EVALUATION OF THE USAID AIDS HELP PROJECT

Submitted by:
The Synergy Project
TvT Associates, Inc.
And
University of Washington

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Submitted to:
The United States Agency for International Development/Peru
Under Contract No. HRN-C-00-99-00005-00

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ACRONYMS AND FOREIGN TERMS

ART	Antiretroviral therapy
BCC	Behavior change communication
BCI	Behavior change intervention
CDC	Centers for Disease Control and Prevention
CEPESJU	Centro de Estudios de Problemas Económicas y Sociales de la Juventud
CERETS	Centro de Referencia de Enfermedades Transmisión Sexual
COPRECOS	Comité de Prevención Contra el SIDA de las Fuerzas Armadas del Peru
ENDES	National Demographic, Education and Health Survey (Encuesta Nacional de Demografía, Educación y Salud)
FSW	Female sex worker
GAM	Self-help group (grupo de ayuda mutua)
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HPN	Office of Health, Population and Nutrition
IEC	Information, education and communication
INPPARES	Instituto Peruano de Paternidad Responsable
JERECIAS	Unit of PROMUDEH
MCH	Maternal and child health
MHOL	Movimiento Homosexual de Lima
MOH	Ministry of Health
MSF	Médecins sans Frontières (Doctors without Borders)
MSM	Males who have sex with males
NGO	Nongovernmental organization
OGE	Oficina General de Epidemiología
PAHO	Pan American Health Organization
PEP	Peer educator (promotor de educación en pares)
PHC	Primary health care
PLWHA	Persons living with HIV/AIDS
PROCETSS	National Program for the Control of STDs and AIDS (Programa de Control de Enfermedades de Transmisión Sexual y SIDA)
PROMUDEH	Ministry of Women's Advancement and Human Development
PROSA	Programa de Soporte a la Autoayuda
RCS	Red SIDA Perú (Peruvian AIDS Network)
RPR	Rapid plasma reagin
STD/STI	Sexually transmitted disease/sexually transmitted infection
UAMPS	Unidad de Atención Medica Periódica
ULE	Urine leukocyte esterase
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSCHO	United Nations Day in the Schools
UPCH	Universidad Peruana Cayetano Heredia
USAID	U. S. Agency for International Development
USNAMRID	U.S. Naval Medical Research Institute Detachment, Lima, Peru
WHO	World Health Organization

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EXECUTIVE SUMMARY

SCOPE OF WORK

The scope of work (appendix A) for this final evaluation of the AIDS Help project included four objectives:

1. Assess progress toward achievement of described results and assess the performance of the Ministry of Health (MOH)/Programa de Control de ETS y SIDA (PROCETSS) as the implementing entity and of the U.S. Agency for International Development (USAID) as the funding agency;

2. Determine the status of the project, potential information, education and communication (IEC) and nongovernmental organization (NGO) health care network activities;

3. Evaluate financial, institutional, and social sustainability of the project; and,

4. Determine the impact of transferring project activities to the VIGIA project.

The AIDS Help project was supported by USAID (total three-year budget: $1,000,000) and was implemented by the MOH/PROCETSS between January 1, 1997, and December 31, 1999. The evaluation in Peru took place from January 12, 2000, through January 23, 2000, in Lima, Callao, Iquitos, Trujillo, Chimbote, and Chiclayo (appendix B). Evaluation activities included meetings and presentations from representatives of the following institutions: USAID; MOH/Peru, including the PROCETSS team and VIGIA project director and the Oficina General de Epidemiología (OGE); the military Comité de Prevención Contra el SIDA de las Fuerzas Armadas del Peru (COPRECOS); United Nations organizations, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Day in the Schools (UNSCHO); NGOs and community members from high-risk populations, including males who have sex with males (MSM) and female sex workers (FSWs); Instituto Materno Perinatal, Universidad Peruana Cayetano Heredia (UPCH), San Marcos University, and Hospital Carrion in Lima and Callao; interinstitutional (or intersectoral) roundtable discussions concerning human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS); and PROCETSS operational units in each of the cities visited; and, review of the many documents provided by USAID, PROCETSS, VIGIA, and others (see appendix C), including the AIDS Help Activity Design and the final project report prepared by PROCETSS.

FINDINGS

Epidemiology of HIV/AIDS in Peru

The Peruvian HIV epidemic remains largely concentrated in high-risk populations, with the highest prevalence among MSM, ranging from 14 percent prevalence in Lima to an average of 4.7 percent in seven cities other than Lima. In Lima, the observed annual HIV incidence has been 3.3 percent in a cohort of MSM (the ALASKA cohort), which is 2–3 times higher than the average annual incidence of 1.6 percent among comparable groups of MSM from six U.S. cities for the years 1995–97. The HIV prevalence among FSWs in Lima has ranged from approximately 1 percent to 3 percent, and the prevalence among pregnant women throughout Peru has ranged from 0.3 percent to 0.5 percent. Interviews of HIV–infected pregnant women in Lima and of their male partners indicate that the majority of such women appear to have been infected by male partners who either had sex with other males or with FSWs.

The proportion of reported AIDS cases involving women has been gradually increasing in Peru (for 1998, approximately 25 percent were female) as has the proportion of cases among men attributed to reported heterosexual activity (for 1998, 55 percent of men reported with AIDS were heterosexual, while 45 percent were homosexual or bisexual).

A substantial minority (approximately 20 percent) of both HIV–positive and HIV–negative MSM in Peru report bisexual behavior and represent a potential bridge for transmitting HIV and STDs to heterosexual populations. Similarly, a large proportion of young Peruvian men report sex with FSWs (35 percent within the past year) and represent a large bridge population for transmission of HIV from high- to low-risk women.

PROGRESS TOWARD DESIRED RESULTS AND CURRENT STATUS OF PROJECT

Overview of the PROCETSS Program

During the past three years, PROCETSS has been developing a sexually transmitted disease (STD)/HIV–prevention program that represents a model for the Andean region.[1] For example, Peru was among the first three countries in Latin America (with Brazil and Bolivia) to adopt syndromic management of STDs and to begin zidovudine prophylaxis to prevent perinatal HIV transmission in 1996. The program strategy is guided by epidemiological data; interventions are evidence based and are being scaled up to cover most medium-sized cities throughout the country by the end of the year 2000. The program uses peer educators (PEPs) working with MSM and FSWs, and in Lima, Callao, and Iquitos, with youth to promote condom use and prompt use of strengthened STD/HIV

[1] Holmes, K.K. and Prada, G. "Prevention of STD/HIV in the Andean region: models for other regions?" Symposium presented at the 9th International Congress on Infectious Diseases, Buenos Aires, Argentina, April 10–13, 2000. Abstracts 29.001–29.004.

prevention services. The behavior change communication (BCC) materials produced are of high quality, accessible, acceptable, and widely used, including by the large work force of PEPs who have face-to-face contact with high-risk populations. Visits to several regions outside Lima allowed direct assessment of the strength of the regional offices of PROCETSS. These were observed to be dynamic, well managed, and coordinating very active programs in Iquitos, Chiclayo, and Trujillo, but were acknowledged by PROCETSS staff to be weaker in selected regions not visited.

Behavior Change Interventions (BCI)

Interventions have focused on motivating changes in sexual risk behavior promoting condom use and encouraging appropriate use of STD services among highly sexually active persons. These interventions have been developed in a technically sound manner and have included a range of approaches, most notably the use of printed media (brochures and fliers) and videotapes coupled with an impressive capacity to deliver face-to-face education/motivation and condoms by both peers and trained counselors. Surveillance and ongoing epidemiological research suggest that this approach has improved condom use behavior and lowered STD rates in high-risk groups, but analyses of these data are incomplete. PROCETSS has made efforts to explain the potential impact of the epidemic in demographic and economic terms to stimulate a favorable policy-making environment, and this is thought to have helped with increasing budgetary support by the MOH, but there is little evidence that these efforts have reached other key policy makers at the highest level of government or influential individuals in the business community.

Nongovernmental Organizations (NGOs)

The most effective NGOs working with HIV/AIDS prevention are either based in Lima or have focused their activities there, but there is recognition both by the government and by these NGOs of the importance of building community-based programs in other cities of the country. During the AIDS Help project period, several operational research activities were funded by PROCETSS, undertaken by NGOs, and used by PROCETSS primarily in the development of BCC materials for high-risk behavior groups. NGO staff collaborated with PROCETSS to train peer educators and STD counselors and were included in PROCETSS' training activities to a limited extent. Process indicators suggest that these activities had a positive impact on NGO capability and the sustainability of NGO efforts, but this was not systematically assessed.

The System of HIV/STD Service Delivery

This system appropriately focuses on primary prevention of transmission, and on secondary prevention of opportunistic infections among those with known HIV infection. Funds from the social security and military systems provide antiretroviral treatment for limited numbers of persons with AIDS (e.g., approximately 300 persons). The potential cost of antiretroviral drugs for treating 1,000 individuals with AIDS in Peru probably ranges from at least $7 to 10 million per year for drugs alone, depending on the type of

triple combination antiretroviral therapy used (this calculation excludes laboratory, personnel, and other health care infrastructure costs). The current system of syndromic management of STDs can be modified by eliminating treatment for cervical infection from the vaginal discharge algorithm, with considerable cost savings.

SUSTAINABILITY OF THE PROJECT

Financial and institutional sustainability is evidenced by the commitment from the government of Peru, which has steadily increased the budget for PROCETSS from 7,500,000 soles in 1997 to 18,500,000 soles in 2000, with considerable regional and local support leveraged by these funds. For example, based on interviews in Iquitos, it was estimated that for one position funded by PROCETSS, there were 35.5 positions fully or largely committed to HIV/AIDS/STD care and prevention that were funded by local and regional MOH sources.

The Centro de Referencia de Enfermedades Transmisión (CERETS)/Unidad de Atención Medicas Periódica (UAMPS) services are provided at no charge to FSWs and MSM who voluntarily seek care in Peru. The Peru program emphasizes civil liberties but not cost recovery. The World Bank has emphasized the "negative externalities" of STD and HIV infection, resulting in the failure of market forces to ensure delivery of services to those who should receive them. The public good resulting in rendering an infected person less infectious warrants and dictates the use of public funds for STD treatment throughout the world.[2,3]

IMPACT OF TRANSFERRING USAID SUPPORT ACTIVITIES FROM AIDS HELP TO THE VIGIA PROJECT

The VIGIA project mission, goal and purpose, policy underpinnings, linkages, and activity interventions (surveillance, applied research, prevention and control, and strengthening laboratory resources) are sufficiently broad and inclusive to encompass a range of important HIV/AIDS/STD prevention activities. PROCETSS is the governmental agency within the MOH responsible for HIV/AIDS/STD prevention and care in Peru. Under AIDS Help, the USAID AIDS Help project coordinator related directly to PROCETSS. The current channeling of USAID support for HIV/AIDS/STD activities via the VIGIA project (Addressing Threats of Emerging and Re-Emerging Infectious Diseases) shifts the locus of control dynamics for USAID support for HIV/AIDS/STD. VIGIA interacts closely with OGE and the National Institute of Health, as well as with PROCETSS. The need for development of overall consensus between USAID, VIGIA, and PROCETSS on mutual goals and objectives, as well as criteria and processes for selecting specific activity priorities, are discussed below. In addition,

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[2] Ainsworth, M. and Over, M. *Confronting AIDS: Public Priorities in a Global Epidemic.* A World Bank policy research report, Oxford University Press, 1997.

[3] Ainsworth, M., Franzen, L., and Over, M. *Confronting AIDS: Evidence from the Developing World*. The European Commission, Brussels, Belgium, and the World Bank, Washington, D.C.: Office for Official Publications of the European Communities ISBN 92-828-4991-0, L-2985 Luxembourg, 1998. Catalogue number (10 15 05) CF-17-98-572-EN-C.

mechanisms are needed for encouraging and coordinating other USAID program activities (e.g., in policy, human rights, youth, women's health, and reproductive health) involving HIV/AIDS/STD prevention and care.

RECOMMENDATIONS

The following overarching recommendations address future priorities for HIV/AIDS/STD prevention and care in Peru, many of which could represent potential new lines of USAID support.

1. **Establish a multisectoral national AIDS advisory council of the government of Peru**. The council could formally adopt and validate a national five-year strategic plan for AIDS, establish a favorable policy-making environment in Peru, involve key decision-makers within public and private sectors, and further engage the NGO community and persons living with HIV/AIDS (PLWHAs) in planning and implementing STD– and HIV–prevention programs.

2. **Consolidate community-based, regional HIV/AIDS/STD prevention activities at the peripheral level**. Consider slowing the scale up and expansion of the ambitious PROCETSS program development to consolidate and stabilize all that has been achieved to date. Use year 2000 sentinel surveillance data from cities outside Lima to target interventions for MSM and FSWs to highest morbidity regions, and increase emphasis on training, supervision, ongoing monitoring of PEPs and CERETS; implement an improved informatics system; update IEC materials; and, evaluate the impact of the PEP and CERETS/UAMPS programs.

3. **Promote a balance appropriate to the stage of the epidemic and the evolving science of HIV/AIDS prevention and care between a vertical HIV/AIDS/STD system serving high-risk target populations and horizontal integration of HIV/AIDS/STD prevention and care services**. Vertical programs are important when HIV is concentrated in core groups, as those populations historically have been marginalized, stigmatized, and generally unreachable when HIV services were provided primarily through family planning and primary health care (PHC) programs. At the same time, it is important to continue to improve the quality of HIV prevention and the technical level of STD services offered to the general population through programs that see sexually active teens and young adults (e.g., family planning, antenatal, PHC programs, and pharmacies).

4. **Support the continuation and expansion of HIV/AIDS/STD prevention and reproductive health services for youth, including out-of-school youth**. This would include strengthened and expanded health services specifically intended for high-risk youth that encounter considerable barriers to presenting reproductive health concerns to health care providers. It is appropriate to support the development of a network of health care services appealing to youth both within public and private sectors. Such a network also should address the present legal barriers (e.g., need for parental consent)

to adolescent access to reproductive health care services. Recently developed BCC programs to better motivate behavior change and awareness of STD prevention issues among youth (particularly out-of-school youth) require close supervision, monitoring, and strengthening to increase their effectiveness and needs over time.

