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SOCIAL MARKETING RESEARCH SERIES

TRaC-M:

- **Sex Workers in Dominica and Grenada**
 - **Men Who Have Sex With Men
in St Lucia,
St Vincent & the Grenadines
and Trinidad & Tobago**

The P S I D a s h b o a r d

**Port of Spain, Trinidad
August 2006**

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Research Division
Population Services International
1120 Nineteenth Street NW, Suite 600
Washington, D.C. 20036

TRaC-M: EARLY INTERVENTION

- **Sex Workers in Dominica and Grenada**
 - **Men Who Have Sex With Men
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PSI Research Division
2006

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Contact Information:

Pamela Faura
Joel Jason Joseph
13 Henry Pierre Street
Woodbrook, Port of Spain
Trinidad
Tel: +1 868 628 7318
Fax: +1 868 622 1783
pfaura@psicarib.org
qure.enterprises@gmail.com

Steven Chapman
PSI Research
1120 19th Street, N.W. #600
Washington, DC 20036
Tel: +1 202 785 0072
Fax: +1 202 785 0120
schapman@psi.org

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Summary

Acknowledgements This TRaC-M survey (Tracking Results Continuously – Monitoring Survey) was funded by the Canadian International Development Agency (CIDA), under the terms of Award No. A-031238. The CDN \$2,348,000 grant is for the period July 2004 to December 2007. The opinions expressed herein are those of the authors and do not necessarily reflect the views of CIDA. Thanks to and PSI research consultant Andrea Plautz for designing the sampling and study and to Earle and Earle Associates for collecting the data.

Background & Research Objectives In January 2006, PSI/Caribbean started communications activities aimed at changing sexual behavior that elevates the risk of HIV infection and transmission among sex workers, men who have sex with men, and youth 15-24 in difficult circumstances in 12 countries including Antigua/Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Montserrat, St. Kitts/Nevis, St. Lucia, St. Vincent/the Grenadines, Suriname and Trinidad/Tobago. The media campaign, which was launched in April 2006, is branded “Got It? Get It”, includes messages such as “Sex is nice, but de AIDS Ting”, and communicated through television, radio, posters, stickers, t-shirts, wrist bands and military-style dog tags (a necklace with a pendant). In July and August 2006, the TRaC-M survey reported here was conducted among sex workers in Dominica and Grenada, whose estimated population is between 150 and 200 in each country, and among men who have sex with men in St Lucia, St Vincent & The Grenadines and Trinidad & Tobago, with estimated populations of 1,500, 800-1,000, and 13,000-17,000 respectively. At the time of the survey only some activities were being implemented in varying countries. The campaign will run from January 2006 to September 2007 in 12 countries of the region, and total costs are estimated at approximately US \$1,000,000 (funding is also provided by the Global Fund Against AIDS, Tuberculosis and Malaria through the Pan Caribbean Partnership against HIV/AIDS). The purpose of the TRaC-M survey is to monitor condom use behavior, key output level indicators in the project’s logical framework (Appendix 3) and exposure to the intervention among these populations. The first round of the survey measured early exposure to the intervention; a second round will be conducted in 2007 between June and September. TRaC-M surveys use lot quality assurance sampling to identify in a low cost manner populations who are or are not achieving project targets.

Description of Intervention In January 2006, some interpersonal communications activities led by peer educators began among some of the target groups. These activities included

a combination of a card game, a bingo game, putting a condom on a dildo, and a group event called “choose your destiny.”

In May 2006, communications channels in the TRaC-M countries were expanded to television, posters, stickers, t-shirts, wrist bands and dog tags. As of August 2006, branded radio spots had not yet begun, although the campaign was being reported on by news and interview programs. The campaign addresses through all channels three main barriers to practicing safe sexual behavior: perception of risk, trusting one’s partner and embarrassment at buying condoms. All messages communicate the “Got it? Get it.” theme.

Three television spots were aired in a rotated manner three times a week and at times believed to increase exposure to the target groups. For example, the spot featuring three males discussing condom use and providing peer support was aired during sports programming, while a spot with three females discussing the importance of condom use even with your “trusted partner” was shown during female oriented programming. The spot addressing empowerment, featuring a young woman overcoming her embarrassment of purchasing condoms, aired during youth oriented programs.

Posters were hung and stickers placed where the target populations frequent, including clubs, bars, movie theatres, barber shops, beauty salongs, clinics and retail outlets. Placement also included washrooms over urinals and behind toilet stall doors in some countries. The t-shirts, wrist bands and dog tags were distributed by the peer educators.

Methodology Lot quality assurance sampling and respondent driven sampling were used to select randomly 19 respondents in each of the five populations. Descriptions of these methodologies are included in Appendix 1. In four of the five populations, respondents had approximately the same proportions in the age group 15-24 and 25 and above; the population of sex workers in Grenada had a higher proportion of respondents in the age group 15-24 which is noted in the interpretation of the main findings. The questionnaires (Appendix 4) were based on the conceptual framework, PERForM (Performance Framework for Social Marketing) in Appendix 2.

