

**Strategy Recommendations and Planning Framework for
HIV/AIDS Behavior Change Communication Activities funded by
USAID/Haiti**

(English version)

Prepared by:
Dana M. Faulkner MPH
Giselle Maynard-Tucker PhD

The CHANGE Project
Academy for Educational Development
The Manoff Group

June 2002

ACKNOWLEDGEMENTS

The work of the CHANGE/Haiti team would not have been possible without the gracious help and cooperation of numerous individuals and agencies. In particular, we wish to express our appreciation to Judith Timyan, Pierre Mercier, Dorothy Vincent and Geneve Mongene of the USAID/Haiti Mission for their guidance and support, and to the members of the USAID HIV/AIDS Behavior Change Communication Working group, all of whom gave generously of their time and knowledge to enable this strategy framework to be completed within the allotted timeframe.

Table of Contents

I. BACKGROUND.....	1
II. RECOMMENDED STRATEGY.....	4
A. BEHAVIORAL OBJECTIVES	5
B. TARGET MARKETS	6
C. CROSS-CUTTING ISSUES	7
III. GAP ANALYSIS AND PROGRAMMATIC RECOMMENDATIONS.....	9
IV. APPENDICES	12
A. TABLE A: BEHAVIOR CHANGE OBJECTIVES AND TARGET AUDIENCES	
B. TABLE B: SUMMARY OF BCC INTERVENTIONS	
C. TABLE C: GAP ANALYSIS	

Strategy Recommendations and Planning Framework for HIV/AIDS Behavior Change Communication Activities Funded by USAID

I. BACKGROUND

With new commitment from the United States Congress, the President and the U.S. Agency for International Development to provide greater support for HIV/AIDS prevention and care, there is an important opportunity to strengthen and expand the existing HIV/AIDS programming funded by USAID/Haiti. This opportunity is further enhanced by the recent inclusion in the results framework for USAID/Haiti of a Strategic Objective for health (SO3) that includes an Intermediate Result (IR) on HIV/AIDS: "Effective HIV/AIDS prevention-to-care strategies adopted and implemented." The current development of a "National Strategic Plan for HIV/AIDS Programming 2001-2006" by the Haitian government, with the support of its international partners, provides additional momentum for renewed USAID/Haiti programming on HIV/AIDS.

To build on this momentum, USAID/Haiti commissioned a team from the Synergy Project to develop a recommended program strategy for USAID in HIV/AIDS. The Synergy team, in their final report (September 2001), recommended that USAID/Haiti pursue two mutually reinforcing strategies to respond to the generalized HIV/AIDS epidemic in Haiti: "to provide decentralized prevention and care throughout the country, while insuring extra coverage of high-risk settings or 'hot spots' where transmission is most rapid."

During this same period of time, USAID/Haiti staff in HIV/AIDS convened a working group on Behavior Change Communication, consisting of behavioral and communications specialists from its Cooperating Agencies and Partners involved in HIV/AIDS programming. In a series of discussions, this working group reviewed and assessed USAID's BCC programming in HIV/AIDS, and identified the strengths, weaknesses and lessons learned from 15 years of HIV/AIDS activities in Haiti.

Their most important conclusions were:

Strengths and Lessons Learned

- Through its AIDSTech and AIDSCAP Projects (1990- 1996), USAID introduced and encouraged a focus on HIV/AIDS in the country and prompted useful coordination among the different partners and programs.

- A variety of communication tactics were developed which demonstrated their effectiveness in BCC:
 - Public service messages,
 - Condom social marketing,
 - Mass media campaigns,
 - Community mobilization and
 - Couples counseling.
- The communications materials used in PSI's social marketing programs set a high standard of quality, both visually and in terms of content, for HIV/AIDS messages.
- The inclusion of young people in the initiation of activities increased the effectiveness of the programs.
- HIV/AIDS messages were integrated into the overall BCC strategies and training in public health (for example, through HS 2004.)
- There is an increased level of general knowledge in the population regarding HIV/AIDS (although myths and inaccuracies remain widespread).

Weaknesses and Areas of Concern

- The disruption in USAID support during the period 1996-1999 created significant discontinuity in programs, staffing and impact.
- The mandate of programs supported by USAID did not include care and support of people living with AIDS; consequently little in the way of resources or attention was directed to this area.
- There was a lack of leadership and coordination of programs, and little coordination across partners and programs of the various campaigns and messages.
- Working with the public sector was difficult and slow.
- Negative attitudes toward HIV/AIDS among health care workers were widespread and training and preparation for health care workers dealing with HIV/AIDS patients was minimal.
- Activities were concentrated in the same geographic areas, with little expansion and replication of model interventions into other cities and departments.
- Mass media campaigns on HIV/AIDS were not complemented by interpersonal communication and community involvement.
- There was a lack of communication materials in general and particularly of material in Creole, and the materials developed were often too "medical" in their orientation.

- Little of the experience to date has been effectively documented.

