

5 key words:

Guatemala  
Petén  
Izabal  
HIV  
AIDS

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## Trip Report Template

### Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant team leader, project manager and AdCo within 10 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their project manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is a project manager, they will meet with the project team. Ideally, the debriefing will be scheduled prior to the traveler's departure. The appropriate Team Leader can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addenda should be saved with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. In the event a trip report needs to be filed with USAID mission, the traveler must have the report **reviewed by the appropriate Team Leader first**, when possible, and project manager before sending the report to USAID mission.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Program Manager, Team Leader, and AdCo. AdCo will determine if trip report and which documents should be sent to **Institutional Memory**.
7. Save this report using the following naming protocol: sub-project name\_ traveler's name\_ destination\_program year\_departure month (i.e. Global Fund-Stash- Pakistan -2006-6).

## Trip Report Template

### **1. Scope of Work: Training for VLDP facilitators in Peru**

Destination and Client(s)/ Partner(s)	Guatemala City, and Petén and Izabal departments to meet with USAID and potential local clients to explore opportunities to strengthen HIV/AIDS multi-sectoral prevention as well as identify barriers to HIV/AIDS services of Most at risk populations (MARPs)
Traveler(s) Name, Role	Ana Díaz, MS., Public Health Specialist
Date of travel on Trip	June 17 to 28, 2009
Purpose of trip	Develop a protocol and plan for mapping HIV related services targeting MARPS in Petén and Izabal, and review it with USAID and other key local partners (TBD). The purpose of this mapping exercise is two-fold, 1) Identify the location of prevention, treatment and care services offered by public sector and civil society organizations (CSOs) to MARPs using GPS technology, and 2) Assess barriers to a better quality of care, specifically staff's leadership and management training gaps and their levels of stigma and discrimination of the towards MARPs.
Objectives/Activities/ Deliverables	<ol style="list-style-type: none"> <li>1. Align program objectives with USAID</li> <li>2. Refine/adapt HIV/AIDS services survey instrument.</li> <li>3. Identify technical resources to facilitate implementation of survey.</li> <li>4. Develop plan for capacity building assessments.</li> </ol>
Background/Context, if appropriate.	<p>The government of Guatemala with technical assistance for USAID's "Dialogo para la Inversion Social de Guatemala" project currently implemented by AED and the Harvard School of Public Health, has created an integrated web-based platform with service delivery information from various social sectors (education, health, finance and demography). This platform has been designed to integrate data from all of these sectors and maximize access and ability of senior managers to analyze and use it for decision making. As part of this effort, Proyecto Dialogo has already collected HIV/AIDS service data but of treatment and care offered by the public sector. Using GPS mapping methodologies, these service providers and their access routes are now available as visually located points on an electronically generated map.</p> <p>One of the priority recommendations from the AIDSTAR-One report "Assessment of the Continuum of HIV Care and prevention activities and organizations in Guatemala" was to conduct a more in-depth assessment of all HIV/AIDS services available in the five USAID target departments, as existing data was insufficient for planning purposes. Following this recommendation, AIDSTAR-Two will conduct a GPS mapping study of existing preventive, treatment and support services available to MARPs in the areas of Petén and Izabal during the first project year and will work with the team at Proyecto Dialogo to incorporate the data into their existing integrated platform. In addition, qualitative data on the services provided will complement what Proyecto Dialogo has already collected of the public sector.</p>

### **2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

1. Program objectives with USAID regarding GPS mapping of HIV/AIDS services for MARPS offered by the

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public and private sector were aligned.

2. HIV/AIDS services survey instrument was further refined with input from Proyecto Dialogo staff and USAID/Guatemala.
3. Technical resources to facilitate implementation of survey were discussed with Proyecto Dialogo staff.
4. Overview of a capacity building development plan with local civil society organizations was produced and discussed with USAID/Guatemala.
5. Better understanding of leadership and management opportunities and gaps of key local CSOs in Petén and Izabal and whether a multi-sectoral approach would be feasible.

### **3. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Further refine HIV/AIDS services mapping protocol	Ana Díaz	Done
Establish MOU with Proyecto Dialogo	John Berman or TBD COP	TBD. Contingent on office start-up
Establish MOU with local GPS contractors to gather pre-census data (altitude, longitude points of service providers as well as access routes)	John Berman or TBD COP	TBD. Contingent on office start-up
Assemble local research team, train them and pre-test Instruments.	AS II Guatemala local team	TBD. Contingent on office start-up
Analyze pre-test and conduct pre-census mapping	AS II Guatemala local team	TBD. Contingent on office start-up
Conduct in-depth collection of quality of services data	AS II Guatemala local team	TBD. Contingent on office start-up
Analyze data and develop draft report	AS II Guatemala local team	TBD. Contingent on office start-up
Disseminate report	AS II Guatemala local team	TBD. Contingent on office start-up
Incorporate data to inform program activities	AS II Guatemala local team	TBD. Contingent on office start-up

### **4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Gustavo Estrada Oficial de Salud	Tel: +502-2380-6100 Cel: +502-5608-0498 Fax: +502-2380-6101 Email: <a href="mailto:gestrada@proyectodialogo.org">gestrada@proyectodialogo.org</a>	USAID/Diálogo para la Inversión Social (AED project) 6ª Avenida 20-25, Zona 10 Edificio Plaza Marítima, Nivel 5 Oficina 5-4 Guatemala, C.A. 01010 <a href="http://www.proyectodialogo.org">www.proyectodialogo.org</a>	
Daniel Roberto Otzoy García Consultor de Web	Tel: +502-2380-6100 Cel: +502-5506-9102 Fax: +502-2380-6101	USAID/Diálogo para la Inversión Social (AED project)	