Main Findings Condom use is higher among men who have sex with men (MSM) with their male partners than among sex workers with their paying clients. MSM use condoms less frequently with their female partners. Sex workers use condoms less frequently with their non-

paying partners. Most MSM have two or more sexual partners in the past 12 months. MSM score higher on nearly all indicators of determinants of behavior and had higher levels of exposure than sex workers.

Programatic Recommendations Recommendations, while specific to the populations and countries surveyed here, should be able to serve as a general guide for PSI in implementing activities among these populations in all countries.

MSM in St Vincent & The Grenadines have high levels of condom use with both male and female partners and merit less intensive intervention. Sex workers in both Dominica and Grenada merit more intensive intervention. Detailed recommendations for communication, sales outlet activities and media exposure, by target group, are set forth on page 12.

Monitoring Table

Table 1 sets forth the age distribution of respondents. The age distribution is similar in four of the five populations; sex workers in Grenada are however younger than the other four populations.

Table 1: Age distribution of respondents

AGE DISTRIBUTION	SEX WORKERS		MEN WHO HAVE SEX WITH MEN		
	Dominica	Grenada	St Lucia	St Vincent	Trinidad
<i>Age 15-24</i>	7	13	9	8	6
<i>24+</i>	12	5	10	11	13

Table 3 below shows the results from the survey, consisting of the number of yes responses to the survey question. Using lot quality assurance sampling, the number of yes responses identifies two thresholds, as set forth in Table 2. For example, 10 yes responses to an indicator reflect a higher threshold of 65 percent, and a lower threshold of 35 percent. This is interpreted as follows.

Table 2: LQAS yes responses, and lower and higher thresholds

Number of Yes Responses	Lower Threshold	Higher Threshold
3	0	30
4	5	35
5	10	40
6	15	45
7	20	50
8	25	55
9	30	60
10	35	65
11	40	70
12	45	75
13	50	80
14	55	85
15	60	90
16+	65	95

At baseline, the indicator is in statistical terms indeterminant, but can be thought of as highly likely (92 times out of a 100) to be within the range of the lower and higher thresholds of 35 and 65 percent. Program managers then set a target of, say, 13, reflecting lower and higher thresholds of 50 and 80 percent. If, at the 2007 follow up survey, 14 yes responses are recorded, then there is a 92 percent probability that the indicator has reached the higher threshold target of 80 percent. If, at the 2007 follow up survey, 12 yes responses are recorded, then there is a 92 percent probability that the indicator is below 50 percent, meriting additional intervention. If 13 yes responses are recorded, then again the indicator is statistically indeterminant, falling in between the 50 and 80 percent levels.

While inexact relative to surveys with larger sample sizes, LQAS offers a highly cost-effective means of identifying under performing supervision areas, permitting program managers to allocate additional resources to easily identified supervision areas, perhaps by taking resources away from supervision areas that are clearly identified as having exceeded the target.

Table 3 shows that MSM responded yes more frequently than sex workers on behavioral indicators, output level indicators representing determinants of behavior and exposure. Sex workers in Dominica responded yes more frequently to behavioral and output level indicator questions than sex workers in Grenada, but were less likely to be exposed to the communications campaign. Note here that the sample of sex workers in Grenada was more likely to be younger than the other populations surveyed here. MSM in St Vincent and the Grenadines responded yes more frequently to most questions than MSM in St Lucia and Trinidad and Tobago.

Sex workers were overall less likely to use condoms with their non-paying partners as compared to their paying partners. Sex workers in Dominica, however, were more likely to use a condom either with a non-paying partner or a paying partner as compared to sex workers in Grenada.

Though the number of male sexual partners amongst the MSM in St. Vincent and the Grenadines, St. Lucia and Trinidad were similar the MSM in St. Vincent and the Grenadines were more likely to consistently use condoms with their male partners than MSM in either St. Lucia or Trinidad.

MSM were found to be more likely to be aware of a “condom friendly sales outlet” than sex workers. Among MSM, St. Lucia was found to have the least awareness of “condom friendly

sales outlets.” With regard to demonstrating the correct use of a condom, MSM were more likely to correctly place a condom on a dildo than sex workers.

Sex workers in Dominica had higher risk perceptions of contracting HIV with either paying or non-paying partners if a condom is not always used than sex workers in Grenada. Sex workers from Dominica were less likely to be exposed to the “Got It? Get It.” campaign than either sex workers from Grenada or MSM.

Among MSM, television and T-shirts were the most likely means through which they were exposed to the “Got it? Get it.” campaign. Sex workers in Grenada were more likely to see the campaign on television. The most popular television advertisement among both MSM and sex workers, was the one where the young lady is embarrassed to buy a condom.

MSM were more likely to be exposed to communications activities than sex workers. In Trinidad MSM were more likely to be exposed to different types of education activities as compared to MSM in St. Lucia and St. Vincent and the Grenadines.

Table 3 also sets forth targets to be achieved by the intervention by the June-September 2007.

