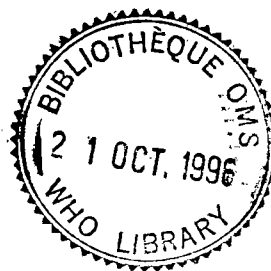


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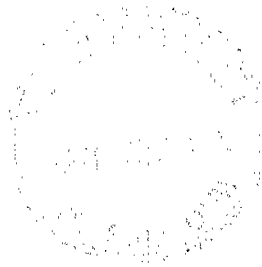
NATIONAL AIDS PROGRAMME MANAGEMENT

A Training Course



ANSWER SHEETS

World Health Organization
Global Programme on AIDS
1995



National AIDS Programme Management was prepared in 1993 by the World Health Organization's Global Programme on AIDS through contracts with ACT International, Atlanta, Georgia, and University Research Corporation, Washington, D.C., USA. Revised version, 1995.

WORKSHEET ONE

PROPORTION OF POPULATION AGED 15-49 WHO CAN ACQUIRE CONDOMS

A. ESTIMATE THE CURRENT LEVEL

What number of people aged 15-49
currently can acquire condoms?

4 million

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET

1996

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What is the size of the population aged 15-49? **20 million**
- Will there be additional condom distribution outlets (for example, through social marketing efforts) so that more people are near a source of condoms? **yes**
- Will the supply of condoms increase in the years before the target year so that existing and new condom distribution outlets can be supplied? **yes**
For example, will more condoms be produced or imported? **imported**
- Will condoms be provided on an uninterrupted basis to all outlets? **except 10%**
- Will condoms be stored adequately to ensure they are of good quality?
- What is the likelihood of obtaining funding for the increased condom distribution? **very high**

How many additional people aged 15-49 will be
able to acquire condoms in the target year?

14 million

D. ADD THE CURRENT LEVEL AND THE CHANGE

18 million

E. CALCULATE THE PROPORTION

$$\frac{\text{18 million}}{\text{number of people aged 15-49 who can acquire condoms by target year}} \div \frac{\text{20 million}}{\text{number of people aged 15-49}} = \frac{\text{0.90}}{\text{proportion of population aged 15-49 who can acquire condoms}}$$

F. STATE THE TARGET

By 1996, 90 % of the population aged 15-49 will be able to acquire condoms.

WORKSHEET TWO

PROPORTION OF POPULATION AGED 15-49 WHO HAVE SEXUAL INTERCOURSE OF RISK AND WHO REPORT USING A CONDOM DURING THE MOST RECENT ACT OF SEXUAL INTERCOURSE OF RISK (Sexual intercourse of risk is sexual intercourse with a non-regular sex partner)

A. ESTIMATE THE CURRENT LEVEL

- How many people aged 15-49 have sexual intercourse of risk? 5 million
- Of this population, how many currently report using a condom during the most recent act of sexual intercourse of risk? 250 000

B. SPECIFY THE YEAR FOR WHICH THE TARGET WILL BE SET

1996

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- How much will the population who have sexual intercourse of risk increase or decrease in the years before the target year? *n.a.*
- What are the reasons that individuals who have sexual intercourse of risk do not use condoms now? *women cannot negotiate sexual matters, men do not understand reason for them (lack of skill or knowledge? condoms not available? condoms not affordable?)*
What are current attitudes towards condom use during sexual intercourse of risk? *men do not like using condoms*
- Can condoms be promoted? *yes* How openly and broadly? *quite*
By what methods? *mass media, worksite campaigns, education in clinics*
Will condoms be promoted through social marketing efforts? *yes*
- What is the likelihood of obtaining funding for condom supplies and promotion? *good*
- How many people aged 15-49 who currently have sexual intercourse of risk without a condom will be able to acquire condoms in the target year? *4 250 000*
- What number of people aged 15-49 who have sexual intercourse of risk without a condom and can acquire condoms is the programme planning to reach with messages about using condoms? *95% or 4 037 500*
- Of the people who have sexual intercourse of risk without a condom who could acquire a condom and will be reached by activities promoting condoms, what number will try using a condom? *2 018 750*
- To what extent will these trials be followed by using condoms correctly and consistently? *one-third*

PROGRAMME PREVENTION PRIORITIES AND TARGETS

Answers to Exercise C

How many additional people aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk in the target year?