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Intelligence	Email: <a href="mailto:dotzoy@proyectodialogo.org">dotzoy@proyectodialogo.org</a>	6 <sup>a</sup> Avenida 20-25, Zona 10 Edificio Plaza Marítima, Nivel 5 Oficina 5-4 Guatemala, C.A. 01010 <a href="http://www.proyectodialogo.org">www.proyectodialogo.org</a>	
Werner Figueroa Especialista en Políticas de Información de Salud	Tel: +502-2380-6100 Cel: +502-5502-1444 Fax: +502-2380-6101 Email: <a href="mailto:wfigueroa@proyectodialogo.org">wfigueroa@proyectodialogo.org</a>	USAID/Diálogo para la Inversión Social (AED Project) 6 <sup>a</sup> Avenida 20-25, Zona 10 Edificio Plaza Marítima, Nivel 5 Oficina 5-4 Guatemala, C.A. 01010 <a href="http://www.proyectodialogo.org">www.proyectodialogo.org</a>	
Yma Alfaro, MD/MBA Director de País	Tel: 502-2366-5878 Fax: 502-2366-5879 Email: <a href="mailto:yalfaro@abtremote.com">yalfaro@abtremote.com</a>	USAID/PSP-One Project (Abt) 14 Calle 3-51, Zona 10 Nivel 12- Oficina 1202 Edificio Murano Center Guatemala, Guatemala 01010	
Fernando Arévalo Arquitecto Oficial de Comunicaciones y Medios Electrónicos	Tel: 502-2366-5878 Fax: 502-2366-5879 Email: <a href="mailto:FArevalo@abtremote.com">FArevalo@abtremote.com</a>	USAID/PSP-One Project (Abt) 14 Calle 3-51, Zona 10 Nivel 12- Oficina 1202 Edificio Murano Center Guatemala, Guatemala 01010	
Licda. Nury Chicas de Mejía Coordinadora de Proyectos	Tel: 502-7948-7854 Tel: 502-5629-1449 Cel: 502-4011-9176 Email: <a href="mailto:anhizabal@gmail.com">anhizabal@gmail.com</a>	Proyecto Mesoamericano/ Asociación Nuevos Horizontes 12 Calle y 8a Ave. Puerto Barrios, Izabal Centro de Salud Clínica #3, Yolanda Bernal	Key local CSO in Izabal.
Gladys Chinchilla Paiz Directora Ejecutiva	Tel: 502-7867-5235 Cel: 502-5865-8708 Email: <a href="mailto:gladyschinchilla@gmail.com">gladyschinchilla@gmail.com</a>	Tan Uxil Santa Helena, Petén.	Key local CSO in Petén.

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**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM/LMS staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

<b>File name</b>	<b>Description of file</b>	<b>Location of file</b>
Overview of GPS mapping Plan and protocol	Annex A	
Overview of capacity building development plan	Annex B	
GPS survey protocol	Annex C	

## Trip Report Template

### **Annex A: Overview of GPS mapping Plan and protocol**

#### **IR 3: Improved continuum of preventive care services in select geographical areas.**

**Activity 3.1:** Conduct GPS mapping of quality and availability of services for MARPS.

##### **a. Overview of current mapping efforts**

The government of Guatemala with technical assistance for USAID's "Dialogo para la Inversion Social de Guatemala" project currently implemented by AED and the Harvard School of Public Health, has implemented a methodology that generates an integrated platform that includes a wealth of information from various social sectors (education, health, finance and demography). This platform has been designed to capture databases from the social sector and integrate them to maximize access and ability to analyze and report data for decision making. The innovative aspect of this platform is that it allows users to access information as a single unit, is web-based and uses GPS mapping methodologies to visually locate points of service delivery on an electronically generated map.

##### **b. Purpose and Value Added of AIDSTAR-Two Mapping efforts**

One of the priority recommendations from the AIDSTAR-One report "Assessment of the Continuum of HIV Care and prevention activities and organizations in Guatemala" was to conduct a more in-depth assessment of all HIV/AIDS services available in the five USAID target departments, as existing data was insufficient for planning purposes. Following this recommendation, AIDSTAR-Two will conduct a GPS mapping study of existing preventive, treatment and support services available to MARPs in the areas of Petén and Izabal and will work with the team at Proyecto Dialogo to incorporate the data into their existing integrated platform. Proyecto Dialogo has already mapped the public sector institutions that specialize in providing HIV/AIDS services in these two departments. They have also mapped their access routes.

The data that AIDSTAR-Two will collect will complement what Proyecto Dialogo has collected, which up until now has been solely focused on the public sector. During the first stage of the mapping process, we will gather data on the type of services provided by all CSOs, support groups and private physicians that have been already identified as providing limited but important HIV/AIDS services to the community.

During the second stage of the mapping process, we will collect data on the quality of these services, specifically about the attitudes and behaviors of providers regarding MARPs to assess how MARP-friendly services are. Specifically, the data will answer the following questions:

- Is the facility and/or service provided MARP friendly?
- Why do local groups not refer to each other or otherwise link?
- What kind of pre- and post-test counseling and support services are available in these communities?
- What types of prevention activities are being conducted in the communities?

The data collected, combined with the results of the two studies assessing the social and structural risk factors for MARPs as well as the barriers they face in accessing services, will inform the focus and type of activities the intersectoral networks would need to consider prioritizing in their departments. The data will also be used as advocacy tools to sensitize and engage providers and other key social actors who are not already engaged in the HIV/AIDS response.

##### **c. Overview of methodology**

Data collection instruments for this study have been adapted from the HIV Service Delivery questionnaire used by PLACE in Malawi and the PLHA-friendly Achievement Checklist developed by Horizons, SHARAN and the Population Council in India. The questions, indicators and definitions will be compared to those used by Proyecto

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Dialogo to be standardized as much as possible to facilitate comparisons with other types of data already collected by Proyecto Dialogo.

