

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

Quarterly Narrative Report January 1 – March 31, 2013

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for



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LIST OF ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
BCC:	Behavior change communication
CAI:	Cicatelli Associates Inc.
C/FBO:	Community/faith-based organization
CAM:	Central America & Mexico
CEM:	Coarsened Exact Matching
DDM:	Dashboard to Decision Making
FSW:	Female sex workers
GCF:	Gender Challenge Fund
HIV:	Human Immunodeficiency Virus
IPC:	Interpersonal communication
IPPF/WHR:	International Planned Parenthood Federation/Western Hemisphere Region
IRB:	Internal Review Board
MA:	Member Association
MARPs:	Most at-risk populations
MnC:	Milk n' Cookies
MSM:	Men who have sex with men
MoH:	Ministry of Health
NAP:	National AIDS Program
NGO:	Non-governmental organization
PASMO:	Pan-American Social Marketing Organization
PEPFAR:	The United States President's Emergency Plan for AIDS Relief
PLHA:	People living with HIV/AIDS
POP:	Point-of-purchase
PSI:	Population Services International
SKU:	Stock keeping unit
REDCA:	Central American Network of Persons with HIV
RCM:	Regional Coordinating Mechanism
SMS:	Short messaging system
STI:	Sexually transmitted infection
TRaC:	Tracking Results Continuously quantitative survey
UIC:	Unique identifier code
UNDP:	United Nations Development Program
UNFPA:	United Nations Population Fund
USAID:	The United States Agency for International Development
VCT:	Voluntary counseling and testing for HIV

Executive Summary

This quarterly 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 January 1, 2013 – March 31, 2013 (Q2 FY2013). 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, Cicitelli 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 Q2 FY013, 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 by country and target population, updating and using high-risk zone profiles, and conducting actions to help strengthen the implementation of the “sweeping the zone” strategy based on the results of the Best Practices Review.
- **Signed a letter of agreement with the** Central American Network of Persons Living with HIV (REDCA) to strengthen and coordinate the Program’s activities with persons living with HIV (PLHA).
- **Conducted 4,862 combination prevention activities through 40,409 contacts, reaching 27,262 individuals.**
- **Conducted two new “Methodological Congresses” in Nicaragua** as part of the methodological coaching process with NGOs and National Prevention Strategy.
- **Began implementing one new BCC methodology (“Decisiones” picture code for female sex workers)**, continued to update two current methodologies to incorporate combination prevention (update to “123-Safe” and “El Reto”), advanced with the adaptation of the “XY” incomplete drama methodology for MSM for online format and outreach, and sent the multiple-session discussion methodology for female sex workers (“Entre Nosotras”) for validation to local platforms.
- **Continued to implement online outreach with MSM through the cyber-educator program, reaching a total of 444 MSM in this period.** The Program also advanced with the development of an online platform for cyber-educators to record and report their online outreach activities, as part of the “gamification”¹ strategy.

¹ A gamification strategy involves linking educational programs for educators with a cyber points program where both cyber educators and users receive points for different tasks given for participation in the education program. Levels and points are linked to an awards program where benefits and goals achieved can reward users with non-monetary or digital prizes.

- **Organized and held the Regional Cyber-Educators Workshop**, covering topics such Web 3.0 strategies, effective communication in social media channels, monitoring and evaluation, and other topics designed to strengthen online outreach activities with MSM.
- **Continued to lead the implementation of virtual self-help groups through the ¿Y Ahora Qué? website**, and continued to implement a the communication and promotion strategy for the website and groups in all Program countries.
- **Conducted ongoing activities to strengthen and systematize quality control for BCC/VCT activities, including the continued implementation of Unique Identifier Code (UIC) system at a regional level with an emphasis on cross-analysis of data.** Local-level quality control and UIC review meetings with NGOs, IPPF and other partners were also held.
- **Organized and held week-long workshops in Guatemala, Costa Rica, Nicaragua and Panama with local staff and NGOs** to strengthen the quality of BCC and combination prevention interventions in the field.
- **Printed and reproduced POP and print materials under the condom category campaign known as ¿Tienes? Pídelo.**
- **Provided follow-up to the launch and airing of the second phase of the Hombres de Verdad Campaign** with innovative and interactive activities in Costa Rica.
- **As part of its social media strategy, continued to implement a systematic update of the ¿Y Ahora Qué? and Mi Zona H websites and their social media channels** based on a three level calendar which includes key dates and new content.
- **Achieved a total of 1,570 new visits to the ¿Y Ahora Qué? website and 932 return visits, in addition to 3,744 fans in Facebook. Also a total of 392 total visits to the Mi Zona H website and 8,058 fans in Facebook.**
- **As part of its mobile phone and short messaging system (SMS) initiatives, completed the validation of the two interactive SMS “soap operas” for female sex workers and transgendered populations and incorporated validation findings into the final content.**

Table 1: Summary of Regional BCC Outputs (October 2012 – March 2013, FY2013)

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	4,637	5,090	3,963	1,943	3,580	245	19,458	15,090	129%	100%
ComPrevention Contacts	41,620	52,628	36,313	13,724	34,901	2,060	181,246	128,225	141%	100%
Individuals reached	15,012	15,804	11,451	3,848	8,368	1,510	55,993	53,894	104%	100%
TOTAL VCT	5,531	5,142	3,324	580	3,112	916	18,605	22,500	83%	100%

Component 2 – Structural Approaches

- **Conducted two final validation workshops for the regional training manual for services providers on stigma and discrimination** (module 3 for first line attendants and module 4 for MARPs). The Program also completed the final content, design and layout of the training manuals.
- **Trained 393 health care workers, including counselors, community workers in outreach with MARPs and testing and counseling** at IPPF/WHR Member Associations, NGOs and private sector health care providers in the provision of MARP-friendly services.
- **Continued to lead the process of a social movement against stigma and discrimination at a regional level** through local multi-sector technical working groups that met on a monthly or bi-monthly basis during this reporting period. At a regional level, a guide, key messages and operational plan were developed in support of the local technical working groups.
- **Provided follow-up to the process of establishing a high-level stigma and discrimination working group through the Regional Coordinating Mechanism (RCM)** at the quarterly RCM meeting in Cost Rica.
- **Continued to conduct outreach with media outlets, directors and editors to promote sensitization in anti-stigma and discrimination communication.** At a regional level, a monthly fact-sheet was developed to send to the regional journalist's database, in addition to the expansion of the bibliography of materials on HIV, stigma and discrimination for this audience.

Component 3 – Expanding Access and Use of Prevention Services

- **Worked to improve condom and lubricant distribution** by continuing to implement a high-risk zone sales strategy that identifies and opens new non-traditional and high-risk outlets.
- **Continued to work closely with the MoH and UNFPA to provide follow-up to the National Condom Strategy processes** in the region in order to encourage the growth of the overall condom market; however there are few advances to report except for Belize.
- **Continue to expand access to MARP-friendly services at local IPPF Member Associations** through coordinated sweeping the activities and other actions.
- **Continued to work through IPPF member associations throughout the region to provide access to MARP-friendly services** providing biomedical services such as syphilis diagnosis tests, STI consultations, and HIV testing and counseling.
- **Continued to engage the private sector** in an effort to expand the number of MARP-friendly services outlets, including training sessions for private laboratory staff on counseling and testing, stigma and discrimination.
- **Conducted mobile VCT in all program countries**, except Costa Rica and Nicaragua, in coordination with MoH and other key partners. Non-mobile VCT was also provided in Belize, Guatemala, El Salvador, Costa Rica and Panama.
- **Complied with the Environmental Mitigation Plan** in the region.

Cross-Cutting Component 4 – Strategic Information

- **Completed and submitted the study design for a special qualitative study with PLHA to the Internal Review Board at PSI (IRB).**
- **Completed the first round of the Mystery Client Survey in all Program countries except Costa Rica.**
- **Completed the fieldwork for the new round of TRaC surveys with FSW and MSM in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama.**
- **Continued to implement its regional Research Dissemination Strategy in coordination and communication with the MoH.**
- **Continued to participate in inter-institutional entities and working groups**, in addition to ongoing close coordination with local Ministries of Health, USAID partners in health, donors, NGO partners, among others.

Other Cross Cutting Issues

- **Conducted ongoing efforts to include gender** in the conceptualization, development and implementation of all components of the program.
- **Continued to implement the PSI/PASMO Human Resources Development Plans** in each country platform with ongoing and multiple training sessions for internal staff.
- **Completed a final draft of the 2013-2017 PASMO Strategic Plan.**
- **Addressed certain challenges faced during the reporting period**, planned, and began to undertake actions in response to those challenges.

PEPFAR Central American Gender Challenge Fund (GCF)

In the period from February 14th to March 31st, the Program conducted a series of activities to initiate the Gender Challenge Fund (GCF), including:

- The Commission held a one-day workshop, in coordination with SVET, with NGOs and civil society representing MARPs to review the law, protocols and present the GFC objectives and activities.
- The Program presented the GCF in the regional RCM meeting in Costa Rica.
- The Program included questions and specific sections on gender-based violence in the questionnaires for the TRaC surveys with MARPs and Mystery Client Surveys at service delivery points.

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, Cicitelli 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 female sex workers (FSW), 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.

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.

Also, in FY2012, USAID and local implementing partners in Nicaragua (Combination Prevention Program and Prevensida) revised both programs and proposed a new National Prevention Strategy that redefines the roles of each partner in order to avoid duplication and ensure the optimization of resources. As a result, as of FY2013 the Combination Prevention Program no longer directly implements most activities in Nicaragua, and focuses its efforts on strategy and materials development, as well as training and coaching.

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 sweeping the zone strategy strengthening

During Q2 FY2013, the Program, with the exception of Nicaragua, continued to implement combination prevention activities through HIV/STI tactical prevention teams integrating BCC, Sales, and VCT (PASMO, IPPF or private sector partner) as well as complementary services providers and partners.

In order to standardize processes and improve results of the sweeping the zone strategy, all Program countries implemented some of the findings and best practices from the “Best Practices Review” conducted in 2011. Additionally, during this period the Program implemented sweeping the zone activities in a more systematic and structured fashion, allowing the Program to increase coverage and reach a greater number of individuals. The focus of sweeping the zone in upcoming periods will be to close combination prevention “cycles”. Specifically,

- Guatemala.

In this reporting period, the Program carried out **four** sweeping the zone activities with HIV tactical prevention teams in high risk zones; two in Mazatenango and two in Puerto de San José, Escuintla). During these activities, the Program targeted mainly men at-risk, including motorcycle-taxi drivers, taxi drivers, bus drivers and their assistants. A total of 350 individuals from the target populations were reached in these four sweeping the zone activities, 200 of which received HIV testing and counseling services (2 tests returned positive). One of the lessons learned during this period was the time factor; although most individuals wanted to participate and receive services, some could not during their work hours. One of the successes in these activities was the participation of local health centers who offered other services, such as monitoring of blood pressure and glucose levels, which motivated target populations to further participate under a holistic health approach.



- El Salvador

During this reporting period, the Program conducted **twelve** sweeping the zone activities at a national level, through HIV tactical prevention teams. Some of the complementary services provided during these activities included the reduction of addiction to drugs and tobacco, psychological support, human rights and reporting violations, as well as citizen empowerment in a community setting. One of the successes reported during these activities was the increased collaboration with local IPPF member association clinics, which now receive MARPs referred by HIV tactical prevention teams during nighttime hours. Other services that help attract target individuals included general health consultations, vaccination services and beauty or esthetic services.

