

USAID HIV/AIDS Combination Prevention Program for MARPs in Central America and Mexico

Quarterly Narrative Report

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for



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Executive Summary

This narrative report summarizes key objectives and quarterly results of the USAID Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs during the period from April 1 – June 30, 2012 (Q3 FY2012). Under this program, PSI works to increase access to HIV prevention interventions by most-at-risk populations in Central America and Mexico working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc. (CAI), and Milk n' Cookies (MnC), and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners. This Quarterly Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During the Q3 FY2012, the Program:

Component 1 – Behavior Change Communication (BCC)

- **Continued to implement combination prevention activities through HIV/STI tactical prevention teams** by carrying out a “sweeping the zone” strategy, and engaged new private sector partners.
- **Advanced in developing local capacity of NGOs in conducting combination prevention and** expanded the number of partners working in the biomedical and complimentary components of the minimum package in all Program countries.
- **Conducted a cumulative number of 12,246 combination prevention activities through 115,987 contacts, reaching 41,055 individuals (76% of the annual target for individuals).**
- **Reproduced and began to implement the picture code methodology for transgendered populations.** The Program incorporated USAID comments into the picture code methodology for female sex workers, and began the validation of the multiple session discussion methodology for female sex workers. The Program also began the review process of a multiple session discussion methodology for transgendered populations, began the design process for a methodology for persons living with HIV, and began to update two current methodologies to incorporate aspects of combination prevention.
- **The Program completed the development of print material to promote ¿Y Ahora Qué? among target groups and another material for doctors and clinics.** The Program also began to design other materials for PLHA.
- **Continued to implement three virtual self-help groups** for people living with HIV, discordant couples, and family/friends of people living with HIV within the ¿Y Ahora Qué? website.
- **Continued to implemented the ¿Y Ahora Qué? communication and promotion strategy** with key visits to comprehensive care clinics, among other promotion efforts for the site and virtual self-help groups, such as “tardes cibernéticas” in El Salvador.
- **Reached a cumulative number of 810 MSM through continued online combination prevention outreach through cyber-educators** working in chat-rooms and other social media channels.

- **Continued the adaptation of its MIS to collect and track VCT data**, and continued to strengthen and systematize quality control for BCC/VCT activities, such as ongoing quality control activities, trainings, and supervision.
- **Continued to support the generic condom campaign, ¿Tienes? Pídelo.**
- **Designed the new masculinities and women’s perspective campaign and validated the storyboards.** The Program also began the process of bidding production companies to produce the campaign spots.
- **Continued the process of disseminating the research and new anti-stigma and discrimination communications initiative** (“social movement”). In this period, local technical groups were formed to follow-up on the process. In parallel, the Program worked to develop the name and elements of the movement.
- **Continued to implement its social media strategy for websites** by updating ¿Y Ahora Qué? and MiZonaH.com, and completed the bidding process for selecting a mobile phone and short messaging system (SMS) services aggregator.

Table 1: Summary of Regional BCC Outputs (Q1, Q2 and Q3, October 2011 – June 2012)

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	3,469	2,936	2,647	1,107	1,940	147	12,246	15,090	81%	75%
ComPrevention Contacts	32,610	31,454	24,698	7,857	18,227	1,141	115,987	128,225	90%	75%
ComPrevention Individuals reached	11,359	11,170	9,528	1,643	6,605	750	41,055	53,894	76%	75%
TOTAL VCT	3,391	3,675	2,858	126	1,087	480	11,617	22,500	52%	75%

Component 2 – Structural Approaches

- **Validated the first module of the regional training manual** for health-care providers on stigma and discrimination in El Salvador.
- **Continued to conduct ongoing quality assurance visits** of service delivery points of IPPF/WHR Member Associations to ensure the provision of MARP-friendly services.
- **Continued to implement a regional strategy to reach journalists and decision makers** in hand with a regional Public Relations Agency and carried out sensitization workshops for journalists in Panama, Nicaragua, and Guatemala.
- **Provided support and conducted activities related to the International Day Against Homophobia and Transphobia** and local Gay Pride events.

Component 3 – Expanding Access and Use of Prevention Services

- **Worked to improve condom and lubricant distribution in high-risk zones** by continuing to implement a high-risk zone sales strategy by constantly updating mapping tools; new non-traditional outlets were also opened in this period.
- **Worked with UNFPA and other key partners to advance the National Condom Strategy process** in the region.
- **Worked to improve access to MARP-friendly services by implementing a strategy to engage private sector** clinics, laboratories, and associations.
- **Strengthened its referral system** for MARPs using the voucher system and expanding the use of the UIC system with IPPF/MAs and other partners in each Program country.
- **Conducted mobile VCT in all Program countries**, except Costa Rica. Additionally, the Program was highly participative in National Testing Days in El Salvador and Belize.

Cross-Cutting Component 4 – Strategic Information

- **Completed the final report of the special study on masculinities and women's perspectives in all Program countries** and validated the campaign storyboards.
- **Began the bidding process, and selected a research agency for the new round of TRaC surveys with FSW and MSM, as well as two regional TRaCs** (one with people living with HIV, and another with men at-risk).
- **Continued the preparations for the fieldwork for the mystery client surveys** to assess the quality of service provision to MARPs by IPPF and private sector healthcare providers in all program countries.
- **Continued to implement its regional Research Dissemination Strategy**, including the dissemination of stigma and discrimination research.
- **Continued to participate in inter-institutional entities and working groups**, including a violence working group and a gender-identity working group in Guatemala and the stigma and discrimination technical working groups in the region. The Program also continued to coordinate activities with other donors, USG agencies and USAID partners in health.
- **Prepared approved posters to participate in the XIX World AIDS Conference.**

Other Cross Cutting Issues

- **Gender continued to be a cross-cutting theme** in the implementation of the Program and the combination prevention interventions. The Program implemented a series of actions at a local level to advance efforts in addressing gender throughout the Program activities.
- **Presented the Combination Prevention Program at the USAID LAC Bureau.**
- **Received a foundations of leadership training for key staff in the Program** to improve management and leadership skills.
- **Challenges and lessons learned.** During this reporting period, the Program faced a series of challenges which offered lessons learned and opportunities for improvement.

Program Overview

In September of 2010, USAID granted a cooperative agreement to Population Services International (PSI) for the period September 2010 - September 2015 to reduce the spread of HIV among most at-risk populations (MARPs) in Central America and Mexico (CAM), in accordance with US Government guidance for concentrated epidemics. Under this agreement, PSI works to increase access to HIV prevention interventions by MARPs in working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc., and Milk n' Cookies, and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners in Belize, Guatemala, El Salvador, Nicaragua, Costa Rica and Belize.

The Program, entitled Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs (hereinafter, "the Program"), defines combination prevention is defined as "a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities- offers the best hope for successful prevention" (Merson et al, Lancet 2008)

Due to the highly concentrated nature of the HIV epidemic in Central America and Mexico, the Program focuses on reducing high-risk sexual behaviors among Most at Risk Populations (MARPs). MARPs include Commercial Sex Workers (including ambulatory and brothel based), their clients and partners, Men who have Sex with Men (MSM), People Living with HIV/AIDS (PLHA,) and their partners, and certain ethnic groups (Garifuna and Kuna). Within these MARP categories are individuals who are harder-to-reach and/or have special needs, including: bi-sexual MSM, MSM who do not identify as homosexual or gay, transgender, transvestite, MSM adolescents, and partners of PLHA who do not know their status or their partner's status, and highly mobile populations. The Program also aims to ensure a comprehensive approach including secondary vulnerable groups, defined as those who interact with high-prevalence populations and/or have increased vulnerability to infection due to their social/economic status. These groups may include: potential clients of sex workers, partners of sex workers, mobile populations, transport workers, uniformed men, and seafarers.

Within MARP categories, three groups have often been neglected in prevention programming (design, implementation, and monitoring): PLHA, and especially adolescent PLHA; MSM who also maintain heterosexual relations and prefer to remain anonymous; and adolescent MSM. The Program seeks to intensify efforts to design and implement prevention activities that directly involve these groups either directly or through more accessible MARPs, and motivate them to access prevention services.

For FY2012, the Program reassessed priorities among target groups and defined the following three tiers: Tier 1) Transgendered and people living with HIV, Tier 2) MSM and female sex workers, and Tier 3) men at-risk and Caribbean populations (in applicable countries). As of FY2012, the Program prioritizes its prevention efforts in accordance with these tiers.