To build on these deliberations, USAID/Haiti requested a team from the CHANGE Project to collaborate with the BCC working group to develop an Integrated strategy for the BCC activities of USAID partners and programs working on HIV/AIDS. The following recommendations are based on discussions with the members of the working group, interviews with experienced behavioral specialists in Haiti and a review of Haiti program documents and research data.

II. RECOMMENDED STRATEGY

Consistent with the Mission's SO3 and HIV/AIDS IR, and the program strategy developed by the Synergy team, the two overall goals for Behavior Change Communication activities funded by USAID on HIV/AIDS are:

- To reduce transmission of the HIV/AIDS virus and
- To improve the care and support of people living with HIV/AIDS.

The recommended strategy is to realize these goals through achievement of a series of *selected behavioral objectives* executed through *coordinated, planned interventions* undertaken by a range of USAID partners, that:

- Target changes in the behavior of those individuals who are at *highest risk* of becoming infected by or transmitting the HIV/AIDS virus *AND* who are *susceptible* (as determined by Haitian data and best global practices) to substantial, positive impact;
- Make full use of "second generation" HIV/AIDS prevention messages emphasizing personal recognition and acceptance of risk, the adoption of personalized risk reduction strategies and care-seeking behavior, and the reduction of fear, stigma and discrimination regarding HIV/AIDS;
- Extend the range of tactics used such as stimulation of public dialog and debate, dissemination of messages through social networks, secondary targeting of "personal influencers" and voluntary counseling and testing, to supplement the already well-established tactics of mass media campaigns, public events, outreach to community leaders and peer education;
- Base themselves firmly in the cultural realities of Haitian behavior patterns and belief systems, and address the constraints and limitations facing individuals attempting to initiate new behaviors within existing social structures and personal relationships, such as social norms, perceptions of self-efficacy and power inequalities in male/female relationships; and
- Expand the geographic focus and range of existing programs to the smaller cities and rural areas that have been disproportionately impacted by HIV/AIDS infection.

A. BEHAVIORAL OBJECTIVES

Specifically, this strategy focuses on the achievement of the following Behavior Change Communication objectives:

Objective 1. To dispel myths and improve the accuracy of knowledge about HIV/AIDS

Objective 2. To reduce fear, stigma, and discrimination against persons living with HIV/AIDS

Objective 3. To create a supportive environment that reinforces healthy choices on the part of those at risk

Objective 4. To increase the appropriate self-perception of risk and the use of appropriate risk-reduction strategies

- Abstinence and delayed onset of sexual activity
- Fidelity and reduction of multiple partners
- Consistent and correct use of condoms

Objective 5. To increase the frequency of appropriate care-seeking behaviors

- Treatment for STI 's
- Voluntary Counseling and Testing, and related services
- Treatment for opportunistic infections
- Maternal to child transmission and prevention

Objective 6. To stimulate community-based care and support for people living with and affected by HIV/AIDS

Objective 7. To improve the knowledge, skills and attitudes of health professionals regarding HIV/AIDS

These objectives are both inter-related and inter-dependant, and as such need to be operationalized in a carefully phased manner. That is, the achievement of one objective (for example, increased community and family care of people living with HIV/AIDS) is dependant on the concurrent achievement of others (such as increased accuracy of knowledge about transmission risks; reduction in fear, stigma and discrimination.) The timing of new initiatives should thus be carefully coordinated with existing and new related programming.

B. TARGET MARKETS

The target markets for each of these behavioral objectives are:

Objective 1. Improving knowledge:

- Opinion leaders (political leaders, religious leaders, educational leaders, government officials, media decision-makers, leaders of social and professional organizations, public intellectuals, celebrities, traditional healers)
- General population, esp.
 - High risk groups
 - Families affected by HIV/AIDS

Objective 2. Reducing fear, stigma and discrimination

- Opinion leaders (political leaders, religious leaders, educational leaders, government officials, media decision-makers, leaders of social and professional organizations, public intellectuals, celebrities, traditional healers)
- General population, esp.
 - Local community leaders
 - Families affected by HIV/AIDS

Objective 3. Creating a supportive environment for healthy choices

- Peers
- Local priests and pastors
- Community leaders
- School administrators and teachers
- Parents and extended family of high risk groups
- Traditional healers

Objective 4. Increasing self-perception of risk and the use of risk-reduction strategies

- Adolescents and young adults
 - Males and females prior to the initiation of sexual activity
 - Males and females with serial and multiple partners
 - Males and females in union
- Men with disposable income
- Migrants and men away from home
- Men in uniform
- Men having sex with men
- Commercial Sex Workers

Objective 5. Increasing care seeking behaviors

- Adolescents and young adults
 - Males and females prior to the initiation of sexual activity
 - Males and females with serial and multiple partners
 - Males and females in union
- Men with disposable income

- Migrants and men away from home
- Men in uniform
- Men having sex with men
- Commercial Sex Workers
- Sero-positive individuals
- Sero-positive pregnant and post-natal women

Objective 6. Stimulating community-based care and support

- Religious Leaders
- Families and extended families of people living with HIV/AIDS
- Families and extended families of orphans and vulnerable children
- Community leaders and community groups in high prevalence areas

Objective 7. Improving knowledge/skills and attitudes of health professionals

- Staff of health service facilities and clinics

These behavioral objectives and target audiences are summarized in Table A.

