biennium 1994/95. - Much of this assistance has been used for fellowships and laboratory strengthening. 	<ul style="list-style-type: none"> - No NGO involvement in prevention and control of STDs - Many people seek treatment in pharmacies. - Approx. 90% of STD clients seek care from private doctors and/or pharmacies.
Condoms	<ul style="list-style-type: none"> - Provided by Family Health Bureau through midwives (for contraception) - Provided by STD/AIDS control program (for disease prevention) 	<ul style="list-style-type: none"> - Condoms in the public sector have been supplied by UNFPA, WHO/UNDP, and NORAD 	<ul style="list-style-type: none"> - FPA/SL markets 7 million/year - PSL also markets to a limited extent - Some NGOs provide condoms to their target groups. - Condoms imported by private sector are available in some pharmacies and upmarket stores and groceries.

	Government	Other donors	NGOs/Private Sector
IE&C	<ul style="list-style-type: none"> - IE&C activities planned and/or implemented by MOH at central and district levels. - teledrama - TV and radio spots - cinema slide show - posters/leaflets - school curriculum - lectures for media personnel 	<ul style="list-style-type: none"> - WHO/UNDP funded MOH activities. - UNICEF has explored possibility of becoming involved in IE&C activities. 	<ul style="list-style-type: none"> - Several NGOs have been involved: CFPA FPA/SL World View Intl SLAVSC CDS Sarvodaya ADRA and others
Counseling	<ul style="list-style-type: none"> - MOH has program in its early stages. - Ultimate objective is to develop counseling capability in all health care providers with a core groups of highly skilled counsellors to act as trainers 	<ul style="list-style-type: none"> - WHO/UNDP has funded MOH training programs 	<ul style="list-style-type: none"> - Counseling at present being provided by NGOs working in reproductive health
Blood safety	<ul style="list-style-type: none"> - 100% of blood in public sector is screened for HIV. - To date no case of HIV transmission has been linked to tainted blood supply in Sri Lanka 	<ul style="list-style-type: none"> WHO and UNDP funded MOH activities 	

3 PROBLEM STATEMENT AND GAPS IN PRESENT PROGRAM

Problem Statement

HIV seroprevalence is rapidly rising in Sri Lanka and the current programs are not adequate to slow the epidemic. The level of commitment from the public and private sectors, national and international, must be greatly increased if the current infection trends are to be altered. But in addition to the level of effort being increased, interventions must be implemented effectively and be focused on those at highest risk of infection.

In general, the communication strategies of both USAID funded projects and other programs focus on creating awareness of the danger of HIV/AIDS, which is still considered a foreign disease. Because the epidemic in Sri Lanka is still at its early stage, there is an urgent need to interrupt the sexual transmission of HIV among individuals with risk behaviors. The current IEC programs, with the focus on awareness education, are not adequate to change their risk behaviors. A strategy that focuses on interventions for behavior change is needed.

However, such strategies cannot be considered as stand alone communication strategies. For effective implementation of a BCC strategy, there is also a need for raising awareness of the danger of STDs and promoting health seeking behaviors that lead to better control of STDs. STD treatments provided at point of first contact as well as referral centers should be effective and appropriate. Condoms must also be much more widely promoted and made available and accessible in all locations where interventions will take place.

To enhance the possibility of effective behavior change interventions, NGOs must play a key role in working with individuals with risk behaviors because their style and methods are more acceptable than government service providers with these target audiences which often are marginalized groups.

Gaps

Following are the key issues identified by the AIDSCAP team which will require attention from those seeking to make a significant contribution to HIV/AIDS control in Sri Lanka.

3.1 STDs

The following gaps were identified based on observations made in Colombo. Due to time constraints, the team was unable to assess any provincial or branch STD Clinics.

Absence of STD management guidelines that can be distributed nationally

Until recently, the MOH was reluctant to publish STD management guidelines lest they fell into the wrong hands, for instance those of unqualified chemist shop staff. The staff of the STD/AIDS Control Programme is developing comprehensive STD

case management guidelines based on the syndromic approach

Inadequate/inconsistent supplies of appropriate drugs in the public sector

Until recently, the central STD clinic recommended a combination of penicillin, amoxicillin plus clavulonic acid, and probenecid for the treatment of gonorrhoea. It was difficult to keep all these drugs in stock (particularly outside the central level). As a result patients ended up only receiving penicillin or amoxicillin. Since a high proportion of gonorrhoea strains isolated in the public STD clinic setting are resistant to penicillin, this undoubtedly led to significant failures. More recently, norfloxacin and ofloxacin have been introduced for the treatment of gonorrhoea at the central level.

Inadequate training and supervision of private sector STD service providers

STD programs usually concentrate their attention on services provided through the public sector, but in view of the significance of the private sector in the provision of STD treatment in Sri Lanka, these services should also be strengthened. Furthermore, an acceptable and effective public/private sector is likely to discourage use of services provided in the untrained and difficult-to-supervise informal sector.

Adequacy of target population's access to STD services needs to be assessed

The high prevalence of STDs among CSWs referred to the CVDC (often as a result of a police raid) reflects their ignorance about STDs and their prevention, and/or reflects their poor access to effective services.

STD services lacking within primary level health services including MOH and FP

In order to improve STD service access to the general population and to women in particular (symptomatic as well as asymptomatic), routine STD case detection and management should be integrated within general health care. Currently, STD services are not offered as part of general outpatient, MCH or FP services. Serologic screening for syphilis in pregnant women is far from routine. The MOH plans to develop a program to provide STD at the primary health care level.

3 2 Communication

There are three major gaps to be filled in order to enhance effective communication for HIV/AIDS prevention in Sri Lanka.

Behavior Change Communication (BCC)

This is identified as the major gap in present programs. There are not enough efforts focused on changing high risk sexual behaviors to low risk behaviors. There is a need to immediately

implement targeted behavior change communication strategies, which are designed to change behavioral norms to support the adoption of low risk behaviors

These strategies, which use social research and market segmentation techniques to develop audience-specific messages, will encourage sexual behavior change in an environment and using language that is relevant to the audience. The strategies would offer individuals a menu of safer practices including abstinence, monogamy, partner reduction, condom use and non-penetrative sexual techniques, depending on what practice is most relevant and acceptable to the specific audience.

NGO Involvement in HIV/AIDS Prevention Programs

An effective behavior change model emphasizes multiple communication channels. Therefore, to create sexual behavior change, implementers of BCC intervention programs are needed in quality as well as quantity. NGOs can play an important role in this aspect to supplement the efforts now provided by the government. At present there is a gap in the number of NGOs with behavior change communication skills in Sri Lanka.

Coordination of NGO efforts

At present there is no effective coordinating body to maximize NGOs' inputs, or to provide development in knowledge, skill and attitude for NGOs as needed. NGOs recognize the current lack of coordination results in a duplication of effort.

3 3 Condoms

No promotion for disease prevention

Only an estimated 3-5 percent of the 9 million condoms sold and distributed in Sri Lanka each year are provided for disease prevention. The NACP has begun targeted outreach to CSWs to ensure a direct supply of condoms to the CSWs identified in Colombo. There is hope that this model will be replicated by the other 12 STD clinics throughout the country.

FPA, by far the largest condom social marketing agency in the country, estimates that only 5% of the 7 million condoms they sell are used for disease prevention. FPA plans a more vigorous promotion campaign including more radio spots, display materials at the point of purchase, and incentives for increasing sales.

Lethargic social marketing

Although FPA reported a 4% increase in condom sales in 1993, the actual number of condoms sold has remained relatively stable over the last few years. This in an environment where sales recover the cost of the condoms and one brand, the Rough Rider, provides a 100 percent profit margin. PSL also reports some social marketing activity which could be augmented.

