

WINNING THROUGH CARING



An HIV and AIDS Behavior Change Communication Program in Eritrea

Implementation Case Study

Prepared by PATH for the Ministry of Health of the State of Eritrea

April 2004



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Abbreviations

BCC	behavior change communication
CDC	Communicable Disease Control (Ministry of Health)
CSWs	commercial sex workers
EDF	Eritrea Defense Forces
ESMG	Eritrea Social Marketing Group
FHI	Family Health International
HAMSET	HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis Control Project
IEC	information, education, and communication
MOH	Ministry of Health
NATCOD	National AIDS and Tuberculosis Control Division
NCEW	National Confederation of Eritrean Workers
NGOs	nongovernmental organizations
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
PLHA	people living with HIV/AIDS
PFDJ	Peoples Front for Development and Justice
STIs	sexually transmitted infections
UNAIDS	Joint United Nations Programme for HIV/AIDS
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

Foreword

The government of the State of Eritrea considers the HIV and AIDS epidemic to be one of the gravest threats that the Eritrean Nation faces. Eritrea recognized early in its nationhood the threat posed to the country by HIV and AIDS and formed an AIDS section within the Ministry of Health (MOH). The National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD) is charged with managing Eritrea's response to the epidemic, and a multi-sector group, the National AIDS Control Committee (NACC), convenes to ensure that the response encompasses a cross-sectoral and coordinated effort. In 2003, following a comprehensive situation and response analysis of the current HIV and AIDS epidemic in Eritrea, the MOH issued a new five-year strategic plan to guide and step up the national effort to prevent and control HIV and AIDS. The new plan builds upon the first national HIV and AIDS strategic plan (1997-2001) and applies relevant lessons learned and proven best practices in addressing HIV/AIDS from around the world.

While the prevalence of HIV among the general population appears to remain relatively low, Eritrea continues to be at serious risk of experiencing a generalized epidemic similar to those in neighboring African countries. Fortunately, the government of Eritrea continues to regard HIV and AIDS as a priority issue for the country, recognizing the critical importance of proactively establishing appropriate programs and systems that will limit the spread of the epidemic before it is too late. There is broad-based commitment and political will to build capacity at both the national and community levels to implement and strengthen HIV/AIDS interventions. Through a coordinated effort with a range of international and local partners, the Government of Eritrea through the Eritrean MOH has been strengthening its capacity to ensure quality and effective HIV and AIDS programming.

In his address to the participants during the launch of HAMSET project in 2001, His Excellency the President Isaias Afewerki said, "It is our timely duty, more so than any other time, to go beyond control, to eradicate this disease from the face of the earth and defend ourselves against it in the same way we defend ourselves from any invader". He added "No reminders, advice or recommendations are required to show us the need to conduct health education at a higher level and more effective level; to develop the practice of public participation in general...to foster cooperation at regional level, since the epidemic is not hindered by borders; and to create at the international level, broad and effective partnership".

The BCC strategy implementation has been systematic and focused on at-risk groups in Eritrea. Assessment from the World Bank has noted great change in knowledge and attitudes of our community members reached through this strategy.

This publication "Winning through Caring. An HIV and AIDS Communication Program in Eritrea" is one step towards documenting our HIV and AIDS activities, their impact, success and challenges throughout implementation. We recognize that little else has been documented on key lessons learned and successes so far among our people in combating HIV and AIDS.

It is an easy and interesting read for all stakeholders and our implementing partners. The report details clear approaches and a methodology that can be used to scale up the HIV and AIDS program in Eritrea.



Hon. Saleh Meky
Minister of Health
State of Eritrea

Introduction to Winning Through Caring

Sinait is a 29-year-old bar worker who lives in Balwa, a small town situated on a winding, mountainous road, 30 km outside of Eritrea's capital Asmara. Her husband is in the military in a town more than 300 km away. She is a member of the women's peer discussion group pictured below. She recounts her personal struggle to protect herself from HIV: "My husband used to come once a year from the military. Now after coming to this group, when he came last time I asked him to use a condom. At first he was upset with me. He said, 'you don't trust me? Why do you ask me to use condoms? I am your husband.' I had to explain to him that I am in this group and learning about HIV. I told him about what we have learned. I told him this is a dangerous and fatal disease that has infected many Eritreans. It would be best for us to go to the clinic together and get a test. Slowly he understood. We talked more and more and he agreed to use condoms for a while. I am fortunate that he was willing to discuss everything with me, as not all husbands in our country may do so. Now we are planning to go get tested."

Sinait is not unusual—she is one of over 30,000 individuals directly participating in activities implemented by the Ministry of Health (MOH) of the State of Eritrea as part of its Winning Through Caring strategy for HIV and AIDS prevention, care and support. This program includes peer-facilitated learning, development of informational and educational materials, participatory theater, interactive radio, and advocacy work.



Meeting of a typical women's group (bar workers) in Balwa.

The key to its effectiveness is interaction and dialogue among participants such as Sinait, whose changing ideas and behaviors resonate through their communities.

In 2001, the government of Eritrea, together with the World Bank, developed the HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis Control Project (HAMSET) to reduce the impact and spread of these devastating infections. A central element of the project is the use of communication interventions to facilitate change in those behaviors that contribute to the spread of HIV—"Winning Through Caring." PATH, as a partner on the US Agency for International Development (USAID)-funded Family Health International (FHI)/IMPACT project, is providing technical assistance for this aspect of HAMSET's HIV/AIDS prevention work.

In cooperation with the MOH, PATH assessed the needs of the populations facing the greatest risk of HIV infection and used that information to develop the Winning Through Caring communication strategy. This strategy asserts that the deeply-rooted caring impulse is the defining facet of social response to AIDS in Eritrea and the strongest resource in combating fear, stigma and shame in the epidemic. Winning Through Caring emphasizes capacity building, training of local MOH personnel, other line ministries, multi-sectoral partners and community volunteers,

and communications initiatives within communities. The Health Promotion Unit of the MOH established an extensive network of discussion groups in 15 model communities across Eritrea and trained facilitators to lead them. PATH introduced Splash!, an original methodology for peer facilitation in which small groups participate in intense dialogue and critical reflection, causing knowledge, insights, and new behaviors to ripple through the community. The team also has conducted a series of orientation workshops and study tours, including a strategy development workshop, AIDS competency and behavior change communication (BCC) training, a project writing workshop, and two study tours to Kenya, to build local capacity to respond to the AIDS epidemic.

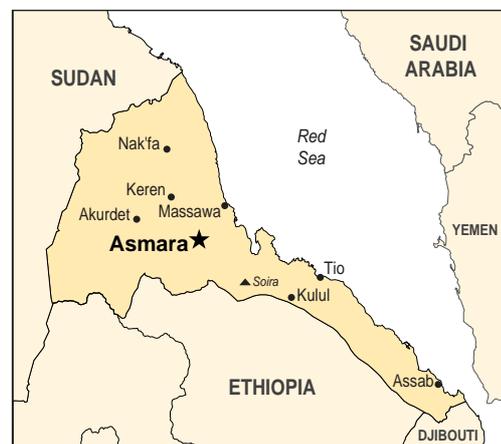
The Winning Through Caring strategy has wide acceptance from all multi-sectoral partners. This report documents the progress of the strategy since its adoption in 2001, describing the major phases, theoretical underpinnings, media and peer group activities, and use of clusters and model communities. Program managers, Eritrean government officials, and USAID staff, and others may benefit from learning about the project implementation process, how the team responded to challenges they encountered, and how partners designed the program, identified appropriate objectives, and created shared ownership of the Winning Through Caring strategy among stakeholders.

Eritrea: the setting for change

Eritrea, Africa's newest nation, gained independence in 1993 after 30 years of war with Ethiopia. The nation's population is estimated at 3.6 million. According to the Eritrean MOH, the national HIV prevalence is 2.4 percent among adults. In 2002, AIDS became the leading cause of death in hospitals among persons older than five years.²

The cumulative number of AIDS cases reported in Eritrea exceeded 18,000 by the end of 2004. Approximately 70 percent of reported cases are in young adults aged 20 to 39 years, and approximately 5 percent are in children younger than 15 years. The majority of AIDS cases are reported in urban centers, including Asmara (49 percent), Massawa (6 percent), and Keren (3 percent). Members of the Eritrean Defense Forces (EDF) accounted for 26 percent of the AIDS cases reported in 2000.³

In 2001, the MOH conducted a national HIV behavioral and seroprevalence survey. The study showed rates of HIV infection of 0.1 percent among secondary school students, 2.4 percent in the general population, 2.8 percent among antenatal clinic attendees, 4.6 percent in the military, and 22.8 percent among female bar workers (including commercial sex workers [CSWs]). Studies have found a high awareness of HIV but a low perception of personal risk of infection, in spite of the prevalence of high-risk practices such as having multiple sex partners.