Objectives and Results

The overall objective of the Program is to support the USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by most at-risk populations in Central America and Mexico. The Program carries out activities to achieve the following results:

1. Reduced prevalence of high-risk behaviors among MARPs and PLHA.
2. Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
3. Increased access by MARPs to a minimum package of essential prevention and health services that includes but is not limited to access to condoms, VCT services and STI diagnosis and treatment centers, emphasizing the involvement of private health providers.
4. Strategic information obtained through research and monitoring to design or modify prevention activities.

The four components for prevention interventions under this Program draw on resources to be allocated in the following areas: 1) evidenced based models for behavior change; 2) structural approaches to reduce stigma, discrimination, and homophobia that create barriers to access of services and violate human rights of PLHA and other MARPs; 3) essential health services (voluntary testing and counseling, referrals for STI diagnosis and treatment, opportunistic infections) accessible and affordable to MARPs, condom and water-based lubricant distribution; and 4) Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented. The program uses a social-ecological model to address HIV/AIDS epidemic at the individual, community, health system and structural levels. The Program also implements a holistic, integrated package of interventions, which work at all levels to ensure comprehensive coverage and systematic change.

As cross-cutting themes that affect all results and levels of intervention, the Program also addresses the following key areas:

Gender: The importance of gender in an effective HIV response in the CAM region is reflected in the conceptualization, development and implementation of all components of the program. A clear understanding of the ways in which gender profoundly influences the experiences, opportunities and health behaviors of both women/girls and men/boys features prominently in this program.

Sustainability: The program increases long-term sustainability by building the capacity of key local NGO partners as well the health system to serve MARPs, to advocate for human rights, laws, and policies that are favorable to addressing the needs of MARPs, and implement and manage HIV programming more effectively.

Coordination and Partnership: The program maximizes project impact by coordinating actively with other agencies working in HIV/AIDS through regular meetings to develop a more rational and integrated strategy and to monitor results and share best practices.

Component 1: Behavior Change Communication (BCC) designed to reduce high risk behaviors and vulnerability to HIV/AIDS transmission including a range of interventions addressing gender norms- male, female, and transgender- as well as understanding the determinants of behavior and developing appropriate communications responses.

1 Result 1: At the individual, family and community level, the Program works to increase the practice of positive health behaviors among MARPs through innovative and evidence-based behavior change techniques, using a mix of interpersonal communications (IPC), mass media, and interactive social media channels.

1.1. HIV/STI tactical prevention teams and combination prevention activities

During Q3 FY2012, the PSI/PASMO continued to use HIV/STI tactical prevention teams to conduct a “sweeping the zone” strategy, and developed and updated profiles of high-risk zones. In this strategy, PSI/PASMO BCC, VCT and sales teams, along with local NGO partners, IPPF affiliates, and complementary services providers, worked intensely to provide MARPs with the minimum package of essential prevention services and products in targeted high-risk zones.

In this reporting period, the Program continued to build upon the success of the sweeping the zone methodology. Some important elements are:

- The activity allows the Program to reach vulnerable populations with the minimum package of behavioral, biomedical and structural interventions.
- The engaging nature of the activity allows target groups to assess their health risks and address health issues in an integral manner.
- Coordination with other partners and organizations has been key and positive in strengthening the referral system that allows target groups to access a broader range of complimentary services.
- The activity entails a mapping exercise that allows the Program to have complete information on each high-risk zone where activities take place and the status of services and products for HIV prevention.
- Interactive group and face-to-face behavior change methodologies are implemented on a wider scale.

Specifically, in Q3:

- Guatemala. The Program carried out a sweeping the zone activity in Puerto Barrios, Izabal with *Garifuna* population, and worked with OTrans to conduct a sweeping the zone activity at a national meeting to discuss the gender identity law initiative. This coordination with OTrans allowed the Program to reach a higher number of transgendered persons from around the country with key combination prevention activities. A total of 60 behavioral activities were conducted, 40 persons received HIV testing and counseling services during the activity and 5 tests returned positive (HIV prevalence of 12.5%).

- El Salvador. The Program continued to implement sweeping the zone activities in the three geographical regions designated per HIV tactical prevention teams. In this period, there was an increased effort to reach men at risk such as truck drivers and coffee pickers, particularly in border zones. Additionally, the Program increased the number of partners with which it coordinated the sweeping the zone activities, including public health clinics, university volunteers, NGOs and other structural partners.
- Nicaragua. In the reporting period, the Program conducted five sweeping the zone activities in Managua, León, Masaya, Rivas and Matagalpa. In one of the border regions where this activity took place, the Program coordinated activities with a private customs company, Aeromar, to conduct combination prevention with truck drivers moving products between Nicaragua and Costa Rica. Men at-risk, particularly bus drivers and truck drivers, were targeted in the sweeping the zone activities. To make these activities possible, the Program carried out key coordination efforts with the National Police at the Bus Terminals and local business owners.
- Costa Rica. In this period, the Program conducted five sweeping the zone activities. In two of the activities that targeted FSW, the Program worked with the Social Security Institute and its STI control and prevention clinic as well as a local NGO, La Sala, to provide not only HIV testing and counseling, but also PAP smears and other STI testing. Additionally, the Program also worked to reach FSW with sweeping the zone activities for the first time in a brothel in coordination with ASEMBIS, a private laboratory. To target men at-risk, specifically taxi drivers and bus drivers, the Program again worked with ASEMBIS and local business owners to sweep high-risk zones and provide combination prevention services. Lastly, the Program also implemented the first sweeping the zone activity in the San Rafael de Arajuela prison; 35 prisoners received voluntary counseling and testing services.
- Panama. The Program organized and implemented seven sweeping the zone activities in Distrito Oeste de la Chorrera, Puerto de Balboa, Parque Santa Ana, in San Miguelito, Panamá City and Ciudad David Chiriquí. These activities implied the coordination with the Ministry of Public Works, local NGOs and other partners to target firemen, sex workers, highway maintenance workers and other men at-risk.
- Belize. The Program conducted three sweeping the zone activities in coordination with other national events and conferences: The Agriculture and Trade Show, The Marton Roberts Health Fair, and the 2012 Regional HIV Testing Day. These activities were particularly successful in allowing the Program to reach men at-risk.



In addition to sweeping the zone activities, the Program worked in this period to consolidate the combination approach in each country with the multiple organizations and partners. In the region, some achievements include:

- Partner organizations motivated and actively participating in the implementation of the strategy.
- Continued identification of new partners addressing structural factors, expanding the network of partners offering key complimentary services.
- Coordination with biomedical services providers strengthened with IPPF affiliates, public and private sector health centers and laboratories.
- The improved and systematized use and tracking of data and information, particularly with the unique identifier code and the Program's MIS.
- HIV tactical team members increasingly experienced in the sweeping the zone activity methodology and use of vouchers and the referral system.
- New team members trained in providing quality counseling during the HIV testing process.
- Targeted populations are increasingly aware of the benefits of the combination prevention approach and the benefits of the voucher system for accessing and following-up on a greater range of services.

In addition to these overall accomplishments, some other combination prevention activities include:

- Guatemala. In this period, the Program worked with the Guatemalan Social Security Institute and Asociación Viviendo Positivamente in Chichicastenango to reach persons living with HIV.
- El Salvador. The Program worked with the Salvadoran Institute for the Development of Women (ISDEMU – Instituto Salvadoreño para el Desarrollo de la Mujer) in Santa Ana, El Salvador to begin to provide women who are victims of violence with specialized care and services. The Program also coordinated with REDSAL and Vivisión Propositiva to reach persons living with HIV, particularly in the biomedical component for CD4 count and viral load count.
- Nicaragua. In this period, the Program continued to strengthen and expand alliances for the complimentary component of the minimum package working closely with the VICITs clinics, CEPRESI and other local NGOs, as well as ongoing partners.
- Costa Rica. In this period, the Program worked with REDCA and CONASIDA in efforts to assess a reform to the HIV Law.
- Panama. In this period, the Program continued to strengthen its partnerships with multiple organizations.
- Belize. In Q3, the Program expanded the network to reach MARPs with complimentary services, for example The Counseling Center which provides mental health services, now for persons living with HIV.

During the reporting period, the Program continued to recruit and work with multiple partners and stakeholders to provide biomedical and complimentary services as part of the minimum package. For more information, see Annex III - Regional Summary of all Minimum Package Partners and Stakeholders.

In Q1, Q2 and Q3 FY2012 (October 2011 – June 2012), the Program implemented **12,246** combination prevention activities with MARPs across the region, through **115,987** contacts, reaching and **41,055** individuals; this represents **76%** of its target for individuals reached by the Program.