Table 3: Monitoring Table

Indicator	Sex Workers			Men Who Have Sex With Men			
	Dominica	Grenada	2007 Target	St Lucia	St Vincent	Trinidad	2007 Target
Purpose: Influence Condom Use Behaviors							
Condom use at last sex with a paying client (LF Purpose Ind. 2)	13	10	16				
Consistent condom use with a paying client (LF Purpose Ind 2)	8	4	12				
Condom use at last sex with a non-paying partner	9	5	12				
Consistent condom use with a non-paying partner	3	1	5				
Condom use at last sex with a male partner (LF Purpose Ind 3)				14	19	14	16
Consistent condom use with a male partner				11	19	14	16
Condom use at last sex with a female partner (#Yes/N)				3/3	14/16	4/7	
Consistent condom use with a female partner (#Yes/N)				3/3	13/16	2/7	
Purpose: Risk							
Number of male sexual partners in the past 12 months.(two or more)				15	15	16	13
Number of female sexual partners in the past 12 months (two or more)				2	7	3	2
Output: Opportunity							
Availability: Aware of a "condom friendly sales outlet"	1	1	11	2	6	11	11
Availability: Currently carrying a a condom	1	1	11	2	11	7	11
Output: Ability							
Knowledge: A healthy person can be infected with HIV (LF Output Ind 2.4)	17	8	16	19	19	15	16
Knowledge: Can demonstrate how to correctly use a condom (LF Output Ind 3.1)	15	11	16	18	19	17	16
Knowledge: Correct demonstration	8	4	16	13	16	14	16
Self efficacy: Can comfortably buy a condom (from pharmacy, grocery shop, etc) (LF Output Ind 1.3)	13	5	16	17	19	18	16

Monitoring

PSI/Caribbean, 2006

Output: Motivation							
Outcome expectation: Perceive condoms to be used only with a paying client	10	4	4				
Outcome expectation; Belief condoms effectively prevent HIV and STI transmission (LF Output Ind 2.3)	13	11	16	14	19	13	16
Risk perception (personal vulnerability): Perceived to be at high risk of HIV if not using condoms always (CSWs only: with paying partners) (MSM, with male partners)	15	6	16	19	19	16	16
Risk perception (personal vulnerability): Perceived to be at high risk of HIV if not using condoms always (CSWs: with non-paying partners) (MSM: with female partners)	18	3	16	4	15	2	7
Activity: Exposure							
Exposure to "Got It, Get It?"							
Exposure to at least one channel	4	13	16	16	13	17	16
Frequency: Saw or Heard Campaign twice or more in a week	1	10	11	12	12	11	11
Reach (one ad seen)	7	10	12	18	19	15	16
Reach (two or more tv ads seen)	2	8	12	9	17	12	16
Radio: Ever Heard	3	0	16	3	1	1	16
Television: Ever Seen	0	13	16	13	10	11	16
Point of Purchase Stickers: Ever Seen	0	0	16	2	7	3	16
Point of Purchase Posters: Ever Seen	0	0	16	5	6	4	16
T-Shirts: Ever Seen	1	0	16	6	7	10	16
Wrist Bands: Ever Seen	0	0	16	1	6	11	16
Dog Tags: Ever Seen	0	0	16	0	6	12	16
Other: Ever Seen or Heard Other	0	0	16	1	0	0	16
Other: Chat Room	0	0	0	1	0	0	0
Television: Seen advertisement with young lady who is embarrassed to buy a condom (both Q119 & Q120)	6	11	16	17	17	11	16
Television: Seen advertisement with young man who asks for a condom	1	9	16	10	16	9	16
Television: Seen advertisement with young lady telling her friends that...	2	9	16	15	12	6	16

Monitoring

PSI/Caribbean, 2006

Education: Ever participated in an activity where you practiced putting on a condom	6	0	16	5	16	18	16
Education: Ever participated in a card game about STIs	0	0	16	0	6	12	16
Education: Ever participated in a bingo game about STIs	0	0	16	0	0	8	16
Education: Ever participated in an HIV activity in a beauty salon	0	0	16				16
Education: Ever participated in an HIV activity called "choose your destiny"				2	6	11	16
Education: Ever participated in BCC activities	1	1	16	15	16	19	16

Programmatic Recommendations

Communications Activities

MSM in St Vincent and the Grenadines have high levels of condom use with both male and female partners and merit less intensive intervention. There is a need to increase communications interventions with MSM in St. Lucia and Trinidad and Tobago and focus on personal risk perception and the need for consistent condom use with male but especially with female partners, which was very low. Communications activities with MSM in all three countries should focus on reduction in number of partners. There is a need to train/retrain educators in St. Lucia to use PSI BCC methodologies with MSM and provide closer monitoring.

Responses by sex workers indicate the need for PSI to assess its current communications strategy and step up interventions with this population in both Dominica and Grenada. There is a need to focus on personal risk perception and condom use among non-paying partners of CSW in both countries as well as paying partners in Grenada. There is a lack of recognition of any of PSI communications activities by sex workers in Grenada that suggests a need to train/retrain educators to use PSI communications methodologies and provide closer monitoring. There is a need to increase having CSW practice putting a condom on a dildo in both countries.