C. CROSS-CUTTING ISSUES

There are a number of cross-cutting issues, which affect all aspects of this strategy and thus deserve careful examination. They are:

- Reinforcing and expanding political will – Attention to and support for HIV/AIDS prevention has recently been at a high level within both the Haitian political leadership and the political leadership of the United States. This high-level attention has provided both needed momentum and expanded USAID funding for HIV/AIDS programming. However, the interruption in USAID funding for HIV/AIDS programs in Haiti after 1996 was a significant disruptive factor for USAID NGO partners, and concerns remain about the impact of similar disruptions in the future. To the extent possible, sustained support should be identified for major new initiatives so as to minimize the impact of such disruption, particularly to small NGO partners.
- Sustained coordination across programs – The recently established BCC working group for programs funded by USAID has been an effective mechanism thus far for discussion of a coordinated strategy for BCC programming. In order to maximize the effectiveness of the new funding being provided for HIV/AIDS programming, it is essential that this coordinating mechanism be sustained, and extended to coordination of research, messages and materials across programs.
- More rigorous behavioral analysis – The recommended strategy targets a set of ambitious behavioral objectives that go well beyond an increase in knowledge and awareness, which have been the primary focus of communications programs in the past. Changing behavior (in contrast to changing knowledge) requires formative research that focuses on in-depth behavioral analysis—that is, research to uncover

why current behaviors persist and why new behaviors are resisted. It is recommended that the BCC working group undertake the design of a behavioral analysis program to serve as the foundation for all USAID-funded interventions, guided by the significant expertise already resident in partners such as the JHU-CCP, and the global experience of FHI/Impact and PSI.

- Intersectoral involvement – USAID-funded programming in Haiti has been focused almost exclusively within the health sector for the execution of its programs. Following best global practices, extending this involvement to other sectors, particularly education and industry, can magnify the impact of health sector programming. The proposed new initiative in Haiti, funded by the US Department of Labor, presents an ideal opportunity for pursuing this type of intersectoral involvement.
- Building evaluation in to program design – Little documentation is available on the extensive HIV/AIDS prevention programs undertaken in Haiti, and few BCC interventions appear to have been formally evaluated. Given the epidemiological importance of Haiti to the global pandemic, this lack of documentation and evaluation is a loss to the global record as well to local programs. Thus, it is essential for documentation and evaluation to be built in to the funding and design of future initiatives.

III. GAP ANALYSIS AND PROGRAMMATIC RECOMMENDATIONS

In order to assess current (and in some cases, proposed) USAID-funded programming against this recommended strategy, a “gap analysis” was carried out. The behavioral objectives, target markets, delivery vehicles, measurement indicators, key messages and geographic focus of each current initiative were identified in consultation with the behavior change communication advisors for each program. The results of this inquiry are summarized in Table B. These results were then compared to the behavioral objectives and target markets of the recommended strategy (as summarized in Table C), and “gaps” or areas of unmet need, were identified.

It is essential to note that these tables must be considered initial drafts, as the compressed timing of the CHANGE team’s activities in Haiti did not allow for detailed review and revision. These charts should be reviewed carefully by the behavior change advisors for each program to be sure that the elements of each program are accurately reflected. The entire BCC working group should then be convened to review and revise the “gap analysis,” reach consensus on areas of unmet need, and determine the best match between the strengths of each partner and the initiatives needed to execute the recommended strategy.

Therefore, the following conclusions and recommendations based on the “gap analysis” are offered on preliminary basis only:

1. USAID-funded programs have conducted extensive behavior change interventions for the youth market, and as such have built up an important expertise in this market. This creates an crucial resource allocation decision for USAID programming: whether to continue to concentrate efforts on (and to strengthen and deepen expertise in) its current area of strategic advantage, the youth market, or to diversify the investment by enlarging programming for other segments of the high risk group, such as commercial sex workers and men away from home. The priorities of other donors (outside the scope of this review) should be taken into account in determining the answer to this question.
2. Data from Haitian behavioral surveys continues to indicate that, while awareness of the dangers of HIV/AIDS is high among virtually all groups, myths and inaccuracies abound, particularly with regard to means of transmission and risk factors. This indicates that there is “counter-information” in circulation that is deflecting penetration of the fact- based messages in USAID’s program. Yet, the key message points with regard to knowledge and awareness from almost all the communications programs reviewed appear to have changed little over the past decade. It is important to determine the source and content of such misinformation (i.e., who is circulating the myths and why?) and to develop new messages (or, in fact, interventions) on transmission and risk that directly address the sources of such misinformation and the belief systems that support them.