Of the 41,055 individuals reached, **1,011 MARPs** completed at least one combination prevention cycle from October 2011 to June 2012 in accordance with the Program’s minimum package; additionally, **366** persons living with HIV completed at least one of these cycles.

Table 2: Total Combination Prevention Activities and Contacts, Q1, Q2 and Q3 FY2012

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Panama		Belize		Total REGION		% Achieved	
	G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP	
	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON
MSM	643	5,702	395	4,281	550	4,516	350	2,646	708	6,433	35	261	2,681	23,839	54%	60%
FSW	838	8,367	696	6,912	594	4,769	298	2,080	307	2,960	43	330	2,776	25,418	91%	104%
Trans	204	2,146	59	637	132	949	63	379	40	474	0	0	498	4,585	75%	87%
Males at Risk	1,031	10,286	1,210	12,530	1,267	13,436	293	2,086	616	6,297	46	333	4,463	44,968	112%	113%
PLHA	492	3,677	576	7,094	104	1,028	103	666	215	1,614	23	217	1,513	14,296	76%	90%
Caribbean Population	261	2,432	0	0	0	0	0	0	54	449	0	0	315	2,881	71%	93%
TOTAL...	3,469	32,610	2,936	31,454	2,647	24,698	1,107	7,857	1,940	18,227	147	1,141	12,246	115,987	81%	90%

Table 3: Total Combination Prevention Activities, Contacts and Individuals, Q1, Q2 and Q3 FY2012

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			PANAMA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP		
	Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results		
	OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	643	5,702	1,872	395	4,281	1,279	550	4,516	2,217	350	2,646	445	708	6,433	2,674	35	261	203	2,681	23,839	8,690
FSW	838	8,367	2,229	696	6,912	3,034	594	4,769	1,974	298	2,080	392	307	2,960	720	43	330	178	2,776	25,418	8,527
Trans	204	2,146	481	59	637	421	132	949	413	63	379	89	40	474	163	0	0	0	498	4,585	1,567
Potential Clients	1,031	10,286	4,162	1,210	12,530	4,371	1,267	13,436	4,443	293	2,086	585	616	6,297	1,932	46	333	292	4,463	44,968	15,785
PLWA	492	3,677	1,499	576	7,094	2,065	104	1,028	481	103	666	132	215	1,614	757	23	217	77	1,513	14,296	5,011
Caribbean Pop.	261	2,432	1,116	0	0	0	0	0	0	0	0	0	54	449	359	0	0	0	315	2,881	1,475
TOTAL...	3,469	32,610	11,359	2,936	31,454	11,170	2,647	24,698	9,528	1,107	7,857	1,643	1,940	18,227	6,605	147	1,141	750	12,246	115,987	41,055

1.2 Combination Prevention Methodologies and Materials

Methodologies and materials

- In Q3, the Program reproduced and began to implement the picture code methodology for transgendered populations in Program countries.
- Additionally, the Program validated and completed the picture code methodology for sex workers, “Decisiones”, and incorporated USAID comments. In Q4, the Program will reproduce and begin implementation of this methodology.
- In this period, the Program also began the design process for a methodology for persons living with HIV. The Program also met with NGOs and organizations, such as REDCA, to discuss and design topics to be addressed in the methodology. REDCA is also working with the Program to review print materials and coordinate actions to avoid the duplication of materials and information.



- Lastly, the Program began to update two current methodologies (“El Reto” and 123 Safe) to incorporate aspects of combination prevention.

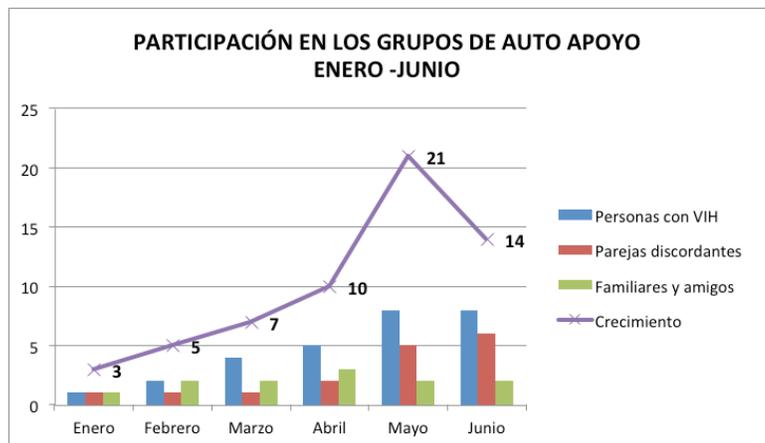
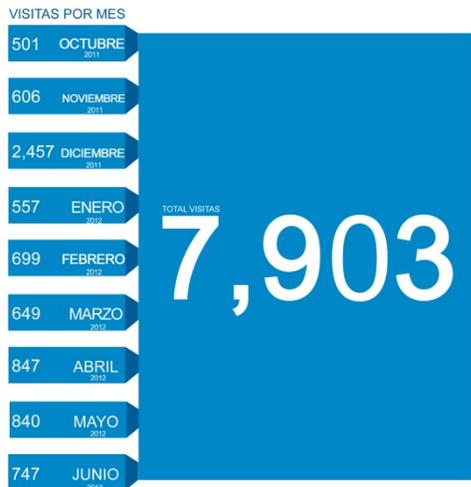
Additionally, a series of print materials were designed and developed in this reporting period:

- Print material for PLHA on the topic of adherence was completed and is the validation process.
- Print material for PLHA on the topic of HIV prevention and sexuality began the design process.
- Print material for the Social Security Institute of Costa Rica’s public STI Control and Prevention clinic was designed and reproduced.



1.3 Virtual self-help groups for PLHA

As part of the process of generating awareness of the virtual self-help groups, in this reporting period, the Program continued to implement its strategy to promote and communicate the website and the virtual self-help groups. The actions carried out at a regional level, allowed the Program to reach a cumulative number of total visits to the website of **7,903** from Q1 to Q3, mainly from the following countries: Guatemala, El Salvador, Costa Rica and Nicaragua.



Moreover, in Q3, the Program continued to carry out the virtual self-help groups for PLHA, discordant couples, family and friends in the scheduled times. From Q2 when the groups were launched to Q3, there was a steady increase in the number of participants with a peak in May, most likely due to the implementation of the “tardes cibernéticas” activities in El Salvador.

Some the actions carried out in this reporting period as part of the strategy include:

- Regional initiative for key dates. The Program continued to use a calendar of key dates for updating and communication initiatives through the website, specifically, International Labor Day, Mother’s Day, Candlelight Vigil, Father’s Day, HIV testing month, International Day against Homophobia and Transphobia, and International Gay Pride. The website fan page was also updated periodically, with new images and content. The Program also completed the design of an online game on “managing emotions” for PLHA, expected to be uploaded in Q4.



- New print material. The Program developed a new print material (“volante”) on the website and virtual self-help groups, as well as a print material for the Costa Rican Social Security Institute STI Control and Prevention Clinic with similar information. The Program also continued to reproduce and place the self-help groups poster, developed in Q1 and Q2 at several comprehensive care clinics and public hospitals. And, new print material on the website and groups was also developed for doctors and health care providers, and is currently in the validation process.



In each Program country, several actions related to the website and virtual self-help groups were also conducted.

- Guatemala. The Program participated in a workshop entitled “Viviendo Positivamente” for facilitators of PLHA support groups in Chichicastenango. The Program presented the website and discussed opportunities for coordination with the participants. The website was also presented and shared with the Global Fund recipient, HIVOS.

- El Salvador. The Program cyber-educator continued to participate in sweeping the zone activities to promote the website and virtual self-help groups. The Program also created a new activity, entitled “tardes cibernéticas”. This activity consists in PSI/PASMO coordinating with a local NGO to set up computers and internet access with the website. The Program and partners present the site, allow persons living with HIV, their family and friends to explore the site and interact in the virtual self-help groups while an online facilitator responds to their questions and concerns, Program staff are available to provide accompaniment. Additionally, the Program placed print materials, banners, and posters at comprehensive care clinics to create awareness of the website and the virtual groups.
- Nicaragua. The Program continued with mass media interviews and visits to media outlets, such as TV Channels 2, 8, 10, 12 and 13, to generate awareness on the website and the support groups. Banners and print materials were also placed and VICITS Clinics, public hospitals, health centers, and NGOs working with PLHA.
- Costa Rica. The Program cyber-educator participated in sweeping the zone activities to promote the site and groups. The Program also contacted other online groups for PLHA and link sites and share information.
- Belize. In Belize, the Program developed two fliers to promote the And What Now? Website and virtual self-help groups that were disseminated to over 100 participants at the First Annual National Solidarity day with Persons Living with HIV.