Sales Outlet Activities and Media Exposure

There is almost non-existent awareness of point of sale stickers in all countries. PSI needs to assess whether materials are present but not visible or just not present. There is a need to intensify efforts to make material visible at outlets. The highest awareness of point of sale stickers is in Trinidad. There is a need to focus on branding outlets where sex workers and MSM might purchase condoms in all other countries. Linking up with communication educators should help identify these. There is a need to increase all media exposure. Exposure to posters is lowest. These need to be placed at key sites where MSM and sex workers are found.

Appendix 1: Methodology

Sampling and participants: TRaC-M surveys use Lot Quality Assurance Sampling (LQAS) techniques to determine baselines levels for logical framework indicators and, in a subsequent survey, which populations are meeting logical framework and exposure targets and which are not. LQAS was originally developed as a quality control technique for goods produced in factories, but its sampling concepts have universal applicability, and in public health, it has been used for assessing immunization coverage, antenatal care, use of oral rehydration therapy, growth monitoring, family planning, disease incidence, and the technical skills and knowledge of health workers (Robertson and Valadez 2006). Here, it is being used to measure the variation in behavior change, the determinants of behavior change, and exposure among sex workers and men who have sex with men in five different populations.

The first step in LQAS is to define a “supervision area”. This consists of a defined population targeted by an intervention. Each of the five populations identified here (sex workers in two locations, and men who have sex with men in three location) constitutes the supervision area.

The second step is to select a sample size of individuals to be interviewed in those populations. Robertson and Valadez (2006) recently reviewed 805 published surveys using LQAS and found that 76 percent of them had sample sizes between ten and nineteen. TRaC-M recommends a sample size of 19 based on LQAS instruction manuals (Valadez, et al. 2002). A sample of 19 provides an acceptable level of error for making management decisions. According to the literature, at least 92% of the time it correctly identifies geographic locations that have reached their target. Sample sizes larger than nineteen do not result in substantial increases in statistical precision.

The sampling procedure began with the use of mapping information of the populations examined here collected by Family Health International in 2005, which described the size and location of the populations examined here. The sampling plan was to select randomly nineteen persons from the five population/locations using respondent driven sampling. Respondent driven sampling (RDS) is a member of a class of sampling methods, termed "link-tracing/adaptive sampling designs", which are designed to operate in settings where traditional probability sampling methods are not feasible. Like all chain referral approaches, RDS is premised on the assumption that members of subpopulations themselves can most efficiently identify and

encourage participation by other subpopulation members. It can be shown that the composition of samples with regard to key characteristics and behaviours using RDS approximates that of the larger subpopulation and that the ultimate sample composition is independent of the characteristics of the initial "seeds".

Data Collection Procedure The first step in data collection was a meeting with stakeholders of that population to identify and recruit enumerators from the target population. The enumerators were then trained and set up in a site to conduct the interviews. These enumerators identified an initial respondent, known in RDS initial seeds, based on information provided by the stakeholders or known by the respondent. Enumerators asked for and received voluntary consent from the initial seeds to participate in the study, and explained to the initial seeds the aims and objectives of the proposed survey and the process involved in Respondent Driven Sampling. The initial seeds were interviewed and received payment for participating in the interview. Initial seeds were then given a limited number of coupons, with unique serial numbers, to be given to peers who were eligible for the study. All subsequent respondents voluntarily consented to participate in the study, received payment upon completion of the interview, and received a similar number of coupons to distribute to additional peers. No names or contact information was gathered from participants. RDS refers to the initial seeds as "Wave 0" and operates on the assumption that between three and six "waves" of referrals are required for the sample composition to become stable and representative of the target population. Those participants who were referred by the initial seed constitute Wave 1, those referred by Wave 1 participants constitute Wave 2, etc. Here, the number of waves per population is: 4

Survey Instrument(s) The questionnaires are included here in Appendix 4 and measured behavior, vulnerability to HIV/AIDS infection or transmission, perceptions categorized in terms of opportunity, ability and motivation, age, and exposure to the "Got It, Get It" campaign by channel and message.