The liberation war with Ethiopia claimed more than 80,000 lives, and its legacy includes the destruction of health facilities, widespread poverty, displacement of people, mass repatriation of Eritreans, and refugee influx from neighboring countries. The gradual demobilization of excess military forces will add to the burden on all social sectors and likely render individuals more vulnerable to HIV transmission. This is the background against which Winning Through Caring, a strategy for reducing the impact of HIV and AIDS in Eritrea through behavior change communication (BCC), was born.

Birth of a solution

Compared with its neighbors, Eritrea is considered to have a low prevalence of HIV infection and AIDS. Nevertheless, the epidemic is already well established in the general population. To avert the looming crisis, in 2001, Eritrea signed a \$40 million credit agreement with the World Bank and established the HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis (HAMSET) Control Project.

HAMSET is a long-term, multisectoral government project implemented through the collaborative efforts of numerous government ministries and partners and coordinated by the MOH. It is the largest project active in HIV prevention activities in Eritrea, and it provides a vital focus for coordinating the efforts of other organizations that work to mitigate the impact of HIV in Eritrea. The National HIV/AIDS/STI and Tuberculosis Control Division (NATCOD), the EDF, and the Health Promotion Center of the MOH play central roles in HAMSET. Other key donors include USAID, UNICEF, UNAIDS and UNFPA.

USAID supports Family Health International's IMPACT project for prevention and care and support programs and ESMG for condom social marketing. As an IMPACT partner, PATH provides technical assistance to Ministry of Health in behavior change communication (BCC). PATH began working in Eritrea in January 2001. Since then, through a collaborative process, PATH has designed what is now known as the Winning Through Caring program and, together with the government, launched a comprehensive BCC program in 15 model communities across six zobas. The program has trained 41 supervisors, 299 peer coordinators, and 1,928 peer facilitators who work with 1426 peer groups and reach more than 32,000 Eritreans through peer groups who regularly meet two times a month.



Maina Kiranga, BCC Advisor and Tesfalem Msinghina, IEC Officer, Zobsa Anseba.

The situation in Eritrea is unique in that the Government Ministries are the implementing partners. The FHI/IMPACT project in Eritrea is designed to provide technical assistance and

capacity building to government ministries and their partners to strengthen their response to HIV and AIDS. PATH plays a technical assistance role that largely consists of consultation, strategic planning, training and monitoring of a program that includes peer education with strategically selected groups, materials development and production, advocacy, radio and community theatre.

HAMSET requires wide-ranging coordination between various government ministries and other agencies that interface with the project. Early on, a Multi-Sectoral Behavior Change Communication Sub-Committee for HIV and AIDS was formed to provide a framework for the coordination and development of BCC strategy and interventions. The subcommittee focuses on networking, sharing information, joint planning, programming, and monitoring activities for impact and results. The committee is made up of representatives from key ministries and stakeholder groups in HIV and AIDS prevention, care and support and reports to the IEC Technical Advisory Committee.

Winning Through Caring: a communication strategy

The government of Eritrea needed a well-defined strategy to fully use the resources of the complex blend of government agencies, NGOs, and international organizations that are working to mitigate the impact of HIV and AIDS. The project's ambitious goals required a strategy rooted in the cultural values and needs of the Eritrean people; that provided a framework for collaboration—focusing the efforts of the project partners and recognizing each partner's unique contributions; and that could be used to guide a consistent, comprehensive set of interwoven HIV prevention communication interventions.⁴

Tapping information resources

To gather information that could be used in constructing a responsive strategy for program activities, the program team carried out a formative assessment. The assessment consisted of key informant interviews and focus group discussions with at-risk groups and individuals with influential opinions about sexually transmitted infections, including HIV and AIDS. Researchers interviewed in-school youth, military personnel, CSWs, parents, truckers, workers, health care providers, and community leaders. The team collected and analyzed information about knowledge, attitudes, sexual practices, perceptions of risk, and prevention methods.

The results showed that Eritreans were knowledgeable about HIV and AIDS, but that some misconceptions and information gaps existed. The participants expressed both compassion and fear toward PLHA and shared a deep commitment to caring for family and community members who acquire the infection. At the same time, they communicated a reluctance to speak openly about HIV and AIDS.

PATH and the MOH finalized a report documenting the findings of this assessment in February 2002.⁵ This report outlined recommendations for future programming, including:

- Reinforcing and sharing correct information about HIV and AIDS.
- Improving condom negotiation skills and promoting correct and consistent condom use.
- Encouraging frank discussion of HIV infection and sexual health.

Summary of formative assessment findings

Most participants understood basic facts about sexually transmitted infections (STIs) and HIV and AIDS and considered AIDS a “deadly, incurable disease.” Many recognized that the main mode of HIV transmission is through unprotected sex. However, many also had misconceptions about modes of transmission and questioned the severity of the AIDS epidemic and the rate of spread of HIV in Eritrea because they had not experienced the impact firsthand.

Most respondents considered themselves at risk of HIV infection because they engaged in either sexual or nonsexual risk behaviors. They recognized that unprotected sex, having multiple sex partners, sex with commercial sex workers (CSWs), being mobile (as are truck drivers, soldiers, and merchants), and consuming alcohol are major risk factors for contracting HIV. Most knew the “ABCs” of prevention—abstain, be faithful, use condoms. Parents and community leaders emphasized that the project should preserve traditional messages of abstinence and loyalty as the primary means of prevention. Most youth cited increased condom use as the most realistic means of HIV and AIDS prevention.

All groups expressed compassion toward people living with HIV or AIDS (PLHA), and favored home-based care for PLHA and children whose parents have died of AIDS. A majority of respondents expressed fear of physical proximity to PLHA because of the misconception that casual contact can transmit HIV.

Most respondents indicated they receive health information from the mass media, particularly radio, and from health facilities. They want mass media communication campaigns to be more specific and factual and to include testimonials from PLHA. Many Eritreans said they want to join the fight against HIV and AIDS and to play a part in disseminating information; they feel that HIV and AIDS are everyone’s problem, and not simply the responsibility of the ministry of health.

All respondents said they were willing to seek voluntary counseling and testing, and many would like testing before marriage to be mandatory. They indicated their desire to see HIV and AIDS messages continually disseminated through multiple communication channels and for demonstrations of correct condom use. They expressed their support for open communication among families and friends and requested more statistics on the impact of HIV and AIDS in Eritrea.

- Designing innovative communication strategies that use the creative talent of Eritrean nationals.
- Building local capacity to create demand for and provide quality voluntary counseling and testing (VCT) services.
- Using testimonials to show the face of the epidemic.

Participatory techniques bring learning to life

Ebola simulation. In this session, an imaginary epidemic of Ebola originating in Djibouti, is described. Participants pretend that information about the epidemic is being conveyed to the people in the settlement through customary sources (e.g., media, friends, and national announcements). As the epidemic crosses the border into Eritrea, reaches Asmara, and finally enters the settlement, participants have to decide when the threat seems close enough and alarming enough that residents should decide to flee the settlement. The game allows an examination and analysis of how different information sources interact within a social environment and also allows participants to understand how behavior is influenced by what information is available and by the source of that information.

Standing Room Only. In this simulation, participants review case examples of four individuals applying for the only remaining bed in a Halibet hospital in Asmara. Working in groups, each championing one individual, they have to decide to whom the bed should be allotted and justify their choice. Two of the individuals are HIV-positive but asymptomatic, and the other two show signs of progression to AIDS. The activity is designed to explore current knowledge of AIDS, participants' perception of risk of infection, and attitudes toward persons living with HIV or AIDS.

The assessment set the stage for developing the Winning Through Caring strategy. Qualitative findings from the interviews put existing quantitative data in context, providing a comprehensive backdrop for a strategy that would address the needs of at-risk populations.

Building an effective strategy

Using the formative assessment results as a basis, PATH facilitated a participatory process to develop a communication strategy. The development and adoption of the Winning Through Caring strategy can be traced through a series of steps. After the formative assessment, the MOH organized a five-day workshop in May 2001 to formulate an overarching strategy that would guide BCC activities. The strategy design workshop involved 45 stakeholders and was designed to encourage critical reflection about HIV and AIDS and to engage this group in vetting the findings from the formative research. Representatives from the HAMSET Technical Committee and the Sub-Committee for HIV and AIDS participated, as did almost all collaborating ministries; FHI; USAID; UNICEF; and representatives from religious groups and the community.