Overall, in this period, the Program intensified its efforts to communicate and promote the website and virtual support groups as part of its strategy. One important component has been the promotion of the site with associations and organizations working directly with persons living with HIV. Additionally, the Program has reached out to doctors, face-to-face support group facilitators, and other health care providers working directly with the population. The Program continued to reach out the mass media outlets and sought opportunities to generate on the website at a larger scale. For example, for El Salvador’s National HIV testing day, the Program developed a 30 second television spot that not only promoted getting tested, but also communicated information on the ¿Y Ahora Qué? Website: <http://bit.ly/N90tat> , and also used this type of large-scale event to set up informative booths and allow persons to enter the website and interact. Print material has been disseminated widely, also in private laboratories and clinics.



1.4 Cyber-Educators:

In Q3, the Program continued to work through a regional cyber-educator champion guiding the efforts of local cyber-educators who conduct online outreach and combination prevention with MSM in chat-rooms and social media channels. Program cyber-educators continued to collect the unique identifier code of MSM reached online and provide the link to the electronic voucher that allows them to receive biomedical services in each country. In Guatemala, the Program continued to coordinate with GayGuatemala.com and operate in popular chat-rooms and social media sites. In El Salvador, online outreach has been particularly effective in late evening hours. In Nicaragua, social media channels have been the most effective, as well as two chat sites: mundoanuncio.com and chat.com. In Costa Rica, social media networking sites alone have been the greatest source of UICs collected online during outreach. In Panama, the cyber-educator combines hours conducting outreach with MSM in the day as well as in the late evening. In Belize, the Program created a social media network profile to begin outreach with MSM.

To date, the Program has conducted outreach with a total of 810 MSM through social media, online channels and chat rooms.

Moreover, in this reporting period, the Program began the process of developing an online BCC methodology based on the current MSM incomplete drama methodology “XY”, tentatively entitled “Mejorando Vidas”. The Program plans to complete the development and validate at least one version of the online methodology for Q4.



1.5 Strengthen and systematize quality control for BCC/VCT activities

UIC

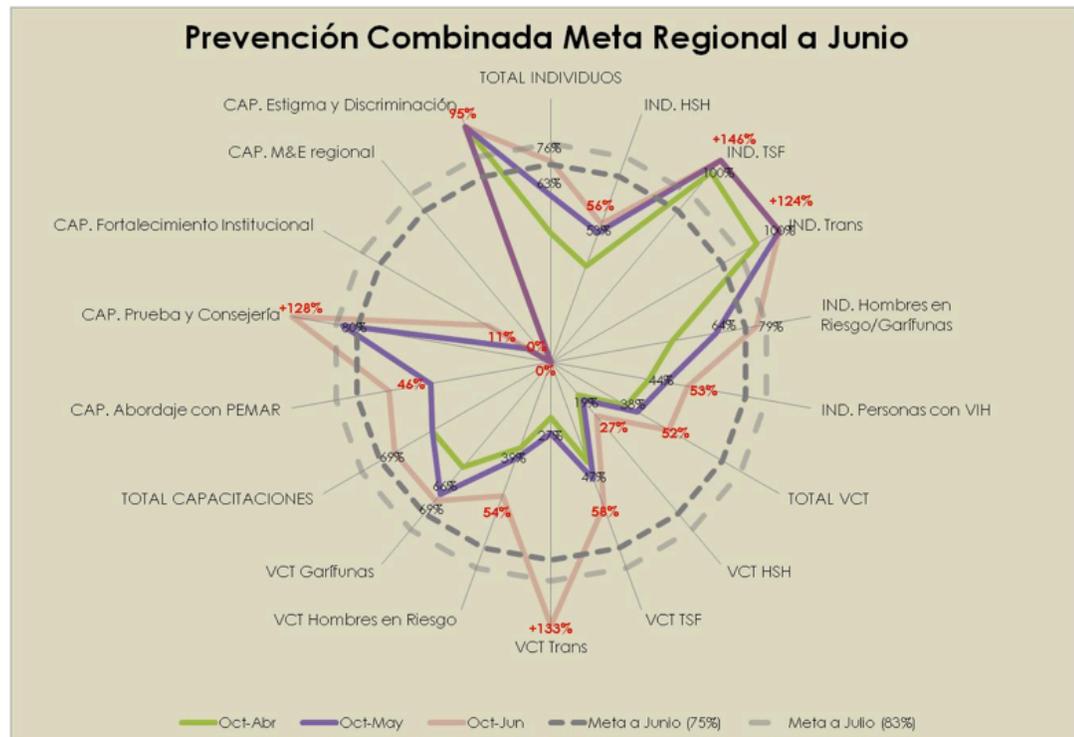
During Q3 FY2012, PSI/PASMO continued to use the UIC system in all Program countries and with all target groups. In addition to the completion of the adaptation of its current MIS (System of Applied Monitoring -SAM) to include UIC data collection and referrals in Q2, in this period PSI/PASMO also completed the VCT module for SAM. As of Q4, the system will be able to track not only behavioral interventions, but also biomedical in one single system. Also, the Program in Guatemala continued to coordinate with the Global Fund recipients in the pilot of the UIC system that will finalize in July; results on the pilot will be complete and ready for analysis by Q4.

By the end of Q3, as a result of the use of the UIC system, the Program continued to collect and analyze data on individuals reached by the Program and those who have completed the combination prevention cycle (received basic/behavioral, biomedical and complimentary services). For more information, see Annex I – Quarterly ROPs Report Q3 FY2012.

Improving quality assurance systems and ongoing quality control for Program activities and work with NGOs

During Q3, the Program carried out a series of quality assurance initiatives at a regional and local level. The USAID technical officer and the Chief of Party conducted a monitoring and quality assurance visit to El Salvador. A quarterly virtual working group with Program partners, including PASMO, Milk N Cookies, CAI and IPPF was held in this period to discuss advances with the Program and ongoing quality control efforts. Weekly meetings with Milk N Cookies take place on a systematic basis, as well as monthly calls between PASMO and IPPF/WHR. At a local level IPPF member associations (MAs) meet on a regular basis with local PASMO teams for adequate coordination and quality assurance.

Throughout the region, as the use of the UIC has been expanded and improved since its launch, the Program has found it to be an increasingly useful tool in quality assurance. For example, the reports generated by SAM, which include UIC data, allow the Program to effectively and precisely monitor the progress of individuals through the combination prevention cycle. In addition the UIC data, the Program has been updating and using mapping tools for high-risk zones that allow it to analyze where the activities are taking place and where individuals are being reached. Additionally, the regional strategic information team has been providing support, training, and follow-up with local platforms to increase local capacity to analyze UIC data for improved quality control of Program activities. A new monitoring tool was also developed, to allow regional and local teams to monitor the advances with Program targets.



During Q3, the Program also continued to carry out its ongoing quality control activities, such as observation, confirmation and verification of combination prevention activities in the field and the supervision of teams and NGO partners. In this period, quality control tools (such as reporting forms) and supervision for online outreach with MSM and PLHA were used in line with the three principles (observation, confirmation and verification).

Strengthening local capacity of NGOs and other trainings

In addition to the quality assurance initiatives mentioned above, during Q3, the Program continued to implement a local capacity building plan for NGOs based on a needs assessment conducted in each. For example, in Belize, the Program trained two NGOs, CNet+ and POWA, on the use of vouchers and UIC for tracking Program activities, individuals and quality. Additionally, PASMO BCC staff in Belize and its partners participated in a regional BCC refresher training led by PSI/Caribbean in May. For more information, see Annex II – Trainings Summary.

1.6 Strategic Media

¿Tienes? Pídelo Campaign

During this reporting period, local country platforms carried out a series of initiatives to promote this generic condom use campaign entitled ¿Tienes? Pídelo. Specifically, in El Salvador and with the support of bilateral funds, the Program disseminated campaign messages, print material and promotional items at public events and public spaces. In Panama, the Program continued to place the printed light boxes at high-risk outlets that sell condoms. Costa Rica reproduced promotional items for dissemination, aligned with this campaign.

Masculinities Campaign with a Women’s Perspective

In Q3, the Program in El Salvador aired the original masculinity campaign TV spots with the support of bilateral funds. The spots on HIV and stigma and discrimination were aired in June with the support of the Ministry of Health and CONSADIA television program, “Hablemos de Vida”, Channel 8.