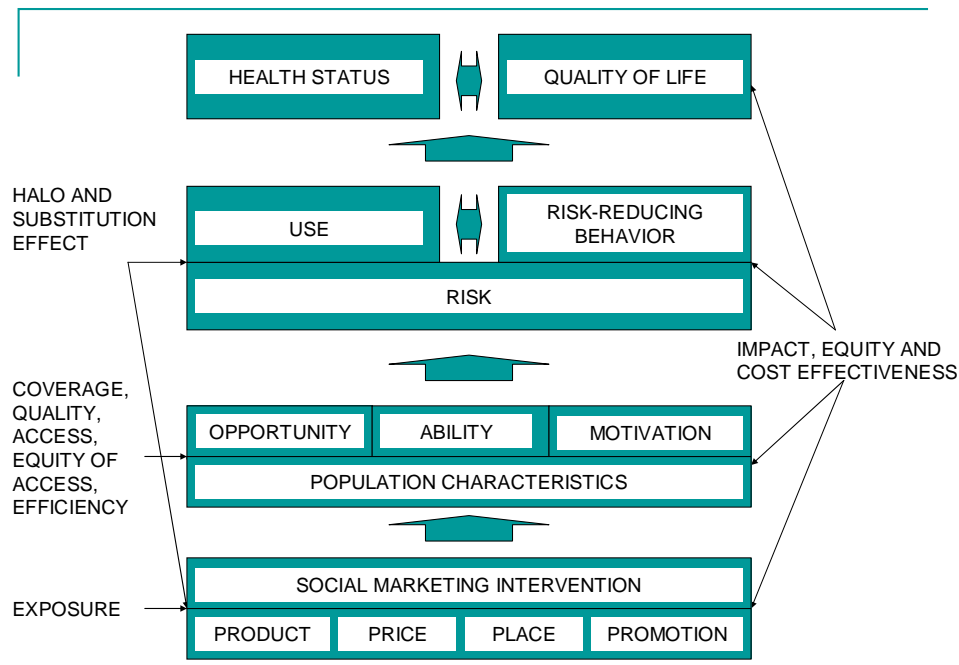
Analytic Technique The analytical technique consists of a simple count of the total number of yes responses to the questions posed. The sum identifies two thresholds, as set forth in Table 4. For example, 10 yes responses to an indicator reflects a higher threshold of 65 percent, and a lower threshold of 35 percent. This is interpreted as follows. At baseline, the indicator is in statistical terms "indeterminant", but can be thought of as highly likely to be within the range of the lower and higher thresholds of 35 and 65 percent. Program managers then set a target, of say, 13, reflecting lower and higher thresholds of 50 and 80 percent. If, at follow up, 14

yes's are recorded, then there is a 92 percent probability that the indicator has reached the higher threshold target of 80 percent. If, at follow up, 12 yes's are recorded, then there is a 92 percent probability that the indicator is below 50 percent, meriting additional intervention. If 13 yes's are recorded, then again the indicator is statistically indeterminant, falling in between the 50 and 80 percent levels. While inexact, LQAS offers a highly cost-effective means of identifying under performing supervision areas, permitting program managers to allocate additional resources to easily identified supervision areas, perhaps by taking resources away from supervision areas that are clearly identified as having exceeded the target.

Table 4: LQAS yes responses, and lower and higher thresholds

Number of Yes's	Lower Threshold	Higher Threshold
3	0	30
4	5	35
5	10	40
6	15	45
7	20	50
8	25	55
9	30	60
10	35	65
11	40	70
12	45	75
13	50	80
14	55	85
15	60	90
16+	65	95

Appendix 2: Conceptual Framework



This study design is guided by PSI's PERForM framework. PERForM describes the social marketing research process, identifies key concepts important for designing and evaluating social marketing interventions and mirrors the four levels and concepts in the logical framework.

The top level consists of the goal of social marketing for any health promotion intervention, namely improved health status and/or for interventions relating to coping with sickness or disability, quality of life.

The second level consists of the objectives of social marketing stated as product or service use on the left side and/or other risk-reducing behaviours that do not involve the use of a product or service on the right side. The adoption or maintenance of these behaviors in the presence of a given risk or need for health services is causally antecedent to improving or maintaining health and or quality of life.

The third level consists of the determinants of PSI Behaviour Change framework summarised in terms of opportunity, ability and motivation that may differ by population characteristics such as age and sex. The fourth level consists of exposure to the social marketing intervention.

Appendix 3: Logical Framework

Narrative Summary	Indicators	Data Sources	Assumptions
Goal: Contribute to HIV/AIDS prevention in the region	Impact: Reduction in incidence of HIV/AIDS in the Eastern Caribbean	HIV incidence rate as measured by sentinel surveillance surveys	Sentinel surveillance surveys will be conducted.
Purpose: Increase safer sexual practices	<p>1. Increased purchase of condoms. Target: increase in regional condom sales by 30% over length of project</p> <p>2. Increased consistent use of condoms by CSWs. Target: increase in the % of CSWs reporting that they used a condom at last sex with a client</p> <p>3. Increased consistent use of condoms by MSM. Target: increase in the % of MSM reporting that they used a condom at last sex with a male partner</p>	<p>1. Options consultancy will collect and provide data from major condom the distributors in the region</p> <p>2-3. TRaC-M 2006 & 2007¹ 2-3. OECS BSS²</p>	<p>1. Increased access to condoms will lead to increase in purchase of condoms</p> <p>Condom promotion leads to increase in purchase of condoms</p> <p>2-3. Increased awareness and self-efficacy will lead to increase in consistent condom use among MSM and SW</p>
Output 1: Increased access to condoms	<p>Convenience (physical access):</p> <p>1.1. Increased number of sales outlets in the region by 500 (see also output indicator 2.1 below)</p> <p>1.2. Private sector partnerships established - MOUs signed with distributors in eight countries</p> <p>Quality of access:</p> <p>1.3. Increase in the percentage of respondents stating that they feel comfortable buying a condom</p>	<p>1.1. Quarterly census reports from distributors</p> <p>1.2. Signed distributor agreements on file at PSI</p> <p>1.3. TRaC-M 2006 & 2007</p>	<p>1.1. 25% of new non-traditional outlets are considered "high-risk" (open late or near sexual activity)</p> <p>1.2. Condom prices are not prohibitive in the region and do not increase during the project period</p> <p>1.3. Opposition by religious or conservative groups or government does not hinder condom promotion</p>