In addition, although condoms seem to be available wherever

the "Preethi" sign is displayed, they are often hidden from view and shop owners apparently are embarrassed to promote sales

In general, condoms are not easily accessible and a shopper must possess a certain boldness to seek them out. Additionally, it is not clear whether the range of potential outlets is being fully exploited

Not getting to people whose behavior may place them at risk

Traditional condom distribution channels, through midwives and family planning providers, or in chemist shops and grocery stores, do not lend themselves to ensuring condom accessibility for single, sexually active men and women

It is not clear if condoms can be purchased or obtained late at night or in areas where commercial sex or casual sex is likely to take place

With the exception of the efforts of the central STD clinic in Colombo to provide condoms to Colombo CSWs, there is no targeted condom distribution and promotion system for CSWs throughout the country

Vague messages on when and how to use

Because of the embarrassment surrounding condoms and their use, it is doubly important to ensure that people know how to use them and dispose of them correctly

Of the messages viewed in this assessment, there is a clear lack in straight-forward, audience-specific instruction on how to use a condom. Some groups are, however, beginning to use dildos to demonstrate proper use and this practice is to be encouraged where appropriate

3.4 Policy

AIDS is low on the national and health priority lists

The NACP is financially dependent on donor funding, with the government contributing only STD unit staff salaries. There is the perception among officials that few resources will be allocated for a problem like AIDS which will not become critical for 5 to 10 years, primarily because officials are elected for shorter terms and will be looking for short-term efforts which will increase their popularity. In addition, the government seems to be devoting the lion's share of energy and resources to the unrest in the North and Northeast

Tradition of censorship of messages

Condom promotion is still an extremely sensitive issue although official legal restrictions have recently been removed

Potential impact of the epidemic is not appreciated in most sectors

While a health professional versed in AIDS prevention and the course of an HIV epidemic will clearly see that Sri Lanka is at the "take-off" point for a widespread epidemic, decision-makers in health and other sectors remain unconvinced by the relatively low infection numbers to date

There is also concern that an AIDS scare might hurt the country's tourist industry. There is very little appreciation for the long-term impact the AIDS epidemic will have on Sri Lanka's economy. Businesses have yet to consider the possible impact on productivity and maintaining a skilled labor force, and that because of this impact on the work force exports and foreign exchange will decline.

Sri Lankans show some concern about the potential social cost of the epidemic, although this concern will more likely be voiced as dismay over changing values in society and shattering the perception of a "traditional", sexually conservative society. Discrimination against HIV-infected persons has already been observed, and although NGOs are generating some effort to counter this discrimination there seems to be little appreciation for the strain HIV places on the household itself and on traditional coping mechanisms of the wider community.

Police harassment of CSWs makes outreach and condom promotion to these groups especially difficult

Police involvement with commercial sex industries has been an issue to be seriously addressed in AIDS prevention programs in every nation. Where police can be encouraged to abet prevention efforts, such as the 100% condom policy in brothels in Thailand, great strides have been made in encouraging condom use in the commercial sex environment. In other cases, police crack-downs of CSWs and establishments have forced those businesses underground, making it much more difficult to reach these high risk groups with prevention messages and condoms. In areas where condoms themselves are used as an excuse to arrest a person or close an institution on suspicion of commercial sex, promoting appropriate condom use will be not only frustrating but dangerous.

4. RECOMMENDATIONS

4.1 Strengthening current USAID PVO projects

Please refer to Attachment B for specific recommendations for each of the four USAID grantees

In general, this assessment team proposes the following activities to increase the effectiveness of the current grants

- a) Hold regular meetings of project managers of the four grants to share information and ideas as well as to avoid duplication of effort
- b) Encourage materials and communication strategy development based on a thorough understanding of the target populations. Pre-test materials with members of the target group to ensure that the message is being received accurately
- c) Encourage active condom promotion in intervention areas, with explicit instruction on condom use to those individuals in need of such instruction

4.2 Target groups and areas in need of attention

Studies on the heterosexual transmission of HIV infection have estimated that the risk of becoming infected through a single contact with an infected person ranges from 1/100 to 1/1000 and have indicated that transmission is much more efficient from male to female contacts than from female to male contacts. It is also known that other STDs, non-ulcerative as well as ulcerative, can greatly increase the efficiency of HIV transmission. Condoms, however, can prevent sexually transmitted infections, including HIV. And the more consistently condoms are used, the more protection they provide.

Individuals at greatest risk of HIV infection by sexual transmission are those who have frequent sexual relations with partners who are HIV positive. Because the HIV status of one's sexual partner is often unknown, the probability of infection is greatest among those who have frequent unprotected relations with different partners.

Individuals who engage in commercial sex on a regular or occasional basis are very much at risk for HIV infection and emerge as a priority target population for AIDS control interventions. The NACP in Sri Lanka has found many indicators of a vigorous commercial sex industry in Sri Lanka, in rural as well as urban areas.

When an HIV/AIDS epidemic is in the initial stages, the most effective course for prevention activities is to focus on "core transmitters," the segments of the population who will have multiple sexual partners, higher rates of STDs, and who will therefore be more likely to spread the disease to others.

In Sri Lanka, we recommend that the following groups receive special focus for targeted behavior change interventions

a) Women workers in the garment industry

There are several hundred thousand estimated young women working in garment factories in the four Free Trade Zones (FTZ) of Sri Lanka. This is a group particularly vulnerable to risky sexual behavior. These young women move away from their villages to live in cramped boarding houses or hostels in the free trade zones, where they find it difficult to save money. Pay rates vary, from Rs 500 per month for trainees to Rs 4,000 to 4,500 after several years on the job. Since these women are single, come from unsophisticated village backgrounds, are away from their homes, and are in need of money, they are easily lured into the commercial sex industry and many end up working full-time or part-time as prostitutes.

UNICEF's plan for 1994 includes women aged 18-25 working in the Free Trade Zones as one of their 4 target groups.

Some NGOs, including FPASL and CDS, have attempted to target these women with awareness activities but have met with resistance from factory management. AAFLI has established one Friendship House near the Katunayake FTZ, and is funding "youth centers" similar to the Friendship House in the Kogolla and Badulla FTZs.

There is a need to undertake some policy initiatives to convince the Free Trade Zone businesses of the importance of HIV prevention activities for their work forces.

b) CSWs, including those not involved in the tourist industry

Behavioral studies of the commercial sex industry in Sri Lanka have been undertaken, and there is some understanding of the various types of commercial sex outlets catering to various segments of Sri Lankan society.

To date, the emphasis in AIDS prevention activities targeting CSWs has been on those male CSWs catering to male or female foreign tourists. This is of course the most visible group of CSWs. However, research to date suggests that these CSWs often spend long periods of time with one client, sometimes living with the client for several months. This is relatively low risk commercial sex. In contrast, the female CSWs catering to Sri Lankan clients seem to serve a much larger number of clients and as such are at much higher risk of contracting and spreading STDs, including HIV.

c) Military personnel

Soldiers travel away from home to fight in conflict zones, and receive rest and recuperation furloughs in towns in between. Here they are highly susceptible to high risk sexual behavior.

d) Displaced persons and refugees

High STD rates have been found among populations of Sri Lankan refugees residing in camps in South India as well as among displaced persons staying in camps in northern Sri Lanka. Where there are STDs, there is high risk sexual behavior. Social and health services are only intermittently available for these populations, making treatment and preventive counseling services scarce.

e) Students - secondary school and university

The little behavioral research that has been conducted about the reproductive health KA study of young Sri Lankans suggests that they are becoming increasingly sexually active and more accepting of pre-marital sex. Young people who are just beginning to develop their sexuality are a principal target group for sexual behavior change interventions. If they can develop safe sex ideas and norms prior to becoming sexually active, a possible full scale HIV epidemic that would feed on their unsafe sexual behaviors will never materialize.

UNICEF plans to target students in its 1994 activities, and the HEB is already producing a school curriculum which should be ready for use by the end of this year. Some NGOs, such as FPASL, CDS and others are also involved in awareness raising campaigns for students, however to be effective these efforts must shift to audience-specific behavior change strategies.