- Costa Rica

During this period, the Program carried out **three** sweeping the zone activities, two that targeted female sex workers at their work sites. One of the challenges faced in these two sweeping the zone activities was limited space within the brothels and clubs where the women work, which allowed for only 2 BCC agents and 2 VCT services providers to provide combination prevention services. Despite this challenge, 159 FSW and their clients received VCT services as part of the minimum package, including providing their results via telephone (no rapid test in Costa Rica). In this period, as per the request of the MoH, the Program continued its plans to expand its geographical coverage in Limón as of Q3. Originally, the Program was to expand to Guanacaste; however, delays in coordination with partners, such as Social Security, the plans to expand were shifted to Limón where HIV networks, supported by the Capacity Project the Social Security Institute and other partners, had already been already identified and are the training process.

The third sweeping the zone activity was conducted at the national police academy and additional activities were conducted, such as a mobile version of the masculinities campaign and a five-hour training for police commanders with the support of the health office of the Ministry of Defense covering topics such as HIV, STIs, correct and consistent condom use, stigma and discrimination, and the combination prevention approach.

- Panama

The Program in Panama conducted **three** sweeping the zone activities, one of which was carried out in the Kuna Nega community with this indigenous population. The second was conducted in the region of “Los Santos” targeting mainly MSM and transgendered populations, and the third in Panama City targeting men at risk, specifically construction workers. In “Los Santos”, 102 MSM and transgendered individuals received VCT services, one of the tests returned positive.



- Belize
The Program in Belize conducted **five** sweeping the zone activities in five of the six districts in the country. In an effort to continue strengthen the sweeping the zone activities, the Program worked in this period with the National AIDS Program and BFLA. Additionally, the Program will strengthen the quality of these activities in coordination with the PASMO regional office and PAMSO El Salvador who is planning to visit Belize in Q3 to support this effort.

Mapping of high-risk zones

During the reporting period, the Program continued to use and/or update the census and mapping of high-risk zones where these tactical prevention teams carry out their combination prevention activities. Specifically,

- In Guatemala, the Program updated its high-risk zone profiles, allowing it to identify new complementary services such as treatment of alcohol and drug addiction (collaboration with Alcoholics Anonymous –AA), and local health centers.
- In Costa Rica, the Program updated its high-risk zone profiles to ensure addresses and locations of outlets and BCC points. The HIV tactical prevention teams met to analyze these profiles on a monthly basis as part of its planning and quality control activities.
- In Panama, the Program also updated its high-risk zones profiles with an emphasis in the areas of Santa Ana and San Felipe.
- In Belize, the Program used GPS data to complement the update of its high-risk zone profiles in Orange Walk town, San Ignacio town and San Pedro town.

NGOs working under Combination Prevention to provide the minimum package

Also, during this period, the Program reviewed its list of NGO partners conducting combination prevention activities and in some countries, recruited and conducted evaluations with new NGOs, as follows:

Population	Guatemala	El Salvador	Costa Rica	Panamá	Belize
MSM	Nuevos Horizontes	PASMO Staff	Consultant	AHMNP	PASMO Belize
	OTrans	Colectivo Alejandría		Grupo Génesis Panamá +	
	Proyecto Vida			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)				
	IDEI SOMOS PASMO staff				
Transgender	Otrans	PASMO Staff	Asociación Manu	Grupo Génesis Panamá +	
		Colectivo Alejandría		Asociación Viviendo Positivamente	
				AHMNP	
FSW	Proyecto Vida	Orquideas del Mar	Asociación La Sala	Grupo Génesis Panamá + / AHMNP	PASMO Belize
	Nuevos Horizontes			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	Staff PASMO			
	IDEI				
	PASMO Staff				
Men at-risk	Proyecto Vida	Orquideas del Mar	Asociación Manu	Asociación Viviendo Positivamente	Progressive Organization of Women in Action (POWA)
	Iseri Ibagari	PASMO Staff	Asociación La Sala	Grupo Génesis Panamá +	
	Gente Feliz (SODEJU FUNDAJU)		PASMO Staff	Fundacion PROBIDSIDA	Sacred Heart Parish/Claret Care (testing only)
	IDEI				PASMO Belize
	SOMOS				
PASMO staff					
Garifuna	Iseri Ibagari				Progressive Organization of Women in Action (POWA)
	-				Sacred Heart Parish/Claret Care (testing only)
PLHA	Iseri Ibagari	Red Salvadoreña de Personas con VIH (RED SAL+)	Asociación Manu	Grupo Génesis Panamá +	Collaborative Network of Persons with HIV (C-Net+)
	Proyecto Vida			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	Vision Propositiva		PROBIDSIDA	
	IDEI	PASMO Staff			
MSM (online)	Cyber-educador (PASMO staff)	Cyber-educador PVC (PASMO Staff) Cyber-Educador HSH (PASMO Staff)	Cyber-Educador (PASMO staff)	Cyber-educador (PASMO staff)	Cyber-Educators (PASMO Staff)
	SOMOS	REDSAL	Manu	Grupo Génesis Panamá +	
	ODASA (Gente Positiva)				
***Nicaragua:	Vinculos Solidarios ASONVHISIDA				

During this period, the new NGOs that are participating under the Program are mainly the organizations conducting online outreach with MSM and PLHA as part of the cyber-educators program.

For more information on partner NGOs and other partners providing combination prevention services under the minimum package, please see Annex III – Regional summary of all minimum package partners and stakeholders.

Reaching PLHA with Combination Prevention

In this period, the Program carried out a regional-level meeting with the Central American Network of Persons Living with HIV (REDCA). One of the main outputs from this meeting was the signing of a letter of agreement between PASMO and REDCA to share materials, coordinate activities and research, and identify areas of collaboration for the regional congress of PLHA to be carried out in November in El Salvador.

- In Guatemala, the Program provided accompaniment to the comprehensive care clinics in Puerto Barrios, Coatepeque and those under the Social Security Institute. To strengthen outreach with PLHA, the Program provided training and capacity building to the NGO, IDEI, allowing the Program to reach 2,600 PLHA during this period.
- In El Salvador, the Program continued working with RESAL and Visión Propositiva, and established geographic areas of coverage for both NGOs to avoid duplication and ensure the best coverage for PLHA in the country. The Program saw a positive impact of the distribution of print material for PLHA on adherence to treatment and sexuality including an increase in the number of PLHA requesting CD4 count and viral count, and the number of PLHA maintaining their medical appointments. Hospitals and comprehensive care clinics are increasingly requesting these two print materials from PASMO.
- In Costa Rica, the Program hired a consultant specifically to reach this population in clinical settings, and also began to work with two new groups of PLHA in Turrialba in collaboration with the HIV Commission of the William Allen hospital. Additionally, the Program worked with a professional psychologist to open a new group for PLHA with the purpose of providing BCC interventions through PASMO and REDCA methodologies. The Program also worked with the NGO, Manu, to organize and carry out two sessions with PLHA on self-esteem and STIs. Another important success was the agreement with the Social Security Institute to include PASMO print materials on adherence (“Conéctate con tu tratamiento”) in the packages of anti-retroviral medication provided to PLHA.
- In Panama, the Program worked through two NGOs to reach PLHA, Grupo Génesis and Viviendo Positivamente, and coordinated with local REDCA representatives.
- In Belize, the Program collaborated with the only organization founded by and for persons living with HIV (C-Net+) to continue to grow. Outreach numbers in Q2 have greatly increased thanks to C-Net+ and plans are in place to collaborate on the 2013 Solidarity Day with Persons with HIV, expansion of AndWhatNow website, first National Prevention Summit, and the Social Movement against stigma and discrimination, Generation Zero.



In Q2 FY2013, the Program implemented 4,862 activities with MARPs across the region, through 40,409 contacts, reaching 27,262 individuals. For Nicaragua, these totals only include MSM and PLHA reached through social media and online channels, as agreed under the new country strategy.

Table 2: Total Activities and Contacts up to Q2 FY2013

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Belize		Total REGION		% Achieved	
	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
MSM	315	1,990	320	2,966	32	194	318	2,428	43	301	1,028	7,879	33%	32%
FSW	90	1,130	1,041	8,536	6	58	133	862	53	347	1,323	10,933	46%	47%
Trans	52	369	73	589	2	20	66	396	0	0	193	1,374	46%	41%
Males at Risk	424	4,450	578	5,237	7	68	290	2,210	51	426	1,350	12,391	47%	43%
PLHA	274	1,943	403	3,833	0	0	173	1,049	36	335	886	7,160	19%	20%
Caribbean Population	46	366	0	0	0	0	0	0	36	306	82	672	14%	17%
TOTAL...	1,201	10,248	2,415	21,161	47	340	980	6,945	219	1,715	4,862	40,409	34%	34%

Table 3: Total Combination Prevention Interventions, Contacts and Individuals by Country and Target Group up to Q2 FY2013

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP		
	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		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	315	1,990	1,536	320	2,966	1,807	32	194	104	318	2,428	892	43	301	191	1,028	7,879	4,530
FSW	90	1,130	837	1,041	8,536	5,367	6	58	33	133	862	725	53	347	267	1,323	10,933	7,229
Trans	52	369	206	73	589	368	2	20	19	66	396	171	0	0	0	193	1,374	764
Potential Clients	424	4,450	4,190	578	5,237	4,100	7	68	45	290	2,210	1,405	51	426	379	1,350	12,391	10,119
PLWA	274	1,943	1,557	403	3,833	2,114	0	0	6	173	1,049	417	36	335	129	886	7,160	4,223
Caribbean Pop.	46	366	249	0	0	0	0	0	0	0	0	0	36	306	148	82	672	397
TOTAL...	1,201	10,248	8,575	2,415	21,161	13,756	47	340	207	980	6,945	3,610	219	1,715	1,114	4,862	40,409	27,262

1.2 Methodological coaching in Nicaragua.

As of FY2013, in Nicaragua, the Program began to implement a new National HIV Prevention Strategy among USAID partners in health. As part of the new strategy, PASMO focuses its efforts on building the local capacity of NGOs that implement prevention activities in the field.

During this reporting period, the Program carried out two additional Methodological Congresses with NGOs. One was carried out in CIES (Centro de Investigaciones de la Salud) in which thirty representatives from various NGOs participated, including ICAS, Organización Vida Integral, Acción Juvenil, Grupo de Auto-apoyo de León, CEGODEM, Profamilia, CEPRESI, Asonvihsida, and Prevensida. The second Congress was carried out in Managua for NGOs working in the Atlantic (south and north) region. Twelve representatives from NGOs participated, including Movimiento de la Diversidad Sexual RAAS, Fundación Gaviota, Movisex RAAN, FACANIC, and Prevensida.

As part of the accompaniment and coaching process with NGOs, the Program in Nicaragua following worked with NGOs to develop and present a systematic planning of activities. With this planning matrix, the Program will be able to focus its coaching and accompaniment efforts in three areas:

1. Use and management of interpersonal communication interventions
2. The minimum package
3. Referral system

The Program also began to review and adjust its monitoring forms to provide improved feedback to NGOs for the implementation of quality interventions.