<p>Output 2: Increased knowledge and awareness of benefits of condom use among MSM and CSW, through interpersonal communication</p>	<p>2.1. 32 peer educators for MSM and CSWs trained in HIV/AIDS prevention and social marketing</p> <p>2.2. 10,000 BCC contacts reached from target populations through 2000 peer education activities</p> <p>2.3. Increase in the percentage of MSM & CSWs who report condom use as an effective method to prevent transmission of HIV and STIs</p> <p>2.4. Increase in the percentage of MSM & CSWs who report that a healthy-looking person can be infected with HIV</p>	<p>2.1. Training attendance reports, PSI monthly reports</p> <p>2.2. BCC activity reports, PSI monthly reports</p> <p>2.3-2.4. TRaC-M 2006 & 2007</p>	<p>2.1. BCC activities are consistently implemented and effectively increase knowledge among target populations</p> <p>MSM & SW knowledge of condoms and HIV is less than 90%</p>
<p>Output 3: Increased self-efficacy for condom use, through interpersonal communication</p>	<p>3.1. Increase in the percentage of MSM & CSWs who state feeling capable of correctly using condoms</p>	<p>3.1. TRaC-M 2006 & 2007</p>	<p>Data related to measuring increased self efficacy and risk perception can be gathered from target populations</p>
<p>Output 4: Increased risk perception for HIV/AIDS among MSM & SW, through interpersonal communication</p>	<p>4.1. Increase the percentage of MSM & CSW who report that they would be at high risk for HIV/AIDS if they did not use condoms consistently with their partners</p>	<p>4.1. TRaC-M 2006 & 2007</p>	
<p>Activities:</p> <p>Output 1: Increased access to condoms</p> <p>1.1. Increased number of sales outlets in the region</p> <ul style="list-style-type: none"> • MOUs signed between PSI/SFH and local condom distributors to expand number of outlets that sell condoms in 8 countries • Condom promotion agents hired and trained in 8 countries • Number of non traditional outlets selling condoms increased by 500 by work of condom promotion agents • Monitor sales outlets for condom presence and visibility via TRaC-M <p>1.2. Private sector partnerships established</p> <ul style="list-style-type: none"> • MOUs signed between Options and 5 regional private sector condom distributors to provide condom market baseline and quarterly updates • Sign contracts with NGO partners in 8 countries to implement BCC activities 		<p>Inputs:</p> <p>\$CAD 2,348,000 from CIDA for operations and activities.</p> <p>Contribution of US\$943,453 from Global Fund Against AIDS Tuberculosis and Malaria for an additional 8 Caribbean countries to complement support from CIDA and to better maximize impact in the region.</p>	<p>Assumptions</p> <p>1.1. Commercial condom distributors and retailers buy into the project strategy</p> <p>1.2. Regional condom distributors agree to terms of MOU and provide data on condom market quarterly</p>

<p>1.3. Increase in the percentage of respondents stating that they feel comfortable buying a condom</p> <ul style="list-style-type: none"> • Point-of-Sale and BCC media campaigns produced and disseminated • Retailers sensitized by condom promotion agents (CPAs) <p><u>Output 2: Increased knowledge and awareness of benefits of condom use among MSM and SWs, through interpersonal communication</u></p> <p>2.1 32 peer educators for MSM and CSWs trained in HIV/AIDS prevention and social marketing</p> <ul style="list-style-type: none"> • BCC educational modules developed • Training conducted for peer educators on BCC modules • Peer Educator strategy/activity plan developed <p>2.2 Increase in the percentage of MSM and CSWs who report condom use as an effective method to prevent transmission of HIV and STIs</p> <ul style="list-style-type: none"> • Gaps identified in BCC educational material • BCC educational material produced and disseminated • BCC activities implemented by peer educators <p>2.3 Increase in the percentage of MSM and CSWs who report that a healthy-looking person can be infected with HIV</p> <ul style="list-style-type: none"> • Gaps identified in BCC educational material • BCC educational material produced and disseminated • BCC activities implemented by peer educators <p><u>Output 3: Increased self-efficacy for condom use, through interpersonal communication</u></p> <p>3.1 Increase in the percentage of MSM and CSWs who state feeling capable of using condoms</p> <ul style="list-style-type: none"> • BCC activities implemented by Peer educators • Volunteer health educators trained by peer educators to implement BCC activities • BCC activities implemented by Volunteer Health Educators <p><u>Output 4: Increased risk perception for HIV/AIDS among MSM and SWs, through interpersonal communication</u></p> <p>4.1 Increase in the percentage of MSM and CSWs who report that they</p>		<p>1.3. Condom consumers begin purchasing condoms from new non-traditional outlets</p> <p>2.1. Fear of stigma does not prevent the mobilization of peer educators from among target populations</p> <p>2.2.-2.3. Fear of stigma does not prevent the implementation of activities with target population</p> <p>BCC activities are consistently implemented and effectively motivate behavioral change among target populations</p> <p>3.1. Fear of stigma does not prevent implementation of activities with target population</p> <p>Health educators willing to conduct BCC activities on a volunteer basis</p> <p>4.1. BCC activities are consistently implemented and</p>
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<p>would be at high risk for HIV/AIDS if they did not use condoms consistently with their partners</p> <ul style="list-style-type: none">• BCC activities implemented by Peer educators• Volunteer health educators trained by peer educators to implement BCC activities• BCC activities implemented by Volunteer Health Educators		<p>effectively increase risk perception among target groups</p>
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Appendix 4: Questionnaires