### **The instrument will cover the following domains:**

- A. Type of facility, total number and clinical specialty of health staff that interact with MARPs
- B. Type of service offered and referrals made/received for each:
  - Counseling and Testing
  - ART Treatment
  - PMTCT
  - Prevention and treatment of opportunistic infections
  - Emotional and/or spiritual support via self-help groups and/or one on one home visits
  - STI testing
  - FP/RH counseling
  - Distribution of FP methods including condoms
  - Primary health care services
  - Couple-based violence interventions and/or support
  - Nutrition and food supplementation for HIV/AIDS patients
  - Livelihoods support for HIV/AIDS patients
  - Outreach prevention services
  - Access to Care Services
  - Quality of services
  - Confidentiality

### **For each domain, the instrument will analyze the following sub domains:**

- Practice (practices and behaviors of staff),
- Training (building and maintaining the capacity of the staff to practice these standards),
- Quality Assurance (institutional mechanisms to monitor and ensure practice of gold standards),and
- Policy (institutional rules and regulations stipulating or enforcing the gold standards).

During the first stage of data collection, the research team will conduct a pre-census of all of the CSO organizations, support groups and private providers currently providing preventive, treatment and support services in the two select departments. A list of registered organizations will be obtained from the relevant public institution in charge of maintaining records of civil society organizations, support groups and private physicians providing HIV/AIDS service and complemented with the AIDSTAR-One needs various assessment reports as well as a snowballing technique to identify those organizations that may not have made been recognized yet. At this stage, only GPS coordinates and pictures of the facilities and access routes will be taken and incorporated into Proyecto Dialogo's integrated platform.

Once this data has been collected and entered, a complete census will be conducted, as part of the second stage of the mapping process, using the instruments previously described. Front line providers as well as facility managers—where appropriate—will be interviewed by the research team. After the census is completed, data will be entered into Proyecto Dialogo's integrated platform and descriptive analysis will be conducted.

Data will be presented in printed formats including a report and will be disseminated with MARPs, providers and key decisions makers in Petén, Izabal and Guatemala City. Specific communication strategies will be discussed with USAID Guatemala and efforts will be made to collaborate as much as possible with Proyecto Dialogo, in addition to local providers, to find innovative ways to summarize and display the data in a friendly way that can be used for advocacy and sensibilization campaigns.

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### **d. Implementing Partners: Roles and Responsibilities**

A local team of 2 researchers will lead the data collection efforts in collaboration with the technical team at Proyecto Dialogo. A third party specializing in GPS mapping will be contracted to conduct the pre-census portion of the mapping study. With the University of San Carlos, we will explore contracting a team of at least five data collectors, experienced interviewers and data entry consultants to conduct the second stage of qualitative data gathering including writing aspects of the final report. The team will be supported by the administrative staff in each department.

### **e. Implementation Logistics, timing**

The approximate time for this activity will be three months. This will include, refining and field testing the survey instruments; finding and contracting GPS mapping vendors; identifying and training experienced data collectors; rolling out data collection, reporting and disseminating widely.

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### **Annex B: Overview of capacity building development plan**

**Activity 1.2** Work with key public and civil society organization leaders to develop capacity development objectives and plans for their organizations or groups

#### **a. Overview**

AIDSTAR-Two capacity development staff based in Guatemala will work with leaders of civil society organizations (CSOs). Such groups include: support groups for (and of) people living with HIV/AIDS; NGOs implementing HIV/AIDS activities; and groups representing stigmatized and most at risk populations, in particular MSM.

AS2 activities with these organizations will include: a) identifying and addressing organizational factors (governance, financial management etc.) which limit the quality and/or scope of their HIV related interventions; and b) providing assistance in the development of multi-sectoral, social mobilization responses to social/structural drivers of HIV acquisition among MARP populations.

For this activity, the AIDSTAR-Two capacity development team will facilitate **comprehensive self assessments** with CSOs, public health care providers and support groups identified as key HIV/AIDS service providers in Petén and Izabal. In-depth assessments will allow these participating organizations to review their current structures and systems and develop priorities for institutional strengthening.

Based on initial conversations with seven key HIV/AIDS providers in Petén and Izabal, AS2 staff expect that organizational priorities will range from defining organization vision and strategic objectives, strengthening of operational structures and processes, and securing appropriate legal status as non-profit organizations. This highly participatory process will require the active engagement of leaders, front line staff and support group members to produce action plans that they will execute in six months, while being coached by our capacity-building team.

#### **b. Descriptions of Needs assessment tools and strategies**

To increase the capacity of CSOs, support groups and public sector HIV/AIDS providers, we propose to use the rapid Management and Organizational Sustainability Tool (MOST) to help them identify the specific management and leadership organizational gaps that are limiting a more effective HIV/AIDS response. In every institution, staff and volunteers from all management levels will participate in determining the organizations' existing strategies, structure and management systems. The results of this participatory self analysis will be used to prioritize management systems that require strengthening and streamlining.

The MOST assessments will be carried out by the organization or group themselves and not by an external team. Organizations will assess their own performance in 18 different essential management components and include their readiness to conduct **social mobilization campaigns** and contribute to an intersectoral network. Through a guided process, all staff will be asked to share these perceptions and reach consensus on the priority changes that will improve organizational performance. They will establish priorities and develop an action plan that specifies concrete objectives and activities for making these changes and that can be carried out in six months. To make sure that the plan is executed, they will choose an **implementation team** that will receive technical assistance from the AIDSTAR-Two capacity-building team.

Through ongoing technical assistance, AS2/Guatemala staff will transfer skills, knowledge and tools to the implementation teams in the following areas: annual operational planning, management of human resources, financial management and reporting, monitoring, evaluation and reporting systems and continuing education opportunities for staff with emphasis on developing leadership skills.