Additionally, the Program continued the process of developing a new masculinities campaign incorporating the perspective of women, based on qualitative research. The campaign concepts, which were validated in Q2 and where the “Cuchubal” concept was selected, were used to design the new and complete campaign. This campaign was designed to promote a wider vision of masculinities and aspirations, and two behaviors 1) HIV testing, and 2) condom use.

The Program, in coordination with its advertising agency, developed the graphic design, and radio spots, as well as a preliminary concept for the launch events and the campaign storyboards were also validated in all Program countries during this period. The Program also completed the bidding process and selected a production company to produce the campaign.



Development of an anti-stigma/discrimination campaign

In Q2, the Program developed the creative concept for a new anti-stigma and discrimination communications initiative and decided on pursuing a “social movement” concept, tentatively named “Generation Zero” against stigma and discrimination, instead of a traditional campaign.

In Q3, the Program continued to disseminate the research and the social movement concept by creating local and multi-sector technical working groups to provide input and follow-up on the process of advancing a movement of this type. The working groups in all countries include representatives from local NGO partners and organizations representing or working with vulnerable populations, Ministry of Health / National AIDS Program, international agencies, opinion leaders and some media representatives, among others.

GUATEMALA	EL SALVADOR	NICARAGUA	COSTA RICA	PANAMÁ
1. PNS	1. Sec. CONASIDA	1. REDTRANSEX	1. Grupo Manu	1. UNFPA
2. CA&C Porter Novelli	2. Fundación SERAPHIM	2. Procuraduría de DH de la Diversidad Sexual	2. Ministerio de Salud	2. ONUSIDA
3. Observatorio DDHH VIH	3. FUNDASIDA	3. ADESENIC	3. Diversidad ILCO	3. Grupo Génesis Panamá
4. Org. Gente Feliz	4. Hablemos de Vida	4. ASONVIHSIDA	4. PASCA	4. Nuevos Horizontes
5. APROFAM	5. Asoc. Red Sal+	5. MOVFEMD	5. UNFPA	5. Programa Nacional de VIH - MINSA
6. HIVOS	6. Programa Nacional de VIH MINSAL	6. Fundación Xochiquetzal	6. ONUSIDA	6. PROBIDSIDA
7. Fundación Marco Antonio	7. Orquídeas del Mar	7. CONSIDA	7. MANU	7. APLAFA
8. Asoc. LAMBDA	8. ASPIDH/ Arcoiris	8. MIGOB	8. REDCA	8. Mujeres con Dignidad y Derechos de Panamá
9. PASMO	9. Asoc. Entre Amigos	9. Comisión VIH/COSEP	9. ASOVIHSIDA	9. Defensoría del Pueblo – Derechos Humanos
	10. Canal 12	10. Grupo SAFO	10. LA SALA	10. CONAMUI – Pueblos Originarios
	11. Secretaría de Inclusión Social	11. ANICP+ VIDA	11. Diversidad	11. Asociación de Servidores Públicos de Panamá
	12. PASMO	12. PREVENSIDA	12. PSI	12. PASMO
		13. PASMO		

In this period, the Program planned the implementation of the first phase of the social movement, an “experiment”, designed to document discrimination towards MARPs in the region. A first phase of the “experiment” was conducted online, in coordination with Program partner Milk N Cookies. A series of profiles and résumés were developed where potential applicants were either open about their HIV status, occupation, or sexual orientation. Responses to these résumés were assessed and results will be processed in Q4 as part of the overall social movement against stigma and discrimination.

Moreover, the names and potential graphic pieces and logos were developed in this period and will be validated in the technical working groups in early Q4.

Social Media, including mobile phone technology and social networks

During Q3 FY2012, the Program continued to implement its regional Social Media and Short Message System (SMS) strategy so as to create “buzz” about healthy behaviors and change social norms.

Social Media and Websites

As part of the strategy to communicate and promote the ¿Y Ahora Qué? website, detailed above, the Program also led several complementary efforts in websites and social media. On the one hand, the Program developed a new function entitled “Discharge your emotions” designed to allow persons who are recently diagnosed with HIV to type in their initial reaction and receive a positive message in return. This function will be uploaded and ready for use in early Q4. Additionally, the Program also aligned updates to the ¿Y Ahora Qué? website to social media channels, such as Facebook and Twitter. By the end of Q3, the website fan page on Facebook had more than 580 fans engaging and sharing information actively. The most visited sections in the ¿Y Ahora Qué? website were: Home, Self-Help/Support, Experiences (Video Testimonials), and HIV.

SECCIONES MÁS VISITADAS

	HOME	3,859 visitas
	AUTOAPOYO	954 visitas
	VIVENCIAS	477 visitas
	VIH	386 visitas
	SEXUALIDAD	282 visitas
	CONTÁCTANOS	177 visitas
	VIDA SALUDABLE	162 visitas
	ASPECTOS LEGALES	130 visitas



ESTADÍSTICAS DE LA FAN PAGE



PORCENTAJE DE INTERACTIVIDAD DE FANS



In Q3, the Program also continued to carry out the process of updating a new version of the Masculinity Campaign website, www.mizonah.com. Once the masculinities campaign is finalized and validated, the website will be adapted with the new graphic line and spots.

Mobile phone initiatives / SMS technology

In Q3, the Program completed the procurement process and began to develop a contract with a mobile phone aggregator.

Component 2: Address Structural Approaches to enable cultural changes in social norms, reduction of myths and stigma and discrimination related to sexual orientation, occupation and serostatus; addressing social, cultural, organizational, community, and economic factors that increase the vulnerability of MARPs.

The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to *homophobia* and *homophobic behaviors* will be given greater attention and emphasis under the Program.

2. Result 2: Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.

2.1. Institutionalization of anti-stigma and discrimination practices in service delivery points

During FY2012, and in order to institutionalize anti-stigma and discriminatory practices at service delivery points, the Program took the following steps:

Develop curricula and regional training manual for health-care providers on stigma and discrimination.

Cicatelli Associates Inc. (CAI), continued the process of developing a regional training manual for the following groups: 1) decision makers, leaders, directors and managers of health service outlets; 2) medical staff, doctors, psychologists, social workers and nurses; 3) first line attendants, such as administrative staff, security, receptionists, cleaning staff, etc.; and, 4) persons most at-risk for HIV. In Q3, CAI conducted three-day pilot workshop in El Salvador to pre-test the module of the manual that targets decision makers, leaders, directors and managers of health service outlets; 24 representatives from this target audience participated in the workshop. This module is designed to develop in this audience, the skills and strategies to reduce stigma and discrimination in the workplace. This includes the identification of technical solutions for policy development and implementation, analysis of the strengths and weaknesses of their current policies, and the development of operational plans.



Workshop participants expressed their acceptance of the training module and were satisfied with its contents, as well as the need for materials of this type. Additionally, the workshop evidenced the possibility of using this same module to train other audiences at this level in reduced stigma and discrimination.

Quality assurance visits to service delivery points and training of counselors and community workers.

In an effort to contribute to maintaining services free of stigma and discrimination, the Program continued to conduct periodic local monitoring visits, meetings, sensitization and trainings to assure quality at the IPPF service delivery points for MARPs.

During the reporting period, four IPPF member associations (MAs) conducted training and sensitization for a total of 51 staff. Specifically:

- APROFAM/Guatemala conducted training among 11 clinical and non-clinical staff at the Chimaltenango Clinic to introduce them to the Program, its objectives and the target populations.
- PROFAMILIA/Nicaragua conducted a follow-up training with 11 clinical and non-clinical staff (clinic administrators and directors) at 7 of its clinics (Masaya, Ciudad Jardin, Monseñor Lezcano, Sebaco, Matagalpa, Chinandega and Rivas) to provide the information and tools necessary to project participants to apply high-quality administrative and sensitization strategies.
- APLAFA/Panama conducted a sensitization session with 23 of its clinical and non-clinical staff from 5 clinics (San Miguelito, Locería, Chorrera, Colón, La Doña) on the topic of providing quality care, free of stigma and discrimination, to key populations. The session also touched upon biosecurity, led by a laboratory specialist.
- Five BFLA/Belize health services providers and one program director participated in the PSI/Caribbean-PASMO BCC training held in May. BFLA participants exposed to additional innovative and interactive BCC techniques to apply when working with MARPs.

For more information, see Annex I – Quarterly ROPs Report Q3 FY2012, and Annex II – Trainings Summary.

2.2. Establish a regional stigma and discrimination working group and high-level oversight entity

In this period, the Program provided follow-up to the agreements and results stemming from the March Regional Coordinating Mechanism (RCM) meeting in Panama by creating local technical working groups on stigma and discrimination. In Q4, and as part of the commitment to establish the regional stigma and discrimination oversight entity, the Program will send the RCM an update of significant advances with the regional communications initiative, as agreed.