672 917

D. ADD THE CURRENT LEVEL AND THE CHANGE

922 917

E. CALCULATE THE PROPORTION

$$\frac{922\ 917}{\text{number of people aged 15-49 who will report using a condom during the most recent act of sexual intercourse of risk by target year}} \div \frac{5\ \text{million}}{\text{number of people aged 15-49 who have sexual intercourse of risk}} = \frac{0.184}{\text{proportion of people aged 15-49 who will report using a condom during the most recent act of sexual intercourse of risk}}$$

F. STATE THE TARGET

By 1996, 18 % of the population aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk.

WORKSHEET THREE

PROPORTION OF INDIVIDUALS PRESENTING WITH AN STD IN HEALTH FACILITIES WHO WILL BE ASSESSED AND TREATED IN AN APPROPRIATE WAY

A. ESTIMATE THE CURRENT LEVEL

How many individuals presenting with an STD in health facilities are currently assessed and treated in an appropriate way? 60 000

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET 1996

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What are the reasons that individuals presenting with an STD in health care facilities are not assessed and treated in an appropriate way now?
(lack of skill? **yes** lack of drugs? **yes** caseload too large?)
- How many additional staff could be trained? **staff in an additional 300 health facilities**
- How often will supplies and drugs for STD management be available at facilities with newly trained staff? **90% of the time**
- Will problems of staff shortages be improved? **no**
- What is the likelihood of obtaining funding to provide supplies and drugs for STD management? **high**
- Will new activities be implemented to teach people about STD and to encourage them to come to health facilities for STD treatment? **no**
Are more people with STD expected to come to public health facilities for treatment? **no** How many more?
- Will any expected increase in caseload be matched by increases in health facility staff, training, drug supply? **(no increase in caseload expected)**

How many additional individuals presenting with an STD will be assessed and treated in an appropriate way in the target year? 162 000

D. ADD THE CURRENT LEVEL AND THE CHANGE

222 000

E. CALCULATE THE PROPORTION

<u>222 000</u>	\div	<u>300 000</u>	$=$	<u>0.74</u>
number of individuals presenting with an STD in health facilities annually who will be assessed/treated appropriately by target year		number of individuals presenting with an STD in health facilities annually		proportion of individuals presenting with an STD in health facilities who will be assessed/treated appropriately

F. STATE THE TARGET

By 1996, 74 % of individuals presenting with an STD in health facilities will be assessed and treated in an appropriate way.

WORKSHEET

CALCULATING CONDOM ORDERS

- A. Estimate the amount currently in stock (A) 2 750 000
- B. Estimate amount of condoms on order and scheduled for receipt by the end of the year (B) 500 000
- C. Estimate condom use between now and the end of the year (C) 1 000 000
- D. Calculate amount expected to be in stock by end of year (A plus B minus C) (D) 2 250 000
- E. Obtain total of estimated need for next year's activities, including current and new activities (E) 21 000 000
- F. Estimate amount for waste and safety stock (E times 0.20) (F) 4 200 000
- G. Estimate amount to order for next year (E plus F minus D) (G) approximately 23 000 000

EXERCISE D, Part 1

In this exercise, you will consider possible solutions for problems identified during assessments of the condom distribution system. Review the following problems and their causes. Suggest possible solutions for each problem.