5. **Maximize the effectiveness of investment in HIV/AIDS/STD prevention in Peru by the national government and donors by supporting epidemiologic, operational, and health services research**. Specifically, support inclusion of the 1996 STD and Sexual Behavior Survey Set in the year 2000 National Demographic, Education and Health Survey (ENDES). In particular, expand the questions for assessing trends in risk behavior and disease morbidity to help evaluate the impact of HIV/AIDS/STD prevention programs over time. Evaluate the cost-effectiveness of the PEP and CERETS programs for diagnosing and managing HIV and STDs, condom promotion, and risk reduction. Assess the potential costs of providing antiretroviral therapy for persons with advanced HIV infection (e. g., CD4 less than 200 or clinical AIDS).

6. **UNAIDS should lead efforts to inform and mobilize other funding agencies, to coordinate a donor group for HIV/AIDS/STD prevention and care, and to strengthen advocacy efforts led by PROCETSS**. USAID could play a lead role among these funding agencies.

7. **Consider the following technical changes in the current PROCETSS program:**

   - Modify the algorithm used by PROCETSS and the reproductive health program for managing vaginal discharge in light of recent data showing low specificity of the vaginal discharge algorithm for cervical infection.

   - Develop a BCC program in diverse settings to motivate clients of FSWs to use condoms and seek STD and HIV screening. Assess the feasibility and applicability of the Thai programs that promote 100 percent condom use among FSWs and that successfully modified sexual behavior among Thai military recruits.

I. BACKGROUND

The global epidemic of human immunodeficiency virus (HIV) has resulted in 50 million cases of HIV infection by the year 2000, with over 15,000 new HIV infections occurring per day in 2000, 95 percent of which occur in developing countries. A recent intelligence report in the United States concluded that emerging infectious diseases—particularly HIV and acquired immune deficiency syndrome (AIDS)—represent a security threat that warrants intensified prevention efforts.

The U.S. Agency for International Development's (USAID's) current Strategic Support Objective is to "increase the use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic." This was built on two overarching themes: the need for continued and expanded emphasis on sustainable responses to prevent HIV transmission and a new emphasis on mitigating the epidemic's impact on people and communities while more closely studying its social economic, and policy impacts.

USAID is using six approaches to achieve this Strategic Support Objective:

- strategies to reduce the sexual transmission of HIV;
- managing and preventing sexually transmitted infections (STIs);
- eliminating barriers to providing HIV/AIDS services to youth, women, persons living with HIV/AIDS (PLWHAs), and other vulnerable populations;
- increasing the capacity of nongovernmental, community-based and commercial organizations to respond to HIV/AIDS;
- increasing the quality, availability, and use of evaluative and surveillance information; and,
- developing and promoting effective strategies for providing basic care and support services for PLWHAs.

Few countries in Latin America have established effective sexually transmitted disease (STD) diagnosis and treatment services for female sex workers (FSWs). In 1995–96, Sanchez et al. found that the previously existing program for periodic examination of FSWs in Lima was ineffective, and that the scope, quality, and efficacy of STD control programs must be more technically appropriate, better managed, and adequately financed.[4] Initial ethnographic research on health-seeking behavior and perceived needs involving collaboration between the Programa de Control de Enfermedades de

[4] Sanchez, J., Gotuzzo, E., Escamilla, J., Carrillo, Carlos, Moreyra, L., Stamm, W., Ashley, R., Swenson, P., and Holmes, K.K. "Sexually transmitted infections in female sex workers: reduced by condom use but not by a limited periodic examination program." *STD* 1998;25(2):82-89.

Transmisión Sexual y SIDA (PROCETSS) and several nongovernmental organizations (NGOs) led to the following changes in the STD program in Lima and Callao:

- modification of STD services configuration to meet perceived needs and to reduce perceived barriers to STD services;
- communication and counseling on risk reduction;
- social support or easy access to related social services;
- condom promotion and motivation of high-risk populations by peer educators (promotor de educación en pares [PEPs]) to seek care for STD signs or symptoms;
- regular periodic examination for symptoms or signs of STD together with screening for asymptomatic STD for the highest risk males who have sex with males (MSM) and FSWs, and appropriate treatment;
- monitoring of the prevalence and incidence of STD to guide the frequency of testing;
- extension of services to FSWs not traditionally served by existing programs with the use of PEPs who are paid to promote the use of services and condoms by other FSWs; and,
- availability of anonymous and confidential HIV testing.[5,6]

The upgraded Lima and Callao programs for FSWs were associated with statistically significant reduction in the prevalence of STDs and significant increases in condom use over time. This successful program is now being scaled up to reach most of the cities in Peru with populations greater than 50,000. A similar program has been undertaken with USAID funding in Bolivia,[7] and the Peru–Bolivia program for STD prevention in FSWs is becoming known as the "Andean approach," and represents an interesting model for STD/HIV prevention in the region.[8]

In recognition of the alarming surveillance data and the weak national AIDS control based on a World Health Organization (WHO)/Global Programme on AIDS review of the

[5] Sanchez, J., Campos, P., Courtois, B., Gutierrez, L., Carrillo, C., Alarcon, J., Gotuzzo, E., Hughes, J., Watts, D., Hillier, S.L., Buchanan, K., and Holmes, K.K. *STD Prevention in Female Sex Workers: Prospective Evaluation of Condom Promotion and Strengthened STD Services.* Manuscript available upon request.

[6] Sanchez, J. et al., 1998, op. cit.

[7] Levine, W.C., Revollo, R., Kaune, V., Vega, J., Tinajeros, F., Garnica, M., Estenssoro, M., Lewis, J.S., Higueras, G., Zurita, R., Wright-De Aguero, L., Pareja, R., Miranda, P., Ransom, R.L., Zaidi, A.A., Melgar, M.L., and Kuritsky, J.N. "Decline in sexually transmitted disease prevalence in female Bolivian sex workers: impact of an HIV prevention project." *AIDS* 1998 Oct 1;12(14):1899–1906.

[8] Holmes, K.K. and Prada, G., 2000, op. cit.

Peru AIDS control program in 1995, USAID/Peru developed a specific program for HIV prevention in 1996–97, Ayuda CONTRASIDA, or AIDS Help, with the goal of strengthening existing institutions and building additional local capacity to conduct HIV prevention. The three Intermediate Results of the AIDS Help program were that

- the major stakeholders in HIV/AIDS were strengthened,
- the overarching environment is more receptive and committed to HIV/AIDS activities, and
- activities in HIV/AIDS prevention, care, and support are more closely coordinated among the stakeholders and within the overarching environment.

The timing of the AIDS Help project in 1996 coincided with the expansion of HIV–prevention and surveillance activities by PROCETSS. The revised goals and strategies employed by PROCETSS were described in a 1996 document, *Doctrina, Normas y Procedimientos para el control de la ETS y el SIDA en el Peru.* PROCETSS leadership played a key role in working with the Peruvian Congress in achieving passage of Reglamento de Ley No. 26626, which addressed the human rights of persons with HIV/AIDS in Peru. PROCETSS undertook four major programmatic foci from 1995–2000:

- Procedures to prevent, diagnose, and treat STDs and HIV/AIDS,
- Interventions to reduce the risk of HIV acquisition in susceptible populations,
- Strengthening of the institutions involved in these activities, and
- Improvement of epidemiologic and surveillance activities to guide and evaluate interventions.

One early indicator of success of these revised strategies by PROCETSS, funded in part by the AIDS Help Project, was the increase in reported AIDS cases from 200 cases in 1994 (reported from 18 locales) to 2,447 cases in 1995 (reported from 82 locales). Another indicator of success was increased governmental recognition of AIDS and support of PROCETSS prevention activities, as manifested by President Fujimori's opening address to the Fifth Pan American Conference on AIDS in Lima in 1997. PROCETSS was also recognized by Dr. Rafael Mazin of WHO in June 1998, as a program that has "achieved a delay in the progression of the diseases" and had "developed or implemented all of the United Nations' recommended strategies, transforming their approach into a model program applicable to other countries";[9] In addition in 2000, the Peru AIDS prevention program was cited by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as one of the best in the world.

[9] Mazin, Rafael. Pan American Health Organization (PAHO), quoted in *Diario el Sol*. "Perú será modelode acción de la lucha contra el SIDA." June 17, 1998.

In summary, PROCETSS had established its prevention priorities and strategies (which paralleled all six of the USAID approaches) when USAID began its support through AIDS Help in 1996. AIDS Help funding was used by PROCETSS to support these activities through surveillance and formative research—much of it carried out by NGOs—to assist in program development, courses on prevention strategies and evaluation for regional directors, condom distribution, development of IEC materials and guidelines, and distribution of the newsletter, *Contrasida*.

PROGRAM AND INSTITUTIONAL SUSTAINABILITY

The definition of sustainability used in this document follows the definition provided in the AIDS Help evaluation scope of work (appendix A). Financial sustainability is the capacity to recover, obtain, or otherwise generate financial resources required for continuity of activities without additional USAID support; institutional sustainability refers to the capacity of MOH health authorities to plan, manage, administer, monitor, and adjust project activities to ensure effectiveness and continuity. Social sustainability connotes ownership by NGOs and other institutions of some project activities.

The longevity of the program in the absence of external support is affected by several features. The first most clear cut feature is the program's cost-effectiveness, or the cost to deliver an intervention that has a measurable impact on health. The many ways to show cost-effectiveness include cost per HIV infection averted, cost per condom distributed per STI or cured, cost per transmission-related contact averted, or cost per daily-adjusted life year saved. Several cost-effectiveness studies have been undertaken in developing country settings, yielding a general picture of the relative cost benefit of different prevention approaches. Although targeted interventions such as condom promotions and STD treatment are ranked among the most cost-effective of health interventions,[10] recent World Bank analyses have concluded that prominent "negative externalities" make HIV/AIDS prevention relatively nonresponsive to market-driven forces of supply and demand, and therefore unusually dependent on long-term public subsidies.[11]

To assess sustainability, one can augment a cost-effectiveness analysis by considering the acceptability to users and policy makers of systems put in place to deliver programs. Acceptability and effectiveness of the program are based in large measure on the level of infrastructure and technology in place, and on how maintenance and upgrading of these resources are anticipated. Acceptability and effectiveness also are tied to how well the program has met the perceived need of priority target group members and to what degree these constituencies support the program on a policy level. Furthermore, sustainability is tied to the program's support from key decision-makers in society.

[10] Over, M. and Piot, P. "HIV infection and sexually transmitted diseases." In Jamison, D.T. *Disease Control Priorities in Developing Countries.* International Bank for Reconstruction and Development, The World Bank, Oxford Medical Publication, 1993, pp. 455–527.
[11] Ainsworth, M. and Over, M., 1997, op. cit.

II. EVALUATION PURPOSE AND METHODOLOGY

The USAID Mission and Synergy scope of work for the evaluation (appendix A) called for the review of the AIDS Help project support to the national program (PROCETSS) with the four objectives listed above. The team was asked to determine the progress made towards the intermediate goals outlined in the original project document (Activity Design) and summarized in detail in the final report submitted by PROCETSS, which describe the key lessons learned from this project experience.

The team also was asked to summarize the financial and institutional capacity at the conclusion of the project and make recommendations to help refine technical emphasis and appropriate channels for future USAID support to the national program. The work plan for the evaluation was drafted by the PROCETSS staff in consultation with USAID/Peru. This plan was then revised by the evaluation team as required based on additional indepth consultation with USAID/Peru and PROCETSS staff and as new information needs emerged.

The data available and the constraints of the 2–week evaluation period limited collection of data quantifying the impact of the PROCETSS AIDS Help project component on STD/HIV transmission patterns in Peru. Emphasis was placed on the process-oriented indicators listed in the original AIDS Help project document and summarized in the PROCETSS final project report. In addition, the team used recommended approaches[12] to assess the technical soundness, quality, and scope of the approaches used by the PROCETSS program.

The evaluation team consisted of three individuals from the University of Washington, a subcontractor to TvT Associates, Inc., under the Synergy project. Team expertise included STD/HIV epidemiology and clinical care, BCC intervention design, and NGO organizational development. After initial orientation from the USAID/Peru Office of Health, Population, and Nutrition (HPN) director, as well as from the directors of the AIDS HELP project and the USAID Quality and Coverage project, the team then reviewed an extensive collection of project-related documentation, including the draft national STD/HIV plan for the upcoming three-year period, existing PROCETSS plans corresponding to key project strategies, national plans for other related health programs, STD/HIV treatment guidelines, and IEC materials produced in the last four years, including training modules, project monitoring tools, and surveillance data collection protocols and forms. The team then conducted approximately 50 indepth interviews with key informants (1–2 hours duration) including PROCETSS staff, the VIGIA director, health services officials, clinic staff, and NGO representatives. Group interviews or focus groups were held with approximately 300 peer educators (MSM, FSWs and youth), sex workers, and clients. Appendix B presents the schedule of evaluation activities in six cities jointly selected by PROCETSS and the evaluation team.

[12] Rossi, P.H. and Freeman, H.E. *Evaluation: A Systematic Approach*. Newbury Park: Sage Publications, CA, 1989.

III. SUMMARY OF FINDINGS AND SPECIFIC RECOMMENDATIONS

OBJECTIVE 1

ASSESS PROGRESS TOWARD ACHIEVEMENT OF DESIRED RESULTS

The expenditures of PROCETSS by category and funding source (from the government of Peru/Ministry of Health and from USAID Ayuda CONTRASIDA) are shown in table 1. The annual government of Peru contribution (not adjusted for inflation) has grown steadily from approximately 7.5 million soles in 1997 to 18.6 million soles in 2000. The USAID Ayuda CONTRASIDA support was 658,000 soles in 1997, 951,000 in 1998, and 1,377,000 in 1999, approximating 10 percent of the total PROCETSS budget. (See appendix D for an organizational chart of PROCETSS.)