The workshop was structured around simulations that helped participants think about various aspects of the epidemic in Eritrea through role-playing and other participatory exercises (see box). Participants discussed each simulation as a group and validated their conclusions with the findings of the formative assessment. Together they crafted a national communication strategy, identifying the communication channels, audience, and behavior change objectives. By the end of three days, a strategy had evolved that took into account four key analyses that had emerged from the process: the Eritrean emotional response to HIV and AIDS; the average Eritrean's involvement in and ownership of life-saving information; the resistance to being among the first in the community to

change to new behavior; the prospect of the inevitable and imminent spread of HIV into rural Eritrea over the next five years as the nation's economy grows.

The resulting document, *Winning Through Caring*, was created and approved by the HAMSET Technical Committee as Eritrea's national BCC strategy for HIV and AIDS prevention.

Drawing on a nation's strengths

The *Winning Through Caring* strategy emphasizes caring for others, a value that is central to Eritrean culture and essential to the country's success in fighting the AIDS epidemic. The Eritrean commitment to compassion and to caring within families and communities counterbalances the fear, stigmatization, and reluctance to speak out that make the spread of HIV so difficult to contain. The strategy recognizes that Eritreans' compassion is the strongest resource they have in combating HIV and AIDS and outlines an approach in which messages of caring are integrated into all aspects of HIV prevention.

Winning Through Caring emphasizes the important role that social environment plays in allowing new ideas and behaviors to diffuse throughout a community. The approach relies on community dialogue and critical reflection about health issues among small, carefully selected groups from target populations. The objective of this dialogue-based process is to encourage specific behavior change through critical reflection, deepened understanding, and sharing of experiences. Success stories that emerge from small groups are shared broadly through a process known as "magnification," in which individual changes are broadcast through traditional and modern communication channels to fuel wider social changes in the community.

In practice, this meant that fixed peer groups are a mainstay of project activities, allowing groups of people to discuss HIV and AIDS issues over long periods of time, to become comfortable with each other, and to observe and be influenced by behavior changes within the group and the community. Individuals who adopt protective health behaviors can then "magnify" their new behaviors to the larger community through peer networks and media interventions, such as theater and radio dramas.

The peer-led activities aim to meet six communication objectives (see box) that contribute to sustained social change and prevention of HIV infection in Eritrea. These six communication objectives

Project communication objectives

1. To increase the capacity and skills of individuals to openly discuss issues related to sexuality, sexually transmitted infections, HIV, and AIDS with their partners, peers, and communities.
2. To create a deeper understanding of the difference between exposure to HIV and infection by HIV and between HIV infection and AIDS.
3. To create a deeper understanding of the benefits of prompt treatment for sexually transmitted infections as a way of reducing vulnerability to HIV.
4. To increase understanding of and confidence in abstinence (among youth), fidelity, and condom use as options in preventing HIV infection.
5. To create skills in negotiating safer sex and condom use between individuals.
6. To create an understanding of the benefits and importance of voluntary counseling and testing.

were established to provide road markers for HAMSET’s goal: to reduce the prevalence of HIV. The objectives are linked to specific types of behavior change that peer learning and media activities can influence; they are crucial steps in creating the healthy social environment that individuals need to fight stigmatization and prevent HIV infection.

The Eritrean MOH has advocated strongly for wide buy-in and ownership of Winning Through Caring to ensure its success and guarantee the participation of all partner organizations working in HIV prevention and care in Eritrea.

Building consensus on Winning Through Caring

To disseminate the findings from the formative assessment and the proposed Winning Through Caring strategy to a broader group of stakeholders, the director of Communicable Disease Control (CDC) in Eritrea, the head of the IEC Unit of the Ministry of Health, the head of the NATCOD, IEC officers from the MOH, and the PATH BCC advisor led a series of community meetings. The meetings took place in all six of Eritrea’s governmental zobas (zones). At each meeting, representatives presented the formative research findings, the BCC strategy, and HIV and AIDS data and trends supplied by NATCOD.

Approximately 70 representatives of zoba administration; partner organizations; HAMSET; and members of the target community, including youth, women’s groups, and CSWs attended each of the six dissemination meetings. Additional meetings were held for the staff of partner organizations in Asmara, including the People’s Front for Development and Justice (PFDJ) and the Ministry of Education. The meetings increased stakeholders’ understanding of the strategy, built a strong foundation for training peer coordinators, and enabled dialogue with religious leaders about the necessity of including condom use as a component of prevention.

Setting the stage for implementation

In June 2001, a two-day workshop was held to detail plans for implementing BCC interventions. Representatives from the line ministries and the Health Promotion Unit at the national and zoba levels established parameters for selecting model communities, conducted a social networking analysis, discussed roles and responsibilities, and drafted a rough activity plan. The idea of matching project partners with at-risk groups (“audiences”)—creating “clusters”—emerged after a social network analysis and was in part a response to the complexity of working with numerous partners, communities, and audiences. For example, all partners involved with youth, parents and teachers formed one cluster, with select organizations serving as focal points for activities with those audiences. Workshop participants felt that working in clusters would allow greater synergy and coordination. They also requested additional training to increase their proficiency in and understanding of AIDS and BCC approaches.

AIDS competency and BCC training

To meet requests for training from the implementation workshop participants, two consecutive training workshops were held in November 2001: one to improve AIDS proficiency and one

to strengthen BCC and facilitation skills. These workshops helped designated individuals from each partner ministry or organization master in-depth knowledge of all aspects of the AIDS epidemic. The workshop covered cell biology, the immune system, transmission and prevention, VCT, living with HIV, and treatment, care, and support. Workshop sessions included simulations, question-and-answer exercises, and group discussions; sessions also addressed participants' concerns about discussion topics such as the effectiveness of condoms, HIV status disclosure, and access to antiretroviral treatment in Eritrea.

Project-writing workshop

In January 2002, the MOH held a project-writing workshop. This meeting had two objectives: (1) to create joint implementation plans for HIV and AIDS BCC interventions in the selected model communities and (2) to provide some training in proposal writing, so zobas could apply for resources from the national level. Participants drew up a detailed list of activities, with specific action steps to reach each target audience, and linked all activities to specific BCC objectives. Small groups discussed management and coordination at national, zoba, and model community levels, as well as cluster functionality and accountability. The workshop participants wrote a workplan that included objectives, timelines, and partner responsibilities.

Media assessment

A media assessment was also undertaken to evaluate local capacity to produce and effectively broadcast and distribute information through the mass media. The Ministry of Information publishes three newspapers and manages television and radio broadcasting.

According to an assessment by Adult Education Radio, between 75 and 80 percent of Eritreans own a radio.⁶ Talk shows and radio dramas are the most popular types of programming. The Ministry of Information has produced radio programs on HIV and AIDS, including educational spots and a show in which health professionals answer questions from the audience.

Television is becoming a popular entertainment medium in Eritrea, with increasingly wide coverage in and around urban areas. Stories of freedom struggle, musical productions, and love stories are favored by audiences. The number of newspaper readers is also growing. The newspaper *Hadas Eritrea*, which has a circulation of 50,000, has a column for young people that includes articles on HIV and AIDS almost daily, as well as cartoons and feedback from readers.

“Before I came here, I didn’t know anything about HIV or AIDS. Now I know who I am and what I can do to protect myself. If I meet anyone I can tell them about HIV. Before I was ashamed to talk about sex or HIV but now I am free to talk with my friends. I didn’t know how to use condoms, now I have learned correctly. Before I was afraid of a person who is HIV positive, but now I understand not to stigmatize them and how to care for them.”

— *Male youth group peer facilitator,*
Tsaeda Kiristian

Connecting government, communities, and individuals

The primary audiences of the Winning Through Caring strategy are the at-risk populations that are directly affected by HIV and AIDS: youth (in and out of school), workers and members of women's groups, health workers (including community health workers), military men and women, CSWs, and PLHA. The secondary audiences are groups that have the power to directly affect prevention efforts and influence the behavior of the primary at-risk groups: religious leaders, teachers, and business leaders. The Winning Through Caring strategy partners help connect each audience group to the government organizations that offer vital information and prevention tools. For example, the Ministry of Education is the lead partner on school-based activities, and the Ministry of Labor and Human Welfare is the lead partner working with CSWs.