Problem	Caused by	Possible solutions
<p>District warehouses report they are not receiving shipments reliably, even though adequate numbers of condoms have been ordered in a timely way</p>	<p>Poor transportation between central and field warehouses; lack of scheduled vehicle maintenance</p>	<ul style="list-style-type: none"> ● <i>Determine need for additional vehicles and obtain budget support</i> ● <i>Plan scheduling of routes</i> ● <i>Plan for scheduled maintenance</i> ● <i>Coordinate transportation with managers of key channels and Essential Drugs Programme, PHC and EPI</i>
<p>Users complain condoms break during use</p>	<p>Storage facilities not able to maintain adequate conditions for storing condoms; managers do not have quality assurance training</p>	<ul style="list-style-type: none"> ● <i>Budget for needed repairs and renovations</i> ● <i>Train staff to use recommended storage procedures</i> ● <i>Train staff in quality assurance procedures</i>

ACTIVITY TARGET WORKSHEET

PROPORTION OF MID-LEVEL MANAGERS TRAINED IN THE CONDOM LOGISTICS INFORMATION SYSTEM

A. ESTIMATE THE CURRENT LEVEL

- How many mid-level managers are there currently? 55
- How many of them are trained in the condom logistics information system? 12

B. SPECIFY THE YEAR
FOR WHICH THE TARGET WILL BE SET 1994

C. PREDICT THE CHANGE
Consider factors such as:

- How many staff need to be trained? **43**
- How many courses will be held each year? **1 in 1994 and 2 in 1995**
- When will materials and procedures be developed? **April 1993**
- How many participants can attend each course? **10**

How many staff are expected to be trained by the target year? 30

D. ADD THE CURRENT LEVEL AND THE PREDICTED CHANGE 42

E. CALCULATE THE PROPORTION

$$\frac{\underline{42}}{\text{total number of staff expected to be trained by target year}} \div \frac{\underline{55}}{\text{total number of mid-level managers in target year}} = \frac{\underline{0.76}}{\text{proportion of mid-level managers trained in condom logistics information system}}$$

F. STATE THE TARGET

By 1995, 76 % of the mid-level managers will be trained in the condom logistics information system.

DRUG QUANTITY AND COST CALCULATIONS

1. CALCULATE EXPECTED NUMBER OF CASES OF GUD (genital ulcer disease) IN MEN.

$$\begin{array}{rclclcl}
 \text{STD caseload} & \times & \text{percentage of STD} & = & \text{expected number of} \\
 & & \text{which are male GUD} & & \text{cases of GUD in men} \\
 \\
 \hline 1\,000\,000 & \times & 33\% & = & 330\,000 \\
 \hline
 \end{array}$$

2. CALCULATE THE TOTAL NUMBER OF DRUG DOSES NEEDED FOR 1ST AND 2ND LINE TREATMENT OF GUD.

Drug	Number of doses per treatment	Percentage of cases treated	Number of cases (from Step 1)	Total doses
Benzathine penicillin 2.4 million units	1	x 0.95	x 330 000	= 313 500
Erythromycin 500 mg	28	x 0.95	x 330 000	= 8 778 000
Erythromycin 500 mg	56	x 0.05	x 330 000	= 924 000
Ciprofloxacin 500 mg	1	x 0.05	x 330 000	= 16 500

3. CALCULATE THE COST OF DRUGS NEEDED TO TREAT GUD IN MEN, INCLUDING 10% FOR LOSS.

Enter the information in the table on the following page and make calculations.

4. DETERMINE THE COST OF DRUGS TO TREAT URETHRAL DISCHARGE AND GUD IN MEN FOR ONE YEAR.

Total the figures in Column E.