Table 1. Funding for PROCETSS from the Government of Peru/Ministry of Health and from USAID, 1997–2000

BUDGET IN SOLES **MINISTRY OF HEALTH/PROCETSS**				
	1997	**1998**	**1999**	**2000**
Period of Operations				
Payroll	195,000	250,000	263,000	325,000
Follow Up of FSWs, MSM		468,000	1,545,000	2,922,780
Information, Education, and Comunication (IEC)				
Printed Material	881,127	1,291,483	1,655,000	
Medications (Treatments)	1,713,644	3,963,817	2,588,327	7,112,390
Laboratory Supplies	2,448,179	2,214,302	4,335,000	5,333,935
Condoms	1,402,050	2,120,698	1,685,147	2,876,495
Training	325,000	361,200	127,000	
Development of Investigation	127,000	127,000		
National Evaluation, Supervision	380,000	407,500	407,500	
TOTAL	**7,472,000**	**11,204,000**	**12,630,000**	**18,570,600**
USAID PROJECT: AIDS HELP				
	1997	**1998**	**1999**	**2000**
Project Personnel	131,970	165,600	111,047	
Technical Assistance	71,616	105,165	137,047	
Investigation	133,420	172,021	54,580	
IEC	72,875	218,093	219,429	
Training	123,239	47,247	4,624	
Coordination (MSM Follow Up)	62,275	122,421	717,855	
Equipment	42,400	28,139	16,446	
Travel (Conventions, Monitoring Visits)	20,701	91,894	115,586	
TOTAL	**658,496**	**950,580**	**1,376,614**	**0**

AIDS Help initially supported a portion of the salaries for all key professional staff of PROCETSS, until these positions became part of the core government of Peru budget for PROCETSS.

These personnel supervised the development of STD/HIV/AIDS sentinel surveillance and the development of the strategic plans and guidelines for clinical care of STDs and HIV, counseling and outreach by peer educators (PEPs), and the information, education and communication (IEC) materials produced by PROCETSS with AIDS Help assistance. These products were of high quality, evidence based, and up-to-date. They have been piloted among appropriate at-risk populations. Extensive training in use of these guidelines may be altering patterns of prevention and care throughout Peru (based on interviews with physicians in Lima, Callao, Iquitos, Trujillo, and Chiclayo). To quote the United Nations Population Fund (UNFPA) director, "The PROCETSS program has become very active and has done a lot since Dr. Sanchez has taken it over" (a period encompassing the AIDS Help project). Evidence from sentinel surveillance and the ALASKA cohort of MSM in Lima demonstrated a very high prevalence and incidence of HIV infection and syphilis in MSM throughout Peru, and relatively high prevalence of all STDs among FSWs. Epidemiologic studies in Lima have demonstrated the importance of these high-risk groups in the transmission of HIV to the general population, through very large bridge populations of bisexual men and clients of FSWs. In contrast, the general population of women, such as those seen in antenatal and family planning clinics, has few sexual partners (the median lifetime number of partners is 1); such women make no contribution to the sexual transmission of STD/HIV.[13,14]

The evidence of effectiveness and impact of improved STD/HIV prevention services, including peer outreach for BCC, promotion of condoms, and utilization of STD services for FSWs in Lima and Callao[15] has also been demonstrated in other countries (e.g., Bolivia, Thailand, Kenya, South Africa, and India). Similarly, the effectiveness of peer-mediated outreach to MSM for risk reduction has been the basis for much of the HIV–prevention effort throughout North America and Europe.[16] The preliminary findings concerning the impact of improved STD/HIV prevention services among FSWs in Lima[17] has led in Peru to the development of a model system of CERETS and UAMPS and peer-mediated outreach for high-risk men and women. This system is being scaled up to cover all large- and medium-sized cities throughout Peru. This represents a remarkable accomplishment for a developing country. Although the quality of the new CERETS clinics visited varied, the quality observed was surprisingly good at five of six clinics visited. Facilities varied from ample (Lima, Iquitos) to adequate (Chimbote, Trujillo, and Juan Olaya clinic in Chiclayo) to poor (Mercedes Hospital, Chiclayo).

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[13] Sanchez, S.E., Koutsky, L.A., Sanchez, J., Fernandez, A., Casquero, J., Kreiss, J., Catlin, M., Xia, M., and Holmes, K.K. "Rapid and inexpensive approaches to managing abnormal vaginal discharge or lower abdominal pain: An evaluation in women attending gynecology and family planning clinics in Peru." *Sex Transm Infec*, 74 (Suppl 1):S85–S94, 1998.

[14] Sanchez, J., Gotuzzo, E., Escamilla, J., Carrillo, C., Phillips, I.A., Barrios, C., Stamm, W.E., Ashley, R.L., Kreiss, J.K., and Holmes, K.K. "Gender differences in sexual practices and seroprevalence of sexually transmitted infections." *Am J Public Health* 1996;86:1098–1107.

[15] Sanchez, J. and Campos, P. et al., op. cit.

[16] Kelly, J. et al. "HIV risk behavior reduction following intervention with key opinion leaders of population: An experimental analysis." *Am J Pub Health* 1991;81:168–71.

[17] Sanchez, J. and Campos, P. et al., op. cit.

The enthusiasm and growing impact of PEPs was evident in all six regions assessed. Again this level of scale up is ambitious, and to quote the coordinator of Medecins du Monde in Iquitos, "The PEPs are important and this program is definitely working." Indeed, the PEPs represent the hallmark of the PROCETSS program; their effectiveness and enthusiasm depend on their continued training and ability to provide IEC, condoms, and referrals for care. The PEPs program exemplifies a community-based prevention program. The turnover in FSW PEPs has been fairly high, so ongoing training is essential. They expressed a perceived need for new materials and new approaches to counseling FSWs. A remaining need is for the development of an outreach program involving BCC for clients of FSWs—a bridging group that represents the major source of transmission of HIV and other STDs to the general population of women.

RECOMMENDATIONS

In the future, PROCETSS' BCC activity should train PEPs and counselors in the CERETS to deliver client-centered counseling, as this has been shown to be effective in reducing the incidence of STDs in Project RESPECT.[18]

PROCETSS should design programs and strategies that focus on potential bridge populations (i.e., male clients of FSWs and bisexual men).

REGIONALIZATION

The evaluation team visited Iquitos, Trujillo, Chimbote, and Chiclayo to assess the impact of the efforts of PROCETSS to export lessons learned in Lima and Callao to other regions in Peru. The extent of regionalization of prevention and care services achieved in Peru is impressive, with strengthening of surveillance, clinical services, and peer outreach for high-risk populations, together with programs implemented through maternal and child health (MCH) clinics for preventing perinatal HIV transmission, congenital syphilis, and counseling as high priorities. The quality of the programs observed was considered good to excellent. Regionalization has moved extremely quickly in the past three years, as is appropriate in an epidemic. However, the need exists now for consolidation with closer supervision, feedback on monitoring activities, and continuing training because personnel turnover is inevitable, and technical approaches continue to evolve in the AIDS field. The behavior changes that the team was informed of first hand from MSM, FSWs, and clients (e.g., decreasing unprotected exposure and an increase in health care seeking) are likely having a major impact on reducing HIV transmission in Peru.

[18] Kamb, M.L., Fishbein, M., Douglas, J.M., Jr., Rhodes, F., Rogers, J., Bolan,G., Zenilman, J., Hoxworth, T., Malotte, C.K., Iatesta, M., Kent, C., Lentz, A., Graziano, S., Byers, R.H., and Peterman, T.A. "Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: a randomized controlled trial." Project RESPECT Study Group. *JAMA* 1998 Oct 7;280(13):1161–1167.

Regional outreach should be consolidated, with closer supervision of PEPs and STD services in CERETS and UAMP as well as timely data analysis of monitoring indicators and feedback, and evaluation of process indicators and impact.

CERETS, UAMPS, AND MCH CLINICS: STDS AND HIV SERVICES

PROCETSS has selected a health center (CERETS) in each of 18 regions that has been strengthened to serve as a reference center for health services for high-risk persons, specifically MSM and FSWs. The center goes through an accreditation system after being trained in STD syndromic management. As an innovative approach, patient advocates are identified, typically an MSM for the hours in which MSM are seen at the health center and an FSW during hours when FSWs are referred for care. A reference laboratory is established for HIV and rapid plasma reagin (RPR) ELISAs, gonorrhea cultures, and in some cases, chlamydia ELISAs. The PROCETSS program provides quality assurance for both the clinical and laboratory components of the CERETS. Logistical problems were observed (e.g., supplies of condoms, access to CD4 tests, and technological difficulties that occurred with one ELISA machine for chlamydia diagnosis), but medication supplies were adequate.

PROCETSS has collaborated closely with MCH programs at regional hospital clinics to establish prenatal syphilis testing (a high priority to prevent congenital syphilis), HIV testing and counseling services, and prophylaxis for HIV–seropositive pregnant women and their newborn infants to prevent prenatal HIV transmission.

PROCETSS is expanding the periodic STD and HIV screening program to all of the 18 districts described above, which were selected based on total population, large MSM and FSW populations, and HIV prevalence in the 1998 sentinel surveillance program. The STD screening includes RPR and HIV serologies, pharyngeal and rectal gonococcal cultures, and urine leukocyte esterase (ULE) testing. A urethral swab is obtained for gonorrheal culture and urine for chlamydia EIA if the ULE is positive. MSM are treated with benzathine penicillin injections if the RPR is reactive, doxycline and ciprofloxacin for signs of urethritis or a positive ULE, and ciprofloxacin if the gonorrhea culture is positive. Up until the present time, women with vaginal discharge have been receiving presumptive, syndromic treatment both for vaginal and cervical infection; however, recent data from a number of publications have shown that treatment for cervical infection is no longer indicated in the vaginal discharge algorithm.

Recommendations

PROCETSS should monitor the use of antibiotics for the syndromic management of women with vaginal discharge and provide training to regional PROCETSS directors, physicians in CERETS, and clinicians in primary care programs in Peru, as to the rationale for the change in the vaginal discharge algorithm.

Ensure adequate access to CD4 counts for patients in AIDS clinics as a way to optimize the clinical management and accurate surveillance of HIV/AIDS.

Donor agencies can do more to support AIDS care in developing countries.

The current emphasis on prevention of infection is very appropriate, and the additional help with prevention and treatment of opportunistic infections is also appropriate. Antiretroviral therapy (ART) continues to be too expensive for the poorest countries to support. However, Argentina and Brazil provide public funding for antiretroviral therapy. A UNAIDS plan to provide antiretroviral drugs on a discounted basis to four countries in the world (including Chile in Latin America) has not been implemented. Recently, however, five pharmaceutical companies have announced that they will heavily discount the price of antiretroviral drugs for developing countries. Donor agencies in Peru could at least fund operational research on the feasibility, cost, and impact of delivery approaches to ART. This research clearly must address systems of care to ensure adequate monitoring of side effects and compliance as well as medications. In view of growing pressure to expand treatment to developing countries, PROCETSS should analyze the potential costs and infrastructure needs for providing combination antiretroviral therapy (ideally double nucleoside reverse transcriptase inhibitors with either a nonnucleoside reverse transcriptase inhibitor or protease inhibitor) in selected Centers of Excellence to persons with clinical AIDS and/or CD4 counts less than 200 in Peru. Estimates should include not only the costs of antiretroviral drugs but also the costs for laboratory, supplies and testing, personnel, training and monitoring of toxicity, compliance, and efficacy. PROCETSS should engage PLWHAs in its assessment of the feasibility and costs of providing antiretroviral drugs to selected patients to ensure input on the ethics and implementation of such a program.

Recommendations

The government of Peru and pharmaceutical companies could negotiate lower costs of antiretroviral drugs for bulk purchasing as well as drugs for other STDs. PROCETSS could seek waivers of any government taxation on essential drugs needed for the treatment of AIDS and other STDs (e.g., doxycycline, which is grossly overpriced in Peru, as it is in most of Latin America).

PC–based informatics systems should be strengthened in major AIDS clinics and CERETS to facilitate data analyses and the coordination of care between AIDS and STD clinics, district health centers, obstetric/gynecology clinics, and tuberculosis clinics.

Computerized clinical and pharmacy records would also enable AIDS clinics to monitor compliance with opportunistic infection prophylaxis and antiretroviral drugs, the latter of particular importance in HIV–positive pregnant women. At the local hospital level, improved informatics systems can allow clinicians to gather and use data for monitoring compliance with treatment or visits.

PERSONS LIVING WITH HIV/AIDS AND SELF-HELP GROUPS

Currently, there are 27 active self-help support groups (grupos de apoyo mutuo [GAMs]) in Lima with 20–30 active members each. GAMs provide social and psychological support to persons living with HIV/AIDS (PLWHAs). They work with newly diagnosed HIV–infected persons to understand and accept their diagnosis and to maintain a high quality of life. An association of GAM networks in Lima tries to coordinate educational and support activities. A few GAMs restrict membership and do not invite PLWHAs of lower socioeconomic status, but this seems to be the exception. Generally, GAM members see their role as a support group more than as a voice for public advocacy. The exception includes Carrion GAM members who ask PROCETSS to support increased public acceptance of PLWHAs by promoting a more positive image of HIV–infected individuals leading productive lives, rather than the end-stage AIDS patients. The exception also includes GAMs based within the Programa de Soporte y Autoauyda de Personas Seropositivas (PROSA), an NGO that has had a high-profile presence, including leading a public march to raise awareness of HIV–care issues. There is a growing advocacy effort by several GAMs to obtain government support to provide antiretroviral therapy for HIV–positive persons, although there is awareness of the considerable cost of such therapy.

Recommendations

Further administrative and financial support that would be valued by GAMs could provide Internet access to improve awareness of new developments in HIV/AIDS and fund social activities, workshops on specific topics (such as nutrition), newsletters, hospice services for PLWHAs, child care, and family support services for women with HIV infection.

Continue to work on improving the quality of life of PLWHAs, specifically through ongoing psychological and community-level support as well as clinical services.