1.3 Combination Prevention Methodologies and Materials

Methodologies

During the reporting period, the Program continued to implement current behavior change communication methodologies. All Program countries printed and began to implement one new methodology for female sex workers; specifically, a picture code methodology entitled “Decisiones”. Positive feedback was received from local teams, partner NGOs, as well as target populations with regards to the effectiveness and interactive nature of the methodology for behavior change, including motivation to seek services such as voluntary counseling and testing and complementary services such as reporting human rights violations.

Additionally, the Program updated two current BCC methodologies to reflect the combination prevention approach. Specifically, the Program completed the update process of “123-Safe” and “El Reto” which were sent for final approval to USAID in this period. Moreover, the Program completed the multiple session discussion methodology for female sex workers “Entre Nosotras” which was sent to local country platforms for validation. The Program also worked to complete the online adaptation of the incomplete drama methodology “XY” for MSM, which was presented, at the regional cyber-educators workshop in March. And, the Program completed the validation of the SMS methodology for female sex workers and from transgendered populations entitled “La vida no tiene precio” and “Camila: más que una mujer”, respectively (For more information, see Annex V - SMS Methodology Validation Report). These six methodologies are expected to be launched in Q3.



Lastly, the Program worked with the bilateral program in Nicaragua to discuss the development of a methodology addressing negotiation of condom use with clients and affective partners of female sex workers that may be incorporated into the multiple session discussion methodology (“Entre Nosotras”).

Methodological guide for facilitators of self-help groups for PLHA

During the Q2, the Program developed a series of questions to be included in the special qualitative study with PLHA. These questions were designed to determine the needs of this population with regards to self-help groups. The Program also coordinated with REDCA and the Esther Program from Spain to conduct a needs assessment that will serve as evidence and a basis for the development of this methodological guide for facilitators of PLHA self-help groups.

Materials

During Q2, the Program advanced with the development of a print material on combination prevention for MARPs. Additionally, the Program developed materials to promote and communicate the new SMS methodology for FSW and transgendered populations, such as posters and flyers.

The Program also completed local and tactical print materials for referrals to IPPF member association clinics that promote biomedical and complementary services.

1.4 Cyber-Educators:

In this reporting period, Program cyber-educators continued to implement behavior change communication and combination prevention activities through online channels targeting MSM.

In Guatemala, the Program continued to use a popular online social networking site to reach MSM, in addition to continued collaboration with [gayguatemala.com](#) and activities within the [chat.com](#) site. During this period, an activity entitled “tarde cyber-netica” was also carried out at a cyber-café in which a group of MSM was invited and presented with the Program’s websites, including ¿Y Ahora Qué? website and social networking sites. The Program cyber-educator also participated in BCC activities with PLHA in addition to the “sweeping the zone” activities conducted during this period.

In El Salvador, the Program also continued to carry out online outreach with MSM, using mainly a popular social networking site. One of the strategies implemented in this period was the use of two different profiles to reach a wider MSM audience, including bisexual men and non-assumed MSM. Specifically, the Program uses one masculine and younger profile to reach young MSM, and the other profile is that of a transgendered woman which helps reach older and more difficult access MSM. The Program also continues to use the site [elchat.com](#) and Program cyber-educators continue to provide support in “sweeping the zone” activities.

In Nicaragua, the Program recruited and hired a new cyber-educator in February in addition to two new NGOs, Asociación Vínculos Solidarios and ASONVIHSIDA, to conduct online outreach in León and Managua. The Program cyber-educator participated in the Methodological Congresses with NGOs and began to provide targeted MSM with the online voucher as a result of this outreach.

During this period, the Program cyber-educators in Costa Rica and Panama participated in the sweeping the zone activities to provide support in communicating the Program's website. In both countries, the Program continued to conduct outreach with MSM using popular social networking sites and chat-rooms.

A subcontract was signed with the United Belize Advocacy Movement (UniBAM) to conduct online outreach with MSM in Q1. However, due to difference in outreach ideology, UniBAM requested that this contract be terminated in February 2013. Efforts were made to identify two new cyber-educators to be directly contracted by PASMO Belize in March. Two individuals were recruited to begin work as of April 2013.

As a result of the regional efforts, the Program was able to reach **444** MSM through online channels, including websites, chat-rooms and social networking sites.

Regional Cyber-Educators Workshop

During the week of March 4th, the Program held a regional working and multiple training sessions on social media and online tools to support the work conducted by the Program to reach most at-risk populations through these virtual communication channels, known as the "Regional Cyber-educators Workshop". During the workshop, Program cyber-educators and their supervisors and managers participated in sessions on new online tools and strategies, new platforms, effective communication in social media channels, monitoring and evaluation, ethics, and other topics to strengthen online outreach initiatives and ensure quality combination prevention activities conducted in these channels. Participants were also presented with advances with the adapted "XY" methodology for MSM to be used online and a preview of the cyber-educators platform that will record their activities as part of the gamification strategy. Over 20 participants throughout the Central American region participated in the weeklong training.



Based on lessons learned from the 2013 Regional Cyber Educator Workshop the following steps were taken in region:

1. In Belize, aliases were created on all key websites where MSM from Belize are known to gather.
2. In all countries, work plans were created and submitted by newly hired cyber educators (PASMO staff and NGOs) outlining the days and times they intend to conduct outreach thus facilitating monitoring and evaluation by PASMO Belize.
3. All Program cyber-educators have the necessary tools and materials to train and supervise PASMO staff and NGO cyber-educators
4. At a regional level, all online outreach processes were reinforced, communicated and standardized among participants at all levels.

For more information, see Annex IV– Regional Cyber-educators Workshop Report.

Gamification strategy

In this period, the Program advanced with the design a gamification strategy through an online platform where cyber-educators will enter and record their online activities and generate reports against their targets. The gamification strategy will be implemented through the platform where cyber-educators will receive points for their progress with online outreach activities, for both MSM and PLHA, and when goals are achieved, cyber-educators will be rewarded with non-monetary or digital prizes. The Program expects to complete the design and development of the online platform in Q3.

1.5 Virtual self-help groups for PLHA

In Q2, the Program continued to implement virtual self-help for people living with HIV/AIDS through the ¿Y Ahora Qué? website. From their launch to date, over 100 individuals have entered the virtual self-help groups to seek support.

Additionally, the Program continued implement the communication and promotion strategy for the website and virtual groups as follows:

Guatemala. As part of efforts to promote the website, the Program organized and held an activity entitled “tarde cibernética” at a cyber-café in Guatemala City. A total of 25 participants entered the site with the support of the Program cyber-educator and learned how to participate in the virtual self-help groups, in addition to other Program websites and social networking sites. The Program continued to promote the site and groups at comprehensive care clinics for PLHA through print materials, such as posters, and face-to-face communication with PLHA and medical staff. The Program cyber-educator also participated in sweeping the zone activities to help promote the site.

El Salvador. The Program printed and disseminated materials to promote the website and the virtual self-help groups including posters, flyers, calendars, and promo items at national hospitals, comprehensive care clinics and associations of people living with HIV. The Program also evidenced an increase in participation in the virtual self-help groups with questions related to revealing one’s diagnosis to family members, myths about HIV transmission, adherence, medication and their side effects, reinfection, among others.

Nicaragua. During this period, the Program worked closely to promote the website and virtual self-help groups with the NGO, ASONVIHSIDA. Through the organization, the Program visited and reached PLHA at the Roberto Calderón and Berta Calderón hospitals to recruit PLHA interested in participating the online groups.

Costa Rica. The Program worked to promote the website and virtual self-help groups at the HIV clinic of the Calderón Guardia hospital, the NGO Manu, the Police Academy, Tonny Facio Limón Hospital’s HIV Commission, the Pucho’s bar, an online magazine Lesbitgay, and in two stigma and discrimination workshops.

Panama. The Program continued to disseminate print materials, such as the poster, to promote the website and virtual self-help groups, in addition to visits to comprehensive care clinics.

Belize. The Program continued to promote the AndWhatNow.info website. However, the Program continues to face challenges related to low internet access or low internet speed, making participation in the website's virtual self-help groups more difficult. In early Q3, the Program, through C-Net+ will incorporate a question about access to internet services in their April 2013 home-visit forms. An estimated 300 persons are reached via C-Net's home-visit program thus data will help increase our understanding of the degree to which persons living with HIV have access to internet.

1.6 Strengthen and systematize quality control for BCC/VCT activities

Unique Identifier Code (UIC) system

In this period, the Program continued to use a Unique Identifier Code (UIC) and voucher referral system as part of efforts to strengthen and systematize quality control of Program activities. Throughout the region, local HIV tactical prevention teams increased their knowledge and skills to use the UIC to expand their monitoring and evaluation activities, specifically by analyzing UIC data and conducting cross analysis for improved programming, planning and implementation of combination prevention activities with the support of the regional office through one-on-one working sessions led by the regional office strategic information specialist. Additionally, the regional office strategic information specialist traveled to Panama to work closely with the local team in strengthening their knowledge and skills in UIC data analysis, and similar visits to El Salvador and Costa Rica are planned for Q3.