**ESTIMATE OF COST OF DRUGS FOR TREATMENT OF MEN
WITH URETHRAL DISCHARGE AND GUD FOR ONE YEAR**

STD	DRUG	A Total doses for 750 000 men	B 10% for loss A x 0.1	C Total doses A + B	D Unit price US\$	E Total cost in US\$ C x D
UD	Cefixime 400 mg	400 000	40 000	440 000	3.0	1 320 000
	Doxycycline 100 mg	5 880 000	588 000	6 468 000	0.031	200 508
	Spectinomycin 2mg	20 000	2 000	22 000	6.0	132 000
GUD	Benzathine penicillin 2.4 million units	313 500	31 350	344 850	0.4	137 940
	Erythromycin 500 mg	9 702 000	970 200	10 672 200	0.085	907 137
	Ciprofloxacin 500 mg	16 500	1 650	18 150	2.25	40 838
Total						2 738 423

EXERCISE B

1. What are alternative proposals the programme management staff could make to the Multisectoral National Committee to obtain funding for purchasing antibiotics for STD treatment?
 - *Propose charging clients for STD care*
 - *Prepare a presentation explaining to donors the necessity of linking STD care with HIV prevention*
 - *Propose taking funding from other sources and moving it to STD care*

MONITORING AND EVALUATION
Possible Answers for Exercise B

DATA NEEDED FOR SELECTED INDICATORS

INDICATOR	NUMERATOR	DENOMINATOR
Proportion of personnel trained to manage symptomatic STD	Number of personnel trained in the management of symptomatic STD	Total personnel managing symptomatic STD
Proportion of antenatal clinics that can test for syphilis	Number of antenatal clinics that can test for syphilis	Total number of antenatal clinics
Proportion of prostitutes who report always using condoms with clients in the previous 6 months	Number of prostitutes (surveyed) who report always using condoms with clients in the previous 6 months	Total number of prostitutes (surveyed)
Proportion of youth who can cite 2 ways to protect oneself from HIV infection	Number of youth who can cite 2 ways to protect oneself from HIV infection	Total number of youth (surveyed)
Proportion of population aged 15-49 who have sexual intercourse with a non-regular sex partner who report using a condom during most recent act of sexual intercourse with a non-regular sex partner	Number of people aged 15-49 (surveyed) reporting using a condom during most recent act of sexual intercourse with a non-regular sex partner	Total population (surveyed) who had sexual intercourse with a non-regular sex partner in past 12 months
Proportion of health facilities that have an adequate uninterrupted supply of STD treatment drugs in the last 12 months	Total health facilities (that treat STD) that have an adequate uninterrupted supply of STD drugs in the last 12 months	Total health facilities (that treat STD)

MONITORING AND EVALUATION
Possible Answers for Exercise C

DESCRIBE THE PROBLEM	POSSIBLE CAUSES	POSSIBLE SOLUTIONS
d. STD case management at health facilities is not being done well.	<p>Training of staff was mostly lecture with very little practice treating patients.</p> <p>Supervisors were trained but their staff were not.</p>	<p><i>Provide staff with supervised practice in treating patients. Revise the training to be "hands-on" in the future.</i></p> <p><i>Schedule additional courses for staff training in case management.</i></p>
e. Youth cannot easily obtain condoms.	<p><i>Peer education activities began before condom distribution.</i></p> <p><i>Peer educators do not distribute condoms when they give their messages.</i></p> <p><i>Condoms are distributed at places where youth do not have easy access.</i></p>	<p><i>Provide peer educators with condoms for distribution.</i></p> <p><i>Find out where youth can go to obtain condoms and provide condoms regularly at these locations.</i></p>
f.		

MONITORING AND EVALUATION
Possible Answers for Exercise D

SCENARIO I

- 1. From the above information and the chart on the next page, is condom use improving?**

Possible answer:

- a. Yes, condom use in the population at risk has improved from 10% to 29% in five years. This is very encouraging and the NAP should continue its activities.