The MOH should endorse and conduct media campaigns that promote a more positive image of living with HIV/AIDS (e.g., by identifying popular figures who are willing to promote HIV prevention or disclose their HIV–seropositivity).

The MOH should continue to discourage job and housing discrimination based on HIV status.

HIGH-RISK TARGET POPULATIONS

Female Sex Worker Peer Educators (PEPs)

PROCETSS initiated pilot work with FSWs in Lima in 1997 to develop materials (e.g., brochures) and prevention messages. The objectives of the PROCETSS prevention program for FSWs were to

- implement peer education,
- increase condom use and condom negotiation skills among FSWs,
- promote diffusion of messages about prevention of STD and HIV among FSWs,
- increase the proportion of FSWs who have regular STD screening to 25 percent in intervention cities.

The program has existed the longest in Lima and continues to expand its coverage throughout Peru; in 1998, 90 new sex work sites were identified, and in 1999, 372 new sites were identified. The mapping exercise indicated that approximately 23 percent of FSWs worked in bars, 19 percent on the streets, 19 percent in massage parlors (only in Lima), 14 percent in discotheques, and 8 percent in brothels. During the initial mapping phase, 3,652 FSWs were interviewed and 560 were invited to be peer educators, of whom 339 were trained and 140 were selected to be PEPs. As new FSW PEPs and their replacements are recruited to join the group, one-on-one training is conducted and refresher trainings are conducted intermittently (see discussion in BCC section). FSWs were selected on the basis of their communication skills, participation in the training sessions, acceptance by their peers, length of residency in that city, and interest in collaborating with PROCETSS. Additionally, the duration of their sex work, educational level, and social circumstances were considered to achieve a balance in the types of women selected to be PEPs.

The specific targets for the PEPs are to attend ongoing training (two educational sessions a month), provide 50 condoms to each FSW they contact, refer 10 FSWs to CERETS a week, and assist with identifying new sex work sites and new potential PEPs. The periodic examinations recommended for FSWs through PROCETSS at CERETS includes monthly examinations for vaginal discharge and cervicitis, syphilis serologies every 3 months, and voluntary HIV testing every 6 months.

Impact of FSW PEP Program

In 1999, FSWs attended an average of 14 training sessions with an average of eight women attending each session. PEPs each gave out an average of 40 CERETS referral cards to other FSWs a week. Based on the numbers of FSWs who turned in referral cards when they presented for STD screening at CERETS, 20 percent of those referred actually came for STD screening. This probably underestimates the true proportion of PEP referrals. The proportion of new FSWs who had referral cards when presenting for STD screening was substantially higher (51 percent) and has increased since the program was initiated. Another measure of the community and individual impact of the FSW PEP program will be through data collected in the 2000 sentinel surveillance program. The 1998 sentinel surveillance provides baseline data at the beginning of the FSW intervention, at which time 40 percent of FSWs could describe common STD symptoms in women and approximately 35 percent could name the CERETS where they could receive STD services.

MSM Peer Educators (PEPs)

PROCETSS has identified and trained a network of MSM PEPs who counsel MSM about STD symptoms and services, refer to CERETS for STD services and HIV screening, and distribute and promote condoms. The peer educator strategy evolved from the use of outreach workers in the 1996 cross-sectional study of MSM in Lima, which recruited MSM from venues where they met to socialize (e.g., discotheques, bars, volleyball leagues, beauty salons) and meet partners (e.g., saunas, streets). These studies clearly showed that surveillance studies and interventions in the MSM community need to include the diverse subgroups of MSM, such as male sex workers, transvestites, machismo men who are often insertive (buses), more effeminate men who are often receptive (mujeres), men who are both insertive and receptive who are often more openly gay (modernos), and bisexual men, who have different rates of HIV seropositivity and different prevalences of specific sexual behaviors.

The PEP system for MSM, as for FSWs, is based on the principle that peers can best reach high-risk individuals in the venues where they socialize, build trust, and communicate prevention messages. In Lima, focus groups were held to develop prevention materials (e.g., brochures, videotapes) and names of possible MSM leaders were elicited. These MSM were then recruited to attend 4–day training workshops of approximately 20 MSM each, from whom approximately half were selected as possible PEPs for additional training. As the peer educator program for MSM has been expanded to other regions, a monitor was selected who works with the PROCETSS coordinator in each region, observes the individual PEPs weekly, and meets with the PEPs weekly to review their activities, provide ongoing training, and solve problems concerning their outreach (e.g., harassment, personal safety) and effectiveness in promoting condoms and prevention. Areas and specific venues frequented by MSM are elicited from the key informants and peer educators. The PEPs work in pairs three shifts a week, typically during the night, with an average of 3–4 hours a shift and rotate venues so that they will encounter different MSM. The PEPs wear identification with a photograph to identify themselves as PROCETSS workers, wear a T–shirt and/or baseball cap with the PROCETSS logo, and carry a briefcase with the PROCETSS and MOH logos, as well as the logo of the MSM HIV–prevention campaign, “Tu si entiendes.”

The primary activities of the PEPs are to approach men in social venues, streets, and parks, introduce themselves as working with the Ministry of Health and PROCETSS, and engage men in a general discussion about HIV and STDs. After building trust, they ask whether men have had sex with sex workers or men and then deliver a more specific message about HIV and STD risks and the importance of condom use, early STD diagnosis and treatment if symptomatic, and HIV testing. The PEPs use one of a number of brochures that have been developed and piloted in Lima to target MSM that describe why and how to use a condom as well as signs and symptoms of STDs. The brochures are entitled, *Ponte vida, ponte vivo, ponte condon; Utiliza todas sus armas*; and, *Lo que querias saber de las ETS* (see appendix C). During the months of the sentinel surveillance program, MSM are referred to CERETS for HIV and STD screening.

During the other months, MSM are referred to CERETS if they have symptoms of STDs for syndromic management. The PEPs provide the man with a referral card with the address and hours of the CERETS, the PEP's name, and a unique identifier that enables tracking the yield of the contacts and each PEP's productivity. They dispense condoms, ranging from 1 per contact in Chiclayo to 25 per man for a month's supply in Lima (50 condoms/month dispensed to male sex workers).

Recommendations Related to the Prevention of STD/HIV in FSWs and MSM

Ensure ongoing recruitment and adequate training and monitoring of peer educators. It is important that PEPs remain focused on condom promotion and increase their skills (especially those of FSWs) in helping clients with condom negotiation skills in promoting condom use with regular partners and in overcoming resistance to HIV testing due to fear of receiving a positive result and/or not having treatment options.

Consider additional training on theory-based counseling techniques which have demonstrated efficacy (e.g., based upon the transtheoretical model, and motivational interviewing) to aid CERETS counselors and PEPs in effectively intervening with FSWs and MSM who are reluctant or refuse to come to CERETS for HIV and STD counseling and testing. Evaluate the quality and content of prevention messages and counseling provided by PEPs and counselors at the CERETS. The monitors should directly observe PEPs conducting fieldwork to assess how PEPs engage MSM and FSWs and overcome resistance to condoms or HIV/STD testing.

Ensure adequate attention to optimal data collection analysis and feedback on risk behaviors and STD/HIV prevalence and to quality control of data in ongoing monitoring and sentinel surveillance. The longer and more involved instrument to collect risk behavior in the 2000 sentinel surveillance will require piloting as well as training of PROCETSS regional and local staff to ensure that the staff who will administer the questionnaires understand the importance, rationale, and procedures for collecting the information.

Consider slowing the expansion of the FSW/MSM interventions to fewer cities. Use the HIV and STD prevalence data from the 2000 sentinel surveillance to select a smaller number of cities with higher HIV and syphilis prevalence among FSWs and MSM for the periodic STD and HIV screening. It will be more difficult to evaluate the MSM interventions in cities with smaller populations of MSM and lower HIV and STD prevalence.

Evaluate the feasibility and acceptability of self-obtained swabs for diagnosis of vaginitis and cervicitis among FSWs. Pilot the acceptability of self-obtained swabs, and if FSWs find them acceptable, scale up to determine the impact on the proportion of women who could be screened either at CERETS or in the field with self-obtained swabs in a given locale.

Formative research (i.e., indepth interviews or focus groups, if possible) is needed to determine ways to identify and engage male clients of FSWs as well as bisexual men and reduce barriers to PEP work from establishment owners/managers and FSW steady male partners. Bisexual men and male clients of FSWs represent important bridging populations to women. A high proportion of clients report infrequent condom use with their female partners. Therefore, bisexual men and clients of FSWs should be targeted for outreach by PEPs. It is important not only to promote condom use, but also to promote appropriate health care seeking among male clients of FSWs, to pilot test the delivery of prevention materials by FSWs to clients as well as to establishment owners/managers and FSW male partners. Similar efforts should be made to target bisexual men by PEPs and to determine the most effective prevention messages for that bridging population. Specific prevention messages should be developed about condom use with their female partners, the higher risk of STD and HIV transmission from men to women (than vice versa), and the importance of encouraging HIV–infected men to disclose their HIV seropositivity to their female partners and refer them for HIV testing. Counselors will need specific training and prevention materials to work with bisexual men and clients of FSWs. The feasibility of HIV–infected bisexual men discussing their HIV status and referring their female partners for HIV counseling and testing should be assessed.

Continue to reinforce efforts to obtain police cooperation by working through the multisectoral groups established by regional PROCETSS programs. Assess the feasibility of developing specific trainings for police to be developed by PROCETSS and implemented using training of trainer approaches. Clarify the target of such trainings, develop appropriate training methodology, implement pilot activity, and evaluate.

Reinforce linkages between PEPs and NGOs. Assess existing NGO resources and where appropriate, encourage PEP referrals to NGO–based social and legal services (e.g., child care, housing, food assistance, and family law). Continue to expand NGO participation in inservice PEP trainings.

HIV/AIDS/STD Prevention and Care Activities for Youth

Activities in Peru related to reproductive health in adolescents are hampered by a law which requires parental/guardian consent for health services for youth 16–18 years of age, requiring that a parent/guardian accompany children under 16 for health services. This has evidently not hampered the delivery of family planning services to older adolescents, but has hampered the development of BCC for adolescents, as well as the delivery of care for STD/HIV/AIDS to adolescents. Promotion of policies to modify this are important and are of interest to several health agencies working with adolescents, such as UNFPA and the MOH. Family planning programs have focused on youth in school.

The most recent survey showed that 29 percent of Peruvian children 13–17 years of age, including 22 percent of those in Lima, no longer attend school. The 1996 Peruvian ENDES survey found that 14 percent of adolescent females 15–19 years of age were

pregnant or had had children. To the extent that sexual risk taking is more common in children no longer attending school (i.e., those who dropped out or finished school), they represent a priority for HIV/AIDS/STD prevention and reproductive health promotion, including BCC activities and health services. The Ministry of Women's Advancement and Human Development (PROMUDEH) and its unit, JERECIAS, work with youth no longer attending school. It is important for PROCETSS to coordinate activities with existing programs for reproductive health. Furthermore, the experience and commitment of those working with marginalized at-risk populations, using peer outreach workers, and its recent experience (funded by UNAIDS) in working with PEPs and with IEC development to reach adolescents at sites other than the classroom, create a strong argument for the possibility of USAID investing in a similar long-term PROCETSS effort to promote reproductive and HIV/AIDS/STD prevention in youth, particularly those not in school.

Recommendation

Support the continuation and expansion of HIV/AIDS/STD prevention and reproductive health services for youth, including out-of-school youth.

SURVEILLANCE AND MONITORING SYSTEMS

In 1996–97, PROCETSS markedly improved passive reporting of AIDS, although reporting is still delayed and may underestimate AIDS cases outside of Lima due to the unavailability of CD4 testing. PROCETSS funds and implements sentinel surveillance for HIV throughout the country in MSM, FSWs, pregnant women, and (beginning in 1999) people deprived of freedom (prisoners). This may soon be extended to include sentinel surveillance for several STDs among military registrants and young antenatal women throughout the country in a Wellcome Trust–funded project, in collaboration with the Universidad Peruana Cayetano Heredia (UPCH). Surveillance activities have now been transferred from PROCETSS to the Oficina General de Epidemiología (OGE). In La Libertad, the epidemiology unit's close working relationship with PROCETSS on the use of local data for program planning and evaluation was impressive. Surveillance could be strengthened by adding CD4 counts for HIV seropositive persons in selected regions ($15,000 per year); by conducting routine HIV testing on persons with tuberculosis, by expanded syphilis surveillance; by monitoring antimicrobial susceptibility of *N. gonorrhoeae*; by improved informatics, training, and infrastructure; and, by behavioral surveillance, which is beginning in the expanded 2000 sentinel surveillance questionnaire. The forms and reporting system developed for monitoring and assisting supervisors includes information about personnel; stocks of IEC materials, guidelines, reagents, and medication; supervisory visits to the municipal intersectoral working group meetings; reports of peer-outreach activities, IEC activities, clinical activities, case reports, test results, activities of each individual PEP; and, MCH testing and counseling training.

Recommendations for Surveillance and Monitoring

Develop the information management system and staff as needed for data analysis and feedback, especially for monitoring and evaluation. The introduction of the STD/HIV morbidity and prevention activity forms, with reporting from peripheral to regional levels and regional to central levels, has sharply increased the reporting of STDs. Improved diagnostic testing at CERETS and UAMPS provides for the first time in Latin America national data on the numbers of tests and percent positive for HIV and various other STDs among high-risk groups as well as for HIV and syphilis among pregnant women. Improved informatics systems and training were requested by regional coordinators and even by the PEP. PROCETSS remains responsible for analyzing data collected in the monitoring of program activities. Because of planned health care reform, the PROCETSS budget includes no funding for this type of monitoring and supervision for 2000, and such funding is urgently needed.

HIV surveillance activities should routinely monitor and report on HIV prevalence among persons with tuberculosis.

Include the 1996 STD and Sexual Behavior Survey Set in the 2000 ENDES, and in subsequent versions of ENDES, to help evaluate the impact of HIV/AIDS/STD prevention programs over time. Expand the questions needed to help assess trends in risk-behavior and disease morbidity.

