

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

Annual Narrative Report
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for



USAID
FROM THE AMERICAN PEOPLE

Combination
Prevention for HIV
Central America and Mexico



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LIST OF ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer Technical Representative
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
FY:	Fiscal year
GBV	Gender-based violence
GCF:	Gender Challenge Fund
GF:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIGI:	Got It? Get It.
GLBTI:	Gay, Lesbian, Bisexual, Transgender, Intersex
GoG:	Government of Guatemala
GTA:	Grupo Temático Ampliado
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
MEGAS:	Medición de Gasto en Sida
MnC:	Milk n' Cookies
MSM:	Men who have sex with men
MoH:	Ministry of Health
NAP:	National AIDS Program
NGO:	Non-governmental organization
OR:	Odds ratio
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
PR:	Principal recipient
PSI:	Population Services International
SMRS:	Social Marketing Research Series
REDCA:	Central American Network of Persons with HIV
RCM:	Regional Coordinating Mechanism
SMRS:	Social Marketing Research Series
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 annual 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 October 1, 2012 – September 30, 2013 (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 Annual Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During 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 while applying the findings of the Best Practices Review; a total of **195 sweeping the zone activities** were carried out in the fiscal year.
- **Updated mapping and profiles of high-risk zones** periodically to respond to changes in high-risk zones where the Program operates.
- **Worked in coordination with local NGOs** and the Central American Network of Persons Living with HIV (REDCA) to reach persons living with HIV (PLHA) with key combination prevention interventions in both clinical and community-based settings.
- **Conducted 16,008 combination prevention activities through 131,029 contacts, reaching 78,547 individuals.**
- **Participated in events and key dates throughout the year, including World AIDS Day, International Day against Homophobia and Transphobia, Candlelight Vigil, among others.**
- **Continued to implement the methodological coaching process with NGOs in Nicaragua** including 11 NGOs receiving USAID funds and 8 NGOs receiving Global Fund funds.
- **Completed a multiple session discussion methodology for PLHA; received USAID approval for a methodology for MARPs on stigma and discrimination; developed a methodology for FSW on condom negotiation;** completed and began implementing three methodologies developed in the prior fiscal year; developed material to strengthen the face-to-face outreach methodology; expanded the development of a methodological guide for PLHA; completed the adaptation of the “XY” incomplete drama methodology for MSM to an online format, and designed a gamification platform for cyber-educators.
- **Designed a series of materials under the combination prevention approach,** including material for outreach workers and new partners on combination prevention; behavioral, biomedical and complementary component print materials; and reprinted material specific to PLHA in coordination with REDCA

- Consolidated and expanded its cyber-educator initiative to conduct online outreach with MSM in the region through staff and NGOs, reaching a total of 6,225 MSM in this FY. The Program also held a Regional Cyber-educators Workshop in March.
- Continued to lead the implementation of virtual self-help groups through the ¿Y Ahora Qué? website, reviewed and analyzed the results of the participation, and developed a new strategy for online outreach for PLHA; the Program also 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 in local-level quality control and UIC review meetings with NGOs, IPPF and other partners were also held, in addition to capacity building exercise for staff and NGOs.
- Developed compliance guidelines for effective supervision, with a focus on quality, conducted exit interviews to ensure the quality of sweeping the zone activities, and carried out systematic monitoring visits with a focus on quality control.
- Updated and refreshed POP and print materials under the condom category campaign known as ¿Tienes? Pídelo, based on an update of the catalogue of print material.
- Held launch events for the second phase of the masculinities (Hombres de Verdad) Campaign in all Program countries, and aired the campaign in two bursts with strategic media placement, and online and social media advertising.
- Reformulated the concept of the campaign to address risk perception and structural factors, given that the 2012 TRaC surveys evidenced other behavioral determinants.
- Continued to implement a social media strategy using a three-level calendar that includes key dates and content curation for the ¿Y Ahora Qué? and Mi Zona H websites and their social media channels.
- Achieved a total of 7,570 visits to the ¿Y Ahora Qué? website, in addition to 4,395 fans in Facebook, with a reach of 1.3 million people. Also a total of 7,626 total visits to the Mi Zona H website and 30,720 fans in Facebook, reaching 32.9 million people.
- Completed the development and launched two interactive behavior change communication methodologies in the form of a “soap opera” to be delivered to FSW and transgender women via SMS and mobile phone technologies, in Guatemala, El Salvador, Costa Rica and Panama.

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

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	3,834	5,652	773	2,076	2,876	797	16,008	18,305	87%	100%
ComPrevention Contacts	29,607	50,136	2,457	14,977	27,616	6,236	131,029	152,754	86%	100%
ComPrevention Individuals reached	22,112	24,373	2,897	5,698	20,337	3,130	78,547	54,050	145%	100%
TOTAL VCT	6,074	5,067	1,107	667	3,106	1,955	17,976	15,800	114%	100%

Component 2 – Structural Approaches

- **Completed the validation workshops and began to implement the regional training manual for services providers on stigma and discrimination.**
- **Carried out quality assurance visits to service delivery points, and began to implement the recommendations from the Mystery Client Surveys** at local IPPF member association clinics.
- **Trained 909 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.
- **Lead the process of a social movement against stigma and discrimination (Generación Cero)** through local multi-sector technical working groups who implemented events and activities in each Program country. At a regional level, the Program completed the production and aired a communications campaign (“Toma tu ciudad”) and developed an operational plan, key messages and contingency messages, among many other materials.
- **Supported local technical working groups (Generación Cero) in conducting key events** such as National Forums against Stigma and Discrimination, recruiting artists and musicians under Generación Cero, and supported the Global Fund in Guatemala in a local campaign.
- **Engaged a total of 14,059 fans in the Generación Cero Fan Page** in Facebook with anti-stigma and discrimination messages, which reached **42 million** Facebook users.
- **Completed two national-level workshops with journalists in Costa Rica and Panama,** and developed a series of four short sensitization workshops that were implemented at a local-level with media outlets in the region.