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In summary, AIDSTAR-Two will lay the foundation for strong leadership, governance and management capacity of key HIV/AIDS providers in Petén and Izabal, by assisting them in addressing key management issues and preparing them to work collaboratively as part of a local intersectoral network. The proposed needs assessments and timeline in this section will be thoroughly discussed and reviewed with USAID Guatemala as well as with participating providers. Adjustments in the proposed approaches and activities will be made if necessary, according to the discussions.

### **b. Roles and responsibilities**

Two capacity-building specialists will be hired to work in Petén and Izabal to coach civil society organizations. AS2 capacity building staff will be trained by one of MSH's organizational development specialists on the use of capacity development tools and approaches, and provide ongoing coaching during the life of project as needed.

**Activity 1.3** Work with key network members to develop capacity-building plans for the network.

### **a. Overview**

Concurrent with civil society organizational development plans as described above, AS2/Guatemala staff will develop strategies to strengthen existing NGO/implementing agency networks in both Petén and Izabal. Such networks have the potential of becoming engines of social change, and can serve as a platform for communication among disparate implementing partners. Networks are also critical in building a successful and sustainable HIV/AIDS response that addresses social (or 'structural') drivers of the AIDS epidemic in Guatemala.

The principal objectives for strengthening provider networks include: a) strengthening interagency coordination; b) improving oversight and transparency of individual organizations in their efforts in their HIV/AIDS programming; and c) establishment of a platform for improving capacity in relevant technical areas.

### **b. Descriptions of tools and strategies**

During initial interviews, key leaders have expressed an interest in becoming part of an intersectoral HIV/AIDS network. However, they recognize that prior attempts at creating such networks have not been successful because of poor coordination, lack of alignment, and a predisposition to compete for existing scarce resources.

In order to first establish the network, our capacity-building teams will organize a series of meetings with key providers that completed the MOST action plans and engage them in a thorough assessment of why past networks have failed. The assessment will take into account the challenges already identified and outlined in the AIDSTAR-One report "*Evaluacion complementaria de las actividades existentes de atencion comunitaria y de prevencion en los departamentos de Izabal, San Marcos y Zacapa en Guatemala.*" Some of these challenges are, having a budget for ongoing technical training and outreach activities; aligning organizational motivations for participating in the network with the networks' overarching goals; tapping into each members' expertise to improve outreach in their area of focus (advocacy, prevention, treatment or social support of PLWHA); being inclusive of MARP and PLWHA organized groups, and members' own misconceptions and stereotypes of these vulnerable groups.

During the assessment, our capacity-building team will help members identify which of the following stage of development of the network they are in and would like to progressively move to:

- **Communication** : exchanging information between members
- **Coordination**: aligning efforts on a common activity, but not sharing funds
- **Collaboration**: explicitly planning and organizing activities together, using pooled or jointly budgeted funds for implementation

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- **Formal partnership:** implementing planned activities using a Memoranda of Understanding (MOU) or contract to define the terms of collaboration, content, and funding

In addition to the assessment, key sector leaders will be brought together to review and assure the compatibility of their **social mobilization plans**, and to identify opportunities for collaboration. The objective of this phase is to assure that sector level efforts will be harmonized, mutually reinforcing, and collaborative. The AIDSTAR-Two team will work with network to define what the expected goals, management roles and responsibilities will be, and develop a common vision and mission.

Once the goals and objectives of the network have been outlined, we will also assist member organization to evaluate membership representativeness and their capacity to carry out their roles and responsibilities as part of formed committees. We will work with these committees to draft a simple **governance manual** detailing oversight roles, responsibilities and mutual obligations of each member organization in their response to the epidemic, and produce an **oversight plan** to be executed by a technical and financial oversight committee that focuses on promoting a continuous effort for transparency and feedback among all members, including collaboration in monitoring progress towards objectives and documenting results.

The end result is that each member sees clearly the advantages from being a member of the network as well as the potential loss of control and burden that network coordination can bring to their organizations and groups. These activities will provide a solid foundation for the network's execution of activities and social mobilization plans by ensuring the voluntary commitment and motivation to be part of the network is observed in every member organization.

The intersectoral network will also be coached to accommodate key actors that may not have the capacity or inclination to be permanent members of the network. One alternative that will be proposed is to form Informal and emergency multisectoral partnerships to address with events such as international AIDS day, and other specific community-wide activities. Independent private physicians for example may be willing to donate some of their time to specific activities.

### **c. Roles and responsibilities.**

The AIDSTAR-Two capacity-building team will facilitate the process and provide continuous coaching to the network in order for members to establish its membership, structure and strategic direction. Capacity Builders will be trained by one of MSH's organizational development specialists on MSH's tools and approaches and will be coached on an as needed basis throughout the life of the project. The local team will also be supported by two administrative staff persons, each located in one of the departments.

**Activity 1.4** Provide on-going capacity-building assistance in key organizational and technical areas including:

- Leadership
- Management
- Sexual Diversity and Identity
- Stigma and Discrimination
- Best practices in HIV/AIDS prevention

Multisectoral networks will require continuous work. Efforts will be made to set up a process of communication and to manage network activities that are the responsibility of the AIDSTAR-Two administrative staff. This staff will work with capacity builders to plan and ensure that activities to establish and train network members have been budgeted and coordinated. Time and funding will be needed for: planning meetings for all members; the development of an intranet-like system or website for continuous communication and access to standard information; developing a common reporting framework; and continuous trainings for member organizations in the specific technical areas mentioned above. Final themes will be decided with network members based on their order of priorities. Methodologies will be informed by the results of the two studies assessing the social and structural risk factors for MSM and CFSW's behaviors and barriers to accessing services. Our partners at the International

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HIV/AIDS Alliance will lead the trainings on sexual diversity, identity, stigma and discrimination as well as best practices in HIV/AIDS prevention. Their materials and methodologies will be adapted to the needs and context of both Petén and Izabal and will leverage existing knowledge and “know how” of network members, especially of MARPs and PLWHA support groups working in these areas.