Ongoing quality control for Program activities and work with NGOs

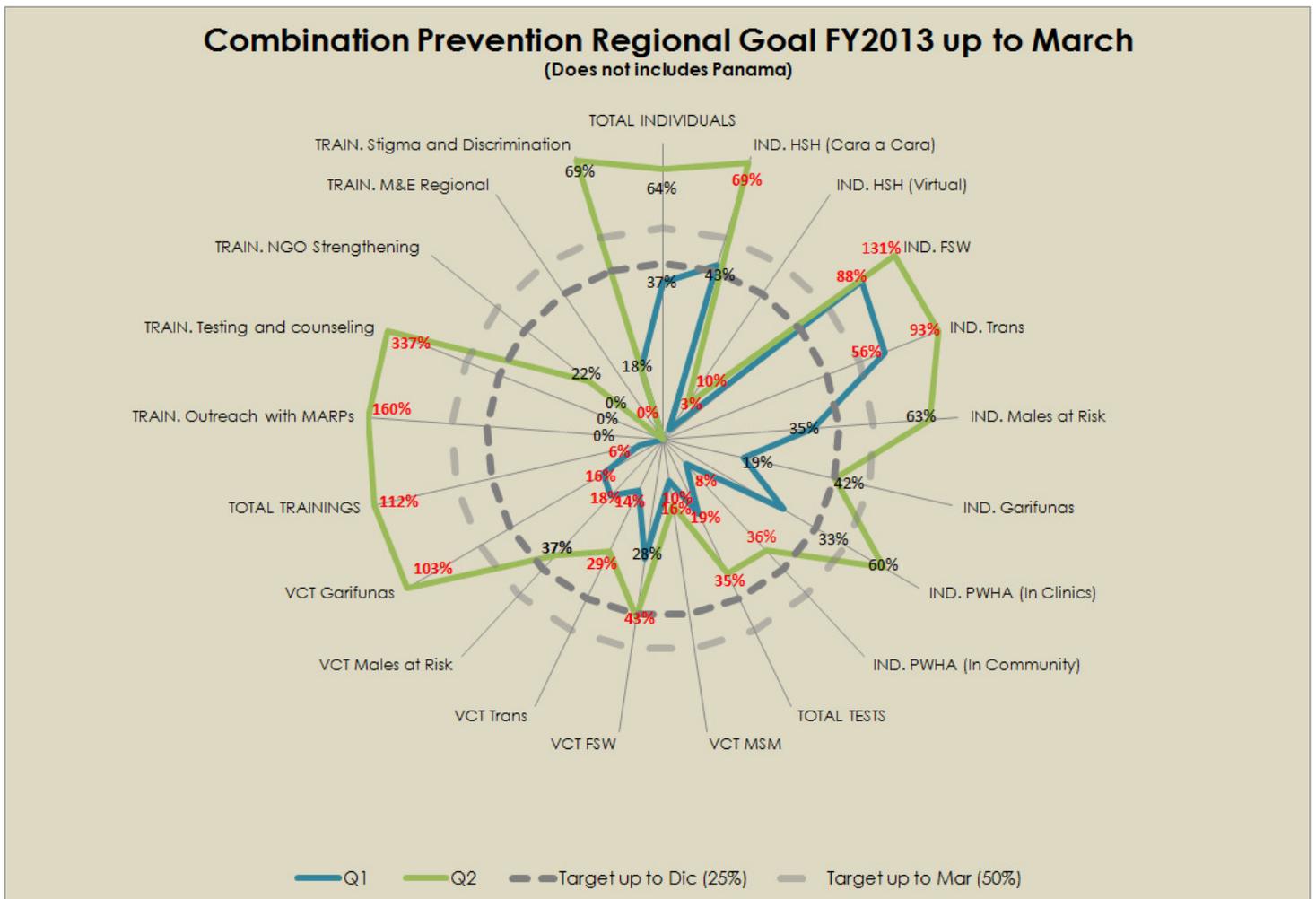
Also, the Program organized and held extensive capacity building, knowledge and skills strengthening workshops with staff and NGOs in Guatemala, Costa Rica, Nicaragua and Panama. During these week-long workshops, the PASMO regional office HIV technical advisor, traveled to these countries to train and retrain PASMO and NGO staff in areas such as human behavior, trans-theoretical behavior change model, adult learning techniques, face-to-face outreach with an emphasis on motivational interviewing, and the combination prevention strategy (UIC, minimum package, voucher system, and complementary services component). A total of 73 individuals, including staff and NGOs, participated in these regional-led workshops as part of capacity building in outreach with MARPs; for more information, see Annex I – ROPs Report, and Annex II – Trainings summary.

During this reporting period, in several countries, HIV tactical prevention teams, including NGO partners, met to review and analyze the results of FY2012 against Program targets, as well as the plan FY2013 activities. For example, monthly or bi-monthly meetings were held in throughout the region with NGOs, IPPF representatives and complementary services partners to plan upcoming activities, review targets, analyze results to date. These meetings encourage the systematic tracking of Program results and the development of shared strategies and actions to reach those results.

Local-level trainings were also organized and held for increased quality control and supervision. In El Salvador, the Program trained two NGOs and staff to strengthen knowledge and skills on implementing the BCC methodologies. In Nicaragua, and in follow-up to the weeklong workshop led by the regional office HIV technical advisor, the local team subsequently trained fourteen NGOs with a total of 97 outreach workers with a learning-by-doing approach. In Belize, the Program organized a BCC refresher training for new outreach staff and new NGOs implementing combination prevention.

Additionally, the Program continued to conduct ongoing quality control activities such as supervision, accompaniment and monitoring of activities in the field; whether implemented by PASMO staff or consultants, or NGO staff.

As part of quality control efforts, the Program develops a monthly monitoring dashboard of Combination Prevention activities and results. The results for the Q2 FY2013 are as follows:



1.7 Strategic Media

1.7.1 Expanding condom category campaigns

As part of the process to update and refresh the *¿Tienes? Pídelo* campaign print and POP materials with availability, and condom/lubricant-use messages, during this reporting period, several Program countries printed or reproduced new material. For example, in El Salvador, the Program leveraged bilateral funds and conducted multiple activities under the *¿Tienes? Pídelo* campaign, particularly in the summer season, to work with owners and managers of high-risk outlets to ensure condom availability. In Nicaragua, the Program had condom displays made for high-risk outlets in addition to POP materials. In Panamá, the Program partnered with the Rotary Club, to promote the campaign during the Carnival festivities and ensure condom availability in high-risk zones during this period. In Belize, the Program had condom displays in the form of strips made for high-risk outlets.

1.7.2 Expanding the Hombres de Verdad campaign

In Q1, all Program countries held public launch events for the second phase of the masculinities campaign that incorporates the perspective of women; events which also included the dissemination of research results used as input for this new phase of the campaign. During Q2, the Program ended the first round of airing for the campaign and conducted follow-up activities. For example, in Costa Rica, the Program used the concept of the campaign launch (“gallery of male profiles”), to take a “traveling” version to different locations to explain the research and promote the campaign. Specifically, the Program visited the National Police Academy in San José to work with uniformed men in understanding masculinities and HIV/SIT prevention, and visited JAPDEVA, RECOPE, Municipality and Hospital of Limón.



1.7.4 Social Media, including mobile phone technology and social networks.

In order to continue the process of creating “buzz” about healthy behaviors and change social norms, the Program continued to implement its regional social media and SMS strategy.

Social Media and Websites

In this reporting period, the Program implemented its strategy using a three-level calendar and update system that includes key dates and content curation.

First level: messages, post and articles following key dates

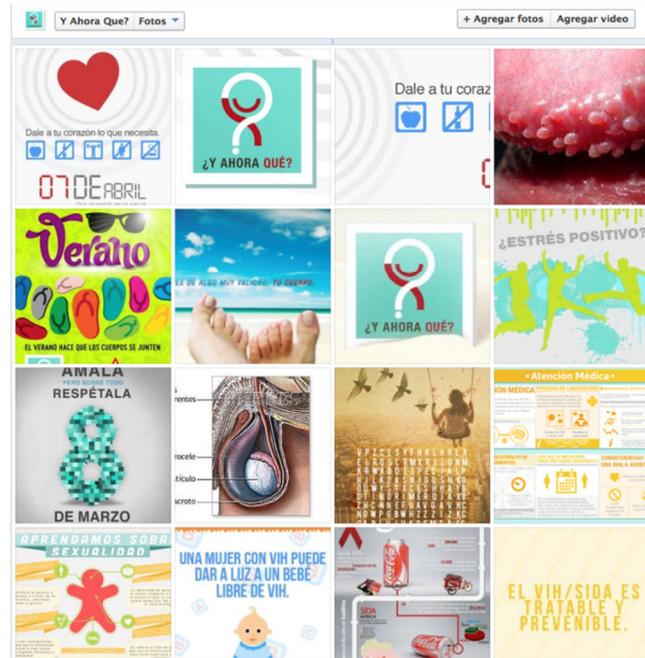
During Q2, the Program systematically uploaded messages, posts and articles within the Mi Zona H and *¿Y Ahora Que?* Fan Pages in Facebook and Websites in accordance with key dates that took place in this three-month period, as follows:

Month	Date	Name	Fan Page or Web Site	Type of post
January 2013	Jan 30	International Day Against Violence	• Mi Zona H / Fan Page	• Timeline • Interactive Post
			• Y Ahora Qué / Web	• Timeline • Interactive Post
February 2013	Feb 4	International Day against Cancer	Y Ahora Qué / Web	• Timeline • Postcard • Dynamic Post •
	Feb 14	Valentine's Day	• Mi Zona H/ Fan Page	• Dynamic Timeline • Postcard
			• Y Ahora Qué / Web	• Dynamic Timeline • Postcard
March 2013	March 8	International Women's Day	• Mi Zona H / Fan Page	• Interactive Post
			• Y Ahora Que / Fan Page	• Interactive Post
	March 24	International Tuberculosis Day	• Y Ahora Qué / Fan Page	• Informtive news piece or article
	End-of-March	Summer	• Mi Zona H / Fan Page	• Timeline • Postcard
• Y Ahora Qué / Fan Page			• Timeline • Postcard	

Some examples of updates for key dates posted during this reporting period in Mi Zona H (website and fan page) are:



Some examples of updates for key dates posted during this reporting period. Examples of updates for key dates in ¿Y Ahora Qué? (website and fan pages) are:



Second level: updates of website content or sections

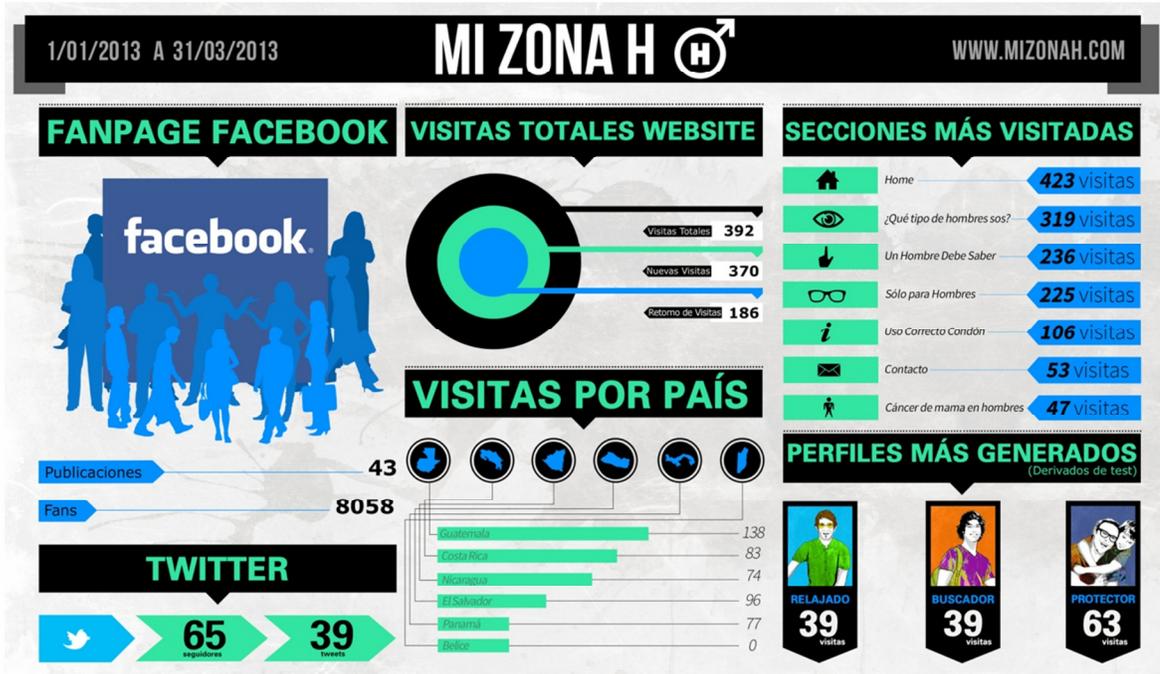
Also, in this period, the Program updated the Mi Zona H and ¿Y Ahora Qué? Fan Pages and websites on a level that includes updates to website content and sections. For example, in this period, the Program continued to translate the text within both websites into infographic form in both websites. This facilitates the communication of key prevention and health messages as well as enables the sharing of content through social media channels. Example of information translated to infographic in ¿Y Ahora Qué?



Third level: new and refreshed site design

At a third level, the Program provided follow-up to the complete redesign and update of the Mi Zona H and plans a new and refreshed site for ¿Y Ahora Qué? in FY2014.