3. Religious leaders and schoolteachers have the potential to play a crucial role in Objective 3: Creating a supportive environment that reinforces healthy choices among youth. However, they have not, as yet, been targeted for the kind of one-to-one outreach that has been successful in reaching media decision-makers in Haiti (the CECOSIDA network.) In addition, national religious figures can provide essential moral leadership for Objective 6: Stimulating community-based care and support for people and families affected by HIV/AIDS. This suggests an opportunity to convene a high level forum of religious leaders on HIV/AIDS, and perhaps to establish an ongoing network for “moral leaders” in HIV/AIDS prevention and care. There is a similar need (and opportunity) to reach teachers and educational leaders.
4. Parents and extended family are also a crucial element in creating a supportive environment for healthy choices by those at risk. A mass media campaign seeking to model supportive behavior and stimulate effective family dialog on HIV/AIDS could be used to create a cultural expectation of such support (in effect, to shift social norms regarding parent-child communication on HIV/AIDS).
5. Virtually all of the Haitian HIV/AIDS experts consulted acknowledged that the so-called “Three Boats” approach to HIV/AIDS prevention (abstinence, fidelity and condom use) was grossly out of touch with the realities of Haitian sexual behavior. Much care needs to be given to deriving more realistic prevention strategies to be used as the basis of Objective 4: Increasing the use of appropriate risk reduction strategies (based, as always, on solid behavioral analysis). It has been suggested that perhaps five new boats are needed: delay the onset of sexual activity; know your status and that of your partner; know the symptoms of STIs and get them treated; reduce your number of partners and always use a condom correctly.
6. Systematic interventions to reduce stigma and discrimination against HIV/AIDS are new to both Haiti and other areas of the world. Haiti has the opportunity to begin its programming based on the best available practice and to serve as a leader in introducing new interventions. It is recommended that every effort be made to build on the global resources being invested by USAID in this area in the Horizons Project, ICRW, the Synergy Project, and the CHANGE Project. (See the website of the Population Council www.popcouncil.org/horizons for two very useful new research reports from the Horizons Project. *Interventions to Reduce HIV/AIDS Stigma: What Have We Learned?* and *HIV/AIDS-Related Stigma and Discrimination: A Conceptual Framework and An Agenda for Action.*)
7. A range of partners has sponsored public events on HIV/AIDS prevention in various forms (concerts, caravans, pop concerts, sports matches). While public events can be useful in maintaining a high level of awareness regarding HIV/AIDS, this is no longer the predominant need in Haiti. Thus, such events must be carefully designed to ensure that they are effective in achieving other

objectives (improving the accuracy of knowledge about routes of transmission, reducing fear, stigma and discrimination against persons living with HIV/AIDS, increasing the use of risk-reduction strategies).

8. Changing health worker attitudes (Objective 7) is as important as improving knowledge and skill among health professionals about HIV/AIDS. Yet interventions to change attitudes, being much harder to design successfully, often become lost in conventional health worker training programs that emphasize knowledge transfer and skill building. Once again, it will be useful for Haiti programming to take advantage of the global expertise that has been developed at various USAID partners such as FHI/Impact, the Horizons Project, MSH, JHU-CCP, and others.

IV. APPENDICES

TABLE A
Behavior Change Objectives and Target Audiences for
USAID HIV/AIDS Programs and Partners

Behavior Change Objectives	Target Audiences
<p>Objective 1. Dispel myths and improve the accuracy of knowledge about HIV/AIDS</p>	<ul style="list-style-type: none"> • Opinion leaders: political leaders religious leaders educational leaders government officials media decision-makers leaders of social and professional organizations public intellectuals celebrities traditional healers • General population, especially: High risk groups Families affected by HIV/AIDS
<p>Objective 2. Reduce fear, stigma, and discrimination against persons living with HIV/AIDS</p>	<ul style="list-style-type: none"> • Opinion leaders: political leaders religious leaders educational leaders government officials media decision-makers leaders of social and professional organizations public intellectuals celebrities traditional healers • General population, especially: Local community leaders Families affected by HIV/AIDS
<p>Objective 3. Create a supportive environment that reinforces healthy choices on the part of those at risk</p>	<p>Personal Influencers:</p> <ul style="list-style-type: none"> • Peers • Local priests and pastors • Local community leaders • School administrators and teachers • Traditional Healers • Parents and extended family of high risk groups

TABLE A (Con't.)
Behavior Change Objectives and Target Audiences for
USAID HIV/AIDS Programs and Partners