An additional tool to us in increasing the capacity of members in the area of leadership and management practices is the Leadership Development Program (LDP). The LDP works with organization teams to identify a challenge they are facing and coach them to apply leadership and management practices to address it. We will propose that participating teams be **network committees**, and that they choose an HIV/AIDS challenge affecting MARPs and that is aligned with the goals and objectives of the network. Committees will choose a service delivery result to reach by applying the leading and managing concepts and tools introduced in the LDP over the course of four to six months. In this LDP, network committees will meet for 2-3 day workshops during which they will learn core leading and managing practices and concepts and then meet on a bi-weekly or monthly basis to discuss strategies to address their challenges and achieve their measurable results. Regular Coaching by AIDSTAR-Two capacity builders will be available to support the committees in implementing the tools of the LDP and network members will be continuously updated and enlisted as resources to support these committees on a regular basis.

These tools will allow the network to define goals, approaches and methodologies for action on their own while at the same time fulfilling their organizational missions and commitments with donors and other supporters.

## Trip Report Template

### Annex C: GPS survey protocol

#### Parte # 1: MAPEO CUALITATIVO DE LOS SERVICIOS DE VIH/SIDA OFRECIDOS POR AGENCIAS PÚBLICAS, PRIVADAS Y DE LA SOCIEDAD CIVIL (PARA SER USADO COMO ENTREVISTA CON INFORMANTES CLAVES DE CADA AGENCIA PRESTRADORA DE SERVICIOS)

Part # 1: QUALITATIVE MAPPING OF COMPREHENSIVE HIV/AIDS SERVICES OFFERED BY PUBLIC, PRIVATE PROVIDERS AND CSOs  
(To be given as an interview to key health care providers)

No.	Preguntas/Questions	Codigos/ Coding categories
	Código del Entrevistador/ Interviewer Number	A. ____
	Fecha (Dia, Mes, Año)/ Date (Day, Month, Year)	____/____/____
	¿Cuál es la ubicación geográfica general de esta agencia/organización?  What is the general geographic location of this site/agency office?	Código Geografico  Geographic Code of Location   <div style="text-align: right;">             Zona Urbana - 1              Zona Rural - 2              Zona predominantemente Garífuna - 3              Zona predominantemente Maya - 4              Zona limítrofe - 5           </div>
	Escriba las coordenadas de GPS  RECORD GPS Coordinates	A. Latitud: _____  B. Longitud: _____

**LEA LO SIGUIENTE AL ENTREVISTADO:**

**Hola. Mi nombre es \_\_\_\_\_ y estoy trabajando con el proyecto AIDSTAR II para Guatemala. En el proyecto queremos entrevistar las agencias y organizaciones públicas, privadas y de la sociedad civil que ofrecen servicios de prevención, tratamiento y/o apoyo a personas en alto riesgo de contraer el virus del VIH/SIDA y a personas viviendo con la enfermedad. El objetivo principal de este cuestionario es hacer un censo de todos los servicios que se ofrecen en la región para así estimar con que recursos se cuenta para ayudar a la comunidad a mantenerse sana física, mental y espiritualmente.**

**En algunos momentos le pediremos que nos muestre documentos como panfletos informativos o productos que le ofrece a sus clientes/pacientes. Esto lo hacemos con el fin de entender mejor los servicios que ofrece su institución.**

**Le agradecemos su ayuda en contestar estas preguntas que deben tomar alrededor de 1 hora y es totalmente voluntario.**

**Si tiene alguna pregunta o preocupación, no dude en comunicarse con el coordinador del proyecto \_\_\_\_\_**

Hello. My name is \_\_\_\_\_ and I am working on the AIDSTAR II Project in Guatemala. The purpose of the study is to identify where public, private health providers as well as civil society organizations offering preventive, treatment and/or support services for MARPs and/or PLWHA are located in this area. Learning more about your services will enable us to estimate the resources available to the community in order to assist them in maintaining or improving their physical, mental and spiritual health.

At times, we may ask you to show us the type of informational materials that your institution distributes to your clients/patients. The purpose of doing this is to better understand the services this agency offers.

Answering our questions should only take about 1 hour and it is completely voluntary.

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## Trip Report Template

If you have any questions or concerns, feel free to let the field coordinator know \_\_\_\_\_

<p><b>Nombre de la agencia/organización:</b></p> <p>Name of agency/organization</p>	
<p><b>Carácter de la agencia/organización (Marque todo lo que es aplicable)</b></p> <p>Type of agency/organization</p>	<p>Grupo de auto-apoyo (legalmente registrado SI___ NO___)</p> <p>Organización No gubernamental</p> <p>Local___</p> <p>Regional___</p> <p>Nacional___</p> <p>Organización religiosa</p> <p>Clínica/Hospital</p> <p>Centro de Salud</p> <p>Otro</p> <p>- Especificar:</p>
<p><b>¿Cuántos Miembros tiene?</b></p>	<p>Empleados_____</p> <p>Voluntarios_____</p>
<p><b>Municipios en donde actualmente llevan a cabo actividades y/o lugares donde habitan los clientes/pacientes</b></p> <p>Municipalities where this organization conducts activities and/or places of residence where patients come from</p>	
<p><b>Número aproximado de clientes/pacientes que ve actualmente</b></p>	<p><b>Total:_____</b></p>
<p><b>¿Quiénes son los clientes/pacientes?</b></p> <p>1 = La mayoría de los clientes</p> <p>2 = La mitad de los clientes</p> <p>3 = Algunos de los clientes (menos que la mitad, pero más que un cuarto)</p> <p>4 = Un poco de los clientes (menos que un cuarto)</p> <p>5 = Ninguno</p> <p>(En la columna de la derecha, coloque el numero que mejor represente el total de pacientes que ve en cada categoría)</p> <p>Who are the clients/patients?</p>	<p>__ Personas con VIH</p> <p>__ Mujeres Trabajadoras del sexo</p> <p>__ Hombres Trabajadores de sexo</p> <p>__ Parejas de personas en alto riesgo</p> <p>__ Hombres que tienen sexo con hombres</p> <p>__ Travestis o Transgenero</p> <p>__ Personas Bisexuales</p> <p>Otros (Especificar):</p> <p>Edad de los clientes/pacientes:_____</p>
<p><b>¿Cuál es la dirección exacta de esta agencia/organización?</b></p> <p>(Sea lo más detallado posible)</p> <p>What is the address of this site/agency/clinic/hospital?</p>	<p>_____</p>