4.3 Policy advocacy

1. Identify a "policy team" - a group of key individuals which can further elaborate and prioritize key issues, develop a strategy and potential implementing partners.

2. Conduct "softening up" exercises with high-level government officials to introduce them, step by step, to the perils of an AIDS epidemic. An A I M -type presentation using computer modeling estimates may be one tool to use in this effort (AIDSCAP has conducted similar exercise in the Dominican Republic, an island nation which had similar concerns about the possible negative effects of AIDS on their tourist industry).

3. Conduct policy dialogue activities with provincial and district level government officials.

4. Involve the police in discussions on how to encourage safer sex within the commercial sex industry.

5. At the community level, highlight the potential impact of HIV infection on households and communities.

6. Involve business leaders in finding solutions to slowing the spread of the epidemic. Refer them to the experience of business coalitions against AIDS in other countries.

7 Develop strategies to reach and convince Free Trade Zone company management to be supportive of prevention activities for workers

8 Involve NGOs, industries, and other organizations in HIV/STD prevention and control efforts

9 Explore and develop a policy for involving major religious groups in HIV/STD prevention

10 Strengthen the skills of media personnel in quality reporting on HIV/STDs. A major resource for shaping public policy is the media. In order to develop policies which provide a framework within which the government and the private sector can mobilize the resources and interventions necessary to control HIV/STD, and minimize the impact of the diseases, policy makers must have the necessary information and motivation to make critical decisions.

11 Develop a master plan for human resource development for HIV/STD preventions for joint implementation by all concerned sectors: government, private and academic.

4.4 STD Control

1 Develop and distribute national STD case management guidelines

2 Ensure an adequate supply of appropriate STD drugs and condoms in public sector clinics where STD services are provided

3 Train private practitioners in STD case management (diagnosis, treatment, prevention education, condom distribution and partner referral) including (1) physicians, (2) Assistant Medical Practitioners (AMP) who become Registered Medical Practitioners (RMP) after five years in practice (and can legally call themselves doctors), (3) Estate Dispensers and, more recently, Estate Medical Practitioners, who provide PHC services to estate plantation workers

4 Ensure that priority target groups such as CSWs have access to effective STD services

5 Provide basic and in-service training for physicians at the PHC level

4.5 Communication strategies

1 Promote behavior change communication in all intervention programs, with a focus on the following components

a) Conduct assessments of the target groups to gain more information about their sexual attitudes and practices. This data can be used to develop culturally specific and appropriate risk reduction interventions. More behavioral research of the groups with high risk behaviors is needed.

- b) Involve target audiences and gate keepers in program and material design. Target audience involvement will provide overall direction for BCC activities and will increase the sense of community "ownership" of the prevention programming.
- c) Use indigenous outreach workers and peer education approaches for outreach efforts.
- d) Identify and train peer leaders to encourage and support changes in high-risk behaviors.
- e) Produce adequate and appropriate educational materials based on literacy, risk perception and locus of control for each target audience.
- f) Promote condom use and access through social marketing activities specially targeted to audiences, and
- g) Promote access to STD services, and encourage treatment-seeking behaviors, treatment compliance and partner notification.

2 Train prospective implementers of BCC interventions in behavior change communication strategies and techniques
 Measures to train master trainers in BCC strategies, who in turn can train others, should be implemented immediately. Competency-based training is needed to enhance implementers' skills in interpersonal communication to permit discussion of sensitive issues, build skills and confidence, and help people adopt and reinforce new behaviors, and to help them recognize and mobilize community support for behavior change by reaching people at access points through institutional networks which they have confidence. Additional training in effective IEC materials is also recommended to ensure appropriate materials production and usage.

3 Enhance NGOs' knowledge and skills in HIV/STD prevention through capacity-based training courses. Many of the approximately 100 NGOs that are currently involved or plan to be involved in HIV/STD work need immediate upgrading in HIV/STD knowledge and skills, BCC, and management skills. It is recommended that a suitable organization which can serve as a training institute for NGOs must be identified to implement this task. However, considering the sensitive issue of using one indigenous NGO to train others, it might be more appropriate to identify a management organization or a foreign NGO to serve as a training body. Possible lead organizations are

- The National Institute of Business Management (NIBM),
- Organization of Professional Associations (OPA) through its OPANGO network,
- CARE/Sri Lanka

4 Establish and strengthen an NGO network and coordinating body. Collaboration among NGOs working in HIV/STD will certainly maximize program effectiveness.

4.6 Condom availability and accessibility

- 1 All agencies in the HIV/AIDS control effort can
 - a Increase condom promotion and de-stigmatization efforts in their intervention areas
 - b Undertake special efforts to target supplies to those groups at highest risk of infection
 - c Improve the quality of messages about condoms and their use

- 2 Social marketing agencies can
 - a Energize their social marketing programs
 - b Increase the number of variety of sales outlets
 - c Increase promotion efforts both in national media and with point-of-purchase materials

4.7 Evaluation and behavioral research strategies

Ensure the collection of appropriate data to evaluate STD/HIV prevention efforts Information and data from target populations are required for the design, planning, and evaluation of behavior change interventions These can be collected through both qualitative and quantitative research strategies

- a) Qualitative methodologies involve individual in-depth interviews or focus groups in which perceptions and knowledge of HIV/AIDS, sexual networking, and reactions to potential prevention materials - to name but a few - can be assessed

- b) Quantitative strategies entail the implementation of surveys among target populations in which knowledge, attitudes, and, most importantly, risk behaviors can be monitored and tracked over time, often to evaluate the impact of an intervention

5 POSSIBLE AIDSCAP CONTRIBUTIONS

AIDSCAP, with its expertise in HIV/STD, behavior change communication, condoms and human resource development can make contributions in several areas. Major contributions will be in the form of technical assistance, with some financial contributions in specific projects.

5.1 STD Clinic Outreach to CSWs in Colombo

THE STD/AIDS Control Programme has implemented a successful pilot project using a behavioral scientist to oversee outreach to CSWs in Colombo. The pilot project has effectively identified the different types of commercial sex outlets in Colombo and has established good rapport with the establishments and individual CSWS.

There is a need to formalize this activity into a project, systematize the approach, recruit and train peer educators who can promote safe sex practices and supply condoms throughout the various commercial sex outlets in Colombo. There is also a need to replicate this model in other major cities throughout the country.

Possible AIDSCAP contribution \$15,000 (from Sri Lanka earmark)

5.2 STD management distance learning modules

The Independent Medical Practitioners Association has a distance learning program which has developed series modules on HIV/AIDS for their members. The IMPA is interested in developing a similar training series on STD management for their membership.

Funding will be provided to support the development, printing and distribution of a 10-issue series on STD management. The modules will follow the national STD case management guidelines currently being developed by the NACP.

Possible AIDSCAP contribution \$20,000 (from STD Protocols)

5.3 Training opportunities

5.3.a) Enhance HIV/STD Policy The media plays an important role in shaping public policy. To strengthen the skill of media personnel in quality reporting on HIV/STD, AIDSCAP will provide funding for two media persons to attend a regional workshop on "Reporting on HIV/AIDS in Asia Facing the Facts" to be organized by AIDSCAP between March 20-25, 1994, in Bangkok, Thailand. The workshop includes train-the-trainers (TOT) component. It is anticipated that the two participants will be able to organize similar workshops for Sri Lankan journalists in Sinhala and Tamil upon their return to Sri Lanka.

Estimated AIDSCAP contribution = \$8,542 (from regional training funds)

5 3.b) Enhance Behavior Change Communication Capacity

Training in Behavior Change Communication for Two Master Trainers. AIDSCAP will provide funding for two participants to attend a regional workshop on "Communication Strategies for Sexual Behavior Change" to be organized by AIDSCAP in Bangkok, Thailand in September, 1994. It is expected that as outcomes of the workshop, the participants will be equipped with knowledge and skills in behavior change communication intervention, and will also serve as trainers in behavior change communication in Sri Lanka.