Behavior Change Objectives	Target Audiences
<p>Objective 4. Increase the appropriate self-perception of risk and the use of appropriate risk-reduction strategies:</p> <ul style="list-style-type: none"> • Abstinence and delayed onset of sexual activity • Fidelity and reduction of multiple partners • Consistent and correct use of condoms 	<ul style="list-style-type: none"> • Adolescents and young adults <ul style="list-style-type: none"> • Males and females prior to the initiation of sexual activity • Males and females with serial and multiple partners • Males and females in union • Men with disposable income • Migrants and men away from home • Men in uniform • Men having sex with men • Commercial Sex Workers
<p>Objective 5. Increase the frequency of appropriate care-seeking behaviors for:</p> <ul style="list-style-type: none"> • Voluntary Counseling and Testing, and related services • Treatment for STIs • Treatment for opportunistic infections • Maternal to child transmission and prevention 	<ul style="list-style-type: none"> • Adolescents and young adults <ul style="list-style-type: none"> • Males and females prior to the initiation of sexual activity • Males and females with serial and multiple partners • Males and females in union • Men with disposable income • Migrants and men away from home • Men in uniform • Men having sex with men • Commercial Sex Workers • Sero-positive individuals • Sero-positive pregnant women
<p>Objective 6. Stimulate community-based care and support for people living with and affected by HIV/AIDS</p>	<ul style="list-style-type: none"> • Religious leaders • Community leaders and community groups in high prevalence areas • Families and extended families of people living with HIV/AIDS • Families and extended families of orphans and vulnerable children
<p>Objective 7. Improve the knowledge, skills and attitudes of health professionals regarding HIV/AIDS</p>	<ul style="list-style-type: none"> • Staff of health service facilities and clinics

TABLE B Summary of BCC Interventions page 1

Name of Cooperating Agency / Partner: FHI

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
FOSREF peer education program	1, 3, 4, 5	Youth	Theatre presentations with peer education discussions, held at FOSREF centers, also schools, scout meetings	# Youth attending program	Responsible sexuality, prevention of early pregnancy, STIs, AIDS	PAP, Cap Haitian, Jeremie	Jan 2000 - present
“No Kapot No Love” Initiative	1, 4, 3	Youth and men; Personal influencers	Events, celebrity appearances, bicycle races, theatre group performances, Community discussions; Tee Shirts, Essay Contest	Editorial coverage; Focus Group Evaluations	It’s vital to inform yourself about AIDS; Discuss it with others; Have a plan of action; Use a condom to protect yourself	PAP, Jeremie, Cap Haitian	Oct 2000 – April 2000 Some community activities were extended to Sept 2000
Project Lakay	1, 4	Commercial Sex Workers	Safe gathering place, small gifts; condom social marketing	# Of visitors	Self Esteem, you are worth protecting; A Condom is your working tool; Always use condoms	PAP Cap Haitian	Jan 2000-present Scheduled for Jan 2002

TABLE B Summary of BCC Interventions page 2

Name of Cooperating Agency / Partner: FHI (continued)

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
VDH	1, 3, 4, 5	Youth in rural areas	Training for peer educators	# Youth attending program	Responsible sexuality (pregnancy, STIs, AIDS) and self esteem	Rural areas of Artibonite; North	Training was Jan - Sept 2000; Peer education sessions are ongoing Proposed for 2002: Training for Grande Anse; support for activities Art. & North
Care Pilot Project	6	Families and communities of children affected by HIV/AIDS	Hygiene products for family; referrals for education; education fees; access to micro credit	# Of Orphans and vulnerable children helped to stay in the community	Caring for children and families affected by HIV/AIDS is the community's responsibility	Grande Anse	FHI support: Jan-Oct 2001
BSS Survey	1, 4		Formative Research				

TABLE B Summary of BCC Interventions page 3

Name of Cooperating Agency / Partner: POZ

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
Telephone Bleu	1, 3, 4, 5	General population; All high risk groups	Hot line (phone counseling)	# Of calls; # of people referred for testing and/or care	Know your risk; Know the routes of transmission; Reduce your risk through abstinence, fidelity and condoms	Located in PAP Calls from other areas are long distance	Ongoing (funding for training and salary for one staff counselor provided by FHI)
CECOSIDA	1, 2, 3	Media decision-makers	Professional network, meetings	Media coverage on HIV/AIDS	Media Leaders have a responsibility to help stop the HIV/AIDS epidemic in Haiti		Ongoing
REHVIH	1, 2, 3	HIV organizations	Professional Network, meetings				
GRASADIS	1, 2, 3, 4, 5	Men having sex with Men	Social network, peer education, parties with education sessions	# Of people reached; # of parties held	Every sexual act can transmit AIDS; Use a condom correctly every time; Know your sero-status; Call or contact your peer ed. For more info	PAP	Dec 1999-present; Care and support component to start in 2002; feasibility study planned for extensions to Cap H and Jer.