Questionnaire A: Men who have Sex with Men

Time at beginning of interview __: __ (24 hour time)

NO.	QUESTIONS	RESPONSES
Q101	Target group	MSM 2
Q102	Country code	St. Lucia 1 St. Vincent & the Grenadines 2 Trinidad and Tobago 3
Q103	Questionnaire identification number	/_/_/_/_/
Q104	Interviewer Name _____	/_/_/_/
Q105	Date of interview	(dd/mm/yy) /_/_/_/_/06
Q106	How old were you at your last birthday?	/_/_/
Q107	How many male partners (sexual) have you had over the last 12 months?	/_/_/
Q108	How many female partners (sexual) have you had over the last 12 months?	/_/_/
Q109	The last time you had sex with a male partner did you use a condom?	No 0 Yes 1
Q110	The last time you had sex with a female partner did you use a condom?	No 0 Yes 1 N/A
Q111	Do you use a condom every time you have sex with a male partner?	No 0 Yes 1
Q112	Do you use a condom every time you have sex with a female partner?	No 0 Yes 1 N/A
Q113	Do you feel comfortable buying condoms (e.g. pharmacy, grocery, shop etc.)?	No 0 Yes 1
Q114	Do you think condoms effectively prevent the transmission of HIV and sexually transmitted infections (STIs)?	No 0 Yes 1
Q115	Do you think a healthy-looking person can be infected with HIV?	No 0 Yes 1
Q116	Do you think you would be at high risk for HIV, if you did not always use condoms with your male partner/s?	No 0 Yes 1
Q117	Do you think you would be at high risk for HIV, if you did not always use condoms with your female partner/s?	No 0 Yes 1 N/A

NO.	QUESTIONS	RESPONSES																														
Q118	Where have you seen or heard the campaign “Got it? Get It?”	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Stickers at Sales Outlet</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Posters</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>T-shirts</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Wrist Bands</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Dog Tags</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: right;">(please state) _____</td> </tr> </table>		No	Yes	Radio	0	1	Television	0	1	Stickers at Sales Outlet	0	1	Posters	0	1	T-shirts	0	1	Wrist Bands	0	1	Dog Tags	0	1	Other	0	1		(please state) _____	
	No	Yes																														
Radio	0	1																														
Television	0	1																														
Stickers at Sales Outlet	0	1																														
Posters	0	1																														
T-shirts	0	1																														
Wrist Bands	0	1																														
Dog Tags	0	1																														
Other	0	1																														
	(please state) _____																															
Q119	On average how many times per week have you seen or heard the “Got It? Get It?” promotion?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Never</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Once</td> <td style="text-align: center;">1</td> </tr> <tr> <td></td> <td style="text-align: center;">Twice</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">Three times</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td style="text-align: center;">Four times</td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">More than four times</td> <td style="text-align: center;">5</td> </tr> </table>		Never	0		Once	1		Twice	2		Three times	3		Four times	4		More than four times	5												
	Never	0																														
	Once	1																														
	Twice	2																														
	Three times	3																														
	Four times	4																														
	More than four times	5																														
Q120	Are you aware of the “condom friendly sales outlets” (those sales outlets with the “Got It? Get It?” stickers)?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q121	Have you seen or heard the TV ad with the young man who asks for a condom from two guys standing in the street?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q122	Have you seen or heard the TV ad with the young lady who is embarrassed to buy condoms in the grocery store?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q123	Have you seen or heard the TV ad with the young lady telling her friends that she is thinking of not using a condom with her boyfriend because he “takes care of her”?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q124	Have you ever participated in an HIV/AIDS activity called “Choose Your Destiny”?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q125	Have you ever participated in an UNO card game on sexually transmitted infections (STI’s)?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q126	Have you participated in an educational activity where you practiced putting a condom on a dildo over the past 12 months?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q127	Have you ever participated in a Bingo game on sexually transmitted infections (STI’s) or HIV/AIDS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q128	Are you currently carrying a condom with you? (Let them show the condom)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q129	Can you correctly use a condom? (Please demonstrate)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">No</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> </tr> </table>		No	0		Yes	1																								
	No	0																														
	Yes	1																														
Q130	Condom demonstration	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Incorrect</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td style="text-align: center;">Correct</td> <td style="text-align: center;">1</td> </tr> </table>		Incorrect	0		Correct	1																								
	Incorrect	0																														
	Correct	1																														