2.3. Work with Journalists, Decision Makers

To help achieve a change in discriminatory and stigmatizing perceptions, attitudes and behaviors towards MARPs, the Program continued to implement a strategy to reach key journalists/media outlets, and decision makers, including contacts in the private sector in partnership with a regional Public Relations Agency, Porter Novelli CAC. In Q3, the Program conducted three sensitization workshops with journalists as follows:

- Guatemala. On Friday June 22nd and Saturday June 23rd, the Program organized and carried out a two day seminar-workshop with an international expert designed for journalists and reporters to sensitize them in topics related to stigma and discrimination. A total of 17 reporters, and one editor, representing TV, radio and print media from Guatemala City and Quetzaltenango, participated in a mix of learning sessions and practical exercises on stigma and discrimination-free reporting. Also, on Friday, a representative from the Presidential Commission against Discrimination and Racism participated in the workshop.
- Nicaragua. On Thursday May 31st, the Program held a half-day sensitization workshop with journalists on stigma and discrimination related to HIV. Fifteen journalists representing five television stations, four radio stations, two newspapers, and two magazines participated in the workshop where they were first presented with the key findings from two regional studies on stigma and discrimination conducted under the Program in 2011. Subsequently, interactive sessions were held to generate discussion and awareness on how stigma and discrimination affects persons most vulnerable to HIV or living with HIV, how societies can benefit from greater tolerance and respect towards all people, and the role of media in this effort.
- Panama. On Tuesday June 12th, the Program held a sensitization workshop with eight journalists from the newspaper, El Siglo. Topics included basic concepts on HIV, sexuality, and as well as stigma and discrimination.



Also, as part of the strategy, the Program conducted face-to-face meetings with media directors in Guatemala with a national level radio network, Emisoras Unidas, and Panama with Medcom representing the main television channels and the national newspaper, El Siglo.

Other anti-stigma and discrimination efforts

- International Day against Homophobia and Transphobia and Gay Pride events. On May 17th, the International Day against Homophobia and Transphobia, and in late June for Gay Pride events, the Program participated in diverse national level activities and initiatives. Additionally, the regional Program provided support to a campaign developed by PSI Mexico entitled “Morado vs Homofobia” and communicated the campaign through regional social media channels.

- Candlelight Vigil. Likewise, the Program provided support and participated in national level events throughout the region. Additionally, on Saturday May 12th, the Program in Belize collaborated with C-NET+, a local NGO, to celebrate the 1st Annual Solidarity Day with Persons Living with HIV. The event was held at the offices of PASMO Belize and was attended by 80 persons including media, key national response partners, persons living with HIV their family and friends. Key partners in attendance included: Claret Care, UNDP, Youth for the Future, UNAIDS, Belize Red Cross, USAID Capacity Project, UNFPA, BFLA, and CDC Behavioral Surveillance Survey staff. The event included speeches on topics such HIV and how it affects women, youth and vulnerable populations in Belize, as well as stigma and discrimination. The agenda was rounded off with a “letters to heaven” activity as well as a candle light vigil.



Component 3: Expanding access and use of prevention services, in particular those provided by private sector by improving the distribution of condoms and lubricants, availability and access to VCT and STI diagnosis and treatment, and referrals for PLHA requiring care and support services

Result 3: Increased access by MARPs to a minimum package of essential prevention and health services, emphasizing in the involvement of private health providers.

3.1 Improving condom and lubricant distribution.

In Q3, the Program continued with its efforts to improve the distribution of condoms and lubricants in high-risk zones. The mapping tool used to document outlets and services in high-risk zones (HRZ) was updated in each Program country. The Program also continued to implement its sales strategy aligned with the sweeping the zone activities and the ¿Tienes? Pidelo campaign. In countries such as El Salvador, a new condom distributor was recruited, Arrocera San Francisco, one of the largest distributors in the country, and trained by PSI/PASMO. In Belize, the Program also recruited a new distributor, Musa, to support efforts in increasing condom availability in HRZ.

National Condom Strategy

In June, the Program was invited by the United Nations Population Fund (UNFPA) to participate in a three-day coordination meeting in Panama to help promote the completion of national condom policies in the region. PSI/PASMO facilitated a session on the social marketing of condoms, growing the total market, and integrating these policies with efforts such as combination prevention for HIV. Representatives from UNFPA, USAID, and Ministries of Health from the region participated in this meeting.

As a result, UNFPA agreed to continue to work closely with PASMO, local Ministries of Health and other partners to encourage the completion of national condom policies or strategies that are integrated with the national AIDS response in each country. As a result of this effort, several actions were carried out in each country, as follows:

- In Guatemala, local teams met with local UNFPA representatives, the National AIDS Program and the Global Fund primary recipient. In this meeting, the Program shared the specific tools that are needed to update the universe of need calculations, and an agenda to advance the strategy, as well as an operation plan were planned.
- In El Salvador, the Program organized a workshop to present, discuss and analyze the results of the El Salvador Measuring Access and Performance (MAP) 2011 study. A total of 18 representatives from private sector distributors, NGOs and civil society, UNAIDS, Ministry of Health (MoH), and USAID participated in the activity, and used the results to discuss actions that could help move forward in the completion and approval of a National Condom Strategy for El Salvador.
- In Nicaragua, the Program continued to coordinate its actions with the local DAIA Committee, now DAISSR Committee. In the meeting held this quarter, the Program shared the results of the 2011 MAP study, and the group decided to form a small committee specifically to map condom distribution and update the estimated universe of need.
- In Costa Rica, the Program worked with CONASIDA to review and analyze available research with the purpose of initiating a condom policy development process for the country.
- In Panama, the Program worked with the National AIDS Program to reactive the process and update and complete the National Condom Strategy.
- In Belize, the Program engaged the National AIDS Commission, UNDP and UNFPA to review the status of the National Condom Strategy process.

3.2. Improving access to MARP-friendly services.

Private sector engagement

During Q3 FY2012, the Program continued to implement tactics and activities to engage the private sector in the provision of MARP-friendly services, as part of its regional strategy. New private sector labs were included as part of the Program's biomedical component and minimum package, in addition to IPPF clinics where they exist. For example,

- In El Salvador, the Program met with the representatives of the board of directors of the Asociation of Private Laboratories and the Ministry of Health. At this meeting, a database of around 200 private labs was shared with the Program to contact and begin a training and sensitization process. The Program also presented the study design for the Mystery Client survey and trained an initial 6 private laboratories in counseling for HIV testing, stigma and discrimination, and other related topics.
- In Nicaragua, public and state-provided HIV related services are highly developed and accessible; therefore, the Program is implementing a strategy to work with NGO laboratories, such as CEPRESI, and IPPF/Profamilia clinics.

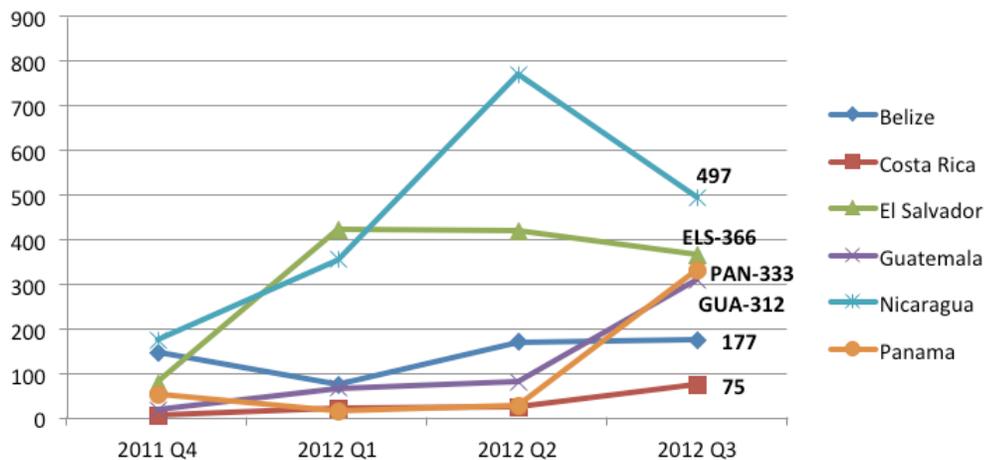
- In Costa Rica, the Program continued to work closely with ASEMBIS and the Social Security Institute of Costa Rica's STI Control and Prevention Health Center.
- In Panama, the Program continued to work closely with the PROBIDSIDA laboratory and five laboratories of Clínicas de Sedas.
- In Belize, the Program has focused its efforts in building the capacity of IPPF/BFLA to provide services. In coordination with The Capacity Project, the Program is exploring the possibility of reaching out to private clinics.