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, opening **286** new non-traditional and high-risk outlets.
- **Provided support and follow-up to the National Condom Strategy in the region,** in coordination with the MoH and UNPFA.
- **Continued to provide access to MARP-friendly services through local IPPF Member Associations (MAs),** including biomedical services such as syphilis diagnosis tests, STI consultations, and HIV testing and counseling.
- **Engaged private sector laboratories and private sector partners** through contacts, training and sensitization efforts in the region.
- **Decided to align an original concept of a VCT-promotion campaign (¿Tested? Get tested) to the Generación Cero social movement** and developed the designs for new materials to identify spaces free of stigma and discrimination.
- **Conducted mobile VCT throughout the region and provided support to local MoH during National HIV Testing Week / Day** in Belize, Guatemala and El Salvador.
- **Complied with the Environmental Mitigation Plan** in the region while implementing quality control for VCT.

Cross-Cutting Component 4 – Strategic Information

- **Completed a special qualitative study with PLHA** to identify the key elements that influence in factors such as adherence to treatment and correct and consistent condom use in people living with HIV in Guatemala, El Salvador, Costa Rica, Nicaragua and Panama.
- **Conducted an impact study entitled *Unique Identifier Codes (UIC) as a method for tracking social marketing exposure among groups at risk for HIV: a secondary analysis***
- **Completed the first round of the Mystery Client Survey in all Program countries** except Costa Rica and develop key recommendations that began implementation.
- **Carried out and completed a new round new round of TRaC surveys** with FSW and MSM in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama and analysis of the regional TRaC studies with PLHA and men at-risk, evidencing important impact of Program activities on healthy behaviors related to HIV prevention.
- **Conducted a new round of the Mapping Access and Performance (MAP) study** in all Program countries
- **Continued to implement its regional Research Dissemination Strategy** in coordination and communication with the MoH and other key Program partners and stakeholders, including a regional internal dashboard to decision-making (DDM) workshop and local-level DDM workshops and research dissemination events in the region.
- **Conducted ongoing inter-institutional coordination efforts and activities** with USG agencies and USAID partners in health, as well as with local Ministries of Health and public sector partners, other donors, NGO partners, regional coordinating entities, private sector 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.
- **Organized and held a week-long training workshop for local and regional researchers** with the purpose to train on Coarsened Exact Matching (CEM) and RDSAT.
- **Continued to implement the PSI/PASMO Human Resources Development Plans** in each country platform with ongoing and multiple training sessions for internal staff.
- **Carried out an annual review of the 2008-2012 PASMO Strategic Plan** and developed the new strategic Plan for 2013-2017
- **Held the fourth annual Combination Prevention Partners Meeting** in order to review Year 3 achievements, challenges and lessons learned, as well as to adjust and plan for Year 4 activities.
- **USAID auditors conducted an A-133 Audit of the Combination Prevention Program**, selecting three sub-awards for review.
- **Conducted a regional training workshop in Guatemala with research team members on Coarsened Exact Matching** and RDSAT software for the analysis of TRaC data.
- **Participated in a USAID A-133 Audit** and successfully submitted all the requested documentation.
- **Faced challenges in the implementation of Program, and applied lessons learned** as well as corrective actions.

PEPFAR Central American Gender Challenge Fund (GCF)

During FY2013, the Program completed the recruitment process for a new Gender and Violence Prevention Manager and conducted a series of activities under the PEPFAR Central American Gender Challenge Fund (GCF), including:

- Completed the process of updating the review of the legal framework analysis and developed a summary highlighting the new regulations of all protocols and identifying gaps between the different codes and laws.
- 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. Subsequently, the Program began to mobilize local NGOs to begin to hold small-scale meetings among each of the target populations to name representatives to the Commission.
- Presented the GCF in the regional RCM meeting in Costa Rica, and developed and submitted the criteria for selection of one additional country.
- Completed the development of Capacity Building Certification Process, known as “GBV aware”, and began the training and certification process.
- Maintained active and ongoing coordination and collaboration with Government partners; specifically with the SVET members through the MARPs Commission.
- Conducted an analysis to define the three main geographic areas with the GCF in Guatemala will be implemented in its first year and completed the process of identifying and mapping the organizations that will confirm the local referral networks.
- Developed print material for MARPs that addresses violence, including gender-based violence.
- Completed the analysis of the TRaC surveys conducted with MARPs as well as the Mystery Client Surveys, in which specific questions were asked related to gender and violence.
- Completed a review of its input forms and specifically modified the referral form to ensure that referrals to complementary services, such as GBV, are tracked and reported.
- Conducted a review of the SVET’s quarterly Progress Report on cases of GBV, sexual exploitation and trafficking, with a focus on MARPs
- Conducted an oral presentation at the Sexual Violence Research Initiative Forum 2012 to be held in Bangkok, Thailand.

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 FY2013, the Program, with the exception of Nicaragua, continued to work under a “sweeping the zone” strategy 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. For this, the Program conducted continuous updates of the census and mapping of high-risk zones, as follows:

In Q1, the Program conducted a first update process of the high-risk zone profiles, which began with the 2012 TRaC studies that required recognition, and documentation of the zones where the study was to take place, in addition to the 2013 MAP study. Additionally, each Program platform conducted updates as required locally. For example,

- *Guatemala.* The Program was able to identify new complementary services partners such as treatment for drug and alcohol addiction, alcoholics anonymous, among others.
- *El Salvador.* The Program updated profiles of high-risk zones and found that these profiles need to be updated with greater frequency given the high levels of violence in the country and the fact that business close, disappear or change names constantly due to the security situation.
- *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.
- *Panama.* The Program conducted quarterly updates of the high-risk zone profiles to ensure up to date information for sweeping the zone and other combination prevention interventions.
- *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. And, with the input from the lessons learned from the visit of El Salvador staff, the Program created new profiles for all districts.