Youth ages 12 through 29 years are the Eritrean population most directly affected by HIV and AIDS. A significant number of youth are mobilized in the Eritrean military or National Service, and many are vulnerable to HIV as a result of participation in risky sexual activity when away from home. Youth are also less likely to perceive themselves to be at risk of infection. The National Union of Eritrean Youth and Students (NUEYS) and the Ministry of Education are closely linked to this audience group. They work to help junior high school students make healthy decisions that protect them as they enter reproductive age by focusing on delaying sexual debut and by promoting abstinence. For youth who are already sexually active, the project emphasizes secondary abstinence (deciding to abstain after one has become sexually active) and prevention methods, such as correct and consistent condom use.



Student group in Tsaeda Kiristian singing a song they composed about caring for people living with HIV/AIDS.

Although the family unit is strong in Eritrea, parents bound by tradition and taboos find it challenging to communicate openly with their children about risk and safety in sexual relationships. Parents can play a preventative role by providing information and support that will protect their children against the risk of infection, but they must first overcome these obstacles to communication. Proxy channels, such as parent-teacher associations and social organizations, help moderate the effect of traditional cultural norms.

Adult members of the general population—represented by workers and women's social and professional groups—are also vulnerable to infection with HIV, in part because of the mobility required by emerging job opportunities. Male and female workers ferry HIV infection back and forth from their worksites and communities. The participation of the National Confederation of Eritrean Workers and the National Union of Eritrean Women in Winning Through Caring activities provides an essential connection to these at-risk audiences.

Personnel within the health infrastructure are inextricably involved in the process of creating behavior change and social understanding of the epidemic. Although health workers are not considered to be at very high risk because of their work, the program has provided training on universal precautions for health workers at all levels. More important, their inclusion in the strategy ensures that they will not perpetuate misconceptions, fears, and silence and that they will function as catalysts of positive attitudes and reductions in high-risk behaviors. The Ministries of Health and of Labor and Human Welfare are the link to this group.

Currently, large numbers of Eritrean citizens serve in the military.⁷ Those who serve on the front constitute a distinct high-risk group. The 2001 Eritrea Demographic Health Survey found that 62 percent of soldiers felt that they were not at risk for infection, despite a high level of awareness of HIV and AIDS. The EDF is actively implementing a soldier-to-soldier peer education program, and international partners have supported educational activities and a counseling program to encourage VCT.

CSWs, who practice high-risk behaviors, are also highly vulnerable and play a key role in the spread of the epidemic. A 1999 study estimated that there are more than 2,500 CSWs in Eritrea, and that number may already have doubled with increases in tourism, military demobilization, and economic growth. CSWs often work clandestinely, are highly mobile, and present significant challenges because of the difficulty of bringing them together in groups for any extended period of time. The Ministry of Tourism, the Ministry of Social Welfare, and the Eritrean Chamber of Commerce are charged with building connections to CSWs.

Religious leaders, teachers, business leaders, and PLHA are included in the strategy because of their influence in spiritual, educational, and economic aspects of Eritrean society. These groups are recognized to be important audiences for advocacy, and the project aims to encourage their promotion of traditional Eritrean values of fidelity and compassion. In many cases they already have close ties to government ministries involved in implementing the Winning Through Caring strategy, and the project is able to build on and catalyze these connections.

The community of PLHA, known as BIDHO (challenge) in Eritrea, for example, has become vocal and active much earlier in the epidemic than has been the case elsewhere. Such courage in the face of challenging social attitudes points to their ability to become powerful allies in the war against AIDS. However, their inclusion in the strategy is necessary for them to be effective—it ensures that their capacities are built up through deepened understanding and a more active participation in discussions around sexuality. The emergence of confident and articulate spokespersons from among PLHA is a far-reaching development for the prevention of HIV.

Focusing on model communities

Under the leadership of the Ministry of Local Government, the HAMSET technical advisory committees from the national and zoba levels selected 15 model communities from the six zobas for HIV and AIDS interventions. Criteria for selection included population, prevalence and incidence of HIV infection, concentration of target audience groups, existence of STI and VCT services, presence of project partners, potential for collaboration, local resources, and potential

for spread of HIV. The model communities are centers that can demonstrate to the rest of Eritrea the features of ideal community and individual responses to the AIDS epidemic. In the long run, all of Eritrea should become a model community; for the moment, though, the designated model communities are the trendsetters.

Table 1. Intervention zones and model communities

Zoba (zone)	Model community(ies)
Anseba	Ela Bered, Hagaz, Keren, Balwa
Gash-Barka	Akurdat, Barentu, Tesseney
Maekel	Tsa'eda Kiristian, Geza Birhanu/Abashawil, Edaga Arbi
Southern Red Sea	Assab
Debub	Dekemhare, Mendefara
Northern Red Sea	Massawa, Ghindae

Peer-facilitated discussion groups have been formed within each model community. These groups are made up of selected individuals from the primary target audiences. The groups are homogeneous and are managed by a small committee that includes a trained representative from each audience, in addition to local IEC and CDC officers. Table 1 lists the model communities in which HIV and AIDS prevention activities are taking place.

Table 2. Project reach, by intervention zone or group

Project role	No. of participants									Total
	Zoba (zone)						Source group			
	Anseba	Gash-Barka	Maekel	Debub	Southern Red Sea	Northern Red Sea	Eritrea Defense Forces	Catholic Church	Lutheran World Federation	
Supervisors	5	4	5	5	5	5	12	NA	NA	41
Peer coordinators	10	15	9	34	5	10	121	53	4	299
Peer facilitators	95	152	98	260	21	86	337	798	81	1,928
Peer groups	95	139	98	149	41	86	NA	798	20	1,426
Peers	2,663	3,470	1,715	3,055	1,086	2,594	NA	15,550	1,620	31,753

Note: NA, data not available.

The program regularly reaches approximately 32,000 Eritreans in urban and peri-urban areas. Table 2 shows the distribution of project roles among members of different communities and groups. Activities in the 15 model communities are overseen by 41 supervisors and 299 peer coordinators. Each of the 299 peer coordinators supervises a maximum of 10 peer facilitators. Currently a total of 1928 peer facilitators lead groups of 14 to 28 participants. These individuals facilitate peer learning and

Table 3. Committees participating in the HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis (HAMSET) Control Project

Administrative structure	Function
National HAMSET Steering Committee	The National HAMSET Steering Committee is tasked with coordinating the multisectoral HAMSET response in Eritrea. It ensures that the project has political support and issues policy guidelines and regulations that facilitate smooth implementation of the program.
National HAMSET Technical Committee	The National HAMSET Technical Committee is the operational arm of the National HAMSET Steering Committee and is composed of delegated technical personnel from each represented ministry. Its chief responsibilities within the program are planning and coordination.
Zonal HAMSET Coordinating Committee	This committee is formed by stakeholders represented on the National HAMSET Steering Committee and is responsible for implementing and coordinating the HAMSET program at the zoba level.
Zonal HAMSET Technical Committee	The Zonal HAMSET Technical Committee is the operational arm of the Zonal HAMSET Coordinating Committee. It is composed of delegated technical personnel from each represented line ministry and agency office and of Zoba Communicable Disease Control unit heads. In some Zobas (e.g., Gash-Barka and Debub), the health promotion officer is also a member of the Zonal HAMSET Technical Committee. Main responsibilities within the program are subproject approval and monitoring activities.

Note: HAMSET has established the Zonal HAMSET Coordinating Office. This office houses the zoba HAMSET project officer and a financial officer.

discussion groups among more than 32,000 women from communities, students, workers, and CSWs across the country. Other partners, such as the Eritrean Catholic secretariat, adhere to the Winning Through Caring strategy. Of these, the Eritrean Catholic secretariat supports 91 peer coordinators and 798 peer facilitators who lead peer-facilitated learning groups among 15,550 church members.

Administrative committees guide the ongoing implementation of peer group activities and oversee activities at various levels. These committees meet periodically for coordination and oversight purposes. A brief description of each committee and its function is included in Table 3. The appendix offers a full diagram of the project structure and participation. Partner organizations are assigned responsibility for reaching each major target audience group. Each organization employs a supervisor to oversee peer coordinators and peer facilitators who implement the majority of activities in the field (Figure 1).