Strengthening the referral system with IPPF MAs

IPPF/WHR Member Associations (MAs) continued to expand access to the minimum package of services for MARPs over the third quarter of FY2012. The number of individuals who received VCT services and their test results in the region, increased from 1,495 in the second quarter to 1,760 in the current reporting period (Graph 1 below shows trends in VCT service provision by country). APLAFA/Panama and APROFAM/Guatemala achieved the biggest increases in VCT service provision relative to their service volume in the second quarter. At the same time, service provision in the countries remained stable or decreased relative to the previous quarter. To date in FY2012, 4,225 individuals have received VCT services at IPPF/WHR MA clinics or joint outreach activities with PASMO. In addition, IPPF/WHR MAs also provided the following services over the past quarter:

- 78 syphilis diagnostic tests (APROFAM/Guatemala)
- 182 STI consultations (ADC/Costa Rica, ADS/EI Salvador, APROFAM/Guatemala, APLAFA/Panama and BFLA/Belize). The volume of STI services provided to MARPs remains low, with numbers varying from 8 STI consultations in Panama to 78 STI consultations in Belize. Differentiated strategies for the promotion of STI services may be necessary to boost STI service coverage for key populations.
- 139 Pap smears (primarily BFLA/Belize, with a few services provided by APLAFA/Panama)

Graph 1: Number of clients who received VCT services and received their test results (IPPF/WHR MAs)



3.3. Conducting Mobile VCT

In order to increase access to VCT/STI services among MARPs, the Program continued to implement a mobile VCT approach that includes referrals for STI diagnosis and treatment. The following results are detailed for the region:

Table 4: VCT Activities Q3 FY 2012

Target Groups	Guatemala			El Salvador			Nicaragua			Costa Rica			Panama			Belize			TOTAL		
	VCT																				
	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev
MSM	273	8	2,9%	253	7	2,8%	396	3	0,8%	9	2	22,2%	172	18	10,5%	53	1	1,9%	1.156	39	3,4%
FSW	947	8	0,8%	1.904	19	1,0%	1.106	3	0,3%	42	2	4,8%	204	4	2,0%	68	0	0,0%	4.271	36	0,8%
Males at Risk	2.009	12	0,6%	1.453	6	0,4%	1.296	4	0,3%	74	0	0,0%	672	3	0,4%	327	0	0,0%	5.831	25	0,4%
Trans	50	6	12,0%	65	4	6,2%	60	0	0,0%	1	0	0,0%	14	4	28,6%	N/A	N/A	N/A	190	14	7,4%
Caribbean Population	112	1	0,9%	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0,0%	25	0	0,0%	32	1	3,1%	169	2	1,2%
TOTAL...	3.391	35	1,0%	3.675	36	1,0%	2.858	10	0,3%	126	4	3,2%	1.087	29	2,7%	480	2	0,4%	11.617	116	1,0%
GOAL	6.000			4.500			6.000			600			3.000			2.400			22.500		
% Achieved	57%			82%			48%			21%			36%			20%			52%		

In general, prevalence rates reflect regional tendencies such as higher rates among MSM and transgendered populations. All countries have improved their VCT results despite challenges in some local settings. For example, in Costa Rica, the program continues to face the challenge of delay in receiving the result of tests conducted by the Social Security Institute STI Control and Prevention Clinic. For more information on VCT results, see Annex I – Quarterly ROPs Report Q3 FY2012.

Coordination National HIV Testing Day in Belize and El Salvador

On Friday June 29th, the Program worked with the Ministry of Health (MoH) in El Salvador to coordinate the National HIV Testing Day. PASMO provided free HIV testing and counseling services at three locations in the country: San Salvador, Santa Tecla and San Miguel. Preliminary data from the MoH indicates that more than 90,000 tests were provided nationwide during the day of which approximately 200 returned positive and 120 inconclusive. PASMO also set up computers and print/audiovisual material to promote the www.yahoraque.info website.

Also, on Friday June 29th, the Program helped generate demand for testing and counseling services provided during the Regional HIV Testing Day in Belize. The National AIDS Commission, Ministry of Health, Belize Chambers of Commerce, Caribbean Broadcasting Community and Scotia Bank coordinated four HIV Testing sites in Belize to simultaneously reflect similar initiative of other countries in the Caribbean region. PASMO Belize was invited to participate in this initiative and was present at three sites in Belize City, San Ignacio town and Orange Walk town with satellite tables to assist in mobilizing at-risk individuals for testing and counseling services. Though the Ministry of Health has not yet provided the final tally of tests provided on that day, PASMO Belize was able to mobilize a total of 192 males for HIV testing; additionally, outreach teams promoted the www.andwhatnow.info website.

Cross-Cutting Component 4: Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented.

Result 4: Strategic information obtained through research and monitoring process, being used to design or modify prevention activities.

4.1. Research, Monitoring and Evaluation

Special Study on Masculinities and women's perspective

In Q3, the Program completed the report for the special study on masculinities and women's perspectives. Additionally, the Program validated the new masculinity campaign elements including storyboards, radio spots, and print material. For more information, see Annex IV – Masculinities' and women's perspective study final report, and Annex V – Masculinities Campaign Validation Report.

TRaC Surveys

In Q3 FY2012, the Program conducted the bidding and procurement process for the selection of a research agency to conduct the TRaC surveys in the region (FSW and MSM, as well as two regional TRaCs with people living with HIV/AIDS and men at-risk).

The economic proposals from the research agencies were higher than expected and the Program evaluated and implemented several options including negotiations with the agencies to reduce costs, negotiation with USAID for additional funding for research, and program savings in other areas to make these surveys possible. By Q3, the Program decided to move forward with the TRaC surveys as USAID confirmed additional funds which will be obligated by the end of the fiscal year. In parallel form, the Program reviewed the survey questionnaires and included new sections on gender-based violence, and stigma and discrimination, among others; USAID approved the final questionnaires.

Mystery Client Survey

In this reporting period, the Program continued groundwork to prepare for the launch of the evaluation. This included: 1) translating the study protocol and all data collection instruments to Spanish, 2) creating electronic versions of the questionnaires (to be available online), 3) presenting the study design to the Ministry of Health in each country for approval, 4) soliciting the approval of facility managers to have their clinic/laboratory participate in the evaluation, and 5) recruiting local study coordinators. Fieldwork is expected to begin in Q4.

4.2. Strategic Information

DDM and Research Dissemination Strategy

In Q3, PSI/PASMO continued to implement its three-step, regional dissemination strategy which includes: 1) Internal Dashboard to Decision Making (DDM) exercises, 2) National DDM workshops with partners and stakeholders, and 3) Research Dissemination Events.

MAP 2011

In Q3, the Program in El Salvador and in Nicaragua conducted National DDM workshops for MAP 2011 in technical working groups, as mentioned above in the National Condom Strategy.

Stigma and Discrimination

Guatemala, El Salvador, Nicaragua and Costa Rica held dissemination workshops with key partners such as Ministry of Health / National AIDS Program, USAID partners in health, civil society and NGOs, international cooperation agencies, and other stakeholders to present the results the regional diagnosis and a qualitative study on stigma and discrimination. Additionally, those who assisted the events participated in interactive sessions to sensitize and generate a more in depth discussion on stigma and discrimination. A product of these workshops were the local technical working groups formed in each country

Other

The Program participated in the dissemination of a PSI/Caribbean Study, conducted in Belize, entitled "HIV/AIDS study evaluating condom use among sexually active males 25-49 years with three or more sexual partners in the last 12 months", Round 1.

Inter-institutional coordination

During Q3 FY2012, the Program conducted extensive and ongoing coordination efforts, not only with partner NGOs, Program partners, public and private sector partners, but also with other USG agencies and USAID partners in health; for example:

- *US Government (USG) Agencies and USAID partners in health.* USAID partners' meetings were held in most Program countries in this period to coordinate efforts, in addition to other one-on-one meetings among partners throughout the period and across the region.
 - In June, PSI/PASMO was invited by the USAID Bureau for Latin America and the Caribbean (LAC) to present the objectives, activities and results of the Combination Prevention Program for HIV in Central America. Approximately 15 members of the LAC Bureau, including the office director, participated in the session and presented questions and comments on the Program and how combination prevention is being implemented in the Central American region.
 - In Belize, the program continued to work with UVG/CDC and the Behavior Surveillance Survey to support on the recruitment process of MSM for study.
 - In Guatemala, the program teamed up with the Peace Corps to organize a workshop for support group facilitators at comprehensive care clinics attending persons living with HIV in Quetzaltenango, Sololá, San Marcos, and Huehuetenango. At this workshop, participants were presented with the ¿Y Ahora Qué? Website (www.yahoraque.info).