During this fiscal year, and applying the findings of the Best Practices Review of Sweeping the Zone, 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 Program also applied accompaniment strategies for biomedical services, the provision of additional services to de-stigmatize HIV services under the sweeps, the use of social media notifications, and the identification of HIV tactical prevention team members, as specified below:

- Guatemala.

In Q4, alone, the Program conducted 9 sweeping the zone activities, and coordinated sweeps with local municipalities and other public sector partners, The Red Cross, NGO partners, and some private sector partners such as the Association of Banana Producers, the Association of Bus Drivers, and private security guard companies. Some of the additional services included in the sweeps are PAP smears, anti-tetanus shots, folic acid treatments. Also, throughout the fiscal year, the Program in Guatemala had several lessons learned:

- *Identification of hours for sweeping the zone.* With some men at-risk sub-populations, the best time of day to reach them is 7:00 am, for example, with bus drivers. Other time factors were learned, for example, although most individuals wanted to participate and receive services, some could not during their work hours.
- *Identification of testing sites within the sweep.* The participation in VCT is increased when testing sites are clearly identified (using posters and signs).
- *Participation of minimum package partners.* One of the successes in these activities was the participation of local health centers that offered other services, such as monitoring of blood pressure and glucose levels, which motivated target populations to further participate under a holistic health approach. Moreover, the active inclusion and participation of complementary services partners, such as Alcoholics Anonymous and the Human Rights Ombudsman Office, was key in increasing effective referrals and providing target populations with structural services.
- *Reaching MSM.* In the fiscal year, the Program in Guatemala successfully implemented a series of strategies to increase the participation of MSM, by invited them via short message system (SMS) messages to their mobile phones, and using a “seeds” recruitment strategy to reach a wider range of MSM.

- El Salvador

In Q4 alone, the Program conducted 24 sweeping the zone activities in coordination with San Salvador Police and the National Police, which provided legal advisory as part of the complementary or structural component, in addition to security in the high-risk zones where the sweeps took place. Some of the lessons learned include:

- *Community leaders.* During this fiscal year, the Program was able to ensure the success of sweeping the zone by involving local community leaders and members of the target populations in the promotion and actual sweeps.
- *Accompaniment.* The Program provided voluntary accompaniment to MARPs seeking biomedical services at ADS clinics in San Salvador and in Santa Tecla.

The Program has received positive feedback from target groups who express that through this service, they make better use of their time.

- *New complementary services partners and other services.* Target populations reacted positively to the inclusion of the following services in sweeping the zone: the reduction of addiction to drugs and tobacco, psychological support, human rights and reporting violations, as well as citizen empowerment in a community setting. Other services that help attract target individuals included general health consultations, vaccination services and beauty or esthetic services.
- *Expanding hours.* 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.
- *Private sector alliances.* During this year, the Program was able to partner with new private sector partners, such as coffee plantations in Usulután which allowed the Program to conduct sweeps in the plantations, targeting men at-risk for HIV.

Costa Rica

In Q4 alone, the Program in Costa Rica conducted three sweeping the zone activities with transgender women, men at-risk for HIV, and female sex workers. Key coordination was carried out with the faith-based organization (FBO) Lutheran Church of Costa Rica for the sweep with transgender women and a local NGO (MULAVI). And, for men at-risk, the Program coordinated with the private sector distributor, ROSHMA, with their transportation staff. Some of the lessons learned in Costa Rica during the year include:

- *Coordination.* The Program expanded the number of organizations, institutions and companies with which sweeping the zone was coordinated. For example, the FBO: Lutheran Church of Costa Rica (ILCO), owners of high-risk outlets, prison directors and administrators, and private sector distributors.
- *Other services.* During the year, target populations reacted positively to the inclusion of other services in the sweeps that help de-stigmatize HIV-related services in coordination with a broader range of partners. For example, eye exams and dental services in coordination with the Universidad Latina and private lab, ASEMIBS; and volunteer hair stylists and barbers for the sweeping the zone in prisons.
- *Expanding coverage.* During the year, the Program received a request from the local Ministry of Health (MoH) to expand the geographical coverage to the area of Limón.
- *Reaching men at-risk with new interventions.* The Program also worked with the National Police Academy, and private sector distributors and companies, to conduct sweeping the zone with men at-risk. New interventions were designed, as well, such as a mobile version of the Program's masculinities campaign.

- Panama

In Q4, the Program conducted thirteen sweeping the zones in Colón, Coclé, Herrera, Panama and Santiago. Throughout the year, the Program also applied many of its lessons learned in this process, including:

 - Local-level coordination.* The success of the sweeping the zone activities improved with the increase in local-level coordination among partners such as IPPF member association, APLAFA, local NGOs, local community contacts, and other minimum package services partners.
 - Partnerships with private sector.* The Program in Panama successfully expanded the coverage of combination prevention interventions with men at-risk for HIV by forming a working alliance with the Construction Workers Union (SUNTRAC), as well as the private bottling company, SAB Miller.
 - Reaching indigenous/Caribbean populations.* The Program was able to reach the indigenous group, Guna, by conducting sweeping the zone in the area of Kuna Nega of Panama.