- 2. What are some possible reasons why condom use has not yet reached the target level? Based on the progress to date, is it likely the 1995 target will be reached?**

Possible answers:

- a. The population thinks condoms are inconvenient or interfere with sexual activity. More of the general population should be encouraged to try using condoms.
- b. Messages delivered are not communicating the correct information (for example, they put too much emphasis on “fewer partners” rather than “health benefits”).
- c. Radio messages are not reaching the right target audience, or are aired at inconvenient times.
- d. Condoms are not available to everyone, since they are distributed only to local markets and pharmacies.
- e. It is possible that the target that was set is not realistic.
- f. The broadcasts have been going on for three months, so maybe there has not been enough time to have an effect.
- g. The social marketing programme is a relatively new activity.
- h. There may be a transport problem. Since all the trucks were not purchased, availability of condoms may be limited.
- i. Perhaps people are not sure where to obtain a condom.

SCENARIO II

1. What are some possible reasons that condom use is low among youth?

Possible answers:

- a. Since knowledge (70%) has not resulted in behaviour change, the messages may not be properly designed.
- b. If the motivation of teachers is low, students may not be impressed. Teachers may not be a credible source of advice on sexual behaviour for youth.
- c. Messages on condom use both in and out of schools are not accompanied by condom distribution and/or demonstration.
- d. Condom availability at the peripheral level is low.
- e. Peer education may not be reaching many youth.
- f. Peer educators are not distributing condoms to youth.
- g. The school education programme can only reach 45% of youth at best.
- h. There is no demonstration of how to use condoms.

MONITORING AND EVALUATION
Possible Answers for Exercise D

SCENARIO III

1. **It is clear that there is a condom distribution problem; what should the programme manager do about it?**

Possible answers:

The programme manager does not have enough information to decide on any solutions yet. He needs to investigate to find causes of the problem in such ways as:

- a. Check each link in the distribution chain to determine where supply problems occur.
- b. See if the outlets were chosen on the basis of where people want to obtain condoms.
- c. See if the requests for resupply are correctly and reliably carried out.
- d. Assess whether demand may be greater than anticipated, causing shortages.

SCENARIO IV

1. What are some possible reasons incidence has not declined?

Possible answers:

- a. Since drug resistance studies are not being done, the wrong antibiotic might be used and people are not being cured.
- b. Even though 70% of the cases seeking care at health facilities are correctly managed, this may be only a small portion of all STD cases.
- c. Only a small proportion (35%) receive advice about condom use and partner notification, so these cases may still be transmitting STD.

2. What are some possible activities the programme manager can do in order to correct some of the problems described?

Possible answers:

- a. Carry out drug resistance studies.
- b. Find out if STD are being treated and where. Improve services in health facilities and elsewhere, if feasible.
- c. Establish a more realistic budget line for STD drugs.
- d. Develop a promotional programme to encourage STD patients to seek care at health facilities.

SCENARIO V

1. What can be the explanation that both condom use and HIV prevalence are increasing?

Possible answers:

- a. Prevalence cannot decrease in this age group until persons who are currently HIV positive move out of the cohort age group, die or emigrate, and HIV transmission decreases sufficiently so that old cases are not replaced by new cases. Even if HIV transmission is decreasing, it can be years before HIV prevalence declines.
- b. Comparable methodologies may not have been used.
- c. HIV prevalence can increase quickly, but decrease only very slowly.

2. What other important information can a programme manager look at to help understand whether increased condom use in those at risk is having an impact?

Possible answer:

- a. He could look at STD prevalence data.

If STD prevalence is going down, this would suggest that prevention efforts may be successful.

If STD prevalence is not going down, condom use of 29% is possibly not enough. Condom use may be increasing in a different population than the people who are getting STD. The definition of “relationship of risk” may be too narrow.

EVALUATION QUESTIONNAIRE FOR NATIONAL AIDS PROGRAMME MANAGEMENT COURSE

To enable us to improve this course, please fill out this questionnaire.

1. What are your AIDS responsibilities in your post?

What was your primary purpose in attending the course?

2. For each module or activity listed in the left column, tick (✓) the box which you think best describes the skills you learned.