USE OF THE RAPID MODEL TO DISSEMINATE FINDINGS AND AFFECT POLICY

In the area of advocacy, to stimulate a favorable policy-making environment, PROCETSS undertook several specific communications activities. During the project period, the RAPID model (AIDS impact model), summarizing the projected demographic impact of AIDS and HIV/AIDS projections in Peru, was developed and presented to a variety of decision-makers and key influential audiences during 1998 and 1999. Both the frequency of these activities and the diversity of audiences reached are notable. Newspaper coverage was provided to the evaluation team, indicating that the epidemiologic data were being cited.

Assessment of Use of the RAPID Model

The focus on the use of the RAPID model in Peru was a projection of HIV and AIDS morbidity in Peru. It is difficult to assess the specific impact of presentations of this model (versus the impact of other presentations) on policy makers in Peru, but overall budgetary increases for HIV/AIDS/STD prevention and care from the government of Peru are consistent with the impact of such presentations.

Table 2. Distribution of Audience Members Attending PROCETSS "Impact of the HIV/AIDS Epidemic" Presentations

TYPE OF AUDIENCE	1998 Number (percent)	1999 Number (percent)
Intersectoral working group	157 (40)	51 (4)
International public health professionals (including UNAIDS)	110 (28)	0
Opinion leaders in public, private and armed forces sectors	47 (12)	340** (30)
Medical professionals (national level)	55* (14)	750 (66)
Journalists	20 (5)	0
TOTAL	389	1141

* All working within the National Police force
** Included 300 National Police members

PERFORMANCE OF USAID

The best evidence for the satisfactory performance of USAID in the AIDS Help Project is perhaps the remarkable success of the PROCETSS program itself in developing and scaling up delivery of innovative but appropriate HIV/AIDS and STD prevention services and care in Peru. USAID could play an important role in meeting those objectives of AIDS Help not yet achieved but still potentially valuable. These original objectives include:

- Provide leadership in working with UNAIDS to develop a donor group,
- Support strengthening of NGO infrastructure for AIDS–prevention services advocacy outside Lima,
- Promote creative approaches to involving the private sector and nonhealth agencies of the government of Peru in STD/HIV prevention and care,
- Support development of a national AIDS advisory council, and
- Beyond the original objectives of AIDS Help, national HIV/AIDS/STD prevention and care recommendations made throughout this document, including those given priority in the executive summary, represent potential areas of future involvement of USAID support.

INTERINSTITUTIONAL AND CROSSPROGRAMMATIC COORDINATION

Interinstitutional coordination under AIDS Help was successful in some cases and less so in others. The national AIDS advisory council envisioned by the AIDS Help activity plan was not formed by the government of Peru, but remains an important goal. This

apparently requires support from both the MOH and the office of the president. However, intersectoral committees have played an important coordinating role at the regional level. These committees have been particularly active in achieving cooperation between health and police authorities. PROCETSS is working effectively with OGE, and is beginning to plan HIV/STD screening and prevention programs with COPRECOS and the Armed Forces. PROCETSS and the MOH MCH programs have very effectively worked together to establish impressive, comprehensive programs for HIV/AIDS/STD prevention in pregnant women. Coordination with family planning programs has been limited to collaboration on guidelines for syndromic management of STDs and reproductive tract infections (RTIs), but could and should become much more extensive with extramural support and encouragement. Coordination of prevention programs involving youth has begun with UNAIDS support; there remains a major future need for a multicomponent program for prevention and care of HIV/AIDS/STD in youth that should extend to the regional level. PROCETSS has collaborated closely with several other institutions and professional groups in Peru (universities, medical institutions, U.S. Naval Medical Research Institute Detachment [USNAMRID]) in carrying out training, operational research, and development of clinical services.

Peru has already come far towards involving many institutions, even though not faced with the galvanizing scope of an epidemic as large as the Thai epidemic. The formation of a national AIDS advisory council and adoption of a multisectoral strategic and action plan (probably based on the framework already prepared by PROCETSS) remains a useful goal. This could lend legitimacy and guidance to the regional intersectoral committees. USAID could continue to encourage this and further facilitate a concerted programmatic attack on HIV/AIDS by internal planning and close coordination of potential USAID HIV/AIDS/STD/RTI activities related to policy, youth, women, and reproductive health and family planning, as well as emerging infectious diseases.

OBJECTIVE 2

ASSESS CURRENT STATUS OF THE PROJECT, INCLUDING ACTIVITIES RELATED TO BCC, COLLABORATION WITH NGOS, AND INFORMATION EXCHANGE NETWORKS

INSTITUTIONALIZATION OF TECHNICALLY SOUND BEHAVIOR CHANGE COMMUNICATION (BCC) APPROACHES

PROCETSS has created an STD/HIV Behavior Change Intervention Unit (Unidad de Intervenciones para el Cambio de Comportamiento STD/HIV) managed by an experienced BCC specialist/psychologist and two junior psychologists responsible for the counseling and youth programs, respectively. In 1999, the MOH restructured some of its core support programs and consolidated BCC, supervision and monitoring, and training into a centralized service shared by all technical programs. The current head of the centralized BCC unit is the former manager of the PROCETSS BCC unit and, like her successor, demonstrated clear technical capacity for BCC planning and intervention

design. Although currently the unit is capable of producing a wide variety of effective BCC interventions rather quickly, it is possible that the future centralization of BCC services in the MOH could initially impede PROCETSS ability to directly produce updated and new materials.

A hallmark of the PROCETSS BCC program is its clear targeting of high-risk behavior groups and its use of a diverse media mix. Communications campaigns involve multiple and creative media (brochures, posters, comic books/fotonovelas, video spots, flip charts, and identity materials for peer outreach workers). Careful attention has been paid to formative research and validation frequently in collaboration with NGO partners with financial support from the AIDS Help project, which ensured access to suitable audience members (as described in the NGO section). Comments from peer educators confirmed that the materials are acceptable and appropriate for their designated audiences. For videotape production, PROCETSS has used professional services to ensure quality. Use of radio for other than talk show formats (e.g., radio dramas, popular music) appears to be limited but recent linkages with a popular Peruvian television actor who is HIV–infected is likely to expand opportunities for using electronic media.

As part of the improvement of STD clinical care nationwide, counseling services have been introduced as an indispensable part. The counseling service coverage is impressive with a total of 1,379 PROCETSS trained counselors currently active and available for up to 30–minute sessions. By all accounts, there has been considerable staff turnover, which necessitates ongoing recruitment and training. Counseling sessions focus on increasing knowledge of STD/HIV transmission and risks, a very general review of behavioral targets and brief condom use demonstration, and on issues related to HIV testing (full pre- and posttest counseling is now the standard of care in PROCETSS clinical services). The design and content of the 3–day counselor training sessions, although appropriate for counselors without prior experience with STD patients, does not allow for advanced communications/counseling skills acquisition, such as client-centered counseling. This is important because it has recently been shown that client-centered counseling intervention can have a sustained impact on heterosexual STD/HIV risk behavior and reduced STD acquisition rates.[19, 20] PROCETSS has upgraded STD counseling services by setting forth clear, technically sound counseling guidelines and including counseling as part of integrated STD/HIV care. The effect of these recently developed STD services requires further evaluation. "STD/HIV knowledge" could be delivered by alternative methods, such as clinic-based BCC materials (e.g., waiting room posters, fotonovelas or videotapes), thus making more time available for client-centered counseling, such as motivational interviewing.

The AIDS Help project has supported the establishment of extensive peer outreach programs directed to MSM, FSWs and most recently, youth. Consistent with PROCETSS overall strategy, these programs were initially developed and field tested in

[19]Nduati, R., John, G., Mbori-Ngacha, D., Richardson, B., Overbaugh, J., Mwatha, A., Ndinya-Achola, J., Bwayo, J., Onyango, F.E., Hughes, J., Kreiss, J. "Effect of breastfeeding and formula feeding on transmission of HIV–1: a randomized clinical trial." *JAMA* 2000 Mar 1;283(9):1167–1174.
[20]Kamb, M.L. et al., 1998, op.cit.

Lima, and in the case of MSM and FSWs, have been expanded to the regional level. There currently are between 8 and 20 PEPs working in each city or community where the intervention is active. The size of the PEP teams varies with estimated target population size. The criteria for FSW and MSM peer selection are appropriate and many of these programs have matured to the point where more experienced outreach workers serve as mentors for newer ones. Although turnover of FSW and MSM peer outreach workers remains a concern, between 30 percent and 50 percent of all those in a given site had participated since the program's inception, ensuring that more experienced individuals were available. During all the site visits, monitors indicated that they had recent field experience accompanying outreach workers. The inappropriate management of outreach workers (e.g., strictly regulated performance standards and lack of solidarity within the group) was rare. One concern is that criteria for youth peer selection had not yet focused on those with ready access to youth no longer attending school. However, this pilot program was launched only 5 months ago and it is too early to assess the final composition, much less the acceptability and effectiveness of this group.

The initial 3–day training for PEPs involved 18 hours of didactic training about sexuality, self-esteem, general health maintenance, STD and HIV risks and prevention, condom negotiation and condom use skills negotiation, legal issues related to prostitution, and testimonials by women already working as PEPs. Opportunities for refresher training cover topics identified by PEPs. The process for training newly recruited peer outreach workers was less clear and systematic. In one site, a new recruit had been given a brief orientation by the monitor and immediately joined another peer outreach worker for fieldwork the following day.

The communications materials provided to all PEPs include audience-appropriate flip charts to use in the field (containing sections about self-esteem, STD signs and symptoms in men and women, basic facts about HIV, health services available through PROCETSS, and condom use skills). FSW and MSM PEPs are also provided T–shirts with the PROCETSS and prevention campaign logo, identification cards with photographs, and briefcases with the PROCETSS logo that they can use to carry condoms, brochures, and referral cards in their fieldwork.

The performance of the PEP program based on process indicators, such as numbers of new STD patients referred by clients, is impressive. In some centers, the numbers of new patients seen in a given time period (per week or per month) have more than doubled. The evaluation team observed moderately heavy clinic patient load and patients with important STDs receiving treatment at the clinics. In terms of impact, enhanced STD services for FSW in Lima and Callao have lowered STD prevalence among FSWs (Sanchez) and PEP outreach is one of several elements of upgraded services.

Recommendations Related to IEC/BCC

Strengthen advocacy. A national advisory committee could play an active role in designing an advocacy plan and participating in advocacy activities, including public meetings and workshops. Continue partnerships with key media representatives who

have a demonstrated interest in HIV/STD or health issues. Identify training programs for journalists and assess the feasibility of developing a training seminar to be implemented with PROCETSS consultation.

Continue to strengthen counseling services. Develop clinic-based BCC materials with particular emphasis on transferring much of the informational content currently included in a counseling session to a passive learning tool (e.g., mini media, waiting room videotape). Evaluate the quality of existing counseling services to understand the specific content and counseling techniques being used. Institute ongoing supervision for STD counselors as part of a quality assurance program. Prepare to introduce client-centered counseling methods where services are established, staff is sufficiently experienced, and ongoing quality assurance and close supervision are operational.

Develop BCC tailored to regional needs. Obtain regional level input into BCC materials needs and development (especially clinic staff and PEPs). As part of the BCC evaluation process, develop short BCC workshops (half-day) to include as part of the agenda for previously programmed activities with regional-level participation (e.g., PEP training, HIV surveillance meetings, national or subregional training, or supervisory meetings). Assess and develop regional-level BCC materials' production capacity. Specify regional-level BCC needs and objectives (see point below) that may require emphasis on particular approaches such as advocacy, counseling or campaigns using mass or mini media. Careful consideration should be given to feasibility for implementation at the regional level and to resources, particularly opportunities for community-based NGO partnerships.

Evaluate intervention exposure, acceptability, and impact. Evaluate BCC materials to assess which approaches are more effective with different target audiences. These studies should seek to understand the key elements of those approaches that are effective for different groups according to the integrated behavior change model.

NGO STRENGTHENING ACTIVITIES

Much of the progress towards building NGO capacity for launching an expanded response to HIV/STD prevention and care is evidenced by the continuing growth and maturity of a cadre of Lima-based NGOs. These organizations are motivated by a range of perspectives, from an interest in delivering high-quality and highly acceptable medical and/or social services to their constituencies, to advancing a human rights agenda on behalf of disenfranchised groups, such as HIV–positive persons or MSM. These organizations generally were using technically sound approaches, whether in participatory training workshops with their constituencies, counseling and medical services for specific target groups, operations research activities, or development and validation of BCC materials. They also have well-developed management systems and staffs with planning skills. One NGO, Via Libre, was represented at a 1999 2–week course sponsored by the NIH–Fogarty International Center at the University of Washington on Ethical Review of Human Research on AIDS.

Under the AIDS Help project, PROCETSS contracted with several NGOs to conduct operations research activities. The findings from these projects were used to refine PROCETSS activities (see table 3 below). Although the original intention was for PROCETSS to let contracts to NGOs for specific projects based on their experience and technical ability to execute these projects, government contracting regulations ultimately precluded this type of collaboration. The process required competitive bidding with awards made based solely on budget considerations. Thus, the original concept of a flexible small grants program channeled through the government program was not feasible. Despite these constraints on NGO–government collaboration, all informants agreed that the working relationship between PROCETSS and NGOs has improved steadily over the AIDS Help period. There are now open channels of communication and opportunities for professional interaction between PROCETSS and NGOs.