- Belize

In Q4, the Program in Belize conducted **nine** sweeping the zone activities, conducted on the Corozal, Cayo, Orange Walk and Belize districts. After the Q3 platform-to-platform technical assistance visit from the El Salvador team, the Program in Belize improved its initial planning procedures for sweeping the zone. Implementation strategies were also modified to include more mobile VCT during sweeps thus reducing the travel time for MARPs when seeking to access this service. During the fiscal year, some of the lessons learned in Belize include:

 - New complementary/structural partners.* In this year, the Program was able to incorporate the Belize City Community Counseling Center, which has counselors, and psychologist that provided support services at sweeping the zone activities. However, the platform continues to face the challenge of the centralization services in the district of Belize, particularly in the search for new complementary services partners.
 - Platform-to-platform technical assistance.* One of the keys to the success of sweeping the zone in Belize was the Q3 visit from the PASMO El Salvador team in a platform-to-platform technical assistance visit concentrated specifically on improving sweeping the zone.

As a result of these efforts, during the 2013 fiscal year, the Program was able to conduct the following number of sweeping the zone activities in each country:

Country	Sweeping the Zone Activities
Guatemala	32
El Salvador	76
Costa Rica	19
Panama	34
Belize	34
Total	195

NGOs working under Combination Prevention to provide the minimum package
At September 30th, the NGOs working under the Program were as follows:

Population	Guatemala	El Salvador	Costa Rica	Panama	Belize
MSM	Nuevos Horizontes	PASMO Staff	Consultant	AHMNP	PASMO Staff
	OTrans	Colectivo Alejandria		Grupo Génesis Panamá +	
	Proyecto Vida	ASPIDH Arco Iris		Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)				
	IDEI				
	SOMOS				
	PASMO Staff				
Transgender	Otrans	ASPIDH Arco Iris	Asociación Manu	Grupo Génesis Panamá +	
		PASMO Staff		Asociación Viviendo Positivamente	
		Colectivo Alejandria		AHMNP	
FSW	Proyecto Vida	Orquideas del Mar	Asociación La Sala	Grupo Génesis Panamá + / AHMNP	PASMO Staff
	Nuevos Horizontes	PASMO Staff		Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)			Fundación PROBIDSIDA	
	IDEI				
	PASMO Staff				
Men at-risk	Proyecto Vida	Orquideas del Mar	Asociación Manu	Asociación Viviendo	Progressive Organization of Women in Action (POWA)
	Iseri Ibagari	PASMO Staff	Asociación La Sala	Grupo Génesis Panamá +	
	Gente Feliz (SODEJU FUNDAJU)		PASMO Staff	Fundación PROBIDSIDA	Sacred Heart Parish/Claret Care (testing only)
	IDEI				
	SOMOS				PASMO Staff
	PASMO Staff				
	Nuevos Horizontes				
Caribbean Population	Iseri Ibagari			Grupo Génesis Panamá +	Progressive Organization of Women in Action (POWA)
	Nuevos Horizontes			Asociación Viviendo Positivamente	
					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			
	IDEI	PASMO Staff		PROBIDSIDA	
MSM (online)	Cyber-Educators	Cyber-Educators	Cyber-Educators	Cyber-Educators	Cyber-Educators
	ODASA (Gente Positiva)	REDSAL	Asociación Manu	Grupo Génesis Panamá +	
***Nicaragua:	Vinculos Solidarios				
	ASONVIHSIDA				
	Cyber-Educators				

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

A key event in the 2013 fiscal year was the signing of a letter of agreement between PASMO and Central American Network of Persons Living with HIV (REDCA) with the general objective of strengthening the working alliance between both organizations, join efforts, avoid duplication, and overall strengthen the interventions conducted with people living with HIV in the region. One of the first actions was the Program's reprint and use of REDCA materials, specifically the prevention kit material for PLHA. Other coordination actions included sharing of existing research, strategic information, among others. This working alliance will continue to bear fruits in the following years.

At a regional level, and as a result of the processes followed to conduct the regional TRaC study with people living with HIV, the Program strengthened relationships and coordination with comprehensive care clinics and NGOs working with PLHA, allowing the Program to continue to expand its reach of activities both in clinical settings and community based settings.

In FY2013, and specifically for people living with HIV, the Program conducted the following activities:

- In Guatemala, the Program worked in both clinical and community based settings to increase the access of PLHA to combination prevention minimum package services. Specifically, the Program worked closely with the Social Security Institute, NGOs IDEI and Gente Feliz, public hospitals, comprehensive care clinics and the Isaac Cohen clinic for referrals to services such as CD4 count, nutrition services, viral load testing, among others. Moreover, the Program provided accompaniment to comprehensive care clinics for recently diagnosed cases.
- In El Salvador, the Program worked with the local member of REDCA, REDSAL and local NGO Visión Propositiva, to reach people living with HIV at comprehensive care clinics, as well as to promote the ¿Y Ahora Qué? website and online support groups. 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.
- In Costa Rica, the Program expanded the coverage of activities by initiating work with youth living with HIV with the National Children's Hospital and its Association Arcoiris. For the first time, the Program reached this population with information related to sexuality, adherence, gender, HIV forms of transmission, among others. The Association groups not only youth living with HIV, but their parents and family members as well with which the Program initiated combination prevention interventions. The Program also worked with homes for PLHA, such as Hogar La Urruca, and Hogar Nuestra Señora de la Esperanza, public hospitals and Social Security, in coordination with partners such as MANU, Universidad de Ciencias Médicas (UCIMED), Universidad Latina, the HIV Commission of the William Allen Hospital, among others. At sweeping the zone with PLHA, and other combination prevention interventions, the Program worked to provide not only complementary/structural services, but also other services such as eye exams and dental services. Lastly, the Program also hired a consultant to reach this population in clinical settings, a model that the Program will seek to replicate in the rest of the region during FY2014. 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 conducted outreach with PLHA by conducting monthly activities in comprehensive care clinics. The Program also worked with local NGOs such Grupo Génesis Panama to also reach PLHA in community based settings.
- In Belize. For outreach with PLHA, the Program closely collaborated with the only organization founded by and for persons living with HIV, the Collaborative Network of Persons Living with HIV, C-Net+.