- *Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanism (RCM).*
 - In Belize, the Program Country Manager currently serves as Vice-Chair on the CCM Monitoring and Evaluation Committee, and it is part of a small working group planning a National HIV Conference scheduled for early 2013.
 - In Guatemala, the Program Country Manager serves as President and CCM and was actively involved in recent Global Fund visits.
 - In Nicaragua and El Salvador the Program continues to be an active participants in local CCMs.

- *Other donors and programs.* The Program continued to coordinate its activities and interventions with other donor projects and programs, such as the USAID bilateral Program in El Salvador, and the USAID bilateral programs in Nicaragua.
 - In Belize, the Program worked with UNDP to plan and implement a “know your status campaign”. Additionally, as Belize enters the planning process for Global Fund Round 9 Phase II, there is an increased interest in monitoring condom distribution and developing a sustainable strategy, since this is the last year GF will distribute free condoms, leaving a significant void at the national level. PASMO Belize is being looked towards to potentially take greater leadership in this are for the coming years.
 - In April the Program worked with the principal recipient of Global Fund in Guatemala, HIVOS, for the pilot of the unique identifier code (UIC) system. Also, the Program presented advances and results of the UIC system to Guatemala’s GTA group (Grupo Temático Ampliado), where government, civil society, cooperation and UN agencies, work together in the national HIV response.
 - In El Salvador, the Program coordinated with the MOH to access the board of Directors of the Association of Private Laboratories, which will allow the program to engage the private sector more effectively in the national response. Also, the NGO in El Salvador, ASPIDH, was featured in a UNAIDS case study on their successful interventions with transgendered populations. The case study centered on a behavior change communication methodology developed by PASMO for men who have sex with men, and that was adapted by ASPIDH Arcoiris for transgendered populations with PASMO’s technical assistance. Subsequently, ASPIDH Arcoiris was awarded with funds from the American Foundation for AIDS Research (amfAR). This is a result of a longstanding effort by PASMO to build the capacity and strengthen local NGOs through training and technical assistance to allow them to bid on funding, plan strategically, and improve interventions targeting populations most vulnerable to HIV in El Salvador and the region.
 - In Costa Rica, the program has worked in closed coordination with REDCA to improve the skills of program staff in reaching PLHA. This coordination has opened the door for regional conversations to collaborate on the development of materials and avoid duplication.

- *Regional and local coordinating entities.* During this period, the Program continued to participate actively in regional and local coordinating working groups and entities such as the local technical working groups on Stigma & Discrimination, the Sexual Violence and Human Trafficking Working Group in Guatemala, and the regional and local UNFPA National Condom Strategy Working Groups.
- XIX World AIDS Conference
In Q2 FY2012, the Program had submitted several abstracts for the 2012 World AIDS Conference to be held in Washington DC in July. A total of 6 abstracts submitted by PSI/PASMO, two from Mexico and 4 from Central America, were accepted in poster format. The posters included quantitative research on condom availability in high-risk zones and behavior surveys and qualitative research on masculinities, gender and HIV. During this reporting period, PSI/PASMO worked to prepare the posters for the Conference.

5. **Other Cross Cutting Issues**

Gender

During Q3 FY2012, the Program continued to conduct its combination prevention interventions, based on a minimum package designed to consider gender-related issues, such as reproductive health and violence. In all Program countries there is at least one or two organizations working with the program under the complimentary component of the minimum package to provide support services in areas such as gender –based violence and in areas specific to women’s health and services.

Additionally, there have been other concrete efforts. For example, in Q3, PASMO met with the Salvadoran Institute for the Development of Women (ISDEMU – Instituto Salvadoreño para el Desarrollo de la Mujer) in Santa Ana, El Salvador. The purpose of the meeting was to present the Combination Prevention Program and forge a working alliance where PASMO will be able to refer women, such as female sex workers, to services at the ISDEMU including legal support for cases of gender-based violence and stigma and discrimination. A key output of this meeting was the opportunity to present a working proposal to the Director of the Institute to begin coordinating efforts for Q4.

In El Salvador, PASMO signed a letter of understanding with the Ministry of Education (MoE) to work together through the year 2014. The agreement will allow PASMO to work at 25 schools on topics related to gender equality, HIV prevention, reduction of gender-based violence, human rights and stigma and discrimination. PASMO will recruit and train youth volunteers for peer-led initiatives, train and sensitize teachers, and work on engaging parents on these topics. The agreement also establishes that PASMO will use the website www.yahoraque.info to engage vulnerable youth in HIV prevention as well as stigma and discrimination.

In Nicaragua, the Program worked with a Peace Corps volunteer to carry out an assessment of gender and violence content in BCC activities. As a result of this assessment, the Program plans to facilitate a series of training sessions with specific topics on gender, particularly when working with FSW and transgendered populations.

Finally, the Program continues to participate in the Sexual Violence and Human Trafficking Commission in Guatemala, implementing the approved operational plan. During this period, the Commission began a process of consultation with MARPs, as well as police, prosecutors and other enforcers, to understand their interpretation of the legal framework

Foundations of Leadership Training

In June, the COP of the Program participated in a 3-day workshop entitled Foundations of Leadership. The learning objectives included: be a productive strategic thinker and successfully influence others to achieve desired results, strengthen communication skills to promote effective dialogue and engage in ongoing feedback, effectively delegate to, motivate and coach others, and develop and implement an application process for employing strategies and skills learned in the course into the daily platform work.

Challenges and Lessons Learned

Challenges	Actions and Lessons Learned
Efforts to reach private healthcare providers in Belize have proven to be more difficult than expected. The number of private healthcare providers in Belize is very limited, thus these institutions/people are not easily motivated to collaborate with NGOs on projects where there may not be substantial financial gain for them.	Recently met with Capacity Director to coordinated and develop a strategy to reach healthcare providers in Belize.
In Nicaragua, private sector laboratories are limited in their reach and relevance to MARPs and HIV, given that the public sector covers most of the demand for services in the country.	The Program decided to implement the strategy only with IPPF MAs.
In the high risk zones of Nicaragua, there has been an increased number of police operatives to shut down establishments were minors are working or drugs are distributed. This has forced outlets to close, change names or move to other areas.	The Program has more frequently updated its mapping of high risk zones to provide adequate coverage of combination prevention.
Panama continues to operate without a PASMO Country Manager.	The Program is providing increase accompaniment to the HIV Coordinator for follow up in Program activities. PASMO continues the recruitment process.
Progress with VCT in Costa Rica is advancing but slowly. The process of coordinating these services with the Social Security Institute and the Program (ASEMBIS) has been slower than expected.	The Program has approached the Social Security Institute to support expediting process and procedures.
In PROFAMILIA Nicaragua, there has been a remarkable increase overall in the number of clients who received VCT services. However, the budgetary constraints continue to threaten these gains and their current funding makes it difficult for PROFAMILIA to continue VCT services at the current remarkable levels.	Identifying solutions for ensuring the continuity of service provision at MAs should be a priority for IPPF/WHR and PASMO in the coming months.

Summary Budget Year 2 (up to June 2012)

POPULATION SERVICES INTERNATIONAL/PASMO REGIONAL CENTRAL AMERICA SUMMARY

Central American and Mexico HIV/AIDS Program: Combination Prevention for MARPs

SUMMARY BUDGET YEAR 2 (OCTOBER 2011-SEPTEMBER 2012)

DESCRIPTION	Planned Q1	Planned Q2	Planned Q3	Planned Q4	TOTAL BUDGET FY12	EXPENSES UNTIL JUNE	BURDEN RATE Q3
MARPS Activities	645.569	691.449	916.838	735.386	2.989.242	1.968.128	
Procurement	0	0	0	5.000	5.000	3.207	
Training	10.266	10.266	10.266	10.266	41.062	48.450	
Indirect Cost	63.054	63.054	63.054	63.054	252.215	163.639	
TOTAL	718.889	764.769	990.157	813.705	3.287.520	2.183.424	88%

During Q3, the Program experienced a series of delays in the implementation of mass media and communications campaigns under the MARPs activities line; however, the campaigns expect to be produced and aired by the end of Q4 and all budget for FY2012 will be executed as planned.