Estimated AIDSCAP contribution = \$16,069 (from regional training funds)

5 4 NGO Capacity Building in HIV/AIDS Prevention

AIDSCAP is particularly interested in working in partnership with USAID/Colombo to develop a lead agency in Sri Lanka to help build NGO capacity in HIV/AIDS prevention.

Three potential lead agencies for this exercise are CARE/Sri Lanka, the Organization of Professional Associations' NGO network (OPANGO), and the National Institute of Business Management (NIBM).

An estimated \$120,000 would be required for a one year subagreement with an implementing agency based in Sri Lanka to accomplish the three priority activities noted below. Also needed as a pre-requisite is appropriate training for implementing agency staff. Additional funds (an estimated \$40-60,000) would be necessary to support AIDSCAP technical assistance to this effort.

5.4.a) NGO coordination responsibility. The agency would serve as secretariat of an NGO coordinating body. This function would include networking with other NGOs on issues and needs, developing relevant agenda and calling regular meetings, and helping to assess and meet training and human resource development needs of NGOs working in HIV/AIDS prevention. In other countries, a major component of this type of coordinating body has been effective joint advocacy for more enlightened public and private sector policies related to HIV/AIDS.

5.4.b) Policy/advocacy function. Coordinate development of models and effective approaches to bringing the information to the attention of relevant policy makers. Coordinate workshops, etc. Call on expertise of international consultants like Dr. James Chin as needed.

5 4 c) Conduct training opportunities for NGO representatives, with technical assistance from outside consultants as needed.

Three workshops are seen as necessary at this stage

(i) **Technical Assistance in Effective IEC Materials Development.** AIDSCAP Communication Officer at the Asia Regional Office can organize a six-day workshop on effective IEC materials development for concerned government and NGOs staff in Sri Lanka. This project will need funding from other sources, outside of AIDSCAP

Estimated cost for AIDSCAP technical assistance = \$7,896
(This estimated cost does not include local expenses for participants)

(ii) **Training of Trainers in HIV/AIDS Intervention** AIDSCAP will provide funding for two participants to attend a regional Training of Trainers (TOT) course for HIV/AIDS Intervention in Bangkok, Thailand in November, 1994. Participants are expected to serve as mater trainers in HIV/AIDS intervention in Sri Lanka upon their return

Estimated AIDSCAP Contribution = \$24,352 (from regional training funds)

(iii) **Strengthening NGOs Skills in HIV/AIDS Knowledge** AIDSCAP Senior Technical Officer at the Asia Regional Office can organize a workshop on HIV/AIDS for NGOs in Sri Lanka. The three-day workshop aims to provide basic knowledge about HIV/AIDS, and to identify intervention needs in Sri Lanka context. This project will need funding from other sources, outside of AIDSCAP

Estimated cost for AIDSCAP technical assistance = \$6,077
(This estimated cost does not include local expenses for participants)

5.5 Technical Assistance in Human Resource Development

The AIDSCAP Training Officer at the Asia Regional Office can provide consulting services to the STD/AIDS Control Programme in order to develop a human resource development master plan for HIV/AIDS prevention. The project itself will need funding from sources outside of AIDSCAP

Estimated cost for AIDSCAP technical assistance = \$12,530
(This estimated cost does not include local expenses for participants, which we would expect the STD/AIDS Control Programme to support)

5.6 Technical Assistance on the Policy Process

AIDSCAP can make available the services of policy staff or consultants to work with the NACP in bringing AIDS prevention higher on the government's policy agenda, if the funding can be made available

5.7 Technical Assistance in Evaluation Strategies

AIDSCAP is currently engaged in both qualitative and quantitative evaluation strategies and provides technical

assistance to governments and organizations in how to most appropriately utilize them

AIDSCAP has worked closely with the WHO Global Programme on AIDS to develop Core Prevention Indicators (CPIs) which can be included in surveys to target populations such as commercial sex workers and STD clinic clients. These indicators are adapted to local cultures and situations and provide measures of a target population's risk behaviors, intervention effectiveness, and unmet gaps.

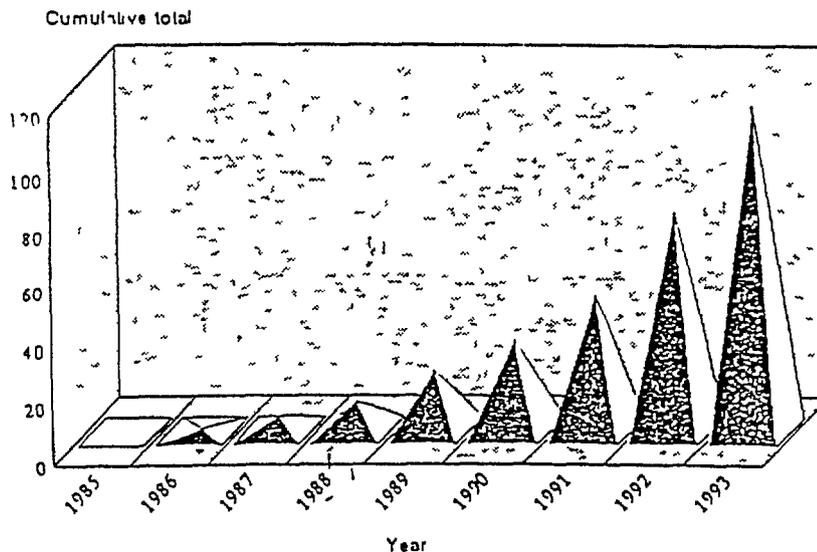
ATTACHMENT A
ESTIMATES AND PROJECTIONS OF HIV/AIDS INFECTIONS

TOTAL NO. OF SRI LANKANS HIV INFECTED BY SEXUAL ORIENTATION

Year	HETERO	HOMO	BI SLXUAL	NOI DETERMINED	TOTAL
1986	NIL	NIL	NIL	NIL	NIL
1987	NIL	2	NIL	NIL	2
1988	2	1	NIL	NIL	3
1989	9	NIL	2	NIL	11
1990	6	1	NIL	NIL	7
1991	8	1	1	3	13
1992	18	3	3	3	27
1993 1ST OCT	18	NIL	3	8	29
TOTAL	61	8	9	14	92