Table 3. Summary of AIDS Help–funded NGO Activities

TITLE OF ACTIVITY	IMPLEMENTING NGO
Evaluation of an STD clinical management protocol in patients with vaginal discharge in a reproductive health clinic	Instituto Peruano de Paternidad Responsible (INPPARES)
Study of the sexual health in a peri-urban area of Lima	PRISMA
Between combs and brushes	Asociación Germinal
Reasons why MSM have unsafe sexual practices	Movimiento Homosexual de Lima (MHOL)
Routes of condom access among adolescents in Lima, Cuzco, and Iquitos	Asociación Kallpa

It is important to differentiate between the group of mature Lima-based STD/AIDS–focused NGOs and a group of established NGOs with a reproductive health or family planning focus who also have STD/HIV prevention activities. The reproductive health/ family planning NGOs visited during this evaluation had international funding support, established reproductive health clinical services and, in at least one case, INPPARES, program affiliates at the provincial level. Because their typical users consisted of couples who would potentially use contraceptives, they usually did not reach groups at elevated risk for STD (i.e., MSM and FSWs). However, these NGOs have made considerable efforts to reach youth at risk for adverse reproductive health outcomes. For example, INPPARES has recently launched a peer outreach program targeting street children with a program that emphasizes STD prevention in a broader reproductive health context. A review of the communications aspects of this and other STD prevention programs at INPPARES revealed an incomplete understanding of several key behavior change messages such as STD symptom recognition. This observation highlighted future

opportunities for improved collaboration, both with STD/HIV–focused NGOs and with PROCETSS.

During the AIDS Help project period, Lima-based NGOs also demonstrated a capacity to provide complementary support to government activities by providing resource persons for PEP training sessions or facilitating GAMs. Although participation of NGO representatives in PROCETSS trainings appeared limited, this does not appear to have impeded their professional development over the project period.

In recent years, it has become clear that the need for NGO collaboration and institutional strengthening are greatest outside Lima, in those areas of the country identified by surveillance activities as priority areas for STD/HIV prevention. Unfortunately, it was not possible to review NGO capabilities at the provincial level. The team met with the representative of only one French NGO, Medicins du Monde, based in Iquitos. This international NGO had given considerable support to the regional program in the form of a donation of STD drugs and transportation (a vehicle and boat). However, this collaboration was not oriented toward catalyzing indigenous NGO capacity nor was technology transfer a focus. Another example of international NGO collaboration is the support given by Médecins sans Frontières (Doctors without Borders [MSF], Belgium) to the FSW PEPs working in Lima Sur. Although the team was not able to meet directly with MSF representatives, they are providing identity materials (vests) to this group of PEPs.

The Red SIDA Perú (RCS, Peruvian AIDS Network) was established in 1997 and is currently comprised of seven member NGOs: Asociación Germinal, Asociación KALLPA, Asociación PRISMA, Asociación Via Libre, Centro de Estudios de Problemas Económicos y Sociales de la Joventud (CEPESJU), Movimiento Homosexual de Lima (MHOL), and Programa de Soporte a Autoayuda de Personas Seropositivas (PROSA). All of these NGOs are mature Lima-based organizations with extensive experience and generally high-level capabilities in the STD/HIV prevention and care field. In the AIDS Help project design, the original intent of catalyzing the formation of an NGO network was to support an expanded response to STD/HIV that would be community-based and complementary to the government program. From the perspective of the RCS leadership, however, the organization was set up with a more modest focus—to ensure the long-term existence of the network and support its members in their work. Early on, RCS leadership established the network with legal obligations requiring member organizations to be government registered. Implicit in the registration process, member NGOs must demonstrate a fairly high level of administrative and managerial sophistication. In addition, RCS required member NGOs to demonstrate several years of experience working in the STD/HIV field. This structure was adopted in the interest of the long-term stability of the network and to improve the likelihood that member NGOs would be able to fulfill shared contractual obligations when collaborative projects were awarded to the network. The end result is that the RCS currently falls short of contributing to an expanded national response. When RCS leadership was posed, the question of how the organization could contribute to building NGO capability at the regional level, it

enthusiastically offered to help strengthen NGOs based in the regions to improve its capacity for project management and implementation.

The project experience of RCS has been limited principally due to the slow process of setting up the organization. However, its recent experience implementing a pilot youth-focused behavioral intervention in Callao (with UNAIDS support) has catalyzed PROCETSS youth activities. Similarly with UNAIDS support, RCS has recently developed and published a technical update document for journalists.

In the larger NGO context, PROCETSS has a fruitful history of collaboration with the academic community, most notably the Universidad Peruana Cayetano Heredia, Universidad Mayor San Marcos, and the U.S. Naval Medical Research Institute Detachment in Lima. These collaborations include joint applied research projects and support to PROCETSS training activities. The collaborations are facilitated by pre-existing university affiliations of some PROCETSS staff.

The long-term sustainability of the NGO community working in the STD/AIDS field is based on two fundamental elements: accountability and autonomy.[21] Accountability itself has several dimensions, including accountability to constituencies, to donors and to having an impact in their area of strategic emphasis. In these terms, the Lima-based NGOs appear to have achieved a level of accountability in all areas although measurable indicators of this were beyond the scope of the evaluation. NGO autonomy can also be examined along a number of dimensions, including a clearly articulated commitment to maintaining independence in decision-making. This naturally leads to some level of separation between government and NGO programming and is evident among Lima-based NGOs. Another concern related to autonomy is the financial independence of an NGO. Most mature NGOs are experienced at obtaining independent funding and some have long-standing financial and technical linkages with international NGOs and donors. Another feature related to the autonomy of NGOs is their grassroots base and capacity for social activism. Some of the Lima-based NGOs reviewed for this evaluation evidenced considerable grassroots support, particularly those organizations focused on providing support to seropositive individuals and those with a primary mission focused on human rights for disenfranchised populations. Finally, technical and managerial expertise is an aspect of autonomy and as previously described, this dimension appeared to be well developed within all NGOs contacted during the evaluation. In summary, there is evidence that the involvement of Lima-based NGOs in HIV/AIDS advocacy, prevention, and care is likely to be sustainable. However, the same cannot be said for regional-based NGOs (excluding Lima-based NGOs with regional offices) with which the evaluation team had limited contact.

Recommendations for Strengthening NGOs

The two major recommendations for continued strengthening of the involvement of NGOs in HIV/AIDS advocacy, prevention, and care in Peru are to develop regional NGO

[21] Fisher, J. *NGOs and the Political Development of the Third World*. West Hartford: Kumarian Press, 1998.

capacity and to consider expansion of the scope of NGO involvement in AIDS prevention and care.

Develop and strengthen the capacity of NGOs at the regional level. This might be accomplished by using the Lima-based Red SIDA Perú NGOs to develop collaborative or satellite linkages with regional NGOs. It will be necessary to assess the needs and capacities for regional NGOs, develop a management and technology transfer scheme, and encourage innovative programs (e.g., NGO training and supervision of PEPs, providing child care services in the STD/AIDS service delivery setting). A small grant fund administered centrally for regional-based NGOs could call for submission of project proposals that both fit within their organizational mission and complement PROCETSS objectives and focus on priority populations for AIDS/STD prevention. Ideally, the grant process would allow sufficient flexibility to favor innovative community-based projects. The grant preparation process would ideally be incorporated into the training and technology transfer efforts.

Develop a shared or complementary long-term policy agenda with PROCETSS, NGO leadership, and intersectoral working groups. The PROCETSS/MOH infrastructure carries the burden of HIV/AIDS prevention and care in Peru, especially outside Lima. Continued strengthening of NGO capacity in HIV/AIDS prevention and care, as well as in advocacy, will complement the ambitious MOH efforts.

COLLABORATION WITH BUSINESS AND INDUSTRY

The Peruvian economy has been in a recession for most of the last decade. The PROCETSS leadership reports that the business community has shown low levels of interest in AIDS/STD health issues. Although the evaluation team did not meet formally with business community representatives to verify this barrier from their perspective, it seems understandable. There appears to be no workplace HIV/STD prevention programs in place. However, there is evidence that the private sector representatives, in their role as community leaders, are participating in their capacity as members of some regional-level, intersectoral working groups, and informal conversations with businessmen suggested potential interest where self-interest and altruism overlap.

Recommendations for Business and Industry

Solicit private sector participation in a national AIDS advisory council. The involvement of private sector community leaders with links to key national business associations in a national AIDS advisory council would help build interest in potential workplace HIV/AIDS prevention programs and help expand the national response to include the private sector. Model programs in Africa include interventions among truck drivers in Mombassa, Kenya,[22] and among factory workers in Zimbabwe (D. Katzenstein, unpublished data). It would be useful to coordinate trips for private sector representatives

[22] Rakwar, J., Lavreys, L., Thompson, M.L., Jackson, D., Bwayo, J., Hassanali, S., Mandaliya, K., Ndinya-Achola, J., and Kreiss, J. "Cofactors for the acquisition of HIV–1 among heterosexual men: prospective cohort study of trucking company workers in Kenya." *AIDS* 1999 Apr 1;13(5):607–614.

to the national advisory council to visit model workplace programs, preferably in the region. Such trips would ideally be coordinated by PROCETSS, with financial support from the private sector.

Establish an external affairs unit within PROCETSS, linked to the similar unit in the MOH. This unit could promote active private sector outreach as a first step towards fostering development of workplace HIV/STD prevention programs. USAID may want to consider active support to PROCETSS as it develops a policy strategy (see BCC section) and professional capacity to address this area. Potential linkages with the USAID democracy program could provide access to an audience of key private sector decision-makers with an interest in HIV/AIDS prevention programs. International experience has shown that multinational corporations frequently are among the first to put innovative approaches to workplace prevention in place.

Solicit grant proposals for innovative workplace-based HIV/AIDS/STD prevention programs.

IMPROVED INFORMATION DISSEMINATION VIA PUBLICATIONS, CONFERENCES/WORKSHOPS, AND A DOCUMENTATION CENTER

PROCETSS produces two major publications on a monthly basis. *Contrasida Informe* is a publication directed to a general audience of professionals working in the AIDS/STD prevention field (see BCC section) and has somewhat of an advocacy focus. *Diseminación Inferati va sobre las Enfermedades de Transmisión Sexual y VIH/SIDA* is distributed predominantly to health care providers currently offering HIV and STD care. Its content centers around a collection of recent articles translated from the peer-reviewed scientific literature. The effectiveness of the publication would be enhanced by the inclusion of a summary article that focuses on interpreting the various scientific articles it reviewed. This summary could include key points from each article of interest to health care providers and planners and, when appropriate, highlight how the findings from the current article change or update current scientific approaches to patient management or health service delivery problems in Peru. In general, this publication would benefit addressing barriers to adoption of new standards of care by health care providers.

The AIDS Help project supported the establishment of a documentation center housed at Via Libre, a Lima-based NGO. According to the center's librarian, university students are the leading users of the center. The user population is somewhat more heterogeneous and included journalists in the weeks prior to December 1, World AIDS Day. The somewhat limited user population of the center is of concern, particularly since one of the intended objectives was to continuously inform and teach sensitivity to key opinion leaders. The center's infrastructure is adequate given current demand and includes Internet access, although the two available terminals are only accessible to documentation center staff who conduct searches based on a user's request. The center is staffed by a trained librarian and an information specialist primarily responsible for conducting Internet searches. The continued expansion and updating of the center's document collection has been hampered by lack of funds. It also is unclear how this documentation

center fits in with other resources, such as university libraries. It seems important to revisit a strategic plan for this service, particularly given recently explosive growth in Internet-based information exchange.

In the last five to seven years, PROCETSS has sponsored a wide range of national and international meetings and training workshops. The training activities directly related to clinical management and STD/HIV service delivery are described in the BCC section of this document. PROCETSS has considerable capacity to design and coordinate effective scientific meetings. These activities have brought leading representatives of the scientific, health policy-making and NGO communities together on a regular basis to exchange information and update their respective approaches. These activities are seen as quite valuable for building capacity among the health care and NGO sector and expanding the national response to AIDS/STD prevention and care.

Recommendations

Continue to invite donor support for national and international meetings and training workshops. These have been supported by USAID and are viewed as having been very successful.

PROCETSS could provide support for abstracting data appropriate for Peru and make this available with commentary to interest groups in Peru. Increasingly, even developing countries are moving toward use of the Internet for updating scientific information on HIV/AIDS.

Enhance the advocacy agenda of publications (as described in the BCC section of this evaluation).

OBJECTIVE 3

FINANCIAL, INSTITUTIONAL AND SOCIAL SUSTAINABILITY

Increased understanding and commitment by the government of Peru to increase AIDS prevention, care, and support is evidenced by the fact that national funding to PROCETSS for STD/HIV/AIDS prevention has increased from about 7,500,000 soles in 1997, to 11,204,000 in 1998, to 12,630,000 in 1999 to 18,500,000 soles in 2000 (more than a 150 percent increase in soles since 1997). Additional support from AIDS Help represents about 10 percent of the annual budget from 1997–99. Additional external support from a World Bank loan and UNAIDS totaled 360,000 in 1999. Regional and local support leveraged by this national program is hard to assess but undoubtedly it considerably exceeds the support from PROCETSS. For example, in Iquitos, PROCETSS funded one position (the regional PROCETSS coordinator) in the health services system, while the regional government supported 35.5 positions involved in HIV/AIDS/STD prevention or care, several of whom (in larger health centers and the

CERETS) worked full time on HIV/AIDS/STD as coordinators, counselors, clinicians, or laboratory technicians responsible for HIV testing, RPR tests, etc. The regional health department paid for 25 percent of ELISA tests for HIV (but thought PROCETSS should have paid for all ELISA tests). Mèdicin du Mond provided further support for personnel and supplies. On the other hand, PROCETSS fully funded the peer outreach network, laboratory supplies, and medications for CERETS and UAMPS. The government of Peru is now scaling up a PROCETSS/MCH collaborative system for antenatal screening for HIV and syphilis, and is providing prophylactic antiretroviral therapy and syphilis treatment for pregnant women throughout the country. The government of Peru fully funds testing and treatment, and provides 3 months of formula feeding for infants of HIV–infected women. The numbers of cases of congenital syphilis averted are impressive. The government of Peru also provides CD4 testing for HIV–infected persons in Lima. PROCETSS has developed guidelines for prevention and management of opportunistic infections and provides medications for this. The government of Peru does not provide antiretroviral treatment for HIV infections, except for perinatal prophylaxis.