	Very Useful	Useful	Somewhat Useful	Useless
<i>Introduction</i>				
<i>HIV/AIDS Problem, Control Activities and Target Populations for Prevention</i>				
<i>Interventions and Policies</i>				
<i>Programme Prevention Priorities and Targets</i>				
<i>Promoting Safer Sexual Behaviours</i>				
<i>Condom Procurement and Distribution</i>				
<i>Provision of STD Care</i>				
<i>Prevention of HIV Transmission through Blood</i>				
<i>Prevention of HIV Transmission through Injecting Drug Use</i>				
<i>HIV/AIDS Care and Social Support</i>				
<i>The National Plan</i>				
<i>Monitoring and Evaluation</i>				

3. Which module or part of a module, if any, did you find especially difficult to understand? Why?

4. What was good about the course? What was not good and should be improved for, or left out of, future courses?

5. Are there any skills that you think should be added to the course? What are they?

6. Do you have any other comments or suggestions for improving the content or management of the course?

7. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was *too short*, *adequate*, or *too long*.

Type of Activity	Time spent was:		
	Too Short	Adequate	Too Long
<i>Individual discussions of your work with a facilitator</i>			
<i>"Country" group discussions</i>			
<i>Large plenary discussions</i>			
<i>Informal interaction with facilitators or other participants outside of scheduled class meetings</i>			
<i>Entire course</i>			

8. List three things you will do when you return to your regular duties as a result of what you learned in this course.

National
AIDS
Programme
Management

A TRAINING COURSE

C O R R I G E N D U M

10 JUNE 1994

This corrigendum has been prepared in order to reflect changes to the List of Prevention Indicators drawn up by the Global Programme on AIDS (see revised list attached, and page 13 of Module 12, *Monitoring and Evaluation*). The majority of changes listed here are intended to reduce ambiguity in wording. Some, such as “of risk” and “seeking STD care” appear frequently.

MODULE 4: Programme Prevention Priorities and Targets

Page 13 Paragraph 3, line 6:

Replace "of risk"

With "with a non-regular sex partner"

Page 16 Column 2, title:

Replace "PROGRAMME"

With "PREVENTION"

Column 2, box 1:

Replace "reporting sexual intercourse of risk* in the last 12 months who report using a condom during the most recent act of sexual intercourse of risk"

With "reporting the use of a condom during the most recent act of sexual intercourse with a non-regular sex partner"

Column 2, box 3, paragraph 1:

Replace "seeking STD care"

With "presenting with an STD"

Same, paragraph 2:

Replace "seeking STD care in health facilities who received appropriate advice on condom use and partner notification"

With "presenting with an STD or for STD care in health facilities who received basic advice on condoms and on partner notification"

Footnote (*):

Replace "priority programme"

With "prevention"

Page 23 Asterisk (*) 2, both occurrences:

Replace "of risk"

With "with a non-regular sex partner"

Asterisk (*) 3:

Replace "seeking STD care"

With "presenting with an STD"

Page 28 Underneath title:

Add "Sexual intercourse of risk is sexual intercourse with a non-regular sex partner."

Page 30 Paragraph 1, line 2 :

Replace "seeking STD care"

With "presenting with an STD"

Asterisk (*) 3, paragraph 2, both occurrences:

Replace "seeking STD care"

With "presenting with an STD"

Page 31 A., C., E., F., all occurrences:

Replace "seeking STD care"

With "presenting with an STD"

Page 35

Underneath title:

Add "Sexual intercourse of risk is sexual intercourse with a non-regular sex partner."