In FY2013, the Program implemented **16,008** activities with MARPs across the region, through **131,029** contacts, reaching **78,547** 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 FY2013

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Panama		Belize		Total REGION		% Achieved	
	G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP	
	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON
MSM	1,438	8,332	1,164	9,633	757	2,261	596	5,367	952	8,991	118	946	5,025	35,530	116%	103%
FSW	295	2,192	1,839	16,119	6	58	262	1,592	380	3,633	140	758	2,922	24,352	82%	85%
Trans	126	778	192	1,495	2	20	124	749	74	720	0	0	518	3,762	99%	90%
Males at Risk	1,156	11,356	1,194	11,070	8	118	618	4,387	926	9,173	258	1,957	4,160	38,061	116%	106%
PLHA	745	6,371	1,263	11,819	0	0	476	2,882	463	4,236	141	1,426	3,088	26,734	57%	62%
Caribbean Pop	74	578	0	0	0	0	0	0	81	863	140	1,149	295	2,590	34%	43%
TOTAL...	3,834	29,607	5,652	50,136	773	2,457	2,076	14,977	2,876	27,616	797	6,236	16,008	131,029	87%	86%

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

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			PANAMA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP		
	Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results		
	OCT 12 - SEP 13			OCT 12 - SEP 13			OCT 12 - SEP 13			OCT 12 - SEP 13			OCT 12 - SEP 13			OCT 12 - SEP 13			OCT 12 - SEP 13		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	1,438	8,332	5,301	1,164	9,633	4,569	757	2,261	1,921	596	5,367	1,594	952	8,991	6,028	118	946	380	5,025	35,530	19,793
FSW	295	2,192	1,992	1,839	16,119	8,033	6	58	395	262	1,592	896	380	3,633	2,271	140	758	435	2,922	24,352	14,022
Trans	126	778	486	192	1,495	793	2	20	50	124	749	251	74	720	523	0	0	0	518	3,762	2,103
Potential Clients	1,156	11,356	9,415	1,194	11,070	6,854	8	118	506	618	4,387	2,078	926	9,173	7,592	258	1,957	1,266	4,160	38,061	27,711
PLWA	745	6,371	4,453	1,263	11,819	4,124	0	0	25	476	2,882	879	463	4,236	3,355	141	1,426	350	3,088	26,734	13,186
Caribbean Pop.	74	578	465	0	0	0	0	0	0	0	0	0	81	863	568	140	1,149	699	295	2,590	1,732
TOTAL...	3,834	29,607	22,112	5,652	50,136	24,373	773	2,457	2,897	2,076	14,977	5,698	2,876	27,616	20,337	797	6,236	3,130	16,008	131,029	78,547

Events and key dates

During the 2013 fiscal year, the Program participated in, and supported in the implementation of events and activities for key dates such as World AIDS Day, Gay Pride, International Day against Homophobia and Transphobia, National HIV Testing Day/Week, Candlelight Vigil, among others. The Program's participation in all these events was conducted in close coordination with the local Ministries of Health, National AIDS Programs, NGOs, donors, USAID partners in health, and other civil society organizations. Some of the support included, mobile testing and counseling for HIV during national testing days and weeks, marches and rallies, outreach and informative booths, all within the context of each key date.



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 focused its efforts on building the local capacity of NGOs that implement prevention activities in the field.

During the year, the Program:
Specifically,

Phase I: Assessment and one-week training to reinforce strategy and program implementation, including BCC methodologies

To begin with Phase I, the Program developed an assessment tool used to identify the capacity building needs of the NGOs as well as to document the geographical areas in which they work, the composition and trainings needs of their teams, among others. The Program began phase one with six NGOs receiving bilateral funds from USAID. Subsequently, other NGOs were included for a total of 11, in addition to 8 NGOs receiving funds from the Global Fund.

As part of Phase I of the methodological coaching process, the Program organized and held five Methodological Congresses with NGOs, designed to share the behavior change communication theories and methodologies, including those designed by PASMO. As a result of the events, participating NGOs selected the methodologies they were to begin to implement in the field.

Phase II: Fieldwork coaching (ongoing)

In Phase II, the Program worked to support the participating NGOs in the planning and implementation of their activities in the field. The program worked with the NGOs to develop and present a systematic planning of activities using a planning matrix that was designed to allow the Program to focus on coaching and accompaniment in three areas: 1) use and management of interpersonal communication interventions; 2) the minimum package; and, 3) the referral system. The Program also reviewed and adjusted its monitoring forms to provide improved feedback to the NGOs for the implementation of quality interventions.

In FY2013, the Program completed a first round of training with 19 NGOs, 5 of which are Global Fund sub-recipients. The Program began the coaching process of 62 outreach staff from the 12 NGOs that receive funds from the USAID bilateral program.

Phase III – National Level NGO Congress to Assess, evaluate and share experiences, challenges and lessons learned; and, Phase IV – One-on-one coaching meetings to evaluate execution and results

In order to advance to Phase III, the Program had to address some delays with the total coaching process planned for the year due to several factors, and only a total of 94 technical coaching activities were conducted. Some of these factors included, the lack of programming or constant reprogramming of activities of NGOs; other priorities of the NGOs and canceling of activities; the need of more extensive and in-depth training for the NGOs on the methodologies and diverse learning curves; internal turnover of trained staff at the NGO; and, the lack of specific methodologies for indigenous populations for the NGOs working in the RAAN region of the country and with this population.