The peer coordinators are employed by the Project Management Unit of the Government of Eritrea project with support from the World Bank HAMSET project and are paid a stipend of 1,500 nakfa (US\$111) per month. They are recruited by the line ministries and partners in each zoba. The peer coordinators report to the zonal leaders of their respective ministries or organizations and the MOH has administrative responsibility for the coordinators. Peer coordinators are selected on the basis of a number of defined criteria, including their “connectedness” to their communities, commitment to the project, their participation in and acceptance by their communities, and their abilities and skills

in management, organization, communication, and writing. Once recruited, they are responsible for:

- Understanding the social geography of the model community in which they work.
- Acting as a link between the peer facilitators and the project managers.
- Recruiting peer facilitators who are committed to working on HIV prevention, care, and support.
- Providing technical assistance (e.g., on-site training, team building, and conflict resolution).
- Monitoring the work of the peer facilitators to ensure the quality of interventions.
- Chairing peer facilitators' bi-monthly meetings.
- Providing facilitative supervision.
- Distributing materials and supplies, ranging from IEC materials to condoms, to peer facilitators.
- Working as liaisons with referral establishments, such as STI clinics, VCT centers, and counselors.
- Attending the monthly joint cluster meetings.
- Writing reports.

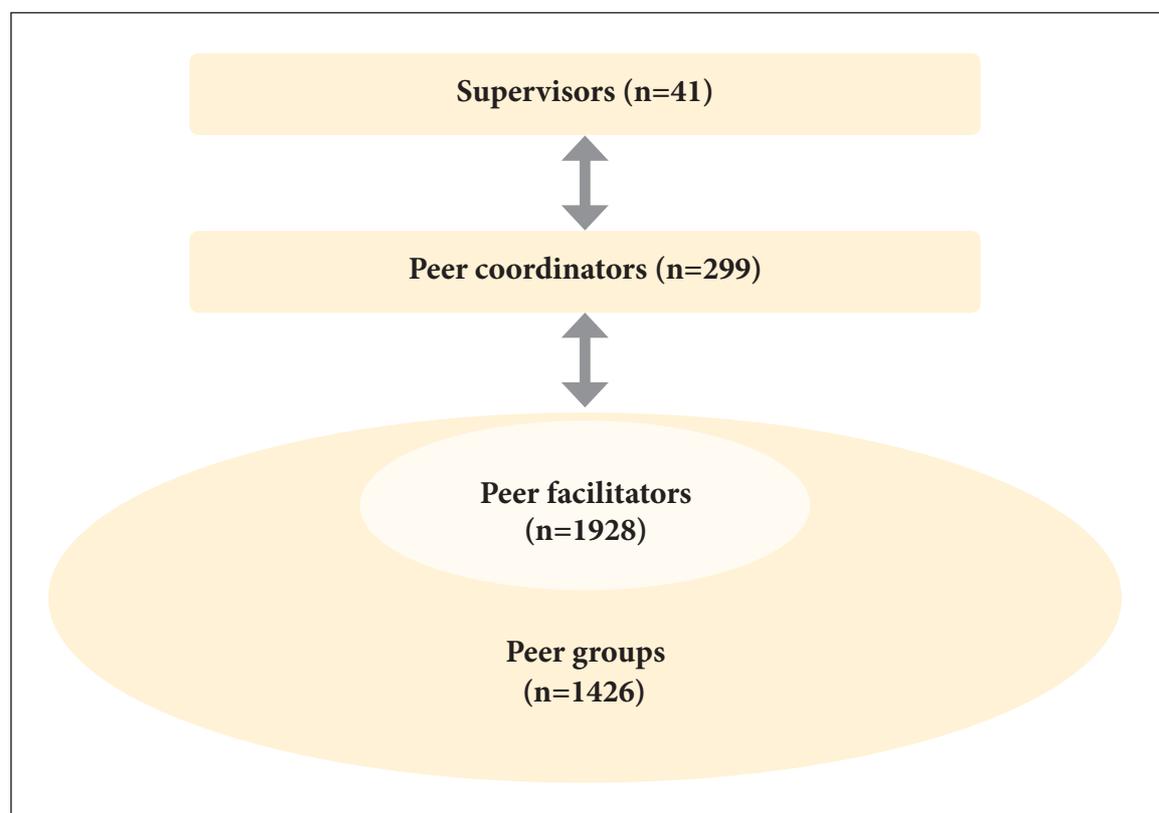
Most peer groups meet once a week or at least twice a month. The peer facilitator guides the group discussions and is usually a well-respected community member. Literacy is an additional criteria—peer facilitators must be able to read the discussion guides. The peer facilitator is responsible for:

- Bringing together a group of peers who are committed to holding ongoing discussions.
- Ensuring the high quality of discussions and a high level of audience participation.
- Making sure that the objectives of the discussions are achieved.
- Inviting guest speakers to conduct special sessions.
- Harvesting questions at the end of each session.
- Conducting a one-on-one discussion with group members to gain understanding of their relationships, quality of life, difficulties, and transition toward new behaviors.
- Ensuring that all members of the group are skilled in the correct way to use a condom.
- Distributing condoms to those who show interest.
- Arranging for referrals to STI and VCT services.
- Ensuring that feedback is given promptly to the coordinators and to group members.
- Ensuring that feedback is given promptly to the coordinators and to group members.

“I was in school when I learned about the peer groups. I knew I wanted to be facilitator. My friends respect me ... I am lively and fun, but I also try to know more all the time. The young people need to wait before they get involved in sex. But some of them are not informed enough. In this group we look for knowledge and talk about how we want to have our future. We don't want to get HIV.”

— *Female peer facilitator, Dekamhare*

Figure 1. Diagram of peer group supervision structure



Interventions

Peer-facilitated learning

Experience and research around the world has demonstrated that peers are a strong influence on behavior, particularly for youth. When learning is facilitated in peer groups it is credible, easily accepted, draws on the power of role modeling, and responds to the diverse needs of youth and other audiences. Peer-facilitated learning supports the development of positive group norms and healthy decisions.^{8,10} The Winning Through Caring team adopted the Splash! peer-led learning process developed and used by PATH under the IMPACT project in Kenya. The Splash! model includes an eight-module curriculum with discussion guides comprising basic information about HIV transmission and prevention, the difference between HIV and AIDS, the

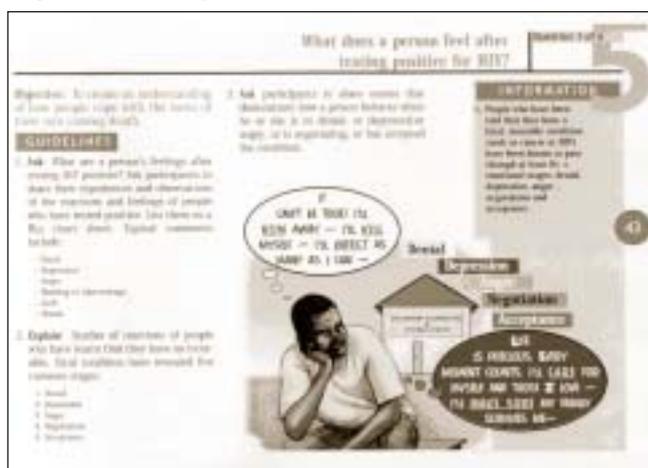
“I have been a peer facilitator for one year and five months. The women in my group selected me. I am proud of that because I bring them together. We’ve learned a lot of things, not only about HIV. Also about how to prevent sexually transmitted diseases, and how to negotiate in our households. We participate in simulations and learn to harvest and analyze questions from the peer group. This training methodology is good. We like the role play and we want to see more IEC materials.”

— Female peer facilitator, Hagaz

importance of VCT, condom use skills training, destigmatization of HIV and AIDS, and care for PLHA.

The Splash! approach to peer learning is not simply facts-based, however. Splash! trains facilitators to lead their peers through a series of high-quality, intense discussions and engagements that take place over long periods of time with small groups of community members. The objective is to achieve specific behavior change through a process of deepening dialogue and inquiry. As more and more individuals begin to review and change their sexual behavior, they talk to their peers through mass media to spread the word about change, a process called “magnification.”

Figure 2. The *Splash!* curriculum



Splash! curriculum was adapted and translated into Tigrinya and Arabic.

Several innovative tools were developed to help facilitators engage the community discussion groups: storytelling, simulation gaming, a timeline, picture codes, and role-playing, all of which encourage community interaction. Through these exercises, the participants explore the causes and consequences of life-changing choices enacted or discussed in each group session. Participants share their experiences, feelings, and beliefs, and ultimately the exercises allow the community to acknowledge difficult issues and explore solutions. All of these tools harness the power of individuals to imagine a better future.