TABLE B Summary of BCC Interventions page 4

Name of Cooperating Agency / Partner: POZ (continued)

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
Liaison with private Drs. offices doing HIV tests for US Visas	5	General population seeking HIV test for US visa application	Training and brochure for nurses to do pre- and post-test counseling		Materials are being developed	PAP	Planned for 2002
*CESAC	1, 3, 4, 5	General population, esp. high risk	Walk in center for pre and post-test counseling; blood drawing for tests				
*GIPA	1, 2, 5	Persons living with AIDS	Support group for persons and families living with HIV/AIDS				
*Memorial SIDA: Birsons de Silence	1, 2, 3	General population	Church and community services	# Of services held			Annual
*World AIDS Day	1, 2, 3	General Population	Speeches and events				Annual
*"Caravane" Artists and Young People Against HIV/AIDS	1, 2, 3, 4	Youth	Community Events, marches, concerts, testimonials				July – October 2001

* Note: funding for these programs provided by other donors (not primarily or exclusively USAID)

TABLE B Summary of BCC Interventions page 5

Name of Cooperating Agency / Partner: HS- 2004

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
Community Outreach based at HS-2004 NGO partners	1, 4, 5	General population, esp. youth	Education sessions and community meetings held by Community Health Agents and auxiliary nurses	# Sessions held	Responsible sexuality, incl. recognition and treatment of STIs; routes of transmission for HIV/AIDS; HIV/AIDS prevention; information and demonstration of correct condom use	7 departments	<p>Ongoing: enter-educate activities; sensitization days; community events</p> <p>Nov 99-June 2000: Distance learning manuals and radio lectures for community health agents; Radio Soap Opera on community radio stations; 12 radio spots</p> <p>In preparation: reminder materials for clients at home (includes one on STIs and HIV/AIDS)</p>
Health Worker Training (through GHESKIO)	7	Physicians, nurses, auxiliaries at HS 2004 NGO partners	Training sessions on counseling, STI management, HIV prevention	# Of health workers trained		Training is in PAP for health workers from 7 departments	Ongoing

TABLE B Summary of BCC Interventions page 6

Name of Cooperating Agency / Partner: HS- 2004 (continued)

Name of Program or Initiative	Behavioral Objective	Target Audience	Tactic/Delivery Vehicle	Measurement Indicator	Key Message Points	Geographic Focus	Timing
NEW Collaboration with POZ	7	Health workers at 5 pilot sites: Grace Children's; CDS; SADA; Pierre Payeau; Clinic St. Paul	Sensitization sessions for health workers (doctors, nurses, auxiliaries)	# Of attendees	Better openness and understanding when talking about HIV/AIDS with patients	One in PAP One in Cap H. Three on Cote des Arcadins	Agreement has just been signed 2 sensitization sessions are scheduled for early January 2002
	6	Community leaders; community members; families of people affected by HIV/AIDS	Community outreach	# Of volunteers and # of sessions # Of VCT and service referrals # Of demonstration sites and kiosks for condom sales	The community can find ways to care for and support people and families living with HIV/AIDS		
New Agreement near Clinic St Paul	1, 3, 4, 5	Bus Drivers Commercial Sex Workers					Planning to begin in 2002

TABLE B Summary of BCC Interventions page 7

Name of Cooperating Agency / Partner: PSI/Haiti

Target Audience	Behavioral Goal	Behavioral Objectives	Tactics	Delivery Channels	Key Message Points	Indicator	Geographic Focus	Timeline	Current Donors
Youth	Sustained correct and consistent condom use	<p>Improve accuracy of knowledge and correct myths</p> <p>Increase accurate self-risk perception</p> <p>Increase self-efficacy related to safer sexual practices</p> <p>Reinforce an environment supportive of safer sexual practices</p>	<p>Forums for discussion</p> <p>Entertainment Education (street theatre, outings, other creative activities)</p> <p>Role-playing</p> <p>School visits</p> <p>Youth magazine (<i>Journal Jenn Yo</i>)</p> <p>Mass media campaigns (generic messages)</p> <p>Mass media campaigns (promotion of Pante)</p>	<p>Peer to peer interpersonal communication (Club Cool)</p> <p>Street theatre</p> <p>Radio</p> <p>Television</p> <p>Magazines</p> <p>Print materials</p>	<p>Address trusted partner barriers</p> <p>Evaluate your real risk</p> <p>Speak openly about sexuality with partners, peers, family</p> <p>Be prepared, keep a condom with you always</p> <p>Make deliberate informed choices about your sexuality</p> <p>Don't have sex without a condom</p>	<p>Consistent condom use with regular partners</p> <p>Consistent condom use with casual partners</p> <p>Number of youth carrying a condom</p> <p>Delayed onset of sexual activity</p>	National	<p>Club Cool from 1995 to present</p> <p><i>Journal Jenn Yo</i> from 1999 to present</p> <p>Generic communication campaign from 1990 to present</p> <p>Brand promotion from 1989 to present</p> <p>New messages for 2001: trusted partner, negotiation points, risk perception</p>	<p>Dutch/ UNFPA (portion of Club Cool, Journal, generic communication)</p> <p>USAID (portion of Club Cool, Journal, band promotion)</p> <p>CIDA (condom procurement)</p>