As a result of these efforts that were carried out under the strategy, the number of visits to the websites, fans in Facebook and followers on Twitter continued to grow, as well as increased participation and sharing. The overall results are:



Mobile phone initiatives / SMS technology

In this reporting period, the Program completed the process of validating the content of two interactive SMS methodologies in the format of “soap operas” for female sex workers and one for transgendered populations. The Program also completed the integrating of the validation findings into the final content of the methodologies. Additionally, final versions of the promotional material, specifically posters and print materials, were developed and submitted to USAID for approval. The Program also worked closely in this period with the mobile marketing company to define the logistics and steps that will make this SMS methodology interactive and BCC oriented for the populations, for which the questions after each chapter were also defined and completed. The “soap opera” methodologies via SMS for both populations are expected to be launched in early Q3. For upcoming SMS activities with persons living with HIV, the Program also began to coordinate with local groups and associations of PLHA to collect phone numbers and consent forms and create local databases of contacts that wish to receive SMS notifications, information, among others.

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* are 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 the reporting period, the Program continued its efforts to institutionalize anti-stigma and discrimination practices in services delivery points. Specifically,

Complete the development of curricula and regional training manual for services providers on stigma and discrimination.

During Q2, the Program carried out the validation workshops of the stigma and discrimination training manual for services providers, specifically modules 3) for first line attendants, such as administrative staff, security, receptionists, cleaning staff, etc.; and, 4) for persons most at-risk for HIV.

Module 3 (first line attendants) was validated in a workshop in San José Costa Rica with a total of 28 participants from the Ministry of Health, and Module 4 (persons most at-risk for HIV and PLHA) was validated in a workshop in Guatemala City with a total of 20 participants. Some of the findings of the validation workshops include:

- High satisfaction with the clarity and sequence and of the training manual contents.
- The manual contents are applicable to services providers, not only in health areas, but also in education, security, labor, justice, etc.
- The participation in the validation workshops also served as an initial training and learning exercise for participants.

Based on the findings and comments of the validation workshops, the Program also completed the final content, design and layout of the training manuals to be implemented as of Q3.

Quality assurance visits to service delivery points

During Q2, the Program continued to carry out periodic monitoring visits and meetings to assure quality at the IPPF/WHR member associations (MAs) clinics and service delivery points, as well as newly incorporated partners from the private sector. During this period, IPPF/WHR restructured its regional team and a new program officer was incorporated into the team as well as a technical advisor to provide support and follow-up to the Program's activities.

Training of counselors and community workers

To ensure the institutionalization of anti-stigma and discrimination practices in IPPF service delivery points, during the reporting period MAs in Guatemala and Nicaragua conducted training and sensitization sessions with a total of **36** staff (including 21 staff on testing and counseling in Guatemala). Specifically:

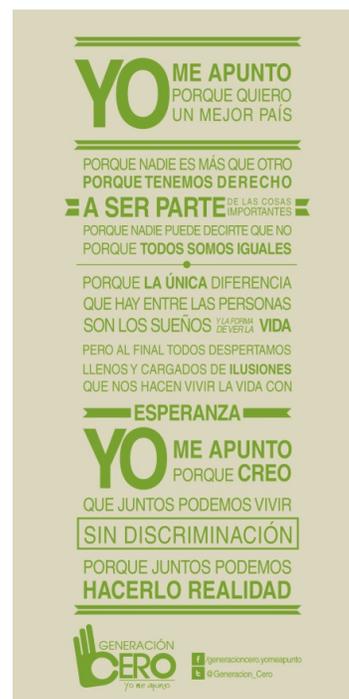
- APROFAM/Guatemala conducted refresher technical training with 21 clinical and non-clinical providers across its participating clinics to strengthen knowledge on HIV prevention and testing and working with key populations. Additionally, 18 staff from the Puerto Barrios Clinic participated in a sensitization session on stigma and discrimination.
- PROFAMILIA/Nicaragua conducted refresher training with 18 clinical and non-clinical providers from participating clinics, focusing on improving quality of service provision and reducing stigma and discrimination towards people living with HIV and sexually diverse populations.

The Program trained a total of **393** health care workers, including counselors, community workers in outreach with MARPs and testing and counseling at IPPF Member Associations, NGOs, and private sector health care providers in the provision of MARP-friendly services, free of stigma and discrimination, in the region. For more information, please see Annex I – ROPs Report Q2 FY2013.

2.2 Social Movement against Stigma and Discrimination

During Q2, the Program carried out extensive efforts to build upon the development of a broader communications initiative framed around the process of a social movement (entitled “Generación Cero”, and through the coordination and participation of local and multi-sector technical working groups on stigma and discrimination in each Program country.

At a regional level, the Program provided support to this effort and developed an operation plan for this fiscal year. The PASMO regional office and all country platforms, except for Belize, hired a local communications advisor to provide support to the technical working groups to advance in their work plans. The Program also developed a detailed guide for these advisors, including the use of the Generation Zero logo, approval processes, outreach with new sectors and opinion leaders, communication in social networking and online sites, templates for meeting minutes, and calendar of key dates. Also, in this reporting period, the Program defined and approved with local technical working groups, the “Manifiesto” or official statement of the social movement’s beliefs and principles. Based on this statement or declaration of principles, the Program also developed key messages and frequently asked questions for the spokespersons and opinion leaders in the social movement, in addition to contingency messages. Additionally, the Program developed a specific material for new sectors and groups to join or support the movement. Currently, the organizations participating actively in the technical working groups are:



Guatemala	El Salvador	Nicaragua	Costa Rica	Panamá
Programa Nacional de VIH	CONASIDA	Redtransex	Asociación demográfica costarricense (ADC)	PROBISIDA
Organización Gente Feliz	FUNDASIDA	Profamilia	Capacity Project	APLAFA
A PROFAM	Hablemos de Vihda	Organización Vida Integral (OVI)	Clínica de VIH de Ciudad de Calderón	Coalición EIS
Asociación Dekos	Asociación Red Sal +	Redtrans	MANÚ	Programa Nacional de VIH /MINSAL
Capacity Project	Programa Nacional de VIH / MINSAL	Girasoles	La Sala	Hogar Crea
Comisión Presidencial contra la Discriminación y el Racismo (CODISRA)	Orquídeas del Mar	Movimiento Feminista	Diversidad	AID for AIDS
ONUSIDA	ASPIDH/Arcoiris	Asociación Nicaragüense Transgénera	PSI-PASMO	I.C.W.
Organización de mujeres en superación (OMES)	Canal 12	URC Nicaragua		Fedutech
Universidad Rafael Landívar	Asociación Liquid Ambar	Asociación por los Derechos Humanos de la diversidad sexual (ADESENI)		Policía Nacional
Comité Olímpico Internacional	PASMO	PASMO		CONAMUIP
Red de entidades de Intrahealth				Asociación viviendo positivamente
PASMO				Capacity Project
				Cervecería Nacional
				USAID / PASCA

In most Program countries, and in line with the phase of a social movement, the first phase designed to trigger the movement (“etapa detonante”) has taken place. Technical working groups in the countries are currently defining the following phases (“nacimiento” and “acción”) and upcoming actions or activities, for which the Program supported the groups by proposing a concept to create massive awareness of the movement and Generation Zero name and logo. This concept, “Generación Cero: toma tu ciudad”, was sent to local technical working groups for evaluation and implementation. For more information, see Annex VIII – Generación Cero “Toma Tu Ciudad” concept.

During Q2 FY2013, the Program conducted the following activities under the “Generación Cero” concept:

- Guatemala. The Program led and participated in **bi-monthly** technical working group meetings. During this period, the working group recruited new sectors to join or support to movement, such as the Olympic Committee, the Rafael Landivar University, and the San Carlos University. Two spokespersons for the working group were defined and trained in the key messages. And, the working group negotiated with UNAIDS to link their website to the Generation Zero Fan Page.
- El Salvador. The Program led and participated in **bi-monthly** technical working group meetings in addition to planning meetings for the rest of the year. During this period, the working group recruited new sectors to join or support to movement, such as the “Foro de ONGs”, CONASIDA, The Lutheran Church, the Christian Association and media companies. The spokespersons of the working group were defined and trained in the key messages. The working group also identified and selected the opinion leaders, artists and potential ambassadors to the movement. Also, the working group made a list of media outlets that were either open to anti-stigma and discrimination efforts, or other radios with highly discriminatory or stigmatizing messages. This will help the movement identify which outlets to sensitize and which to recruit.

The Program in El Salvador developed and proposed a song in support of the social movement. The purpose of the song is to increase awareness of the movement, motivate greater participation, and potentially serve as part of the regional strategy to communicate anti-stigma and discrimination messages. The social movement initiative has been well received in El Salvador thanks to extensive efforts by the Program and other working group members. As a result, several interview opportunities were generated, including two radio interviews (Vox FM, and Radio 102.9) and one television interview (Channel 8). Additionally, a local pharmacy chain agreed to support the movement and published an insert in Prensa Gráfica including the Generation Zero logo. The Program was also able to sensitize uniformed men working in the Cuerpo de Agentes Metropolitanos, in topics related to stigma and discrimination, as well as the social movement initiative. The working group also negotiated with FUNDASIDA, Radio Grupo SAMIX and Radio Corporación YSKL to include a link to the Generación Cero Fan Page.

- Nicaragua. The Program led and participated in **monthly** technical working group meetings. In the first meeting of the year, the Program organized a multi-sector presentation of the social movement initiative, inviting different sectors including USAID partners in health. As a result, several NGOs and other organizations joined the movement and participated in the “trigger” (“detonante”) activity, a march, carried out for International Women’s Day in support of non-discrimination towards women and other groups. Nuevo Diario, La Prensa and TV channels provided coverage during the march and helped make the social movement visible.

The Program continued to participate actively in the local technical working group by coordinating meetings and providing follow-up, guidance and technical support. For Q2, the Program expects to promote wider scale activities that will position the “Generación Cero” movement.

- Costa Rica. The Program led and participated in **monthly** technical working group meetings. During this period, the working group identified new potential partners and allies, specifically organizations and institutions that could be sensitized and identified as places free of stigma and discrimination; for example, the Municipality of San José (Office of Human Rights), the Municipality of Montes de Oca and Goicochea, banks, Tribunal Supremo de Elecciones, and media outlets such as Channel 9 and 7. The working group also planned to contact these institutions and develop an award or recognition for those places that effectively implement anti-stigma and discrimination practices. In Q2, the Program also visited media outlets to share the testimonial videos produced in follow-up to the silent march organized in September 2012 with the purpose of making the topic of discrimination more visible.
- Panama. The Program led and participated in **bi-monthly** technical working group meetings with a high level of participation. One of the key agreements of the working group was the organization and implementation of a national level Forum on Stigma and Discrimination to be held in May 2013. Working group members also defined a preliminary agenda, list of participants, and media outlets to be invited. Another initiative was the participation in a round-table discussion with students from the main universities in the country studying communication; this space was also used to invite them to the Forum and present “Generación Cero”.
- Belize. The Stigma and Discrimination Social Movement working committee continued to gain movement in Q2. The committee developed the vision, mission, values, and priority areas for the movement deciding to focus only on discrimination towards people living with HIV and populations most at-risk for HIV. The working group also designed and selected a logo. The movement is expected to be launched at the first annual Prevention Summit to be held in late April. The first two priority areas currently being addressed (planned) are repealing the sodomy law in Belize and guaranteeing the provision of viral load testing in Belize.