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## Trip Report Template

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Prueba del VIH</b>  (HIV testing services)						
<b>Orientación pre prueba del VIH</b>  (HIV testing pre counseling)						
<b>Orientación post prueba del VIH si el resultado es positivo</b>  (HIV testing post counseling if test is positive)						
<b>Orientación post prueba del VIH si el resultado es negativo</b>  (HIV testing post counseling if test is negative)						
<b>Tratamiento con antiretrovirales</b>  AIDS treatment (ART/ARVs)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Servicios de prevención de contagio madre a hijo</b>  (PMTCT)						
<b>Prevención y tratamiento de infecciones oportunistas</b>  (Opportunistic infections prevention/treatment)						
<b>Exámenes de detección de enfermedades de transmisión sexual</b>  (STI testing)						
<b>Tratamiento de infecciones de transmisión sexual</b>  (STI Treatment)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Consejería sobre la salud sexual y planificación familiar</b>  (Counseling about reproductive health and family planning)						
<b>Distribución de métodos de planificación familiar</b>  (Distribution of family planning methods)						
<b>Servicios básicos de salud</b>  (Primary health care services)						
<b>Visitas domiciliarias a clientes/pacientes con VIH/SIDA</b>  (Home-based care to HIV/AIDS clients/patients)						
<b>Servicios de tratamiento y apoyo a la violencia entre parejas</b>  (Couple based violence interventions/support)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Nutrición y suplementos alimenticios para los clientes/pacientes con VIH/SIDA</b>  ( Nutrition and food supplementation for HIV/AIDS clients/patients)						
<b>Apoyo económico a clientes/pacientes con VIH/SIDA</b>  (Livelihoods support for HIV/AIDS clients/patients)						
<b>Grupos de auto apoyo para personas viviendo con el VIH/SIDA</b>  (HIV/AIDS support groups)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Grupos de auto apoyo para hombres que tienen sexo con hombres</b>  (Support groups for men who have sex with men)						
<b>Grupos de auto apoyo para trabajadores sexuales</b>  (Support groups for commercial sex workers)						
<b>Consejería espiritual/psicosocial para la familia de la persona viviendo con VIH/SIDA</b>  (Spiritual/psychosocial counseling for family of PLWHA)						
<b>Venta de condones para hombre</b>  (Condoms male sales)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Distribución gratuita de condones para hombres</b>  (Distribution of free male condoms)						
<b>Venta de condones para la mujer</b>  (Female Condoms sales)						
<b>Distribución gratuita de condones para la mujer</b>  (Distribution of free female condoms)						
<b>Consejería para pacientes/clientes con VIH/SIDA sobre como reportar su estatus a su(s) pareja(s)</b>  Counseling for PLWHA to help them disclose their status to their partner(s)						

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<b>Tipo de Servicios (Type of Services)</b>						
<b>Consejería para mujeres VIH positivo que deseen quedar embarazadas(Derechos reproductivos)</b>  Counseling for HIV+ women who would like to become pregnant (Reproductive rights)						
<b>Servicios de prevención fuera de la agencia/organización (Ejemplo: charlas en Iglesias, salones de peluquería o escuelas, distribución de condones en la calle)</b>  Prevention services outside of the site/agency/clinic/hospital/Health post (Example: preventive talks in churches, hair salons, schools or condom distribution on the street)						

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## Trip Report Template

**Por favor describa los servicios de prevención a poblaciones de alto riesgo de infección que presta dentro y fuera de la agencia/organización (sea específico sobre el tipo de población meta, estrategia, tipo de actividades, recursos necesarios etc.):**

**Pida que le den una copia del material informativo si existe.**

Please describe the type of prevention service offered to MARPs inside and outside of the agency/organization (provide details of specific target audience, strategy, type of activities, resources needed etc)

Ask for a copy of the informational material if available.

## Trip Report Template

<b>Referidos y Seguimiento (Referrals and follow-up)</b>	
<p><b>¿Esta agencia/organización acepta clientes/pacientes referidos para que reciban uno o más de los servicios ya mencionados?</b></p> <p>1= SI 2 = NO 3 = NO SABE</p> <p>Does this site receive referrals to one or more of the services mentioned above?</p>	
<p><b>Esta agencia/organización ¿envía referidos a otras agencias/organizaciones?</b></p> <p>1= SI 2 = NO 3 = NO SABE</p> <p>Does this site provide referrals to other health centers?</p>	<p><b>Si la respuesta es SI, favor decir el nombre de la agencia/organización, el tipo de servicio y donde se encuentran ubicadas:</b></p> <p>If the answer is yes, please provide the name of the agency/organization, type of referral and location:</p>
<p><b>Si alguna de las organizaciones mencionadas está ubicada fuera del departamento, ¿por qué se envían referidos ahí?</b></p> <p>If any of the referral agencies/organizations listed is located outside of the department, why are referrals made there?</p>	
<p><b>¿Qué tipo de seguimiento le hace esta organización a cada cliente/paciente que refiere fuera? (Ejemplo: se llama/visita para ver si atendió a la cita; se comunica con agencia para ver si la persona asistió a la cita etc.)</b></p> <p>What type of follow-up does this agency/organization provide to clients/patients once they have been referred? (Example: Referred agencies and/or patients are called/visited to see if client/patient went to the appointment etc.)</p>	
<p><b>Si no se hace ningún seguimiento, ¿Por qué?</b></p> <p>If answer is no follow-up conducted, why not?</p>	