TABLE B Summary of BCC Interventions page 8

Target Audience	Behavioral Goal	Behavioral Objectives	Tactics	Delivery Channels	Key Message Points	Indicator	Geographic Focus	Timeline	Current Donors
Men and women of reproductive age	Sustained and correct condom use	<p>Improve accuracy of knowledge and correct myths</p> <p>Increase accurate self-risk perception</p> <p>Increase self-efficacy related to safer sexual practices</p> <p>Reinforce an environment supportive of safer sexual practices</p>	<p>Mass media campaigns (generic messages)</p> <p>Mass media campaigns (promotion of <i>Pante</i>)</p> <p>Interpersonal communication</p> <p>Correct condom use demonstrations</p>	<p>Radio</p> <p>Television</p> <p>Print materials</p> <p><i>Sensibilisations (Soirees Pante)</i></p> <p>Event sponsorship</p>	<p>Address trusted partner barriers</p> <p>Evaluate your real risk</p> <p>Speak openly about sexuality with partners, peers, family</p> <p>Don't have sex without a condom</p>	<p>Consistent condom use with regular partners</p> <p>Consistent condom use with casual partners</p>	National	<p>Generic communication campaign from 1990 to present</p> <p>Brand promotion from 1989 to present</p> <p>New messages for 2001: trusted partner, negotiation points, risk perception</p>	<p>Dutch/ UNFPA (generic communication)</p> <p>USAID (brand promotion, event sponsorship)</p> <p>CIDA (condom procurement)</p>

TABLE B Summary of BCC Interventions page 9

Target Audience	Behavioral Goal	Behavioral Objectives	Tactics	Delivery Channels	Key Message Points	Indicator	Geographic Focus	Timeline	Current Donors
CSW	Sustained correct and consistent condom use	<p>Increase accurate self-risk perception</p> <p>Increase self-efficacy related to safer sexual practices</p> <p>Reinforce an environment supportive of safer sexual practices</p>	<p>Training CSW as peer educators</p> <p>Clubs for CSW (<i>Club Reyalite</i>)</p> <p>Role-playing</p> <p>Talks, other events</p>	<p>Interpersonal communication:</p> <ul style="list-style-type: none"> - Training - Clubs - Talks and events (<i>Ambyans Reyalite</i>) 	<p>Address trusted partner barriers</p> <p>Condom use negotiation</p>	<p>Consistent condom use with regular partners</p> <p>Consistent condom use with casual partners</p>	Port-au-Prince	CSW training and <i>Ambyans Reyalite</i> from 199x to 2001	Dutch/ UNFPA USAID?
CSW	Sustained correct and consistent condom use	<p>Increase accurate self-risk perception</p> <p>Increase self-efficacy related to safer sexual practices</p> <p>Reinforce an environment supportive of safer sexual practices</p>	<p>Print materials</p> <p>Cooperative groups</p>	<p>Printed materials with specific CSW messages</p> <p>Cooperative groups</p> <p>Interpersonal communication:</p> <ul style="list-style-type: none"> - Training - Clubs - Talks and events (<i>Ambyans Reyalite</i>) 	<p>CSW solidarity</p> <p>Specific arguments for condom use negotiation</p> <p>Cooperatives can work together with PSI/Haiti support to help decrease financial dependence and increase condom negotiating power</p>	<p>Consistent condom use with regular partners</p> <p>Consistent condom use with casual partners</p>	Port-au-Prince	Proposed	USAID?

TABLE B Summary of BCC Interventions page 10

Target Audience	Behavioral Goal	Behavioral Objectives	Tactics	Delivery Channels	Key Message Points	Indicator	Geographic Focus	Timeline	Current Donors
Mobile populations - Truck drivers - Sailors - Men in uniform - Traveling sales-people	Sustained correct and consistent condom use	Increase accurate self-risk perception Increase self-efficacy related to safer sexual practices Increase correct condom use skills Reinforce an environment supportive of safer sexual practices	Self-tests Role playing Trusted partner myths Talks, other events Media reinforcement	Interpersonal communication: - <i>Soirees Pante</i> - Entertaining games - Targeted media messages through specific channels - Print materials	Address trusted partner barriers Evaluate your personal risk carefully Don't have sex without a condom	Consistent condom use with regular partners Consistent condom use with casual partners	National	Proposed	USAID? French?