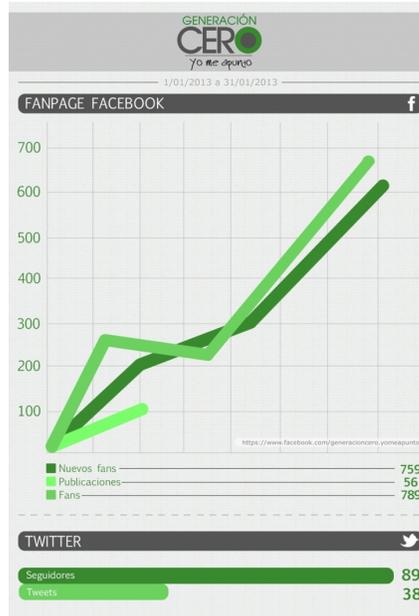
Social Media communication for “Generación Cero”

In order to provide regional support to the local technical working groups in communicating anti-stigma and discrimination messages through social media channels, the Program provided support in implementing a social media strategy focused on “viral” communication through Facebook, Twitter, the recruitment of online opinion leaders, the development of applications and community mobilization activities linked to social media.

As part of this strategy, the Program used the Generación Cero Fan Page and Twitter accounts (www.facebook.com/generacioncero.yomeapunto) to share key messages, posts, articles and publications, guided by key dates. For example, the Program commemorated International Women’s Day and the International Day against Racial discrimination. Other key dates and types of messages are as follows:

Month	Date	Name	Fan Page	Type of post
January 2013	Jan 30	International Day Against Violence	Generación Cero	<ul style="list-style-type: none"> • Timeline • Interactive Post
February 2013	Feb 14	Valentine’s Day	Generación Cero	<ul style="list-style-type: none"> • Dynamic Timeline • Postcard
March 2013	Mar 8	International Women’s Day	Generación Cero	<ul style="list-style-type: none"> • Dynamic Timeline • Interactive Post • Informative news piece or article
	Mar 21	International Day against Racial Discrimination	Generación Cero	<ul style="list-style-type: none"> • Dynamic Timeline • Interactive Post • Informative news piece or article
	End-of-March	Summer	Generación Cero	<ul style="list-style-type: none"> • Timeline • Postcard

As a result of these social media efforts, the Program was able to achieve the following results during Q2, **789** total fans.



2.3 Establish a regional, high-level stigma and discrimination working group and oversight entity

During Q2, the Program provided follow-up to the process of establishing a high-level stigma and discrimination working group through the Regional Coordinating Mechanism (RCM). Specifically, the Program was invited to the quarterly RCM meeting in Costa Rica where it presented the final version of the training manuals on stigma and discrimination for services providers, and presented advances with the social movement (“Generación Cero”). Additionally, the Program presented the new PEPFAR Gender Challenge Fund initiative, and the RCM agreed to receive criteria for selected the second country where this program will be implemented.

2.4 Work with Journalists and Decision Makers

To help achieve a change in discriminatory and stigmatizing perceptions, attitudes and behaviors towards MARPs, the Program continued to implement its regional strategy to reach journalists and decision makers to help generate dialogue, build, and manage constructive long-term relationships with these stakeholders.

At a regional level, the Program hired local communications advisors in all countries (except Belize) to provide support to the sensitization process with journalists, in addition to support the Generación Cero social movement. The Program developed a detailed guide for these advisors, specifically related to the sensitization work with journalists, including the use of branding, approvals, training processes, among others.

During this reporting period, the Program in Costa Rica conducted a series of outreach meeting with directors and editors of key media outlets, including La Nación newspaper, Radio Universidad (“Saber Vivir” radio program), Channel 9, Radio Monumental, and Channel 15. All five media outlets expressed interest and willingness to train and sensitize their staff in stigma and discrimination as well as to allow the Program to support in other activities at media outlets. Others expressed interest in conducting field visits to better understand the HIV situation in the country. In Panama, the Program held similar key outreach meetings with Radio YXY and in El Salvador with La Prensa Gráfica and Radio Corporación SAMIX.

Materials and for journalists

During this period, the Program continued to expand the bibliography of materials on HIV, stigma and discrimination for journalists. New manuals, terminology guidelines and other external documents were added to the digital catalogue.

Additionally, the Program developed a planned series of one-page fact sheets to be sent to journalists on a monthly basis to provide them with input on correct and stigma-free reporting on HIV, STIs and other related topics such as human rights, health and living with HIV, among others.

The fact-sheets are also tailored to the needs and interests of journalists, for example the link to key dates and seasons, to enable them to adequately report on a broader range of topics related to HIV and STIs. During this period, the first fact-sheet, “Summer and STI prevention”, was developed, approved, and sent to the database of journalists.

Sensitization and training materials

In an effort to provide follow-up to the national-level workshops with journalists held during the 2012 calendar year, in this reporting period, the Program developed a structured sensitization and training process for journalists designed in 4 modules to be carried out in media outlets in-situ. Module 1 is designed to cover basic elements of HIV and transmission; Module 2 on HIV prevention, testing and counseling; Module 3 on sexuality, stigma and discrimination; and Module 4 on ethics in journalism and legislation related to reporting on HIV. The sensitization and training modules are designed and structured specifically for journalists and include reporting and analysis exercises. The complete presentations, materials and guide will be delivered to each Program platform in Q3.

With the support of its regional PR Agency the Program also received the electronic monitoring of online news and reporting.

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 an effort to continue improving the distribution and availability of condoms and water-based lubricant in high-risk zones, the Program continued to implement its high-risk zone (HRZ) sales strategy, ¿Tienes? Pídelo Plus. Specifically,

El Salvador. As part of the strategy, the Program trained two local NGOs, Orquideas del Mar and Colectivo Lésbico, on the sales and distribution strategy, including sales processes and visibility and the point of purchase. These two NGOs will implement efforts to ensure the availability of condoms in high-risk outlets, selling directly to MARPs and outlets. A special stock-keeping unit (SKU), targeted to non-traditional and high-risk outlets, was developed for this channel to be distributed in 26 designated high-risk zones. The ¿Tienes? Pídelo Plus strategy was also implemented in an integrated manner with the “sweeping the zones” activities and through HIV tactical prevention teams.

Special activities for the summer season were also implemented under this strategy and the generic campaign (“Playas seguras y prevenidas” and “Rutas turísticas seguras”), including opening new non-traditional high-risk zone outlets such as local cafeterias, small stores for basic goods, and other outlets that usually do not sell condoms; and communication and promotion activities in coordination with NGOs and radio stations. As a result of these efforts, 524 new non-traditional outlets were opened by the Program in this period.



Nicaragua. The Program recruited and trained a local youth NGO to open new non-traditional outlets in high-risk zones in Managua, León and Chinandega. As a result of this effort and ongoing implementation of the sales strategy, 13 new non-traditional outlets were opened. The implementation of the strategy has also allowed the Program to strengthen relationships with outlet owners and managers, especially as part of the sensitization process.

Costa Rica. The Program continued to implement the sales strategy in high-risk zones, allowing it to open 9 new non-traditional outlets. The sales staff continues to be a key element in the HIV tactical prevention teams, participating in the “sweeping the zone” activities. The Program also conducted an exercise to update and reorganize its mapping of high-risk zones, identifying in San José two zones in accordance with the strategy.

Panama. The Program continued to implement the ¿Tienes? Pídelo Plus sales strategy for high-risk zones, intensifying its efforts during the Carnival season. HIV tactical prevention teams, worked together in high-risk zones to ensure condom availability in targeted outlets.

Belize. BCC and sales efforts conducting during sweeping the zone activities have resulted in 64 new sales sites opened from January to March 2013. During this same period high-risk zones were visited in the districts of Corozal, Orange Walk, Cayo, Belize and Stann Creek. When a high-risk zone is visited within these districts efforts are made to sell at every available outlet in order to ensure quality of coverage. Stores within these high-risk zones mostly carry brands such as Rough Rider and Durex.

These, and other ongoing efforts to increase the availability of condoms and lubricants in high risk and non-traditional outlets allowed the Program to open new non-traditional outlets, as follows:

Country	New Outlets in Hot Zones
Guatemala	33
El Salvador	525
Nicaragua	15
Costa Rica	10
Panama	28
Total	611

National Condom Strategy

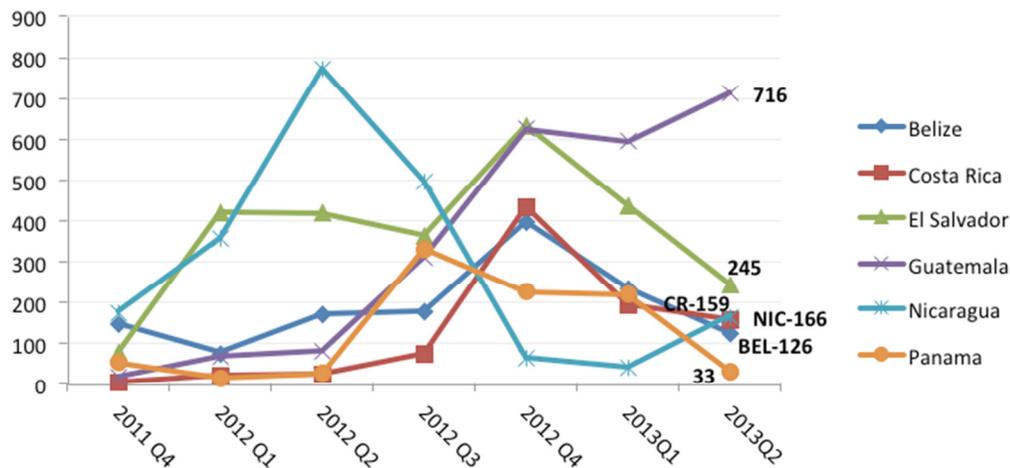
A key component in increasing the overall coverage, availability and access of condoms is the National Condom Strategy. In Q2, the Program continued to provide follow up to the National Condom Strategy process in hand with UNFPA, which is also working with local National AIDS Programs for advancing the process at a regional level. However, there are few advances in most countries, except for Belize where communication with the MoH has resulted in the National AIDS Program (NAP) expressing interest in having a coordinated condom distribution strategy. The NAP reports having their own condom strategy that can be used as a base for the national strategy. A clear leader has yet to come forward with developing a National Condom Strategy in Belize and the Program will seek the support from UN partners (such as UNFPA).

3.2. Improving access to MARP-friendly services

Increasing access to friendly services through IPPF member associations

IPPF/WHR Member Associations (MAs) continued to provide access to an essential package of services for most-at-risk populations over the second quarter of FY2013. The number of individuals who received VCT services for HIV and their test results in the region was 1,445.

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



In addition, IPPF/WHR MAs also provided the following services over the last quarter of the fiscal year:

- 608 syphilis diagnostic tests (APROFAM/Guatemala)
- 223 STI consultations (ADS/El Salvador, APROFAM/Guatemala, and APLAFA/Panama). The volume of STI services provided to MARPs remains low, with numbers varying from 6 STI consultations in Panama to 194 STI consultations in Guatemala.

It is important for Program teams to continue to look for ways to promote and boost STI service provision to the target populations.