As discussed above, the HIV/AIDS–prevention activities developed by PROCETSS in Peru represent a model program for Latin America. Although the community-based work of PROCETSS with high-risk populations is evidence based and epidemiologically sound, donor agencies and their affiliated MOH programs have seldom worked with these high-risk groups. It is by working with such marginalized populations that PROCETSS activities complement those that work with the general population of women, such as MCH and family planning, who probably do not contribute in a major way to HIV transmission at the present time in Peru.

The fact that the national government of Peru currently funds virtually all of the community-based peer outreach effort, even at the regional level, represents a strong, sound commitment of the government of Peru to HIV/AIDS/STD prevention. This financial support is all the more impressive against the backdrop of overall recession, leading to several programmatic reforms within the Ministry of Health. However, this sole dependence on a single source of funding—national government of Peru— also represents a potential vulnerability in the sense that potential change has often led to substantial decrements in governmental funding and commitment for AIDS in some countries, perhaps because of variable enthusiasm for work with stigmatized groups and behaviors. It is less risky to work on malaria and child survival than to work on AIDS. Multiple sources of funding and multiple implementing agencies can buffer temporary funding setbacks. A donor agency would be wise to sustain direct support for a fledgling, promising program in a country like Peru, with a still concentrated AIDS epidemic but with patterns of sexual behavior that make it vulnerable to a more generalized epidemic.

RECOMMENDATIONS FOR ENSURING SUSTAINABILITY OF HIV/AIDS/STD PREVENTION AND CARE ACTIVITIES

Financial sustainability may be improved in the intermediate term by consolidating rather than expanding prevention activities. Institutional sustainability can be improved by continued public and external support at least at current levels, for the

foreseeable future, and by encouraging stable leadership and administrative structure and processes within national HIV/AIDS/STD prevention and care efforts. Social sustainability may perhaps be improved by nurturing further development of NGO involvement, especially at the peripheral level.

Current interventions appear sustainable, but now require careful supervision, monitoring and evaluation, behavioral and biologic measures (e.g., STD prevalence and ideally, HIV incidence in Lima and perhaps Iquitos) as well as process measures (e.g., number of condoms distributed and contacts made by PEPs). PROCETSS has developed systems to collect data on these process indicators.

The costs of maintaining high-quality, periodic STD and HIV screening programs targeting FSWs, MSM, and youth in all large cities in Peru will be substantial. An alternative to expanding HIV and STD prevention activities among FSWs and MSM that warrants consideration is to more slowly develop the peer education, network, and clinical services phasing in new cities based on analysis of the 2000 sentinel surveillance data, while assessing the impact in communities added in a stepwise manner. FSWs and MSM in the intervention communities could then be compared with those in other communities regarding condom use with casual and regular partners, number of partners, and prevalence of gonorrhea, early syphilis, and HIV as ascertained in the annual sentinel surveillance. HIV incidence may not be high enough outside Lima to detect difference attributable to the intervention in a short period. Nonetheless, HIV incidence, as well as incidence of other STDs, should be compared in the intervention communities and nonintervention communities, using the detuned ELISA on the HIV reactive sera in the sentinel surveillance. Consolidation through ongoing supervision, continued training, monitoring, establishing informatic systems and communication networks across regions, coupled with intensified evaluation and demonstration of impact in regions where interventions are working well—all could facilitate the next phase of program expansion.

Program sustainability should be further strengthened by renewed efforts to build a national network of NGOs, perhaps coordinated by the existing NGO network in Lima, and to proceed with policy development as addressed in the recommendations.

OBJECTIVE 4

DETERMINE IMPACT OF TRANSFERRING PROJECT ACTIVITIES TO THE VIGIA PROJECT

The VIGIA project has de facto assumed USAID responsibilities for some USAID–funded AIDS prevention activities in Peru. AIDS and STDs were listed as the first two examples of seven emerging diseases in Peru in the VIGIA activity description provided to the evaluation team. Funding for HIV/AIDS prevention during the first three years of the VIGIA project totaled $70,000. VIGIA provided $300,000 to PROCETSS in 1999,

coinciding with the end of AIDS Help. These VIGIA funds were used by PROCETSS to pay for condom distribution, BCC, and referrals by PEPs for STD and HIV screening. The ALASKA project was funded in part by USNAMRID and the University of Washington, and by PROCETSS, with separate objectives of operational research to define the incidence and risk factors fof HIV infection and other STDs among MSM in Lima and developing and evaluating the use of PEPs for HIV/AIDS/STD intervention activities for MSM. These seem to have been appropriate and complementary objectives that have been met, providing useful epidemiologic data and a model of peer-based intervention for MSM in Peru and indeed for the region. Comparable efforts have been relatively rare elsewhere in Latin America.

Several issues of transferring of AIDS Help activities to VIGIA were observed:

- **Initial differences in priorities of HIV/AIDS/STD prevention activities as well as approach by the PROCETSS and VIGIA programs:** Whereas PROCETSS adopted a focus on high-risk populations with the highest HIV and STD prevalence, VIGIA favored mass-media campaigns and community-based activities for the general population and youth.

- **Vertical versus horizontal programs:** VIGIA initially preferred a horizontally integrated program for HIV/STD prevention. This may be most appropriate for STD/HIV prevention and early diagnosis in sexually active women who sometimes receive services from MCH or family planning, but not for marginalized populations, such as MSM, FSWs, or out-of-school youth. However, horizontal integration of epidemiologic and surveillance activities into OGE, which is supported by VIGIA, appears to be appropriate and is proceeding well.

- **Advisability of joint planning:** PROCETSS developed its prevention strategies for 1996–2000 before USAID provided AIDS Help and VIGIA support. It would be advisable for PROCETSS to include VIGIA project staff in discussions related to planning its program priorities for 2000–2005 to ensure buy in by VIGIA and optimal use and coordination of MOH and VIGIA funds.

- VIGIA now funds **sentinel surveillance** involving the collection of unlinked HIV and syphilis prevalence data from antenatal populations and prisoners (FSWs and MSM). PROCETSS obtains and analyzes additional epidemiologic data from voluntary HIV and STD screening in the course of monitoring CERETS and UAMPS activities. Ongoing collaboration between OGE and PROCETSS in surveillance will be important.

- PROCETSS and VIGIA could collaborate on the analysis of **cost-effectiveness** of selected components of current PROCETSS programs.

- **Laboratory equipment** is needed at CERETS both for the rapid diagnosis of syphilis and HIV for diagnosis and care, as well as for surveillance (which does not require rapid testing). It seems appropriate for VIGIA to assist in funding for both types of equipment.

A national advisory council on AIDS was not convened by the MOH and is not available for consultation by VIGIA. However, the VIGIA team has consulted with PROCETSS in developing the work funded in the current budget. One impact of transferring HIV/AIDS prevention funding from AIDS Help to VIGIA appears to have been that initially, VIGIA was not adequately apprised of the aims of PROCETSS prevention activities with high-risk groups or the specific role that VIGIA funding would play in achieving the goals of the ongoing prevention programs. While the MSM PEP outreach through the ALASKA project in Lima and PROCETSS activities in other regions appears to have been successful, it would be useful for PROCETSS and VIGIA to collaborate on an evaluation and specifically analysis of cost-effectiveness and sustainability of this and other programs.

RECOMMENDATION CONCERNING TRANSFER OF HIV/AIDS/STD PREVENTION AND CARE ACTIVITIES TO VIGIA

Select Mechanisms for Maximizing Effectiveness of Future USAID Investment in HIV/AIDS/STD Prevention in Peru: Current PROCETSS leadership possesses considerable expertise in HIV/AIDS prevention planning and evaluation. For example, the director has held his current position for five years, which is one of the longest tenures in office among all program directors in Latin America. He participates in USAID–sponsored evaluations of other HIV/AIDS–prevention programs in Central and South America and the Caribbean. High turnover elsewhere in these positions has many causes, including the high level of political sensitivity of HIV/AIDS/STD prevention and high level of stress. Engagement of expertise from multiple disciplines in HIV/AIDS/STD prevention in Peru could help ensure stability and continued improvement of what has been accomplished and could promote more meaningful linkages and coordination of HIV/AIDS/STD prevention and care activities across related health programs.

Strong coordination at the level of the funding agency will encourage strong coordination across program areas at the Ministry and other federal agencies. The 1996 AIDS Help design was well thought out and stands up well to scrutiny now. However, it did not recommend a full-time AIDS coordinator. Active development of an AIDS donor group (with UNAIDS), of a national NGO network (with PROCETSS), and of policy, youth, and women's activities, should remain priorities for USAID in Peru, and might benefit from a full-time HIV/AIDS/STD coordinator at USAID.

If VIGIA is the mechanism chosen to channel USAID support for HIV/AIDS/STD prevention activities in Peru, there is a need for a clearer consensus on priority goals and objectives between the VIGIA director and USAID VIGIA coordinator on the one hand, and the PROCETSS director and USAID AIDS coordinator, if different from the USAID

VIGIA coordinator, on the other. Explicit criteria and processes for future use of the VIGIA mechanism would appear to be necessary. These criteria and processes would have to be jointly agreed upon by VIGIA and PROCETSS leadership and by USAID counterparts. Such criteria could include the following: nonduplication of government-sponsored efforts; compatibility with VIGIA and PROCETSS goals, policies, and activity lines; and, addressing an important need in HIV/AIDS prevention. Concerning process, it would be ideal to choose a long-term area of emphasis that can be endorsed by VIGIA and then implemented by PROCETSS. Micromanagement and a shift in funding patterns by VIGIA and a unilateral shift in focus by PROCETSS should be equally discouraged. A minimum baseline budget for HIV/AIDS prevention over the course of the grant, plus competitive access to VIGIA funds for program enhancement, would be helpful.

It is not clear that the VIGIA project is the best mechanism for extending the population coverage and ensuring the quality of a new program or for expanding the program from a technically sound focus on high-risk youth or for strengthening services for women. An alternative would be an HIV/AIDS/STD program coordinator at USAID/Peru, who oversees direct funding of PROCETSS in areas of current need for training and supervision, IEC materials development, progress into new areas of counseling approaches, prevention, and care, and who coordinates policy initiatives and funding for expanded coverage and for extension to new target populations.

ADDITIONAL CROSSCUTTING RECOMMENDATIONS

Balance the need for consolidation and stability with the need for continued expansion of community-based, regional/peripheral HIV/AIDS/STD prevention activities in Peru. The highest priority for external support for HIV/AIDS prevention in Peru is for training, monitoring, and supervision to ensure stability and consolidation, followed by incremental improvements in coverage and quality of an innovative but evidenced-based, technically sound program that represents a Latin American model for decentralization. An ideal approach to supervision and monitoring includes annual visits to every regional center and a sample of subregional health centers and posts by an interdisciplinary team. Improved informatics infrastructure (which the University of Washington could assist by providing training through its new Fogarty International Center Informatics Training Program, which is based in Peru) is also important to improve monitoring and analysis of the growing volume of data generated by the program. However, the PROCETSS budget and activities for supervision declined dramatically in 1999, and no such funds or activities have been identified for 2000. It is important to ensure that supervision is not further jeopardized by health care reform at a time when this new program is most dependent on closer supervision by people acquainted with the program.

Balance the specific needs for a vertical system with the potential benefits of horizontal integration, as appropriate to the stage of the epidemic and the evolving science of HIV/AIDS prevention and care. HIV/AIDS prevention and care in Peru are moving rapidly towards horizontal integration. This is most evident in health services at the regional level; for example, the General Hospital medical director in Loreta stated

that he "does not think of PROCETSS as separate from any other services provided by the hospital" and thinks of the counseling, testing, screening, STD and HIV care as services integrated with the rest of the hospital. The PROCETSS coordinator at the largest health centers works exclusively on HIV/AIDS and STDs, whereas at smaller health centers, coordinators have combined responsibilities, usually combining STD/HIV/AIDS with MCH but not with family planning. At the central level, blood banking and surveillance have shifted from PROCETSS to the blood bank program and to OGE, respectively. The next activities that could probably be shifted are the programs for preventing congenital syphilis and vertical HIV transmission, which eventually will be taken over by the MCH program; however, it would be a mistake to undertake this transition now. The very successful efforts in Peru are new, the science is moving too quickly, and the existing coordination is working very well.

Similarly, the STD and HIV/AIDS care programs should remain with PROCETSS for different but important reasons. Rapidly evolving programs include implementation of syndromic management for STDs at the periphery and in pharmacies, the CERETS/UAMPS screening and treatment for STDs in FSWs and MSM, and care of HIV/AIDS. The pediatric AIDS network in Lima represents a useful model for a health care network at present. Integration of STD/AIDS prevention and treatment services with family planning services has moved more slowly; while closer coordination is desirable, the slow progress partially reflects basically different priorities with respect to reproductive tract infections inherent in the separate missions of the two programs (e.g., prevention of complications of contraception and increased uptake of contraception receive highest priority in family planning programs, whereas prevention of transmission of STD and HIV/AIDS receiving highest priority from PROCETSS). The efficacy and importance of peer-mediated outreach to high-risk populations (e.g., FSW, MSM, and bridge populations) at best are foreign to family planners if not a distasteful, poorly understood anathema to such programs. The paramount need for such well-established, essential components of STD/HIV/AIDS–prevention programs together with the rapidly moving science of STD/HIV/AIDS prevention represent the critical rationale for sustaining selected vertical components within PROCETSS.

These data should be used not only to guide family planing and adolescent health programs, for example, but also to evaluate and guide Peru's programs to prevent reproductive tract infections and their sequelae.

Disseminate information within USAID about the Peru HIV/AIDS/STD program—its extensive use of peer outreach, focus on marginalized high-risk populations, scale up to a national program, growing integration with MCH programs, and encouraging signs of successful impact—as a potential model for Latin America.

APPENDICES

A: SCOPE OF WORK

B: SUMMARY OF EVALUATION ACTIVITIES

C: DOCUMENTS REVIEWED AND REFERENCES

D: PROCETTS ORGANIZATIONAL CHART

APPENDIX A

SCOPE OF WORK
(from USAID)

AIDS-HELP Final Evaluation
MAARD No. 527-0378-T-90108

SCOPE OF WORK

Objective One:

Assess progress toward achievement of desired results and identify reasons for shortfalls and successes.