Upon analyzing the aforementioned factors, the Program conducted a general assessment of the situation and context of the NGOs, including strengths, areas of opportunity and lessons learned for the Program. As a result of this analysis, in Q4, the Program carried out the following activities:

1. Second and in-depth assessment of NGO capacity building needs, including the academic and professional profile of NGO staff, the structure of each NGO, among others.
2. Development of new training curricula for more practical and field training of NGOs, including theory and in-field application.
3. New round of Methodological Congresses in which NGOs were focused on selecting one methodology at a time; following a scaled approach that allows NGOs to first become familiar with one methodology, process and then adopt it to the needs of the organization and its target populations.
4. In field coaching and institutional strengthening for 5 NGOs; ANIC+VIDA, REDTRANS, Centro de Mujeres Xilonem, Centro de Mujeres Masaya, and TESIS-Bilwi. The Program also agreed with the Global Fund to strengthen the capacity of an additional 11 NGOs in the coming fiscal year.

1.3 Combination Prevention Methodologies and Materials

Methodologies

Methodology for PLHA developed in coordination with REDCA

During FY2013, the Program worked with REDCA to first detect the needs of self-help groups for PLHA. Based on the findings, the Program developed an adapted and participative multi-session discussion methodology entitled “Viviendo la Vida para Personas con VIH” for people living with HIV. The methodology is made up of four sessions covering the topics of: condom use, adherence to treatment, comprehensive self-care, and self-esteem. By the end of Q4, the Program completed the methodology and submitted it for donor approval.



Methodology for MARPs that addresses stigma and discrimination

In the reporting period, the Program developed a methodology that can be used in groups and individually, to allow MARPs to address issues of self-discrimination. The methodology, tentatively entitled “Pa’lante”, requires facilitators to guide individuals or group participants to reflect upon and advance through steps that describe situations of self-stigma and self-discrimination. This methodology was adapted based on an intervention for general population to address issues of stigma and discrimination at a society level and towards MARPs. By the end of Q4, the methodology was approved by USAID and began the validation process.

Methodology based on a needs assessment of NGOs in Nicaragua

During the period, the Program worked with the USAID bilateral program in Nicaragua to develop a methodology for female sex workers, tentatively entitled “Negociando”, that allows them to share best practices in negotiating condom use with their clients and affective partners. This methodology is based on a popular board game known as Shoots-and-Ladders, and includes a board with 55 spaces with images and key messages. Participants use a dice to advance or retreat based on specific behaviors that affect condom negotiation, such as violence, alcohol and drugs, among others. This is a game-based and participative methodology, which allows participants to reflect upon the variety of ways to negotiate condom use, and it develops skills among female sex workers for this negotiation with clients and partners. By the end of Q4, the Program completed the development the methodology and expects donor approval and reproduction in early FY2014.

Also,

- The Program worked to strengthen the face-to-face methodology by developing specific materials. For example, the Program developed and designed a “road-map” material for to help target groups achieve desired behaviors. The Program also conducted follow-up training and skills strengthening exercises with PASMO and NGO outreach workers to strengthen the methodology.
- The Program also completed the development and began implementing three methodologies initiated in the prior fiscal year:
 - Multiple session discussion methodology for transgender women, “Viviendo la Vida-Trans”, including topics such as transitioning to females, sex and gender, risks of harmonization, self-esteem, violence, myths on STIs and HIV, condom negotiation techniques, abuse of alcohol and drugs, poverty and education.
 - Multiple-session discussion methodology for female sex workers “Entre Nosotras”, including topics such as sex and gender, self-esteem and violence, risk perception, myths about STIs and HIV, condom negotiation techniques, and the abuse of alcohol and drugs; and,
 - Picture code methodology for female sex workers, “Decisiones”, including topics such as seeking professional care for STIs, violence, alcohol and drug abuse, condom negotiation, among others.

- In early FY2013, the Program also received USAID approval for the updated versions of the two BCC methodologies: “123-Safe-Combined” and “El Nuevo Reto”, which were produced and implemented in this period.

Methodological Guide for Self-help Group Facilitators with PLHA

In this fiscal year, the Program first 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 served as evidence and a basis for the development of this methodological guide for facilitators of PLHA self-help groups. Subsequently, the Program completed the development of two online surveys: one for facilitators and one for participants of the groups and began to receive data that served as input for the guide; the survey was also placed in the ¿Y Ahora Qué? website for increased participation through targeted promotion.

More than 100 people submitted the responses to the survey, of which 60% were professionals who had facilitated self-help groups, and 40% who had been users of participants of the self-help groups. Some of the most relevant findings, used as input for the guide included: 65% of groups were facilitated with no agenda and generally addressed basic care for HIV and general aspects on HIV; however, users and participants reported preferring topics related to emotional support, self-discrimination and adherence. Most facilitators reported being paramedics or people living with HIV, of which more than half reported having no skills for facilitating self-help groups. 75% of self-help groups take place in urban centers and mostly clinics or hospitals. On the other hand, participants and users reported abandoning the self-help groups due to the way they were led, the schedules and the location. Lastly, users and participants reported using self-help groups as a space for learning, advisory, accompaniment and support.

In Q4, the Program made the decision to expand the initial focus of the guide, in order to develop a more complete and formal course to build the skills of outreach workers and include additional topics such as conflict resolution, managing groups, crisis management, managing emotions, outreach techniques, and facilitating groups, among others.

MSM Methodology adapted for online outreach

During the 2013 fiscal year, and in order to build upon the cyber-educators initiative and online outreach activities with MSM, the Program completed the adaptation of the “XY” incomplete drama methodology for an online format. As a first step, the Program used the existing illustrations to conduct a new illustration of the characters and settings, in addition to a refreshed design and graphic line for online platforms and audiences.



Additionally, the Program designed the online platform and structure of the methodology, including the tracking system through the UIC and a code that is assigned to each cyber-educator as a way to track referrals to the methodology. Subsequently, the Program used “Parallax” programming to display the stories for an improved experience for users and incorporated audio narration of the stories, as well as a webcam function to simulate the “mirror” used in the physical methodology. The Program also added applications at the end of the methodology for the voluntary subscription to SMS messages, as well as an option to contact a cyber-educator for further information and referrals to biomedical services. Lastly, in this period, the Program purchased the domain for XY (www.quehacemoslohombres.com), and received donor approval for the methodology. By the end of Q4, the Program had initiated trainings for cyber-educators.