The Splash! curriculum was translated into Tigrinya and Arabic and adapted for use in Eritrea (Figure 2). The project team pre-tested the translated version with the first group of peer coordinators and zonal supervisors and subsequently circulated it to all peer facilitators. Throughout 2002 and 2003, the project trained groups of peer facilitators in use of the curriculum, group facilitation skills, and interactive group discussion methods (Table 4).

Table 4. Distribution of peer education training on HIV and AIDS and behavior change communication, 2002 and 2003.

Participant group	No. of participants trained in indicated year		
	2002	2003	Total
Supervisors	49	0	49
Peer coordinators	369	60	429
Peer facilitators	475	66	541
Medical staff	0	170	170
Theater leaders	56	205	261
Total	949	501	1,450

Participatory techniques bring learning to life

Storytelling is a process to help communities use their imaginations to create stories about real-life concerns and taboo issues, critically reflect upon them, and then share their personal experiences in a safe environment. Participants create an imaginary story, act out the story through role-play, explore the consequences, and end with experience sharing.

A Picture Code is a provocative drawing that depicts some aspect of community life, used to trigger participants' imaginations. A picture of people standing around drinking at a bar for example, around which the participants are asked to create a story. For example, someone in the picture is a victim of sexual violence, and the participants describe who is it and what is their story.

Timeline is an exercise in which participants discuss the characters in the role play and explore their past experiences that led up to the key dramatic moments as well as how that moment affects their future.

Experience sharing is the final step in the storytelling process. Participants are asked to recall and share personal experiences similar to the ones in the role play. The experiences could be their own or of someone they know.

Simulation Gaming can be used when developing a communication strategy by simulating a situation where people are forced to make difficult decisions and then discuss the communication channels they used to collect information to ultimately make their decision.

The majority of peer group participants were willing to invest time and energy in the peer-led groups, and in interviews they reported that they had benefited greatly from the training and experience. Over time, the project has learned valuable lessons about peer-facilitated work, including the importance of proper identification and recruitment of peers who are dynamic and willing to work as volunteers. For example, the most popular peers don't always have the strongest facilitation skills. The most successful groups are those that select a passionate leader who has the ability to be flexible and to learn along with his or her peers while providing guidance in the content areas.

Print materials and support for trainers

The Winning Through Caring partners have produced over 30 different publications. Print materials include a series of posters with HIV prevention and care messages that are geared to different audiences, flyers that explain and promote VCT, and stickers with the project logo, PMTCT and TB materials for providers and the community, life skills manuals.. UNICEF supports all printing costs and is printing the discussion guides used by peer facilitators and coordinators in Tigrinya and Arabic language. The two most recent discussion guides focus on care and support, and tuberculosis and HIV.

PATH and FHI worked with the MOH to conduct a material-development workshops each year. Workshop participants identified problems, segmented audiences, designed achievable objectives, identified culturally relevant messages and images, and pre-tested and finalized materials.

To respond to a strong need expressed in the field for visual aids and additional training-support materials, MOH and PATH compiled packages of reference materials that were distributed to each model community.

Theater

The Winning Through Caring strategy incorporates folk media and participatory theater, which are highly effective means of communication at the community level. Eritrean performing groups are creative cultural resources that can enhance communication about HIV and AIDS. The PFDJ, NUEYS, the Ministry of Education, and the EDF all have theater groups that perform about HIV and AIDS. Initially, the educational messages conveyed through these activities were inconsistent. At the request of these groups, the MOH and PATH, in cooperation with local partners, have led training sessions on theater techniques and basic HIV and AIDS education in selected zobas.



Women's group role play about HIV-positive family member, Tsaeda Kiristian.

Starting in July 2002, at a Theater for Behavior Change workshop in Asmara, 59 performers and individuals involved in theater activities from all six zobas received training. Participants attended with the support of the PFDJ, the NUEYS, the Ministries of Education and Defense, the ESMG, and the MOH. The workshop aimed to increase troupe leaders' knowledge of HIV and AIDS, to minimize stigmatization of PLHA among the performers (and in the content of the plays), and to share accurate information, and to build troupe leaders' facilitation skills to ensure community participation in setting behavior change options that minimize risk. Participants learned about HIV, how to counter common myths, the advantages of different types of community theater, and how to set behavior change objectives that can be articulated through theater.

The Magnet Theater model developed by PATH for the IMPACT project in Kenya was introduced as a source of inspiration for Eritreans involved in theater for behavior change. Magnet Theatre is a powerful, dilemma-based, participatory form of theater that takes place in fixed venues at set times each week; plays are based on real-life dilemmas and are deliberately left open-ended, providing the community with an opportunity to debate and, more often than not, to

participate in performances. Participants also learned about traveling theater and participatory-education theater, as well as techniques for organizing different sizes of theater groups, evaluating performances, determining relevant scripts, and posing dilemmas through theater.

Radio

The interpersonal communication component of the Winning Through Caring strategy is fully functioning, and the project team is preparing to launch a radio program. The peer education program was designed to interact with the mass media—in essence, to take issues and ideas from the few to the many. The strength of this program lies in the implementation of a comprehensive strategy that links interpersonal communication with mass media.

During 2004, several radio activities were initiated. The Winning Through Caring team provided guest speakers and content support for existing radio programs and developed a new radio program that will launch in late 2005. This program includes a soap opera, called Romadi (the name of a local grass that spreads quickly), and a chat show. The team used a community-based, participatory process to develop the storyline and characters for the radio soap and held several training sessions to inform a group of 16 writers and producers about HIV and AIDS, the Winning Through Caring strategy, and developing a radio serial. Once the program is on the air, radio listening groups will be formed at the zoba level. Wind-up cassette players and cassette copies of the program will be available, along with discussion notes, to facilitate group listening.

Advocacy

The nature of community alliances and networks in Eritrea suggests that there is strong need for an advocacy effort to complement BCC efforts. A draft advocacy strategy called “Victory through Change” has been presented to the Ministry of Health. The document identifies ways of galvanizing the support of leaders, opinion-makers, and other key stakeholders, at the national and at the community levels of Eritrean life. The PFDJ will take the lead in implementing the advocacy strategy. Next steps include training in advocacy skills together with a series of workshops and discussions with various audiences to review the strategy and to develop an advocacy implementation plan.

The MOH has made efforts to involve religious leaders in the fight against HIV and AIDS. In 2001, Eritrea’s three main Christian denominations and the Muslim community organized the first interfaith National Worship Day to commemorate World AIDS Day. In collaboration with UNAIDS, USAID sponsored an Ambassadors of Hope Mission in November 2001, through which Ugandan HIV activists met with thousands of Eritreans, from cabinet ministers to frontline troops, to alert them to the threat of HIV and AIDS.

In September 2002, 85 members of the Eritrean National Interfaith Committee attended a workshop that addressed the need to incorporate HIV prevention in faith-based projects and programs. Participants were drawn from the Catholic Church (55 participants), the Orthodox Church (16), the Muslim community (14), and the Evangelical Church (10). At the end of the

Table 5. Partner and audience clusters in the “Winning Through Caring” project

Cluster no.	Partners	Audiences
1	MOLHW, EDF, MOT, MOTC, NCEW, EFE, ESMG, MOH, BIDHO, Eritrean Chamber of Commerce	Commercial sex workers, truckers, military, workers
2	NUEYS, NEUW, MOE, ESMG, FRHAE, IFC, MOH, BIDHO	Youth, parents, teachers, women
3	MOLG, BIDHO, MOI, MOH, IFC	Administrators and senior government officials, business leaders, religious leaders
4	MOH, MOHLW, BIDHO, IFC	Health workers, social workers, people living with HIV/AIDS

Note. EDF, Eritrean Defense Force; EFE, Eritrean Federation of Employees; ESMG, Eritrean Social Marketing Group; FRHAE, Family and Reproductive Health Association of Eritrea; IFC, Inter Faith Committee; MOE, Ministry of Education; MOH, Ministry of Health; MOI, Ministry of Information; MOLG, Ministry of Local Government; MOLHW, Ministry of Labor and Human Welfare; MOT, Ministry of Tourism; MOTC, Ministry of Transportation and Communication; NCEW, National Coalition of Eritrean Workers; NUEW, National Union of Eritrean Women; NUEYS, National Union of Eritrean Youth and Students.

workshop, religious leaders issued a joint statement supporting HIV prevention activities in Eritrea and recognizing the impact of the epidemic and the need for cooperation between faith groups.