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 1. Dispel myths and improve the accuracy of knowledge about HIV/AIDS</p>	<ul style="list-style-type: none"> • Opinion leaders <ul style="list-style-type: none"> political leaders Religious leaders Educational leaders Government officials Media decision-makers Leaders of social and professional organizations Public intellectuals Celebrities Traditional healers • General population, especially: <ul style="list-style-type: none"> High risk groups Families affected by HIV/AIDS 	<p>Events: World AIDS Day; Memorials</p> <p>CECOSIDA for Media Leaders; REHVIH for HIV/AIDS organizations</p> <p>Events Community Outreach (HS-2004 NGO partners)</p>	<p>One-to-One Outreach/, Conference/ Network for Religious and Education Leaders</p> <p>Events that stimulate discussion in personal networks: testimonials; controversy, etc</p>

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 2. Reduce fear, stigma, and discrimination against persons living with HIV/AIDS</p>	<ul style="list-style-type: none"> • Opinion leaders <ul style="list-style-type: none"> Political leaders Religious leaders Educational leaders Government officials Media decision-makers Leaders of social and professional organizations Public intellectuals Celebrities Traditional healers • General population, especially. <ul style="list-style-type: none"> Local community leaders Families affected by HIV/AIDS 		<p>Visible spokesperson/ testimonial on stigma to relate to opinion leaders (rather than youth)</p> <p>Stigma interventions at community level based on best global practices</p>

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 3. Create a supportive environment that reinforces healthy choices on the part of those at risk</p>	<p>Personal Influencers:</p> <ul style="list-style-type: none"> • Peers • Local priests and pastors • Local community leaders • School administrators and teachers • Traditional Healers • Parents and extended family of high risk groups 	<p>Events, Peer education, and Enter-Educate Programs for Youth</p> <p>Generic Advertising Campaigns Geared to Youth</p> <p>GRASADIS for MSM</p> <p>National and Community Events and Memorials</p> <p>Community outreach programs</p>	<p>Interpersonal Communication Interventions for Adult Influencers (school-based, church-based)</p> <p>Generic Advertising Campaigns Modeling Supportive Adult Behavior</p>

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 4. Increase the appropriate self-perception of risk and the use of appropriate risk-reduction strategies:</p> <ul style="list-style-type: none"> • Abstinence and delayed onset of sexual activity • Fidelity and reduction of multiple partners • Consistent and correct use of condoms 	<ul style="list-style-type: none"> • Adolescents and young adults <ul style="list-style-type: none"> • Males and females prior to the initiation of sexual activity • Males and females with serial and multiple partners • Males and females in union • Men with disposable income • Migrants and men away from home • Men in uniform • Men having sex with men • Commercial Sex Workers 	<p>Events, Peer Education and Enter-Educate Programs for Youth</p> <p>Generic and Branded Advertising on Condom Use</p> <p>Nightclub Education Sessions (Soiree Pante)</p> <p>Peer Education and Social Network (GRASADIS)</p> <p>Clubs for CSW's (Club Reyalite) Safe House and Peer Counseling (Projet Lakay)</p>	<p>Messages and Interventions that address causes of distorted risk perception and barriers to risk reduction strategies</p> <p>Messages and Interventions that address sub-segments of the youth audience (e.g., prior to initiation of sexual activity)</p> <p>Interventions geared Male responsibility for sexual risk</p> <p>Workplace Interventions</p> <p>Expanded Access (beyond PAP)</p> <p>Expanded Access (beyond PAP)</p>

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 5. Increase the frequency of appropriate care-seeking behaviors for:</p> <ul style="list-style-type: none"> • Voluntary Counseling and Testing, and related services • Treatment for STIs • Treatment for opportunistic infections • Maternal to child transmission and prevention 	<ul style="list-style-type: none"> • Adolescents and young adults <ul style="list-style-type: none"> • Males and females prior to the initiation of sexual activity • Males and females with serial and multiple partners • Males and females in union • Men with disposable income • Migrants and men away from home • Men in uniform • Men having sex with men • Commercial Sex Workers • sero-positive individuals • sero-positive pregnant women 	<p>Hot Line Counseling (Tel Bleu)</p> <p>Peer Education Programs for Youth</p> <p>Peer Counseling (GRASADIS)</p> <p>Projet Lakay; Club Reyalite</p> <p>Clinic-based counseling</p>	<p>Mass Media Messages Urging Treatment for STIs, VCT</p> <p>Access to (More) Youth Friendly Test and Treatment Sites</p> <p>Peer Education Workplace Interventions</p> <p>Access to Test Sites and Treatment</p> <p>Mass Media Messages on care-seeking Training in Counseling for HCW's</p>

TABLE C
GAP Analysis

Behavior Change Objective	Target Audience	Current Programs	Unmet Needs
<p>Objective 6. Stimulate community-based care and support for people living with and affected by HIV/AIDS</p>	<ul style="list-style-type: none"> • Religious leaders • Community leaders and community groups in high prevalence areas • Families and extended families of people living with HIV/AIDS • Families and extended families of orphans and vulnerable children 	<p>POZ/HS-2004 Collaboration</p> <p>CARE Project in Grande Anse</p>	<p>Outreach to religious leaders Outreach to local churches</p> <p>Expanded geographic access</p>
<p>Objective 7. Improve the knowledge, skills and attitudes of health professionals regarding HIV/AIDS</p>	<ul style="list-style-type: none"> • Staff of health service facilities and clinics 	<p>HS-2004 training program</p> <p>POZ/HS-2004 Collaboration</p>	<p>Sensitization sessions and expanded training in counseling</p>