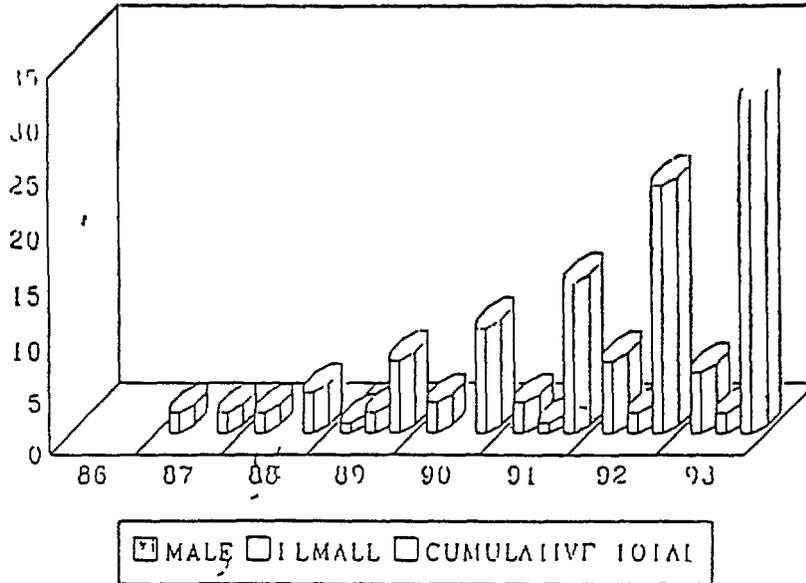
Source STD AIDS Control Programme

Cumulative picture of HIV/AIDS in Sri Lanka 1985-1993*



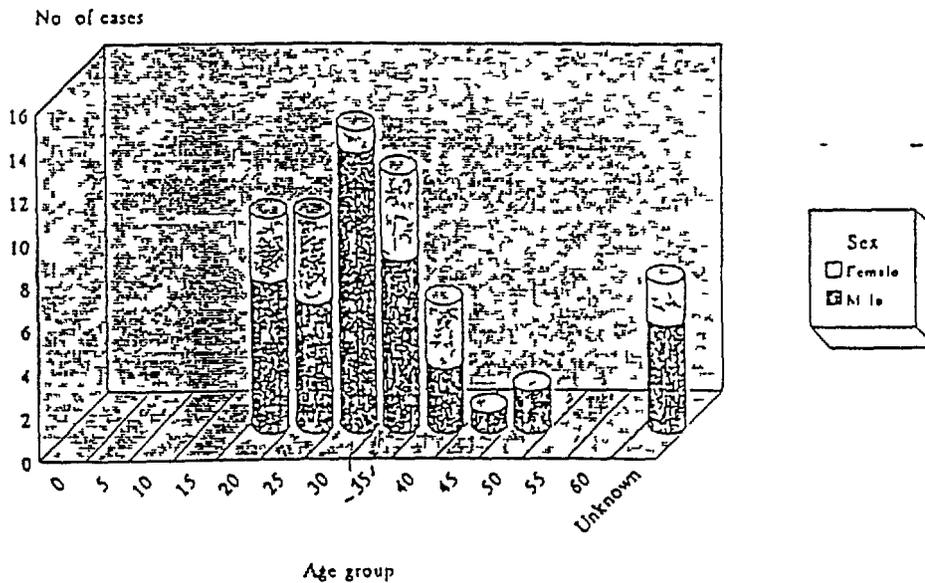
Until 15th October 1993
Source: STD/AIDS Control Programme Sri Lanka

REPORT TOTAL AIDS CASES BY YEAR SRI LANKA



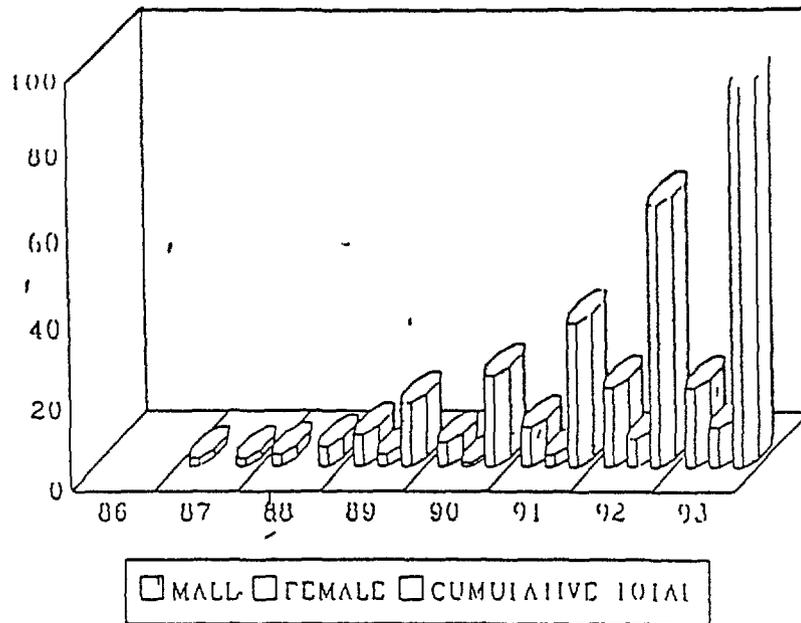
source STD AIDS control programme

HIV/AIDS cases by age and sex 1986 to 15th October 1993



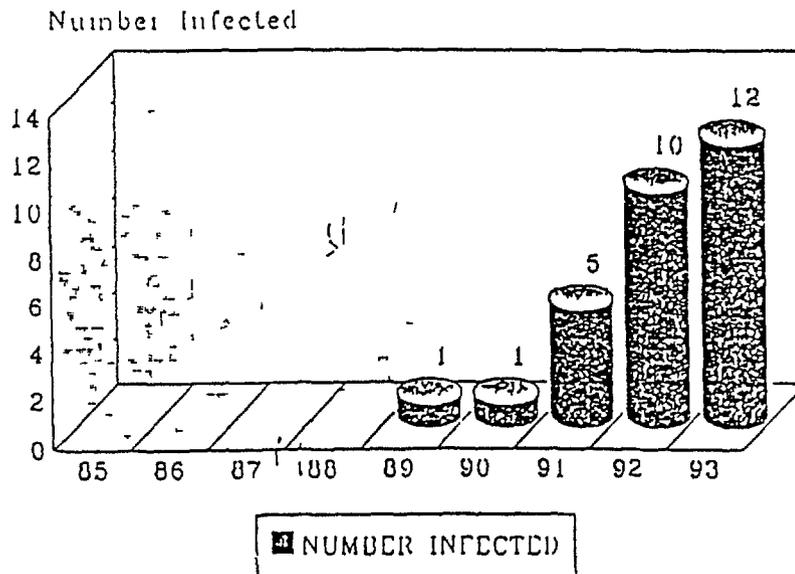
Source STD/AIDS Control Programme Sri Lanka

HIV/AIDS IN SRI LANKA BY SEX



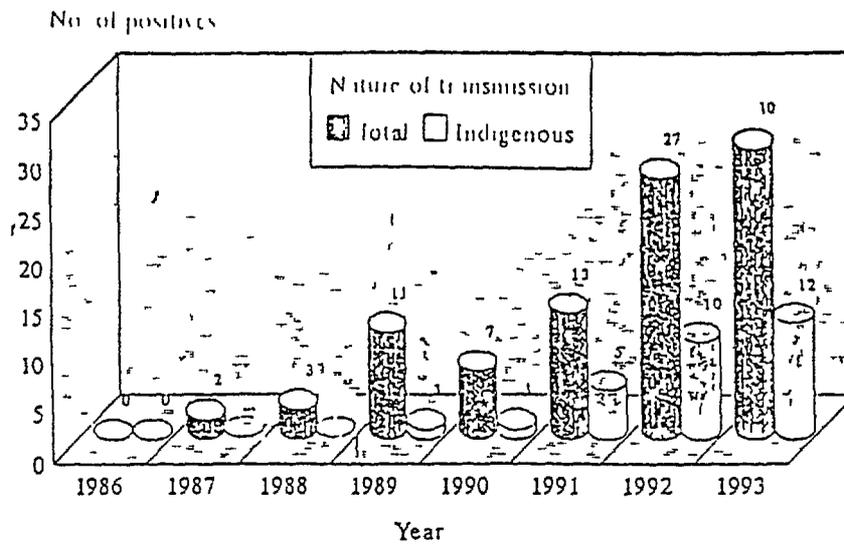
source STD AIDS control programme

INDIGENOUS ACQUISITION OF HIV



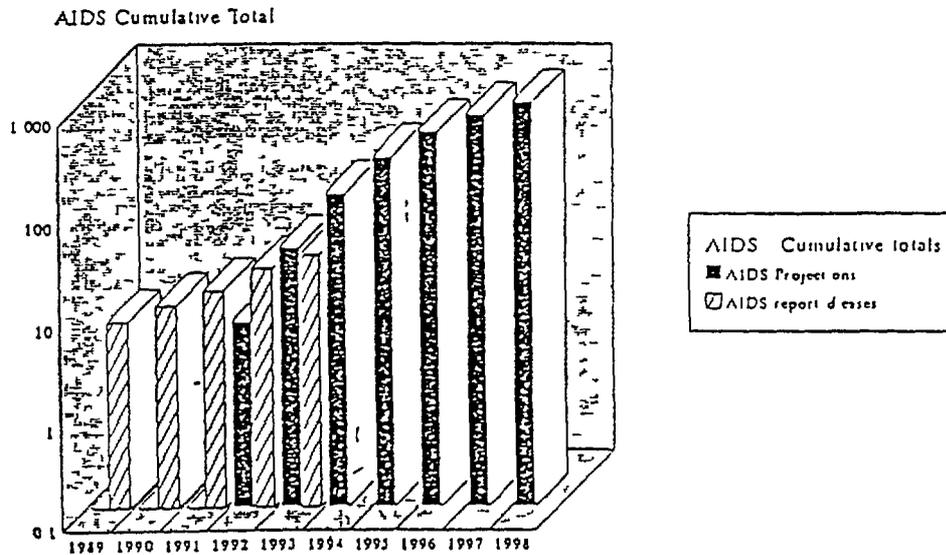
source STD AIDS control programme

HIV/AIDS in Sri Lanka Indigenous Transmission – 1986-1993



*Until 15th October, 1993
 Source STD/AIDS Control Programme

HIV/AIDS Projections – Sri Lanka Comparison with actual figures



STD/AIDS Control Programme

ATTACHMENT B

USAID PVO GRANTS FOR AIDS PREVENTION ACTIVITIES

Community Front for the Prevention of AIDS (CFPA)