Thank you very much for your cooperation

Time at end of interview ___: ___ (24 hour time)

Questionnaire B: Sex Workers

Time at beginning of interview ____: ____ (24 hour time)

NO.	QUESTIONS	RESPONSES	
Q101	Target group	CSW	1
Q102	Country code	Dominica	1
		Grenada	2
Q103	Questionnaire identification number	/_/_/_/_/_/_/	
Q104	Interviewer Name_____	/_/_/_/_/_/_/	
Q105	Date of interview	(dd/mm/yy) /_/_/_/_/_/_/06	
Q106	How old were you at your last birthday?	/_/_/_/_/_/_/	
Q107	The last time you had sex with a paying client, did you use a condom?	No	0
		Yes	1
Q108	Do you use a condom every time you have sex with a paying client?	No	0
		Yes	1
Q109	The last time you had sex with a non-paying partner, did you use a condom?	No	0
		Yes	1
Q110	Do you use a condom every time you have sex with a non-paying partner?	No	0
		Yes	1
Q111	Do you think that a condom should only be used with a paying client?	No	0
		Yes	1
Q112	Do you feel comfortable buying condoms (e.g. pharmacy, grocery, shop etc.)	No	0
		Yes	1
Q113	Do you think condoms effectively prevent the transmission of HIV and sexually transmitted infection (STIs)?	No	0
		Yes	1
Q114	Do you think a healthy-looking person can be infected with HIV?	No	0
		Yes	1
Q115	Do you think you would be at high risk for HIV if you did not always use condoms with your paying partner/s?	No	0
		Yes	1
Q116	Do you think you would be at high risk for HIV if you did not always use condoms with your non paying partner/s?	No	0
		Yes	1
Q117	Where have you seen or heard the campaign "Got it? Get It?"	No	Yes
	Radio	0	1
	Television	0	1
	Stickers at Sales Outlet	0	1
	Posters	0	1
	T-shirts	0	1
	Wrist Bands	0	1
	Dog Tags	0	1
	Other	0	1
	(please state)_____		

NO.	QUESTIONS	RESPONSES
Q118	On average how many times per week have you seen or heard this campaign?	Never 0 Once 1 Twice 2 Three times 3 Four times 4 More than four times 5
Q119	Are you aware of the “condom friendly sales outlets” (those sales outlets with the “Got It? Get It?” stickers)?	No 0 Yes 1
Q120	Have you seen or heard the TV ad with the young lady who is embarrassed to buy condoms in the grocery store?	No 0 Yes 1
Q121	Have you seen or heard the TV ad with the young man who asks for a condom from two guys standing in the street?	No 0 Yes 1
Q122	Have you seen or heard the TV ad with the young lady telling her friends that she is thinking of not using a condom with her boyfriend because he “takes care of her”?	No 0 Yes 1
Q123	Have you ever participated in an educational activity where you practiced putting a condom on a dildo over the past 12 months?	No 0 Yes 1
Q124	Have you ever participated in an UNO card game on sexually transmitted infections (STI's)?	No 0 Yes 1
Q125	Have you ever participated in a Bingo game on sexually transmitted infections (STI's) or HIV/AIDS?	No 0 Yes 1
Q126	Have you ever participated in an HIV/AIDS activity in a Beauty Salon?	No 0 Yes 1
Q127	Are you currently carrying a condom with you? (Let them show the condom)?	No 0 Yes 1
Q128	Can you correctly use a condom? (Please demonstrate)	No 0 Yes 1
Q129	Condom demonstration	Incorrect 0 Correct 1

Thank you very much for your cooperation

Time at end of interview ___: ___ (24 hour time)

Appendix 5: Cost of Research and References

Cost of Research

	\$
Study Design	1,500
Data Collection	27,504
Analysis	0
Report	13,000

References

Capo-Chichi, V. and Chapman, S. 2004. Sampling strategies. Chapter 3.3 in Social Marketing Research Tool Kit, 1st Edition. PSI Research Division.

Robertson, S.E. and J.J. Valadez. 2006. Global review of health care surveys using lot quality assurance sampling (LQAS), 1984-2004. *Social Science and Medicine* 63 (2006) 1648-1660.

Valadez, J.J., W. Weiss, C. Leburg, and R Davis. 2002. Trainers and participants guides for baseline surveys and regular monitoring: using LQAS for assessing field programs in community health in developing countries. NGO Networks for Health: Washington, DC.