Gamification Strategy and Platform for Cyber-educators.

To motivate cyber-educators and continue to expand the reach of the cyber-educators initiative with MSM, during the fiscal year, the Program designed a “gamification strategy” that 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. For this strategy, the Program developed a logo for the cyber-educators initiative and developed a new online platform (www.cybereducadores.com) that entailed a series of steps, including a completely new web-based platform for both cyber-educators and administrators, a space for tracking links and referrals to the Program’s self-help groups for PLHA, online vouchers, and online outreach, a section specifically with detailed reports of performance against targets, and a section for each cyber-educators profile with advances and points received for reaching targets and objectives.



Materials

Combination Prevention approach

During the reporting period, the Program designed, developed and printed a specific material to Program outreach workers to visualize the complete minimum package as part of comprehensive HIV prevention and motivate them to work with target groups to “close” combination prevention cycles. This material was originally considered for target groups; however, the Program determined that it was more important for outreach workers to have a material that would allow them to better interact with target groups, based on the combination prevention approach. This material, entitled “Yo Soy Prevención Combinada” was printed and disseminated and has been positively received by Program outreach staff who now have a clearer guide and information on the approach, allowing them to better explain it to target groups.

Moreover, the Program designed, developed and printed a specific material on combination prevention for new and existing partners working under the minimum package. This material, entitled “Únete al Trabajo de Prevención Combinada” has information on how partners can form part of the Program and information on each the components of the minimum package, allowing partners to better understand the approach and inviting new partners to participate.



Behavioral component print material

In this period, the Program also designed and developed a material to support target groups in reaching and maintaining the behavior of consistent condom use and it serves as a roadmap to achieve this behavior, based on the stages of change model. By the end of Q4 FY2013, the Program submitted this material for donor approval, and expect to validate and print in early FY2014.

The Program also worked to update materials related to the most recent masculinities study that incorporates the perspective of women. Specifically, the Program redesigned to masculinities test to reflect the new campaign materials and messages. Moreover, the Program updated the masculinities postcards that are used in interpersonal communication activities, to incorporate elements of types of word puzzles with the characteristics of the different masculinities profiles.

Biomedical component print material

The Program designed and developed a print material for HIV tactical prevention teams to allow them to refer MARPs to biomedical services; specifically screening and diagnosis for STIs. This material was designed based on the symptoms of STIs (syndromic approach), as opposed to clinical diagnosis with the names of STIs, and is designed to help outreach staff better identify STI symptoms and refer target groups. By the end of Q4, the Program had completed the material and submitted it for USAID approval. The Program expects to validate and print in early FY2013,

The Program also developed materials specifically for voluntary counseling and testing for HIV (VCT). Specifically, the Program developed a guide for professionals providing pre and post-test counseling and includes a series of support questions and step-by-step guidelines for the counseling process. The Program also developed local and tactical print materials for referrals to IPPF member association clinics that promote biomedical and complementary services. Additionally, in this year, the Program began the process of designing a material to support target groups who are awaiting the result of an HIV test, and will include next steps for whichever the outcome of the test; this material is being designed to support counselors and provide MARPs with guidance and support during the VCT process. This material is expected to be completed in FY2014.

Other materials: Complementary Component

In order to address the complementary or structural component of the minimum package, the Program also developed print material specific to alcohol and drugs. This material, which was designed, developed, approved, validated and printed, includes a test and the consequences of drug/alcohol use related to risky sexual behaviors. It also includes referrals to places where the target groups can find treatment for alcohol and drug abuse.



Material specific to PLHA.

As part of key coordination efforts with REDCA, during the fiscal year, the Program worked with this partner to assess existing materials and determine whether new materials were required or not. After this assessment, the Program and REDCA agreed to reprint and disseminate a Kit for PLHA, which includes topics such as support groups, STIs, opportunistic infections, adherence, nutrition, emotional and psychological topics, sexual and reproductive health, rights and responsibilities.

Other materials

During the reporting period, the Program developed and reproduced material specifically for female sex workers incorporated into a mirror that can be placed within brothels and other high-risk zones. It includes prevention messages, including those related to condom use.

1.4 Cyber-Educators:

In FY2013, the Program consolidated and expanded its cyber-educator initiative to conduct online outreach with MSM in the region, under a combination prevention approach. In all Program countries, the Program recruited and trained new cyber-educator staff, internal or through NGOs, as part of this effort to expand coverage. In parallel form, cyber-educators worked intensively and systematically to conduct online outreach with MSM in chat-rooms, websites, and social networking sites reaching a total of **6,225** MSM. Specifically,

Guatemala: During the year, the Program adjusted the schedule and time for online activities in order to reach MSM in a better time frame. The cyber-educator used mainly MSM chat rooms and websites, including chat.com and gayguatemala.com, with increased participation. Moreover, the online voucher system was used and local IPPF affiliate, APROFAM, reported receiving visits from people who had downloaded their vouchers for biomedical services. The Program also carried out an activity entitled “tarde cyber-netica” 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. Moreover, the Program completed the process of training the two NGOs that were recruited to conduct online outreach with MSM, ODASA and Somos. One of the NGOs, Somos, withdrew from the sub-award with the Program due to challenges in meeting targets for online activities.

To respond to this, the Program recruited an independent consultant for online outreach who began to receive capacity building to form his own organization and push for the sustainability of this initiative. Lastly, the Program expanded outreach with MSM to Twitter through which over 500 new MSM were reached.