CFPA is a newly-formed coalition of the Lions, Rotary, Kiwanis and Jaycees. These clubs regard AIDS awareness activities as part of their commitment to public welfare causes.

Objectives

CFPA received a 2-year grant from USAID/Colombo in late 1993 to implement a program with the following objectives:

- 1 Increase understanding of general public on facts about AIDS, its transmission and safe sex techniques,
- 2 Increase condom availability, not only in plain view in pharmacies but also sold openly in grocery shops and cigarette stands (initially in Southern Province),
- 3 Decrease number of child sex workers in Southern Province,
- 4 Increase knowledge and appropriate behavior change among all sex workers in Southern Province

Target groups identified in the project proposal include youth, general public, community leaders, hotel workers, and high risk groups in the tourist belt along the southern coast.

CFPA has developed three primary activities to reach these objectives:

- 1 Mass media advertisements, and small media production and distribution,
- 2 Formation of community task forces for the prevention of AIDS throughout the country. The task forces will then organize an anticipated total of 75 public awareness seminars,
- 3 Outreach and counseling for sex workers in the Southern Province

There are also plans to produce display racks for condoms and to encourage a wide variety of shops and cigarette stands to display condoms and point of purchase materials, initially in the southern province near the counseling intervention sites.

Progress to date

Activity 1. Mass media

Two different newspaper ads were developed and published in Tamil, Sinhalese and English language dailies during November and December 1993. Copies of the ads are attached. The main message was to get the facts out about AIDS, its presence in Sri Lanka, and the need for safe sex. Radio spots were aired on all channels in December.

Feedback on the campaign in the form of telephone calls to CFPA included negative comments on placing a Tamil-language ad in a Sinhalese-language newspaper and vice versa, but there were no reports of dissatisfaction with the message itself (which was quite specific about penetrative sexual intercourse and the risk of multiple and casual sex without condoms). Other anecdotal feedback the team received during the assessment was that, because one ad used a picture of "umbrella lovers", many people incorrectly thought that this group was infected and should be shunned.

CFPA has hired an ad agency to conduct an island-wide survey to assess the impact of this newspaper and radio campaign. The study is completed and CFPA expects the report soon.

A 30-second TV commercial is being developed, with the main message of being faithful to one partner.

Activity 2: Task Forces and Seminars

No task forces have been created under this project's influence to date. There is one task force in Negombo (a beach area famous for boy CSWs) which CFPA promotes as a model in their literature. The 1993 NACP External Review team visited Negombo and found that the Negombo task force was formed by the police and is not effective in reaching the groups which really need information about AIDS. It was reported that the task force routinely arrests young men and forces them to sit through lectures.

CFPA states they are focussing their energies on getting task forces established in Kandy, Nuwara Eliya and two locations in the Southern Province. The leaders of CFPA are Lions, and are trying to encourage other clubs such as Rotary and Kiwanis to take more initiative in these efforts, but to date have had little collaboration.

Activity 3: South Coast

CFPA's branch office in Hikkaduwa targets commercial sex workers (CSWs) at four sites along the Southwestern coast: Bentota, Hikkaduwa, Unawatuna and Matara. Dr. A. J. Weeramunda, a behavioral research scientist on sabbatical from the University of Colombo, supervises a staff of program coordinators and field workers. The project is starting to establish good rapport with the female and male CSWs working in the area. To date, the project has developed

a better understanding of CSW behaviors and organization, and is now moving into more focussed behavior change strategies, including counseling and training on the use of condoms. Frequent police harassment has made their work more difficult.

Recommendations

1 The CFPA project is filling an important need in providing targeted outreach and behavioral change counseling for CSWs in the southern province. Because the project has a behavioral scientist employed to supervise the counseling team in gaining access to persons with high risk behavior, this project is likely to achieve some success in at least identifying members of the target groups (both male and female CSWs in different sites along the southern coast) and understanding the behaviors and attitudes that might place them at risk of HIV infection. It is encouraging to hear that plans are being made to obtain dildos to actually train counseling clients on proper condom use, and that the project is also seeking ways to make condoms more accessible.

2 The project should be encouraged to document and share lessons learned in the process required to identify and establish rapport with CSWs. Information on the actual behaviors, motivations and possible intervention points would also be very useful to other groups attempting programs targeting CSWs.

3 Focus behavior change interventions more rigorously on those CSWs with larger numbers of partners and those catering to the Sri Lankan population. These CSWs are at higher risk of acquiring and transmitting STDs and HIV, and are more important in the indigenous epidemic.

4 The mass media and seminar activities conducted under this project seem to duplicate similar efforts of the many other groups involved in awareness raising campaigns. Because CFPA is in the position to conduct effective large-scale awareness campaigns, it is important that they begin to apply the concepts of market segmentation in order to pre-test and target messages to specific segments of the population.

Sri Lankan Association for Voluntary Surgical Contraception (SLAVSC)

USAID provided \$55,200 for the Sri Lankan Association for Voluntary Surgical Contraception and Family Health (SLAVSC) to implement activities for AIDS prevention, education & counselling.

Objectives of the project.

a) To develop the knowledge and skills of volunteer health workers to enable them to provide information to at-risk groups regarding HIV infection and the risk of sexual behaviors leading to HIV infection and to inform HIV positive patients of the care needed to prevent transmission to others.

b) To provide counselling services to at-risk groups and to HIV positive patients

Progress to date

With this funding from USAID's PVO Co-financing Project, SLAVSC is establishing counselling centers in Kandy, Nuwara Eliya, Dambulla, Kegalle, Kurunegala, and Anuradhapura. The centers will provide FP counseling, HIV/AIDS counseling and testing (testing will be conducted at the provincial hospital), and distribute temporary method contraceptives including condoms (currently from the Family Health Bureau). The Kandy center opened in November 1993 and is already providing FP counseling to tea plantation estate workers. The five other centers are scheduled to open on March 1, 1994. The counsellors, two women and four men, are currently being trained in HIV/AIDS counseling. Their professional backgrounds include Public Health Inspector, Community Health Officer and Public Health Nurse. The counselors will in turn recruit and train a total of 10 outreach field workers. The counsellors and outreach workers will be responsible for interacting with the target populations in their respective districts. Target groups include hotel workers, plantation estate workers, military personnel, and persons who have returned after employment abroad, especially from the Middle East.

Since the counselling centers also provide counselling in family planning, it is expected that they are likely to draw a more streamline population, such as married women rather than single sexually active women and men. Outreach workers need to be trained to access and work with target audience. The counsellors were found to be more knowledgeable in family planning than in HIV/AIDS. Since the counsellors were still undergoing training, it was not clear whether or not their commitment to HIV/AIDS counselling will improve after training, and when they go on job. In general, the IEC strategy and materials contain only subtle information regarding HIV/AIDS prevention, with a focus on awareness rather than promoting genuine behavior change.