Private sector engagement

As part of efforts to expand the number of MARP-friendly services outlets, particularly among the private sector, the Program in Guatemala negotiated with the private lab, San José, to provide VCT services at a more accessible price and in accordance with adequate pre and post-test counseling processes. In El Salvador, the Program conducted four training sessions with 111 participants from private labs, covering topics such as counseling, referral systems for positive tests, HIV protocols, and the ¿Y Ahora Qué? website. The Program in El Salvador also continued to coordinate with the Ministry of Health and *Junta de Vigilancia* for training sessions. In Costa Rica, the Program recruited one new private laboratory in Limón, Monterrey, particularly for referrals with FSW. And in Panama, the Program negotiated with the Rally and Fernández private laboratories in Panama City, and the Chiriquí laboratory to recruit them in providing biomedical services under the Combination Prevention Program.

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 references for STI diagnosis and treatment in all Program countries except for Costa Rica and Nicaragua. Non-mobile VCT was also provided in Belize, Guatemala, El Salvador, Costa Rica and Panama as follows:

Table 4: VCT Activities Q1 and Q2 FY2013

Target Groups	Guatemala			El Salvador			Nicaragua			Costa Rica			Belize			TOTAL		
	VCT																	
	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev
MSM	199	1	0.5%	143	1	0.7%	41	0	0.0%	0	0	0.0%	24	0	0.0%	407	2	0.5%
FSW	336	8	2.4%	804	3	0.4%	76	1	1.3%	125	3	2.4%	146	1	0.7%	1,487	16	1.1%
Males at Risk	1,524	13	0.9%	346	0	0.0%	55	1	1.8%	222	2	0.9%	215	2	0.9%	2,362	18	0.8%
Trans	28	2	7.1%	22	0	0.0%	10	1	10.0%	1	0	0.0%	N/A	N/A	N/A	61	3	4.9%
Caribbean Pop	32	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	159	3	1.9%	191	3	1.6%
Other *	22	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	4	0	0.0%	N/A	N/A	N/A	26	0	0.0%
TOTAL...	2,141	24	1.1%	1,315	4	0.3%	182	3	1.6%	352	5	1.4%	544	6	1.1%	4,534	42	0.9%
GOAL	5,000			4,500			800			500			2,000			12,800		
% Achieved	43%			29%			23%			70%			27%			35%		

* In Costa Rica are 4 partners of males at risk reached in a sweep in the zone activity.

* In Guatemala 22 female security personnel

Although the Program in Nicaragua no longer implements activities in the field, during Q1 and due to existing stock of HIV rapid tests, the Program conducted strategic mobile VCT activities in high-risk zones in coordination with IPPF member association clinics (Profamilia) and other local NGOs. These tests were provided in Chinandega urban and border areas with men at-risk (truck and tricycle drivers), with ambulatory sex workers, MSM, and other at-risk populations. Additionally, STI diagnosis services were provided in coordination with a local NGO, CEPRESI. The results are reported above.

Guatemala. To strengthen the mobile VCT strategy, in Guatemala the Program offered VCT services in Jalapa, Zacapa and Chiquimula, targeting MSM who provided spaces in their home for the services. Also, in Guatemala City, the Program worked with a private security company (G4S) and the municipalities of Guatemala and Mixco to reach men at-risk. One important finding was the high-use of alcohol and drugs, important risk factors for HIV and referrals to complementary services. The Program also worked with the health area of Quetzaltenango for increased referrals of MARPs to services such as STI diagnosis and HIV testing and counseling.

El Salvador. In El Salvador, the Program continued to coordinate with the MoH laboratory to provide biomedical services in high-risk zones and in outlets such as nightclubs, bars, and closed brothels. Also, local IPPF MA, ADS, began to provide services in one of its facilities in night-time hours, making it more accessible to MARPs.

Belize. The majority of HIV tests reported during this period were conducted in collaboration with the MoH. In Q2, 7 VCT activities were conducted. The most significant was Ruta Maya. During this 4-day event HIV tests were conducted primarily with men at-risk. The mobile services were performed in San Pedro Town, Dangriga Town, Orange Walk Town, San Ignacio Town, Double Head Cabbage Village, Burrel Boom Village and in Belize City.

In this period, the Program continued to comply with the Environmental Mitigation Plan.

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 Studies

During Q2, the Program completed and submitted the study design for a special qualitative study with PLHA to the Internal Review Board at PSI (IRB), to the private ethics committee in Costa Rica, and the MoH committee in Guatemala. In other Program countries, the study design was submitted for non-objection to local MoH. Additionally, the Program presented the study design to local MoH and CONASIDA in Costa Rica for their non-objection.

Combination Prevention Impact Study. During this reporting period, the proposal submitted by the Program to conduct an impact study on combination prevention to the Implementation Science Research to Support Programs under the President's Emergency Plan for AIDS Relief (PEPFAR) was not accepted.

First Round of Mystery Client Survey

During Q2, FY2013, the Program completed the first round of the Mystery Client Survey in all Program countries. The study will not be conducted in Costa Rica until the second round. The Program also began the process of analyzing data and preparing results and reports.

TRaC Surveys

In Q2 FY2013, the Program completed the fieldwork for the new round of TRaC surveys with FSW and MSM in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama. Additionally, to begin the analysis of the data, local and regional researchers met in Guatemala for a week-long data analysis workshop and preparation of key dashboards to be used in upcoming regional dashboard-to-decision making (DDM) process to take place in Q3.

In Belize, fieldwork for the TRaC studies was in process during this period.

4.2. Strategic Information

DDM and Research Dissemination Strategy

During Q2 FY2013, the Program continued to implement its Regional Research Dissemination Strategy in a three-phase process as follows: a) Internal Dashboard to Decision Making (DDM) exercises, b) National DDM workshops with local NGO partners, MARP organizations and associations, and other key players such as donor representatives and public sector partners, and c) Research Dissemination Events. Specifically, the Program began to plan the regional DDM exercise to be held in Guatemala in May.

Inter-institutional coordination

During FY2013, the Program continued to carry out planning, interventions and prevention activities in close collaboration and coordination with other key partners, such as USAID partners in health, USG agencies, other donors, local Ministries of Health / National AIDS Programs, and regional and local working groups and collaborative entities. For example:

- *US Government (USG) Agencies and USAID partners in health.* As part of efforts stemming from the signing of the Partnership Framework, the Program continued to coordinate activities with other USG agencies and USAID partners in health to adequately contribute to Strategic Objective No. 3, and avoid duplication or overlap.
 - At a regional level, the Program met with the regional Peace Corps coordinator to identify areas of collaboration and work, including anti-stigma and discrimination efforts. The Program also participated in the regional USAID partners meeting in Guatemala City, and several local-level partners meetings. And, the Program participated in a USAID workshop on detecting and reporting fraud.
 - In Q2, the Program in Guatemala worked with the Peace Corps to implement a workshop with volunteers on HIV, and pre / post- test counseling. The Program in Guatemala also coordinated informative sessions with the Universidad del Valle / CDC Program and students on STI/HIV prevention and correct and consistent condom use.

- In Nicaragua, the Program worked with the local USAID mission to present PEPFAR guides on combination prevention with injecting drug users and MSM at a USAID partners meeting. Other PEPFAR guides were presented by other partners. Additionally, the US Embassy held a workshop on Human Rights and the LGBT community, in which the Program participated by presenting Program efforts in this topic.
- In Costa Rica, the Program coordinated with the Capacity Project to participate as a member of the NGO networks in San José and Limón.
- In Belize, the Program not only participated in the partners meeting, but also received a visit from the USAID technical officer for the Program and the Director of the Office of Health and Education and USAID in Guatemala.

Local Ministries of Health / National AIDS Programs or Commissions. During this period, the Program continued to work closely with local MoH/National AIDS Programs in all Program countries as part of ongoing efforts to coordinate activities and maintain consistent communication of Program activities, research, and events. For example, all Program countries coordinated their VCT efforts with the MoH. Specifically,

- Guatemala. In Q2, the Program signed a memorandum of understanding with the MoH to strengthen coordination of activities related to HIV and family planning in the country.
 - El Salvador. The Program participated as an active member of the Monitoring and Evaluation National Committee led by the MoH.
 - Costa Rica. In this period, the regional research director for the Program traveled to Costa Rica to present the Program’s research agenda to CONASIDA.
 - Belize. The Program regularly attended the Information Education and Communication (IEC) and M&E committees and joined the Care and Treatment committee. The Program also collaborated with the NAC to plan the First National Prevention Summit to be held in April.
- *Local NGOs and C/FBOs.* Local organizations, whether non-governmental, community or faith-based continued play a key role in the implementation of Program activities. In this period, the Program met with REDCA and signed a memorandum of understanding to coordinate efforts at a regional and local level. In other countries, local FBOs were recruited to participate in efforts, such as the Lutheran Church and Christian Association in El Salvador for the “Generación Cero” social movement initiative.
 - *Country Coordinating Mechanisms (CCMs), Regional Coordinating Mechanism (RCM) and The Global Fund.* During this period, the Program continued to work at a local level with Country Coordinating Mechanisms (CCMs). In Guatemala, the PASMO country manager continued to work as the CCM president and lead efforts in the National HIV/AIDS response.

In El Salvador, the Program continued to participate actively in the CCM and PASMO supported the new proposal for the Global Fund by providing the Program's combination prevention strategy documents and materials. And in Belize, the Program continues to be an active member of the local CCM.

- *Other donors and programs.* The Program coordinated its activities and interventions with other donor projects and programs, such as the USAID bilateral Program in El Salvador and Nicaragua. Additionally, in Guatemala the Program participated in ongoing meetings of the GTA (Grupo Temático Ampliado), which includes representatives from international organizations (UNAIDS), MoH, Global Fund, civil society and NGOs, among others.
- *Private sector.* As part of an ongoing strategy to engage the private sector, the Program continued to develop and maintain key contacts with private sector companies where men at-risk work. For example, in Guatemala the Program worked with the private security company, G4S, to conduct combination prevention activities with groups of security guards. In El Salvador, the Program worked extensively with private sector laboratories and media companies, such as radio corporations, for a variety of combination prevention and anti-stigma and discrimination efforts. In Costa Rica, the Program continued to work closely with the private laboratory network of ASEMBIS and a new private lab, Monterrey. In Panamá, the Program also contacted three new private laboratories, Rally, Fernández and Chiriquí, to expand access to MARP-friendly services.

5. Other Cross Cutting Issues

Gender

As part of ongoing efforts to include gender in the conceptualization, development and implementation of all components of the program, the Program worked in this period to continue to recruit additional complementary component partners under the minimum package that specifically address gender-related issues such as reproductive health and violence. For example, in Nicaragua, the Program worked with female sex workers in the development of a new methodology that incorporates a gender-approach to addressing condom negotiation, with an emphasis on human rights.

Implement PSI/PASMO Human Resources Development Plan

During this reporting period, PSI/PASMO continued to implement its local Human Resources Development Plans, which include activities to enhance program performance and training for staff.

- At a regional level, during this period all Program leadership from the region participated in webinars, led by PSI, on USAID sub-award regulations and management.
- PSI/PASMO staff and partners in the regional office, participated in a training on homosexuality and homophobia.
- In Guatemala, PSI/PASMO staff participated in team-building trainings as well as USAID fraud prevention policies.