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## Trip Report Template

### Parte # 2: MAPEO DE LA CALIDAD DE LOS SERVICIOS PRESTADOS A LAS PERSONAS EN ALTO RIESGO DE CONTRAER EL VIH/SIDA (PARA SER USADO COMO ENTREVISTA CON INFORMANTES CLAVES DE CADA AGENCIA PRESTRADORA DE SERVICIOS)

Part # 2: MAPPING OF THE QUALITY OF HIV/AIDS SERVICES DELIVERED TO MARPS  
(To be given as an interview to key health care providers)

Acceso a Servicios (Access to Services)		
	SI = 1 NO = 2	Comentarios (Comments)
<p><b>Servicios de cuidado para las poblaciones en alto riesgo como hombres que tienen sexo con hombre o trabajadores/as sexuales, no es negado, atrasado o referido a otra parte cuando se puede haber dado en esta agencia/organización</b></p> <p>Care for MARPS (or patients awaiting results of an HIV test) is not denied, delayed, or referred elsewhere for services available within the facility.</p>		
<p><b>Servicios de cuidado que se le ofrecen a las poblaciones en alto riesgo son de la misma calidad de los que se les ofrecen a otros pacientes/clientes</b></p> <p>Care for MARPS is of the same quality as the care provided to other patients/clients.</p>		
<p><b>Los clientes/pacientes pertenecientes a poblaciones en alto riesgo no son segregados o aislados.</b></p> <p>MARPS are not segregated or isolated.</p>		
<p><b>Esta agencia/organización activamente relaciona a las poblaciones en alto riesgo con grupos de auto ayuda, apoyo social, emocional y cuidados paliativos en las propias comunidades de los pacientes/clientes.</b></p> <p>The Agency/Organization actively links MARPS to sources of ongoing palliative care and social support in their own communities.</p>		
<p><b>Todo el personal de salud de la agencia/organización está entrenado sobre los derechos de los pacientes/clientes en general y el de los clientes en alto riesgo, a recibir el mismo nivel de cuidado y confidencialidad.</b></p> <p>All staff are trained in patients' rights and the right of MARPS to equal care and confidentiality.</p>		
<p><b>Existe en la agencia/organización, una caja de quejas y sugerencias donde diariamente los clientes/pacientes pueden dejar sus quejas sobre el servicio anónimamente.</b></p> <p>An accessible patient grievance box, which registers and addresses patient complaints, is in place</p>		

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and open daily.		
<p><b>Un panfleto informativo sobre la existencia de esta caja anónima está colocado en cada pasillo y área de espera de la agencia/organización para que sea vista por todos los pacientes.</b></p> <p>The existence of the grievance box is posted in each ward and in all patient waiting areas.</p>		
<p><b>Existen políticas en esta agencia/organización que garantizan el cumplimiento de las normas de acceso.</b></p> <p>Agency/Organization policy guarantees all of the above.</p>		
<p><b>Las políticas de la agencia/organización que garantizan el acceso de todos los pacientes/clientes están colocadas en todas las áreas y salas de espera de la institución para que sean vistas por todos los pacientes/clientes.</b></p> <p>Agency/Organization policy on access and right to care is posted in all departments and patient waiting areas.</p>		
<p><b>Existe una(s) persona(s) encargada de monitorear constantemente los procesos para asegurar el acceso de todos los pacientes/clientes.</b></p> <p>Someone has been designated to monitor that access for all patients/clients to guarantee access</p>		

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## Trip Report Template

Orientación y Prueba del VIH (HIV Counseling and Testing)		
	SI = 1 NO = 2	Comentarios (Comments)
<p><b>Todas las pruebas de VIH son ofrecidas como una opción voluntaria.</b></p> <p>All HIV tests are voluntary.</p>		
<p><b>Todas las pruebas de VIH vienen acompañadas de un documento de consentimiento informado que es discutido con el paciente/cliente antes de realizar la prueba.</b></p> <p>All HIV tests are accompanied by informed consent that is discussed with the patient/client before the test is performed.</p>		
<p><b>Todas las pruebas de VIH están acompañadas de una orientación pre-prueba por un consejero entrenado.</b></p> <p>All HIV tests are accompanied by pre-test counseling by a trained counselor.</p>		
<p><b>Todos los resultados de las pruebas son comunicados durante la orientación post-prueba por un consejero entrenado.</b></p> <p>All test results are communicated to the patient during post-test counseling by a trained counselor.</p>		
<p><b>Todos los consejeros que realizan la prueba del VIH están entrenados para hacerlo y reciben entrenamientos de refuerzo.</b></p> <p>HIV test counselors are trained and receive ongoing refresher training.</p>		
<p><b>Existen políticas en esta agencia/organización que garantizan el seguimiento de las normas sobre cómo realizar la prueba del VIH.</b></p> <p>Agency/Organization policy guarantees all of the above.</p>		
<p><b>Las políticas de la agencia/organización que garantizan el cumplimiento de las normas para realizar la prueba del VIH están colocadas en todas las áreas y salas de espera de la institución para que sean vistas por todos los pacientes/clientes.</b></p> <p>Agency/Organization policy on HIV counseling and testing is posted in all departments and patient waiting areas.</p>		