Recommendations

a) The training curriculum for both counsellors and outreach workers be strengthened to include more focused information on HIV/AIDS prevention and counselling techniques for the segmented audiences.

b) The strategy of behavior change communication, as well as its responding approach and materials, should be emphasized in order to effectively influence the perceived social norms related to risk-reduction behavior at both the individual and community levels. In this regard, it will be useful for the Project Coordinator to be exposed to the concept, philosophy, strategy and techniques for behavior change communication, and

c) Effective IEC materials should be made available for outreach workers and counsellors. These IEC materials, especially,

"small media" (brochures, posters, videos, slides, auto cassettes, flip charts, etc), should be pre-tested with target audience to increase their effectiveness in encouraging change in perceived social norms related to condom use, STD control, and partner reduction

Community Development Services (CDS)

CDS is a national family planning NGO which runs the Suva Sevana FP clinic in Colombo CDS conducted a seminar on "Tourism in the AIDS Era" in October 1992 Drs Malcolm Potts and John Baker were speakers at the seminar as well as in an episode of the prime time local talk show "News and Views"

Objectives

CDS has received a \$159,617 grant under USAID's PVO Co-financing Project to meet the following objectives

- 1 To inform and educate target groups on AIDS, its prevention and control
- 2 To provide pre-testing counseling services and voluntary confidential HIV testing to clients of the Suva Sevana clinic

Target groups include hotel management, tour operators and guides, Free Trade Zone employees, Sri Lankans leaving for work overseas, teenage school children, Aryurvedic and indigenous medical practitioners, and clients of the Suva Sevana clinic

Progress to date

(1) HIV/AIDS counselling and testing services have been integrated into the services provided at the Suva Sevana Clinic (the testing is conducted at the Central Venereal Disease Clinic laboratory),

(2) the production of an AIDS education booklet in Sinhala, Tamil and English to be taught during the Life Education period in secondary schools,

(3) collaboration in research to develop ayurvedic palliative measures for AIDS,

(4) AIDS awareness program targeting the tourism industry (seminars for hotel management personnel, travel agents and tour operators, and a series of lectures on AIDS to be integrated into the 6 month curriculum of hotel schools,

(5) AIDS awareness program targeting overseas workers (seminars for managers of recruitment agencies, production and distribution of educational leaflets through the Sri Lankan Foreign Employment Bureau, emigration/ immigration and customs authorities at the Airport),

(6) AIDS education intervention targeting the 65,000 mostly female workers employed in the Free Trade Zones. The latter intervention has been difficult to implement because management will not allow seminars to take place at the factories during working hours.

CDS also plans to conduct a three day training of trainers (TOT) residential workshop to train 30 NGOs to conduct HIV/AIDS education using flipcharts, slides, videos and other materials. The workshops will also address attitude restructuring issues.

Recommendations

None in addition to the general recommendations for all USAID grantees - move into behavior change interventions, and coordinate efforts more closely with other NGOs.

Adventist Development Relief Agency (ADRA)

ADRA/Sri Lanka is new to the field of AIDS/STDs. It is currently implementing a \$245,770 project called "West Coast AIDS Project" for which \$185,000 is provided under USAID's Private Co-Financing Project. The 18 month project focuses on the West coast area, from Negombo to Galle. It is aimed at raising AIDS awareness through drama presentations, videos of these dramas, and the distribution of brochures with a tear-off section that can be mailed for additional information. Although the project proposes to target prisoners, sailors, long-distance drivers and port workers, ADRA is having difficulty prioritizing and operationalizing behavior change interventions for these groups. Under the project, ADRA has conducted half day conferences for Buddhist, Moslem and Christian clergymen in Colombo and Kandy. The Director was recently in Bangkok to learn from the experience and projects of ADRA/Thailand.

ATTACHMENT C

Other NGOs visited by the assessment team

Family Planning Association of Sri Lanka (FPASL)

The FPA currently runs two FP clinics, one in Colombo and the second in Kandy. The 258 FP clinics formerly run by FPA have been run by the government since the 1970s. FPA was funded through the AIDSTECH PVO Small grants Program to organize and implement AIDS education activities for FPA volunteer health workers, school teachers and counselors, managers of tourist enterprises and, leaders and counselors of youth organizations.

FPA continues to conduct information campaigns throughout the country (except in the North and Northeast) for a variety of audiences, including police, school children, cinema goers, volunteer health workers (single women ages 20-30) and the general public. The current effort is a "crash course" for teachers who will then be able to instruct their students on the facts about AIDS. This course is seen to complement current efforts of the HEB, which has developed a curriculum for school children and will introduce the course through teacher training activities over the course of this year.

FPA also conducts condom social marketing activities, providing 73% of the approximately 9 million condoms available in Sri Lanka. Population Services International (PSI) provided assistance in 1973 and the Futures Group in 1991. The program, which is no longer subsidized, markets four brands of condoms (Preethi, Moon Beam, Stimula and Rough Riders) primarily in pharmacies and groceries (6,800 outlets). Wherever the Preethi sign is displayed, FPA condoms can be purchased.

In 1993 FPA marketed 7 million condoms, 4% more than the previous year. However, FPA estimates that only 5 percent of those condoms are used for disease prevention, and is planning a more vigorous marketing strategy to encourage use for disease prevention. FPA has produced videos on AIDS and on condom use.

CARE Sri Lanka

CARE Sri Lanka has been operating in the country since 1956. In addition to the Colombo headquarters office, CARE has seven area offices (Kandy, Kurunegala, Jaffna, Batticaloa, Galle, Anuradhapura and Kilinochchi) and a total of 120 staff members, 40 of them in Colombo. Although CARE has not been working in the health sector, CARE projects have emphasized community organization and empowerment and capacity development.

CARE is implementing relief and rehabilitation efforts in the ethnic war-torn North and Northeast regions where the NACP has not been able to work. Many of the projects are coming to a close in the not-so-distant future, and the new director is interested in

working in STD/AIDS The staff includes an experienced training director Although CARE/SL has no experience in STD/AIDS, it does have access to the Regional Technical Advisor on Health based in the Philippines Other CARE programs in Asia have experience training NGOs They have been helping UNHCR on areas affected by conflict and displaced persons

Sri Lanka Anti-Narcotics Association (SLANA)

SLANA was established in 1987 and its mandate is the primary prevention of drug abuse among youth through awareness and education programs in the community and in the workplace They have produced a number of educational booklets and posters that are used in schools SLANA counts 5,000 members who receive a bimonthly newsletter in English and in Sinhala They are currently conducting a survey in five provinces on youth ages 15 to 25 years as follows 100 prisoners, 100 juvenile delinquents, 100 STD patients (at CVDC), 300 SLANA members and a 1,500 sample from the community (door-to-door cluster survey) The survey will help to develop guidelines for integrating AIDS awareness and education into their current programs

Population Services Lanka (PSL)

PSL is one of the four family planning associations in the country (the other three being FPA/SL, SLAVSC and CDS) and performs about half of all sterilization procedures in the country PSL runs four FP clinics and one nursing home Its sister organization, Marie Stopes Services Lanka, runs nine polyclinics, three in Colombo and the other six in Galle, Hatton, Kegalle, Kalutare, Purnegale and Matale (one of the Colombo clinics was visited on 22 February, see below)

PSL has no formal ties with Population Services International (PSI) PSL has a contraceptive marketing program with outlets in pharmacies and supermarkets in Colombo and its suburbs It introduced the Romantic brand condom two years ago from Malaysia (three condoms for 15Rs) and the Playboy condom from Dongkuk, Korea (three 'ordinary' condoms for 10Rs and three 'ribbed' condoms for 15Rs) in November 1993 Retailers have a 20% profit margin PSL is planning to introduce a less expensive brand in the near future The candidate is a condom manufactured in China which is presently being tested by IPPF for quality Since PSL has no funding for promotional activities, it selects condoms with attractive packaging and covers It hopes to expand its outlets to hotels and other non-traditional outlets in the future

National Youth Services Council (NYSC)

The NYSC functions as a statutory body under the Ministry of Youth Affairs It has approximately one million members, ages 15 to 29 years old NYSC youth activities are vast, including career training, self-employment and vocational training, and social awareness programs

In coordination with the Health Education Bureau and World View International, NYSC conducts several activities to raise AIDS awareness among youth through its 6,000 Youth Centers around the country. These activities include seminars, poster exhibitions, and training youth leaders about AIDS. Youth leaders, with assistance from local health extension workers, then organize exhibitions and give lectures to other youth in his/her district.