- Strengthened HIV/AIDS prevention activities by PROCETSS at central and regional levels through technical assistance, training, supervision and monitoring;
- Increased understanding and commitment by Government of Peru to increase HIV/AIDS prevention, care and support activities
- Established and operational National Advisory Council that includes representatives from government, private sector and persons with HIV/AIDS

A. Primary Responsibility - Team Leader

Objective Two:

Determine current status of the project as well as potential activity lines related to IEC, interaction with NGOs, and health care networks.

- Expanded participation and strengthened technical quality, management capacity and sustainability of NGOs involved in HIV/AIDS prevention, care and support activities;
- Increased consultation by MoH with NGOs on research, technical assistance, training and IEC efforts to reduce the spread of HIV/AIDS;
- Improved coordination among actors and within overarching environments to increase and improve HIV/AIDS prevention actions and services
- Increased awareness in, and support from business and industry in HIV/AIDS prevention, care and support activities
- Improved production and timely dissemination of essential HIV/AIDS and STD knowledge and experience through research publications, conferences, workshops, seminars and documentation center;

B. Primary Responsibility - IEC Specialist

Objective Three:

Evaluation of financial, institutional and social sustainability of the project..

- Increasing capacity within Peru to recover, obtain or generate financial resources required for the continuity of HIV/AIDS prevention, care and support activities without additional USAID assistance;
- Improved capacity of the MoH authorities to plan, manage, administer, monitor and adjust project activities to ensure their effectiveness and continuity after USAID project completion;
- Increased ownership by NGOs and other institutions of some Project activities;
- Established and operational Donor Group to encourage participation by donors in support of HIV/AIDS prevention, care and support programming

C. Primary Responsibility - Team Leader

Objective Four:

Determine impact of transferring project activities to VIGIA Project.

- National Advisory Council (AIDS-Help) is being consulted by National Team (VIGIA) on implementation of prevention and control components
- Donor Group promotes collaboration by donors in applied research and field investigations for appropriate and cost-effective strategies of prevention and control to be developed and implemented
- Increased involvement of NGOs and private sector in planning, design and implementation of project activities

D. Primary Responsibility - Team Leader and IEC Specialist

DELIVERABLES

1. Detailed work plan that includes the evaluation methodology to be used, to be submitted after the second day on-site in Lima
2. Preliminary report which includes key findings and recommendations (5 copies in English)
3. Presentation of findings and recommendations in de-briefing at the USAID/Peru Mission
4. Presentation of findings and recommendations at Ministry of Health
5. Final report, not to exceed 50 pages, to USAID/Peru no later than four weeks after the on-site work is concluded. (10 hard copies each in English and Spanish and diskette using Microsoft Word)

APPENDIX B

SUMMARY OF EVALUATION ACTIVITIES

SUMMARY OF EVALUATION ACTIVITIES

DATE	DESCRIPTION	EVALUATION TEAM MEMBER(S) PRESENT
February 12, 2000 in Lima	Briefing at USAID with Richard Martin, HPN Officer and L. Seminario, Public Health Advisor	KKH, AEG
	MINSA with Jesus Toledo, Director of the Unit for the Health of the People	
	Overview of PROCETSS Epidemiological Surveillance Presenter: César Cárcamo	
	UNAIDS with Adriana Gomez	KKH
	Instituto de Educación de Salud (IES) with Alicia Quintana, Research Coordinator Rocío Zumaeta, Youth Promotion Coordinator	AEG
	Overview of PROCETSS Institutional Strengthening Presenters: Jorge Sánchez, José Ojeda, Rosa Galván	KKH, AEG
January 13	USAID with Lucy Lopez, regarding the Cobertura con Calidad project	KKH, AEG
	Instituto Materno Perinatal with Carlos Velasquez regarding congenital syphilis, STD counseling and prevention of vertical transmission programs	KKH
	Red SIDA Perú with Ana Maria Rosasco, Director of Via Libre; Jose Luis Cairo Molina, former General Secretary of Red SIDA Perú and Director of Germinal; Ruth Ramos, Board of Directors of Red SIDA Perú and Representative of MHOL	AEG
	Overview of PROCETSS BCC program Presenter: Julia Campos	
	Movimiento Homosexual de Lima (MHOL)	
	Proyecto VIGIA with Victor Zamorra	KKH
	COPRECOS Epidemiology Division	
	Alejandro Mesanna Aquinaga, Ministry of Health; Richard Martin	KKH, AEG
	Gloria Nichtawitz, former USAID Technical Monitor for AIDS Help project	
January 14	Overview of PROCETSS FSW intervention Presenter: Patricia Segura	All
	MINSA with Agusto Meloni, External Affairs	
	USNAMRID, with Kevin Russell and Douglas Watts	KKH, CC
	Meeting with FSW PEPs from Central, East, and South Lima	AEG
	Meeting with MSM PEPs from Central, East, North, South Lima, and Callao	
January 15	Overview of PROCETSS youth program Presentation by Jenny Germaná and Julia Campos	KKH, AEG
	Briefing with PROCETSS Regional Coordinator, Pilar Jarama Bardales; Regional Coordinator, Lucía Ruiz Escalante; and, Regional Director, Dr. Carlos Calumpa del Aguila	
	Meeting with recently trained youth PEPs in La Victoria	AEG
In Iquitos	Field visit to canoas sex work setting	KKH, AEG, CC
January 17 in Iquitos	Field visit to las carapas sex work setting	KKH, AEG, CC

DATE	DESCRIPTION	EVALUATION TEAM MEMBER(S) PRESENT
January 17 in Iquitos	Visit to regional hospital of Loreto: Dr. Carlos Calampa del Aguila, Regional General Director; Lucía Ruiz Escalante, Regional PROCETSS Coordinator; Dr. Eduardo Chuecas, Director of the Regional Hospital of Iquitos; María Herrera Grandes, PROCETSS Coordinator for Regional Hospital Programs	
	Visit to the CERETS at the Centro de Salud San Juan Met with Dr. Harold Cervantes Bastidas, Chief of the Health Center; Pilar Jarama, PROCETSS coordinator; and, CERETS staff	KKH, AEG, CC
	Meeting with FSW PEPs	CC, AEG
	Meeting with MSM PEPs	
	Meeting with Medicos del Mundi Coordinator, Bernhard Corbiere	KKH
January 18	Reading/writing day	All
January 19 in Chimbote	Visit to regional hospital Meeting with Director of Health Territorial Unit, Dr. Elizabeth Llerena, and UTES PROCETSS Coordinator, Pilar Javez Tour in CERETS and family planning program	AEG
In Trujillo	Meeting with Regional Health Director, Dr. Henry Rebaza, and PROCETSS Coordinator, Dr. Pedro Guevara Visit to regional hospital and CERETS; also met with Maria Agreda, Coordinator Visit to Huanchaco Health Center to see integrated syndromic management program Meeting with MSM PEPs	KKH
In Chiclayo	Meeting with Dr. Victor Linares Baca (Director General Lambayeque) and Ms. Isabel Lizarraga (PROCETSS Coordinator) Visit to San Juan Olaya Clinic and Mercedes Hospital (CERETS) Meeting with MSM PEPs and HIV–infected pregnant women	CC
January 20	Visits to NGOs Red Peruana de Mujeres Viviendo con VIH/SIDA Via Libre: Gisseli Flores, Elizabeth Aquino, Geovana Torres INPPARES: Daniel Aspolcuete, Executive Director; Angela Montoro Alvarez, Coordinator STD service; Celeny Goñgera Fernandez, IEC Coordinator; Jorge Alcántara Chávez, STD Prevention Coordinator; Edguardo Seguil, Youth Program; Anibal Velasquez, Director of Planning APROPO: Carola La Rosa de Luque, General Manager	AEG
	Visit to health service appealing to youth: Youth Clinic at the Hospital Nacional Arzobispo Loayza Dr. Aldo Vivar Mendoza, PROCETSS Coordinator; Dr. Beatriz Chung Joo, Obstetrician/Gynecologist; and Kathe Zevallos, Counselor	
	Visit to Carrion Hospital: Dr. Luz Juarez, Director, and Dr. Jorge Candiote Meeting with GAMs (Tomas Sinchi Contreras, coordinator)	CC
	Attended graduation for youth PEPs in Lima Discussion with UNAIDS and UNICEF representatives	KKH
January 21	Debriefing at USAID	All
	Field visit to mobile STD clinic services in Callao	
January 22	Follow-up meeting with Dr. Lourdes Kan and Julia Campos re: BCC materials and counseling training	AEG
	Dr. Celum returns to U.S.	
January 23	Dr. Holmes and A. Ghee return to U.S.	

APPENDIX C

DOCUMENTS REVIEWED AND REFERENCES

DOCUMENTS REVIEWED AND REFERENCES

DOCUMENTS REVIEWED

AIDS Help background documents:
- Activity Design for Ayuda CONTRASIDA (AIDS Help), draft dated 1996
- VIGIA project document

National STD and AIDS Plan (Plan Nacional de Control de las ETS y SIDA), 1997–2000

National School and Adolescent Health Plan (Plan Nacional para la Atención Integral de la Salud del Escolar y Adolescente), 1997–2001

Project AIDS Help Annual Reports, 1996–99

Project AIDS Help Final Report (Informe Final: Indicadores de Resultados), submitted to USAID, January 2000

National program plans:
- Intervención de Promotoras Educadoras de Pares de Trabajadoras Sexuales, 1997–99
- Plan Nacional para la Prevención y Control de las ETS/HIV en Hombres que Tienen Sexo con Otros Hombres, 1999
- Campaña Nacional de Prevención de ETS/VIH/SIDA para Gente Joven del Perú, undated

Regional/city level program documents from La Libertad, Lambayeque/Chiclayo, and Trujillo

Example of multisectoral working group outputs: Summary of Strategic Planning Workshop, Lima, October 11–15, 1999

Sentinel Surveillance Protocols, 1999

Antibiotic Susceptibility Monitoring Protocol, 1999

Portfolio of BCC materials produced by PROCETSS

Portfolio of media coverage of PROCETSS activity

STD/HIV/AIDS training manual

Program delivery guidelines and norms

Law Number 26626: "AIDS Law" 1996

Program descriptions from NGOs visited

Reports from NGO–implemented operations research activities

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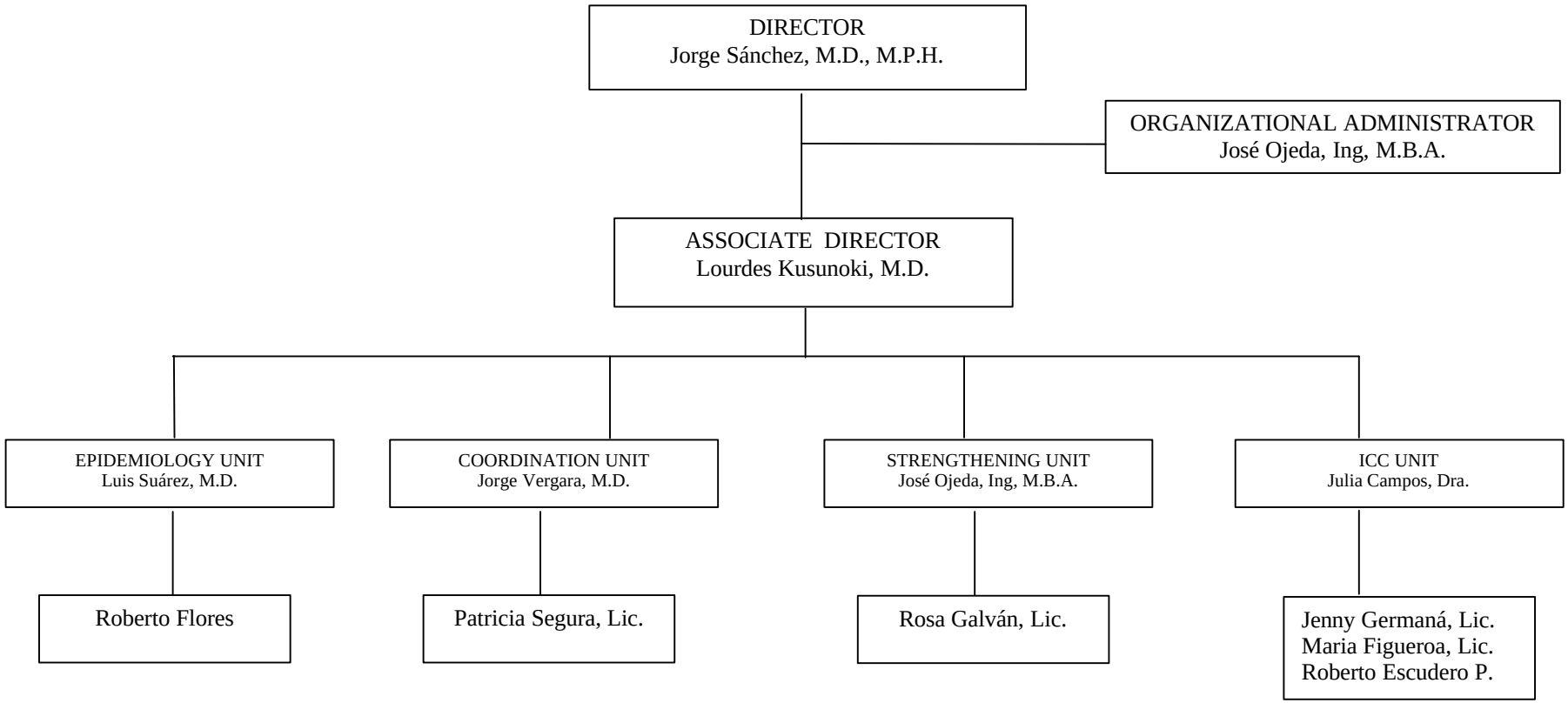
APPENDIX D

PROCETSS ORGANIZATIONAL CHART

PROCETSS ORGANIZATIONAL CHART



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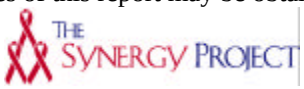

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