Page 37

Title:

Replace "SEEKING STD CARE"

With "PRESENTING WITH AN STD"

A:

Replace "seeking STD care"

With "presenting with an STD"

C, asterisk (*) 1:

Replace "seeking STD care"

With "presenting with an STD"

C, last paragraph:

Replace "seeking STD care"

With "presenting with an STD"

E, all three occurrences:

Replace "seeking STD care"

With "presenting with an STD"

F:

Replace "seeking STD care"

With "presenting with an STD"

MODULE 5: Promoting Safer Sexual Behaviours

Page 46 Under "Condom use in the most recent sexual intercourse of risk:", both occurrences:
Replace "of risk"
With "with a non-regular sex partner"

MODULE 6: Condom Procurement and Distribution

Page 11 Third asterisk (*) from top, line 3, both occurrences:
Replace "of risk"
With "with a non-regular sex partner"
Last paragraph, after "Programme Target", both occurrences:
Replace "of risk"
With "with a non-regular sex partner"

MODULE 7: Provision of STD Care

Page 2 Second asterisk (*) from top:
Replace "seeking STD care"
With "presenting with an STD"

Page 64 Asterisk (*) 1:
Replace "seeking STD care"
With "presenting with an STD"
Asterisk (*) 2:
Replace "seeking STD care"
With "presenting with an STD or for STD care"
Replace "appropriate"
With "basic"

MODULE 11: The National Plan

Page 22 Paragraph 2:
Replace "seeking STD care"
With "presenting with an STD"

MODULE 12: Monitoring and Evaluation

- Page 6 After “Programme indicators”
Replace “seeking STD care”
With “presenting with an STD”

After “Programme targets”, both occurrences
Replace “of risk”
With “with a non-regular sex partner”
- Page 8 Under “PROGRAMME INDICATOR”:
Replace “seeking STD care”
With “presenting with an STD”

Under “PROGRAMME TARGET”:
Replace “seeking STD care”
With “presenting with an STD”
- Page 9 First paragraph, lines 3 & 6:
Replace “seeking STD care”
With “presenting with an STD”

Last paragraph, last line:
Replace “of risk”
With “with a non-regular sex partner”
- Page 10 Title, and paragraph after “Programme Target”:
Replace “seeking STD care”
With “presenting with an STD”
- Page 11 Under “PROGRAMME INDICATOR” and under “PROGRAMME TARGETS”, all occurrences:
Replace “of risk”
With “with a non-regular sex partner”
- Page 13 Entire page
Replace entire page
With revised “List of Prevention Indicators”, attached
- Page 17 Paragraph 1:
Replace “seeking STD care”
With “presenting with an STD”

Under “Numerator:” and “Denominator:”:
Replace “seeking STD care”
With “presenting with an STD”
- Page 18 Column 1, box 6, both occurrences:
Replace “of risk”
With “with a non-regular sex partner”

- Page 22 Under "Condom use in the most recent sexual intercourse of risk", both occurrences:
Replace "of risk"
With "with a non-regular sex partner"
- Page 24 Under first "STD case management" heading:
Replace "seeking STD care"
With "presenting with an STD"
Under second "STD case management" heading:
Replace "seeking STD care"
With "presenting with an STD or for STD care"
- Page 34 Column 1, row 1, top paragraph:
Replace "seeking STD care"
With "presenting with an STD"
Column 1, row 2, 2nd paragraph:
Replace "seeking STD care"
With "presenting with an STD or for STD care"
Replace "appropriate"
With "basic"
- Page 39 Column 1, row 5, both occurrences:
Replace "of risk"
With "with a non-regular sex partner"
Column 1, row 6:
Replace "seeking STD care"
With "presenting with an STD"
Column 1, row 7:
Replace "seeking STD care"
With "presenting with an STD or for STD care"
Replace "appropriate"
With "basic"
- Page 42 Paragraph 1:
Replace "seeking STD care are being correctly managed"
With "presenting with an STD are being assessed and treated in an appropriate way"
Replace "appropriate"
With "basic"
- Page 53 Column 1, row 3, last line:
Replace "of risk"
With "with a non-regular sex partner"
Column 2, row 3, both occurrences:
Replace "of risk"
With "with a non-regular sex partner"

Page 54

Columns 1 and 2, row 1:

Replace "seeking STD care"

With "presenting with an STD"

Column 1, row 2:

Replace "appropriate"

With "basic"