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### Trip Report Template

<p><b>Existe una(s) persona(s) encargada de monitorear constantemente los procesos para asegurar la satisfacción de todos los pacientes/clientes que reciben la prueba.</b></p> <p>Someone has been designated to monitor the adherence to HIV counseling and testing by the health staff</p>		
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Confidencialidad (Confidentiality)		
	SI = 1 NO = 2	Comentarios (comments)
<p><b>Informacion sobre el estatus de VIH de un paciente/cliente solo es comunicado al paciente y su trabajador de salud de manera que el resultado sea confidencial.</b></p> <p>Information about HIV status is communicated only to the patient and treating HCWs and is otherwise kept confidential.</p>		
<p><b>La informacion sobre el estatus de VIH de un paciente/cliente nunca es revelada a la familia o amigos del paciente, a menos de que el paciente/cliente haya dado su consentimiento de manera escrita.</b></p> <p>Information about HIV status is never disclosed to the patient’s family or friends, except with the explicit informed consent of the patient.</p>		
<p><b>Las camas, pasillos o expedientes de los pacientes/clientes en alto riesgo no llevan distintivos o nombres que puedan revelar el estatus de VIH positivo del paciente a otros pacientes o el resto del personal de salud.</b></p> <p>MARPS beds, wards, and files are not labeled in ways that would convey HIV status to other patients or staff.</p>		
<p><b>Todo el personal de salud está entrenado sobre los principios y derechos de los pacientes a que se les mantenga la confidencialidad sobre su estado de salud.</b></p> <p>All health care workers are trained in the principles of and patients’ rights to confidentiality.</p>		
<p><b>Existen políticas en esta agencia/organización que garantizan el seguimiento de las normas sobre cómo proteger la confidencialidad del paciente/cliente.</b></p> <p>Agency/Organization policy guarantees all of the above.</p>		
<p><b>Las políticas de la agencia/organización que garantizan el cumplimiento de las normas de protección a la confidencialidad están colocadas en todas las áreas y salas de espera de la institución para que sean vistas por todos los pacientes/clientes.</b></p>		

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<p>Agency/Organization policy on confidentiality is posted in all departments and patient waiting areas.</p>		
<p><b>Existe una(s) persona(s) del personal de salud encargada de monitorear constantemente los procesos de confidencialidad de todos los pacientes/clientes para asegurarse que está siendo protegida.</b></p> <p>A staff member has been designated to monitor the management of information system to ensure that it adequately protects confidentiality.</p>		

## Trip Report Template

### Parte # 3: MAPEO DE CONOCIMIENTOS, ACTITUDES Y COMPORTAMIENTOS ACERCA DE LOS HSH, MTS, Y PVVS (PARA SER USADO COMO ENTREVISTA CON INFORMANTES CLAVES DE CADA AGENCIA PRESTRADORA DE SERVICIOS)

Part # 3: Mapping of knowledge, attitudes and behaviors of MSM, FCSW and PLWHA  
(To be given as an interview to key health care providers)

I. Actitudes sobre los PVVS (Attitudes toward PLHA)	SI = 1 NO = 2	Comentarios (Comments)
<p><b>Las personas que viven con VIH/SIDA tienen el derecho de decidir a quien decírselo o no.</b></p> <p>People living with HIV/AIDS have a right to decide who should know about it</p>		
<p><b>El VIH/SIDA se contagia por comportamientos inmorales.</b></p> <p>HIV/AIDS spreads due to immoral behavior.</p>		
<p><b>Los hombres que se enferman de VIH/SIDA se lo merecen.</b></p> <p>Men who get HIV/AIDS get what they deserve.</p>		
<p><b>Las trabajadoras sexuales son las únicas mujeres que deben preocuparse de contraer el VIH/SIDA.</b></p> <p>Sex workers are the only women who have to worry about getting HIV/AIDS.</p>		
<p><b>¿Estaría usted dispuesto a compartir el mismo plato de comida con una persona VIH positivo?</b></p> <p>Would you be willing to share a meal with an HIV-positive person?</p>		
<p><b>¿Si usted se enterara que un compañero/a de trabajo tiene VIH/SIDA, estaría dispuesto a trabajar con el/ella?</b></p> <p>If you found out that a co-worker has HIV/AIDS would you be willing to work with him/her?</p>		
II. Actitudes relacionadas con la provision de servicios de salud (Attitudes toward health care-related practices)	SI = 1 NO = 2	Comentarios (Comments)
<p><b>La sangre de un paciente no debe nunca ser examinada por VIH sin el consentimiento del paciente.</b></p> <p>Patients' blood should never be tested for HIV without their consent.</p>		
<p><b>Los pacientes que resultan VIH positivo tienen el derecho de decidir si le dicen a sus familiares el resultado de los exámenes o no.</b></p> <p>Patients who test positive have the right to decide whether or not their relatives should be informed.</p>		
<p><b>Cuando una persona resulta VIH positivo, su doctor debe informar a la pareja(s) de esta persona acerca de los resultados de la prueba.</b></p> <p>When a person tests positive, the doctor should inform the patient's partner.</p>		
<p><b>La necesidad de obtener consentimiento del paciente para hacerle la prueba de VIH es innecesaria. La prueba del VIH debería ser manejada como cualquier otra prueba de sangre.</b></p>		

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The need for consent is exaggerated. HIV tests should be handled like any other blood test.		
<b>Los pacientes que tienen VIH/SIDA deberían mantenerse alejados de otro tipo de pacientes.</b>		
Patients with HIV/AIDS should be kept at a distance from other patients.		
<b>La ropa y sábanas usadas por pacientes de VIH deberían ser tiradas al basurero o quemadas.</b>		
Clothes and linen used by HIV patients should be disposed of or burned.		