Thus, NYSC has integrated AIDS awareness activities into its "normal" activities at three levels: national, regional and district. NYSC is preparing a proposal for the Asian Youth Council, United Nations Social Development Programme. Activities will be organized in six themes: education, employment, hunger, health, environment, and drug abuse. As part of the health theme, AIDS awareness will be covered in safer sex education activities for youth at risk.

MARGA Institute

MARGA Institute, Sri Lanka Centre for Development Studies, is a private, multi-disciplinary research body set up in 1972, with main activity in development research within a value-oriented framework. Since its inception, MARGA has engaged in several other activities, which include program on publications and seminars.

One such activity was the Training Program for Print and Broadcast Journalists, a workshop which was funded by the Asia Foundation. This program includes six workshops such as craft of journalism, sociology of news, coverage of parliament and courts, investigative journalism, advocacy and communication. AIDS issues are usually brought up for discussion by participants. During the workshop on "Quality of Life", held in 1993, AIDS was covered in more depth. Otherwise, there has not been any attempt to train journalists in quality reporting in HIV/AIDS.

National Institute of Business (NIBM)

NIBM focuses on human resource development, with the mission to improve the competitiveness of Sri Lankan enterprises by enhancing productivity through the development of management skills and systems. In its management development & training program, NIBM provides international training, public courses, as well as in-house programs. NIBM also has experience in developing tailored-made courses for specific interest groups. Although NIBM has offered courses in communication skills development, it does not focus on behavioral change communication. However, NIBM would be interested in, and capable of, developing courses in behavioral change communications for NGOs.

Organization of Professional Associations (OPA)

OPA conducts a program called OPANGO which is involved in training NGOs. The main focus of the program is on developing professional and NGO partnerships in national development in a participatory democracy. It's a forum for professionals and NGOs.

to explore ways to work cooperatively. Since OPA has conducted training and seminars in health, medical science, and family planning, which were well participated by NGOs, and since the OPANGO program has gained trust and cooperation from NGOs, they could play a strong role in NGO development for AIDS prevention.

ATTACHMENT D

SITES AND ORGANIZATIONS VISITED

Colombo

- 1 USAID Mission/Sri Lanka
- 2 National STD/AIDS Control Programme
- 3 Family Planning Association (FPA)/Sri Lanka
- 4 Department of Fisheries and Aquatic Resources
- 5 United Nations Development Programme (UNDP)
- 6 Community Front for the Prevention of AIDS (CFPA)
- 7 Health Education Bureau, Ministry of Health and Women's Affairs
- 8 World Bank visiting team
- 9 Friendship House
- 10 Adventist Development and Relief Agency (ADRA)
- 11 Community Development Services (CDS)
- 12 World Health Organization (WHO)
- 13 National Youth Services Council
- 14 Marga Institute
- 15 Organization for Professional Associations (OPA)
- 16 National Institute for Business Management (NIBM)
- 17 Japan International Cooperation Aid (JICA)
- 18 Informal meetings with CSWs
- 19 United Nations Family Planning Association (UNFPA)
- 20 United Nations Children's Fund (UNICEF)
- 21 Population Services Lanka (PSL)
- 22 CARE Sri Lanka
- 23 Central Venereal Disease Clinic (CVDC)
- 24 Informal meetings with chemist proprietors
- 25 Sri Lanka Anti-Narcotics Association (SLANA)
- 26 Norwegian Agency for Development Co-operation (NORAD)
- 27 Ansell, Sri Lanka
- 28 Sri Lanka Medical Association (SLMA)
- 29 College of General Practitioners
- 30 Independent Medical Practitioners' Association (IMPA)
- 31 Marie Stopes Services Lanka
- 32 Asian American Free Labor Institute (AAFLI)

Kandy

- 1 Sri Lankan Association for Voluntary Surgical Contraception (SLAVSC)
- 2 Interviews with pharmacists and shop keepers

Hikkaduwa, Galle and Unawatuna

- 1 CFPA branch office in Hikkaduwa
- 2 Unawatuna beach

Ratnapura

- 1 Provincial hospital and STD clinic
- 2 Red Cross divisional office
- 3 Ratnapura Gem Bureau and Laboratory
- 4 Dharmasalawa Piriwana (Temple school-based NGO)

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- National Medium Term Plan, draft Nov 1988
- Report on the Sexually High-Risk Groups in Sri Lanka by Prof Nandasena Ratnapala
- Report on Sri Lankan Survey on Knowledge Attitudes and Behavior related to HIV/AIDS, December 1989, Dr A J Weeramunda
- Project Document for Development of a National AIDS/STD Prevention and Control Programme, signed by UNDP and WHO, August 1991
- List of NGOs actively involved in AIDS Activities
- IEC pamphlets and brochures, coaster, stickers

II Central Venereal Disease Clinic, Colombo

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- Draft flowcharts for the standard management of STDs prepared in December 1993

- III Health Education Bureau, Ministry of Health and Women's Affairs
- A Report on the Study of Knowledge and Attitudes on HIV/AIDS, by M D Dharmasene, BA, DHE, MSc and L W Karuanaratne, MPH, PhD
 - Posters, brochures
 - Strategy for AIDS prevention and planned activities
- IV Family Planning Association of Sri Lanka (FPA/SL)
- Sri Lankan Youth a Study on Reproductive Health Awareness
 - FPA Sri Lanka Strategic Plan
 - 100 Most Common Questions (human reproductive health programme - 15 of which are on AIDS)
 - Pre-post questionnaire for human reproductive health (sex education) programme
 - Printed handout from Training Division
 - World AIDS Day poster
 - Training curriculum for Army, Navy, Air Force and Police
 - Annual report
- V Community Development Services (CDS)
- List of AIDS programmes conducted by CDS
 - "AIDS Meeting the Challenge in Sri Lanka"
 - Mission statement
 - "Safety Tips on AIDS" (laminated card)
 - other brochures in sinhalese
 - project proposal
- VI Adventist Development Relief Agency (ADRA)
- mock-up on AIDS brochure
 - "A look at the Adventist Development Relief Agency"
 - Compassion in a time of AIDS (a paper for Christian communities)
 - "Butterfly" script for one of their drama skits
 - project proposal
 - ADRA "coco" Notes (newsletter)
- VII Community Front for the Prevention of AIDS (CFPA)
- project proposal
 - report of activities with copies of mass media ads
 - small media - stickers, brochures
- VIII Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC)
- project proposal
 - counseling training curriculum
 - Statistics on Health Institutions and Ayurvedic Treatment Centers in the Central Province

IX Sri Lanka Anti Narcotics Association (SLANA)

- Questionnaire for ongoing "A Study on Youth as a Guide to Prevention" survey
- Information package samples of Newsletter and educational materials

X Others

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- January/February 1994 Survey Questionnaire, SLANA

XI Condoms

- Socially marketed brands purchased in shops Preethi, Moon Beam, Stimula, Rough Rider
- Distributed through government health services Rose Tex (Family Health Bureau), Don Kook (STD/AIDS Control Programme Office/WHO)
- Commercially marketed brands purchased in shops Sheer Touch (Forbes Ceylon), Romantic & Playboy (Population Services Lanka), Rakshak (Hindustan Latex Ltd)