Study tours and consultants

Theater study tour

In February 2002, key BCC program implementers of the Winning Through Caring strategy from Eritrea visited Kenya to learn about the IMPACT project. Participants included representatives from the Peoples Front for Development and Justice; the National Union of Eritrean Youth and Students; the ministries of Education, defense, and health; and the Eritrean Social Marketing Group. The study tour participants also attended a peer-coordinator training workshop in Nakuru and participated in Magnet Theatre presentations with the IMPACT Kenya program. This led to an exchange, and a delegation from Kenya went to Eritrea to introduce new concepts of participatory theater.

HIV prevention for CSWs

In May 2003, a study tour was organized for stakeholders in Eritrea to visit HIV prevention projects for CSWs in Kenya. The objectives of the study tour were to learn from interventions targeting CSWs in Kenya, as well as to share knowledge gained from the visit with other stakeholders in HIV prevention in Eritrea. The participants of the study tour included Communicable Disease Control and Health Promotion Unit staff and representatives from the Ministry of Labor and Human Welfare and the Church of Eritrea.

One of the most valuable elements of the study tour was the opportunity to observe a strong voluntary peer education system at work. The Kenyan peer educators work in drop-in centers for CSWs, where they focus on STI and HIV/AIDS prevention. Peer educators distribute condoms, demonstrate proper use, encourage VCT, and offer tips on effectively negotiating condom use with clients. The drop-in centers and youth clubs are well equipped with activities and are supported by community chiefs.

A Kenyan consultant and CSW peer education program leader visited Eritrea in mid-2003 to review current CSW interventions and make recommendations for improving activities focusing on this population. The consultant recommended that HAMSET involve CSWs, clients, and stakeholders in the implementation and evaluation of the project, collaborate with other programs to ensure complementarity of approaches, establish drop-in centers in each zoba, simplify the curriculum, and conduct outreach to smaller villages where self-identification is more difficult. In addition, the consultant highlighted the need to reorient health service providers to expand beyond clinical and care services and to sensitize health workers to ensure that services are accessible, affordable, and stigma-free. Plans are underway to establish drop-in centers for sex workers in three zoba's with support from FHI and UNICEF.

Monitoring mechanisms

The project uses a set of reporting structures to gauge adherence to the workplan, collect surface concerns and challenges, ensure that the quality of services remains high, and serve as a stream of feedback to the MOH. Monitoring is a participatory process managed by the peer facilitators, coordinators, and supervisors.

Peer facilitators collect information, questions, concerns, and observations about behavior change from the peers in their groups. The Peer Facilitator Diary is a monitoring form on which facilitators record the date, time, attendance, and content of each group discussion session. The forms include a space to track key questions and concerns raised by peer group members. The peer facilitators harvest these questions not to test the peer group members' knowledge, but to gain insight into how individuals' questions change as their self-risk perceptions change. The peer coordinators in each zoba collect these forms and synthesize the information in a report that is submitted to the zoba IEC and CDC coordinators during their monthly meeting and then forwarded to the MOH on a quarterly basis. These questions are used to identify issues that need to be addressed in the radio program.

The project team adopted a participatory and systematic approach to monitoring project progress and impact. The team initiated this work with a training session on participatory monitoring and evaluation in March 2004 where tools were developed. Participatory monitoring and evaluation is a process of program actors working together to learn, problem-solve and refine programs by gathering and using information.¹¹ Participatory monitoring and evaluation actively involves a range of stakeholders and sharpens their skills and ability to use information for decision-making and program improvement. A quantitative and qualitative evaluation of the project is scheduled. This evaluation will look carefully at progress and impact and make specific, practical recommendations for the project implementation team.

Discussion and conclusion

Eritrea has the opportunity to halt the progress of the AIDS epidemic before it exacts a greater toll from the country. HAMSET and Winning Through Caring are making unique strides toward this goal. The BCC activities of the HAMSET project have been well established in the project's model communities, and HAMSET has achieved significant progress toward its communication objectives. The ministry is already planning to scale up the program.

Responses to Winning Through Caring

More than 15 peer groups were observed and interviewed to gather information for this case study. Many participants spoke passionately about the value of the peer-led discussions and the impact of the project in their lives. They reported that the groups were helping them move toward risk-free behaviors, improve their communication skills, and adopt attitudes of acceptance and care toward PLHA. Nevertheless, BCC is a long-term investment that does not bring full rewards overnight. Although some of the risk-reduction steps that peer group participants make in their personal lives will surface and can be used as models for others, many changes will remain private and be shared only with a few.

The project team observed peer group discussions among youth, women, workers, and CSWs. Most peer groups have been meeting regularly for more than a year. All groups have studied the six Splash! modules and have organized interactive activities such as role-playing, conversations with guest speakers, and simulation games. The majority of group members report increased knowledge and understanding of HIV and AIDS. During the case study team visits, group members repeatedly described the ways in which they have increased their knowledge, initiated communication with friends and family members, and adopted more favorable attitudes towards PLHA.

Youth group members, in particular, expressed excitement about their improved communication skills, increased knowledge of correct condom use, and growing self-confidence. Adult women and men also reported increased communication with others on the subject of sexuality and HIV. Based on the testimonials of peer group members during the case study team's visit, the project has made headway toward its communication objectives. A quantitative and more representative qualitative evaluation is necessary to determine the exact degree of success.

"I felt I was taking a risk when I visited a youth group to talk to them about being infected with HIV. A lot of people won't treat me well if I tell them I am HIV positive. But those youth were very kind to me, and they had many smart questions. They had learned about AIDS—the immune system, the stress of getting tested, how this illness progresses. In the end I was comfortable and they came to thank me very much. Now I am going to some other groups for this project. I came to think I can help those young people by my story."

— *Male PLHA recruited to talk with peer groups*

In all groups, participants demonstrated a clear understanding of the difference between HIV infection and AIDS. Many participants were also able to distinguish between exposure to HIV and infection by HIV. All peer groups studied and discussed information about the risk behaviors that are associated with exposure to HIV. The discussion modules also include information about the advantages of seeking prompt treatment for any STI. The case study field team visited several groups that expressed interest in studying an entirely new series of discussion modules on STIs, and the project is introducing new content discussion guides.

Peer group members of all ages can clearly identify abstinence, faithfulness, and condom use as prevention options.

In several student groups visited by the case study team, youth attested to having delayed sexual activity or refused

sexual advances from peers since joining the group. Many of the young people said that they use condoms and that they do not experience any difficulty getting condoms when they need them. Married adults stress that faithfulness is the most realistic prevention option for them. In some groups, women said that condom disposal is a problem in their communities—this issue will be emphasized in future training sessions and in message development.

A number of youth peer facilitators explained that they are proud of their new ability to present in front of a group, facilitate a discussion session, and/or lead theater activities. Many of the peer facilitators and group members acknowledged their role as models for others. A significant number of youth group members are prepared to become facilitators of their own peer-led group if the project scales up and expands to new groups. The importance of modeling self-protective behavior and not simply expanding knowledge needs to be continually emphasized so that magnification through media can eventually be effective.

Changes in use of prevention services

As exposure to information about condoms increases, condom use is becoming less and less stigmatized among Eritreans. Nevertheless, proposing condom use with a spouse raises issues of trust that can expose a woman to potential anger or violence from her husband or can expose a man to blame and suspicion of infidelity from his wife. Condom negotiation is challenging and requires refined communication skills and trust between sexual partners. It is less of a barrier for youth and unmarried couples. The discussion groups are a safe forum for peers of all ages to learn about correct condom use and practice negotiating skills through role-playing.

Although all groups that the case study team visited understood the importance of seeking VCT, the vast majority of the women's group members have not been tested for HIV. Despite this, anecdotal evidence from the field shows that willingness to undergo VCT may be increasing. During a field visit in September 2003, project staff discovered that one group of 20 CSWs in

“Before I didn’t believe AIDS exists. Now I am convinced! I didn’t know the cause of AIDS or how to care for someone living with HIV. The club helped me stand in front of others and talk. Now I like to help others and teach them. I am confident and I even look for opportunities to speak in groups.”

— *Female youth group peer facilitator,*
Tsaeda Kiristian

Barentu and another group of 14 CSWs in Assab had undergone VCT. The case study field team also encountered one youth group in Mendefera that had organized approximately 15 individuals to undergo VCT together. The project should continue to reinforce messages about the benefits of knowing one's own HIV status, encourage more discussion in peer groups and communities about VCT, and provide venues for individuals who are willing to serve as examples by sharing their VCT experiences with others.