- In El Salvador, PSI/PASMO staff participated in leadership training.
- In Nicaragua, PSI/PASMO staff participated in trainings on human resources management, social security regulations, and communication methods.
- In Costa Rica, PSI/PASMO staff participated in trainings on internal policies, procurement, travel and timesheet policy, sub-awards, and STI/HIV prevention knowledge reinforcement.
- In Panama, PSI/PASMO staff participated in trainings on management by objectives, MIS, and STI/HIV prevention knowledge reinforcement.

Strategic Plan

During this reporting period, PASMO completed a final draft of its 2013-2017 strategic plan, based on the internal review process and local-level meetings held throughout the region.

Challenges, Actions and Lessons Learned

Challenges	Actions or Lessons Learned
<p>In Q2 FY2013, new government officials in Costa Rica took office; specifically, a director of the Social Security Institute, leading to setbacks in advances and negotiations made with the prior director.</p>	<p>In Q3, the Program has plans to meet the new director of the Social Security Institute to present the Program and ongoing actions and coordination so as to provide continuity to the work being carried out in Costa Rica.</p>
<p>In Q2, the Program faced new challenges in Nicaragua upon integrating NGOs working in the RAAN region where indigenous groups (Mayagna and Mixquita) are being engaged under combination prevention. Materials need to be not only translated but adapted to indigenous population beliefs and world views.</p>	<p>The Program will work with these NGOs to provide tailored technical assistance that will enable them to work with indigenous populations.</p>
<p>In Nicaragua, the Program has faced challenges with recruiting and maintaining NGO staff to open new non-traditional outlets due to the low volume of sales in high-risk channels and low remuneration.</p>	<p>The Program is identifying other incentives to maintain the activities under the sales strategy for high-risk zones.</p>
<p>In Costa Rica, the national algorithm does not contemplate the use of rapid-tests for HIV VCT services. National protocols also do not allow undocumented migrants to receive testing and counseling services. This limits the number of MARPs (including migrant FSW) who receive tests results and interferes with confidentiality protocols as individuals must provide their phone numbers for reception of test results.</p>	<p>The Program continues advocacy efforts with the Social Security Institute to facilitate testing processes, particularly in the delivery of test results.</p> <p>The Program has been limited in working with undocumented migrant FSW due to national laws that prohibit their provision of HIV/STI services.</p>
<p>Although the “sweeping the zone” activities have had an overall positive outcome and have proven to be generally effective in reaching MARPs with combination prevention, the Program needs to continue expanding its partners who provide biomedical and complementary services. Particular, the Program continues to face challenges in engaging private sector laboratories in the “sweeping the zone” activities or in providing MARP-friendly services.</p>	<p>During the 2013 fiscal year, the Program plans to take concrete actions to strengthen the sweeping the zone activity and implement the findings of the Best Practices Review. The Program also plans to continue local-level coordination, analysis in planning meetings which seek engage local partners in the results, successes and challenges of the activities. With private sector labs, the Program will continue to evaluate and provide non-monetary incentives to increase their participation.</p>
<p>The Program in Belize continues to struggle with expanding the network of agencies and organizations that can provide complementary services to MARPs. Access to social and mental health services is limited due to scarce financial resources and personnel, stigma and discrimination, and limited geographical coverage.</p>	<p>Efforts continue to be made to develop cooperative agreements with partner organizations but success has been limited.</p>

<p>In Belize, participation on the AndWhatNow website is extremely low. Efforts made by C-Net+ to reach PLHA have been unsuccessful due to multiple perceived reasons:</p> <p>(1) Website is difficult to navigate, especially when creating the UIC. Literacy levels are relatively low among PLHA in Belize thus navigating the website is intimidating.</p> <p>(2) Website is “heavy” meaning that downloading all of the content correctly is difficult because of the slow internet connections in Belize.</p> <p>(3) Persons living with HIV do not have wide spread access to the internet. This is especially true in rural communities.</p>	<p>In order to better understand this situation, C-Net+ will incorporate a question about access to internet services in their April 2013 home-visit forms. An estimated 300 persons are reached via C-Net’s home-visit program thus data will help increase our understanding of the degree to which persons living with HIV have access to internet.</p> <p>Program partner, Milk N Cookies, is also developing a plan to reduce the “heaviness” of the website so that it is easier to download in Belize where internet access is slow.</p>
<p>Also in Belize, the “sweeping the zone” strategy has not been completely implemented and there is a need to reinforce the referral system, including vouchers, and MIS reports and analysis.</p>	<p>In Q3, Program staff from the regional office and from El Salvador will conduct a short-term technical assistance and in-field training visits, as well as reinforcement training on combination prevention methodologies.</p>
<p>Referrals to local IPPF MAs continue to be less than expected, including some decreases in MARPs visiting for services in some countries.</p>	<p>To address this situation, the Program is motivating for more frequent and in-depth local-level monitoring and coordination meetings between PASMO teams and MA staff. At a regional level, IPPF/WHR is also analyzing the Program budget to identify opportunities to fill funding gaps where possible and strategically necessary.</p>

PEPFAR Central American Gender Challenge Fund

Overview

In February of 2013, USAID granted complementary funds to the cooperative agreement to Population Services International (PSI) and its Central American affiliate, the Pan American Social Marketing Organization (PASMO) for the period February 14, 2013 – January 15, 2015 to reduce gender-based violence (GBV), prevent and respond to sexual exploitation specifically for most at-risk populations (MARPs) in Guatemala and one additional country in the region.

The President's Emergency Plan for AIDS Relief (PEPFAR) has sought to strengthen links between the public sector and civil society in Guatemala, working in partnership with the Public Ministry and Supreme Court to implement the Women's Legal Rights initiative to expand legal aid to female victims of violence². While most efforts to fight GBV are focused on women, there has been little effort to apply existing legislation and policy specifically to MARPs. In addition, the implementation of the existing policies has been weak within facilities and communities that serve survivors of trafficking and GBV. Although good protocols exist and include important elements of responding to violence (such as provision of Post Exposure Prophylaxis (PEP) and methods for referrals), they are rarely used within institutions or communities.

Recognizing the gender-based social and cultural underpinnings of inequality and many socio-economic, security and health problems in Guatemala, a working group of local NGOs, including USAID's partners PASMO and PASCA, together with the Guatemalan Secretariat on Violence, Exploitation and Trafficking in Persons (SVET), UNAIDS and UNWOMEN formed a consortium on violence and gender. The consortium became an official commission, as in March of 2012, the Government of Guatemala (GoG) published Decree 1-2012 that established an official Technical Multi-sectorial Commission on Preventing Violence, Sexual Exploitation and Trafficking among MARPs (hereinafter "the Commission"). The Commission works to promote the coordination of the agencies involved directly or indirectly in the definition and implementation of national level actions to reduce the rates of crimes related to sexual violence, exploitation and trafficking in female sex workers (FSW), men who have sex with men (MSM) and transgendered populations (TG), and the strengthening of key actors in prevention and care for the victims of these crimes.

Approximately \$260,000 has been committed by USAID to support the Combination Prevention efforts to engage with men and boys through materials and programs that are specifically related to their gender profiles and MARP characteristics. These materials also address gender-based violence as an important issue for MARPs.

Complementary funding will permit greater focus on implementing the work plan of the SVET in conjunction with all stakeholders in the country and facilitate identifying and establishing mechanisms to share lessons learned across the region. The program outlined below will be funded by the PEPFAR Gender Challenge Fund and implemented by USG partner PSI/PASMO in coordination with the other members of the SVET consortium.

² http://www.usaid.gov/our_work/cross-cutting_programs/wid/dg/wlr.html

Program Framework

The additional PEPFAR Gender Challenge funding will focus on the element of preventing and responding to GBV. Overall, the program will build on the work already underway in Guatemala by the commission on violence and gender described above.

The PEPFAR GCF will support USG efforts to work with the other Guatemala Consortium members to focus on key areas of its Guatemala work plan, in particular on:

- 1) Training for police, lawyers and judges on existing laws and reducing stigma and discrimination related to gender norms,
- 2) Establishing clear referral systems for MARP survivors for sexual exploitation and trafficking,
- 3) Communications strategies with MARPs about laws and support services that exist, and
- 4) Communication strategies with those involved in providing care and services to MARPs.

This Commission will develop a model, based on the Guatemala experience, which can then be replicated in one other country in the region. The funds will support efforts to establish a similar working group (or build on existing entities) and work plan in one additional country in the region that reflects sufficient political will and complementary legal structures.

This complementary funding will specifically target female and male sex workers (FSW/MSW), men who have sex with men (MSM) and Transgender (TG) in Guatemala. The outreach activities for those groups will be basically the same, but materials, contents and information will be adapted to each population's reality and situation. Additionally, primary targets include key stakeholders, such as members of the Regional Coordinating Mechanism (RCM), health care providers, police, judiciary and public ministry staff.

Overall purpose level indicators for this program include:

- Integration of GBV screening into MOH and NGO health provider efforts targeting MARPs in Guatemala
- Establish clear referral systems that are comprehensive and include legal, health social services and justice - "Critical Routes"³
- Multi-sectorial working group following the Guatemala model established and functioning in one other country in the region, and includes at least one violence prevention entity from the country, NGO partners and international organizations.
- Strategic and/or Operational Plans developed for the country working group, including specific reference to MARPs and GBV
- Shared commitment to reduce GBV at a regional level

³ The Critical Route is a term used to describe the different points to which a person who has been the victim of GBV must go through in order to be treated (for example, at a hospital or health center), report a legal complaint (a legal services office or the public ministry), seek shelter if it is needed (a women's home), etc.

Program activities

In the period from February 14th to March 31st, 2013, the Program conducted a series of activities to initiate the GCF program, including the recruitment of candidates for the position of Program Coordinator. For example, during this period, the Program worked through the Commission and in close collaboration with SVET, to develop a complete operational plan with dates for the remainder of the 2013 calendar year. This operation plan includes key activities to be conducted under this Fund. The Program also continued to participate actively in the Commission during this period, and most Fund activities will be implemented as of Q3 and Q4.

At March 31st, the activities conducted to date are:

Involving local NGOs and civil society

The Commission held a one-day workshop, in coordination with SVET, with NGOs and civil society representing MARPs, to review the law, protocols and present the GFC objectives and activities. As a result of the workshop, the Program will support the organization of small-scale meetings among each of the target populations to name representatives to the Commission and identify any gaps in the VET Law and needs with relation to each population.

Also in this period, the Program presented the GCF in the regional RCM meeting in Costa Rica. As a result of this participation, the Program will develop and submit to the RCM the criteria for selection of one additional country where the Fund will expand in FY2014.

With regards to monitoring and evaluation, the Program conducted two regional studies (TRaC surveys with MARPs and Mystery Client Surveys at IPPF/WHR member association clinics and other service delivery points) which included questions and sections specifically addressing gender-based violence to better understand the situation. The Program completed the fieldwork for both studies and is in the data analysis process.

Challenges and Lessons Learned

<u>Challenges</u>	<u>Actions or Lessons Learned</u>
The recruitment process for the Program Coordinator faced certain setbacks due to the political nature of the Fund and the need to work with government officials.	The Program worked to manage political issues in the recruitment process in negotiation with the government and in consensus with the Commission members.