Row 2, all occurrences:

Replace "seeking STD care"

With "presenting with an STD or for STD care"

Page 59

Column 1, row 5:

Replace "of risk of HIV infection"

With "with a non-regular sex partner"

Column 1, row 5, last line:

Replace "of risk"

With "with a non-regular sex partner"

Column 1, row 6:

Replace "seeking STD care"

With "presenting with an STD"

Column 1, row 7:

Replace "seeking STD care"

With "presenting with an STD or for STD care"

Answer Sheets

Worksheet 2 Underneath title:

Add "Sexual intercourse of risk is sexual intercourse with a non-regular sex partner."

Worksheet 3 A., C., E., F., all occurrences:

Replace "seeking STD care"

With "presenting with an STD"

In "Monitoring and Evaluation, 'Data Needed for Selected Indicators'"

Columns 1-3, row 5, all occurrences:

Replace "of risk"

With "with a non-regular sex partner"

MODULE 13: Facilitator Guide

Page E-7 Asterisk (*) 3:

Replace "seeking STD care"

With "presenting with an STD"

Page E-9 Underneath title:

Add "Sexual intercourse of risk is sexual intercourse with a non-regular sex partner."

Page E-11 A., C., E., F., all occurrences:

Replace "seeking STD care"

With "presenting with an STD"

Page M-6, 'Data Needed for Selected Indicators',

Columns 1-3, row 5, all occurrences:

Replace "of risk"

With "with a non-regular sex partner"

MODULE 14: Course Director Guide

Page 49 Asterisk (*) 3:

Replace "seeking STD care"

With "presenting with an STD"

Page 51 Underneath title:

Add "Sexual intercourse of risk is sexual intercourse with a non-regular sex partner."

Page 53 A., C., E., F., all occurrences:

Replace "seeking STD care"

With "presenting with an STD"

LIST OF PREVENTION INDICATORS (PI)

April 1994

PI 1: KNOWLEDGE OF PREVENTIVE PRACTICES

No. of people citing at least two acceptable ways of protection from HIV infection
Total no. of people aged 15-49 surveyed

PI 2: CONDOM AVAILABILITY (Central level)

Total no. of condoms available for distribution during the preceding 12 months
Population aged 15-49

PI 3: CONDOM AVAILABILITY (Peripheral level)

No. of people who can acquire a condom
Population aged 15-49

PI 4: REPORTED NON-REGULAR SEXUAL PARTNERS

No. of people aged 15-49 who report having had at least one sex partner other than a regular sex partner(s) in the last 12 months
Total No. of people aged 15-49 who report having been sexually active in the last 12 months

PI 5: REPORTED CONDOM USE WITH NON-REGULAR SEX PARTNER

No. of people aged 15-49 reporting the use of a condom during the most recent act of sexual intercourse with a non-regular sex partner
Total no. of people aged 15-49 reporting sexual intercourse with a non-regular sex partner in the last 12 months

PI 6: STD CASE MANAGEMENT

No. of individuals presenting with STD in health facilities assessed and treated in an appropriate way (according to national standards)
No. of individuals presenting with STD in health facilities

PI 7: STD CASE MANAGEMENT

No. of individuals presenting with STD or for STD care in health facilities who received basic advice on condoms and on partner notification
No. of individuals presenting with STD or for STD care in health facilities

PI 9: REPORTED STD INCIDENCE, MEN

No. of reported episodes of urethritis in men aged 15-49 in the last 12 months
No. of men aged 15-49 surveyed

Under development**PI 8: STD PREVALENCE, WOMEN**

No. of pregnant women aged 15-24 with positive serology for syphilis
Total no. of pregnant women aged 15-24 attending antenatal clinics whose blood has been screened

PI 10: HIV PREVALENCE, WOMEN

No. of pregnant women aged 15-24 seropositive for HIV
Total no. of pregnant women aged 15-24 attending antenatal clinics whose blood has been screened