Steps toward greater impact

The Winning Through Caring project also faces many challenges. The lack of incentives for peer facilitators and peer group members leads to a significant dropout rate, particularly among students and mobile CSWs. Some groups are unable to secure adequate meeting space, and lack of local transport, office space, and stationery for peer coordinators is a demotivating factor. In addition, when supervision at the zoba level is not adequate, group work is affected. The program managers at the zoba, the CDC, and HPO are often overextended. Finding strong facilitators is also an issue—when a facilitator is not very dynamic, the group has less cohesion and poor attendance.

The project also needs to maximize impact by improving links with service (e.g., STI treatment, VCT, care and support, and condom distribution) delivery structures and programs. In addition, data collection and monitoring systems are not sufficiently developed to provide consistent and reliable data to document project progress and impact. Project staff and stakeholders are addressing these challenges during meetings, workshops, and the annual program review process.

Fortunately, the Winning Through Caring strategy enjoys widespread buy-in and support from all project partners. Significantly, the project has invested in a capacity-building approach with an emphasis on training tiers of MOH personnel and community volunteers. The project has taken valuable initiatives in training, production of IEC materials, building capacity in community theater, and community networking.

Building an environment for change

Individuals change their behavior in the context of their cultures and their communities. In the peer education process, sharing personal ideas, feelings, and attitudes is a powerful way to increase an individual's store of experiences and influence his or her intention to adopt safer sexual behaviors. The Winning Through Caring strategy intentionally draws on the cultural and creative human resources of Eritreans of all ages and backgrounds to increase dialogue and influence social norms. The project has been a learning process for all involved, and numerous factors that have helped and hindered along the way. This case study documents many of the processes and methods used, as well as some of the lessons learned. The project's model is evolving; improved monitoring and evaluation activities already established will help further document the project's progress and impact. The project strategy is an opportunity to explore ways in which the Eritrean culture of caring can preempt a full-blown HIV epidemic.

“There are many changes since I began this group. After the facilitation skills training workshop, I became more interested in the problem of HIV. From that time there is a big change. Now there is good discussion with my wife and children. When I was studying the discussion guide, I would talk to them about the content. We didn’t talk about these things before!

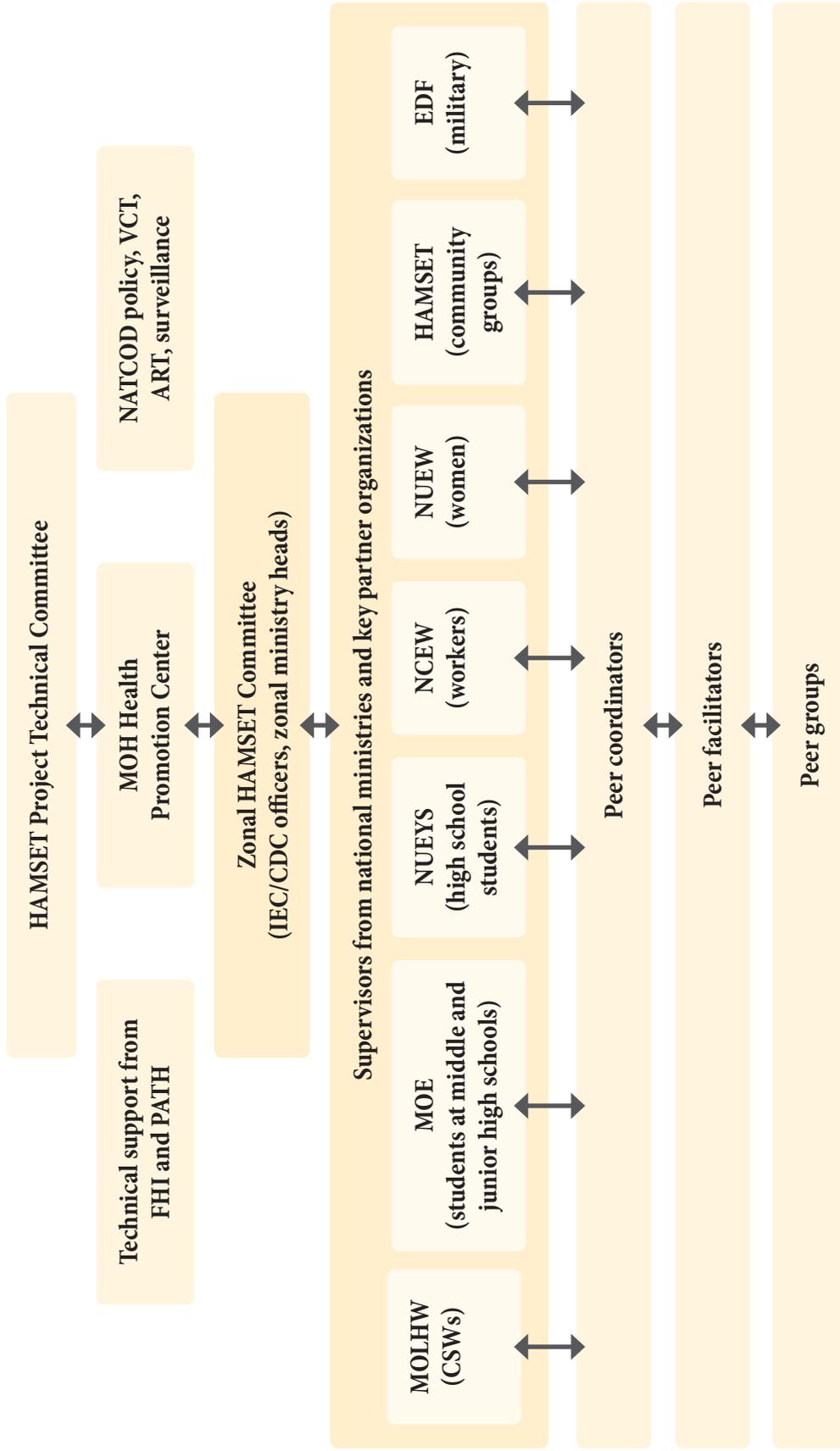
Also, before I used to call all the participants early in the morning. But nowadays the group members even come early and wait for the group to start. They look forward to it. We know how fatal and damaging HIV is—that’s why we’re working day and night and we are interested in the groups.”

— *Male community group facilitator, Eden*

References

1. The World Bank Group. *Eritrea Data Profile*. Accessed March 2005 at: <http://devdata.worldbank.org/external/CPProfile.asp?PTYPE=CP&CCODE=ERI>.
2. *Five-Year Evaluation of UNAIDS - Eritrea Country Working Paper*. Geneva: Joint United Nations Programme on HIV/AIDS; 2003.
3. U.S. Agency for International Development. *Eritrea*. Accessed March 2005 at: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/eritrea.html.
4. *Winning Through Caring. Behavior Change Communication Strategy Implementation Plan and Activity Schedule: Eritrea*. Asmara: PATH; 2002.
5. Kutch K, Mehretreab A. *Formative Assessment Report for STI, HIV and AIDS Prevention in Eritrea*. Asmara: Family Health International/PATH; 2002.
6. Issayas S, for the United Nations Population Fund. *Audience Research, Adult Education Radio-Health Program*. Asmara, Eritrea: Adult Education Department, Ministry of Education; 1997.
7. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Portfolio of Grants in Eritrea*. Accessed March 2005 at: <http://www.theglobalfund.org/search/portfolio.aspx?country>
8. Sloane BC, Zimmer CG. *The power of peer health education*. *Journal of American College Health* 1993; 41:241-245.
9. National Hemophilia Foundation. *Peer-to-Peer Health Education Programs for Youth: Their Impact on Comprehensive Health Education*. New York: The Foundation, 1994.
10. DiClemente RJ. *Confronting the challenge of AIDS among adolescents: directions for future research*. *Journal of Adolescent Research* 1993; 8:156-166.
11. Rietbergen-McCracken J, Narayan D. *Participation and Social Assessment: Tools and Techniques*. Washington, DC: World Bank, 1998.

Appendix: Organizational chart for Winning Through Caring activities



Note. ART, antiretroviral therapy; CDC, Communicable Disease Control; CSWs, commercial sex workers; EDF, Eritrea Defense Forces; FHI, Family Health International; HAMSET, HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis Control Project; IEC, information, education, and communication; MOE, Ministry of Education; MOH, Ministry of Health; MOLHW, Ministry of Labor and Human Welfare; NATCOD, National AIDS and Tuberculosis Control Division; NCEW, National Confederation of Eritrean Workers; NUEYS, National Union of Eritrean Youth and Students; NUEW, National Union of Eritrean Women; VCT, voluntary counseling and testing.