El Salvador: the Program continued to adapt its schedules and times to better attend the needs of the MSM population who uses online channels. 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. The Program recruited and trained two NGOs, Arcoiris and Entre Amigos, to conduct online outreach with MSM. During the year, the Program's cyber-educators conducted outreach in chat-rooms and four profiles on popular social networking sites. In some cases, MSM reached online were offered accompaniment for biomedical services, which was used by some MSM.

Nicaragua: The Program recruited and hired a new cyber-educator in addition to two new NGOs, Asociación Vínculos Solidarios and ASONVIHSIDA, to conduct online outreach in León and Managua. Both of these NGOs completed their training process, and bi-monthly visits to NGO cyber-educators helped maintain effective supervision and quality control. The Program in Nicaragua not only reached, but surpassed its target for online outreach with MSM through its effective quality control and outreach techniques.

Costa Rica: The Program worked with a staff cyber-educator and one NGO cyber-educator to conduct online outreach with MSM. The most popular site for outreach is Facebook, and towards the end of the year, also increased its activities in Twitter. Positive results of the online outreach have been evidenced, given the increased duration of conversations, and the fact that some MSM return to the profile to inform of the results of an HIV test and obtain follow-up and support.

Panama: The Program's cyber-educators have been most effective in reaching MSM through Facebook profiles and the chat-room, latinchat.com where online vouchers have been successfully sent and downloaded by targeted populations. The Program worked with one staff cyber-educator and one NGO cyber-educator who completed the training process in this period and conducted online outreach for the rest of the year.

Belize: In the early fiscal year, the Program signed a subcontract with the United Belize Advocacy Movement (UniBAM) to conduct online outreach with MSM. 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; however, there has been a challenge in recruiting capable NGOs or staff for this activity.

Regional cyber-educators workshop

In FY2013, 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. Lessons learned and new tools were applied in the rest of the fiscal year.

1.5 Virtual self-help groups for PLHA

In this period, the Program continued to implement virtual self-help for people living with HIV/AIDS through the ¿Y Ahora Qué? website. Although participation in the self-help groups was maintained, during this fiscal year, the Program reviewed and analyzed the results of the participation, and developed a new strategy for online outreach for PLHA which consists in actions such as: increasing the number of hours a facilitator is available to respond to queries and guide the groups, new schedules and times shared by countries and NGOs, and weekly of bi-weekly topics or themes to help guide the discussion in a forum format.

At a regional and local level, the Program also continued to carry out its regional strategy for the promotion and communication of the ¿Y Ahora Qué? website and its online self-help groups. For example, all Program countries worked in coordination with National AIDS Programs, Social Security Institutes, and with local comprehensive care clinics for PLHA to place print materials (posters, flyers, calendars, banners, etc.), provide face-to-face information, and work with not only clinical staff, but also PLHA to create awareness and increase participation in the groups. All countries also included Program cyber-educators in the sweeping the zone activities to promote the site and the self-help groups. In some countries, the Program recruited NGO partners to conduct facilitation of the self-help groups and promote the website, such as CNet+ in Belize, among others. Countries such as El Salvador and Guatemala organized activities entitled “tardes cibernéticas” at NGOs or cyber-cafes with target populations. And, in countries such as Costa Rica, the Program coordinated with a regional gay, lesbian, bisexual and transgender (GLBT) online magazine to include free advertising space to promote the website and its self-help groups.



In Belize, the Program continued to work closely with its partner NGO, C-Net+, to promote the AndWhatNow.info website. In participating countries, the Program also took advantage of National HIV Testing Days/Weeks to promote the website and the groups. However, due to low internet connectivity in Belize and low access to in-home internet among PLHA in the country, especially in rural areas, the Program is working to revamp the AndWhatNow.info website to reduce its “heaviness” for download and viewing in the country.

1.6 Strengthen and systematize quality control for BCC/VCT activities

Unique Identifier Code (UIC) system

In this period, the Program focused its efforts on strengthening the use of the UIC and the analysis of UIC data for local-level planning and decision-making, as well as quality control and improved programing. The Program led the effort for each Program country to carry out bi-annual or quarterly local-level planning and analysis meetings involving field-level staff from PASMO, NGOs, IPPF member associations, and complementary services partners. These meetings allowed integrated HIV tactical prevention teams to review results and come to a consensus on shared strategies, lessons learned and next steps to achieve the Program’s results. In all Program countries, these local-level meetings took place on bi-monthly or quarterly basis with partners, and systematic meetings were held with Ministry of Health and National AIDS Programs representatives for ongoing coordination. And, in Nicaragua where the new National Prevention Strategy was initiated, the Program worked with the bilateral program to conduct regular meetings on monitoring and evaluation of activities, including the use of the UIC system.

As of early FY2013, the Program’s Management Information System (MIS), entitled SAM – System of Applied Monitoring, had all its modules completed, which allowed the Program to track each individual’s access to BCC activities, VCT, diagnosis of STIs, and referrals to complementary services. In this year, the Program also completed updates to SAM that allow the Program to track whether individuals also accessed the complementary services they were referred to.

Compliance Guidelines for Effective Supervision

Given the high focus on implementing through others while ensuring quality, the Program worked in this period to develop compliance guidelines and tools for supervisors. For example, in this fiscal year, the Program developed new monitoring forms to track online outreach activities. Additionally, the Program developed a new quality control and coaching form for Program coordinators to monitor the quality of activities conducted by supervisors and high-risk zone leaders. The Program also documented quality control activities in the form of a flowchart to align all teams and ensure standard quality control procedures in the field.

Exit interviews

To ensure the quality of sweeping the zone activities, in this fiscal year, the Program conducted a series of exit interviews with target populations who participated in sweeping the zone activities in Guatemala, El Salvador, Costa Rica and Panama.

For this, the Program developed a 5-question survey to collect input and feedback from target groups who participate in the activity. Approximately 200 surveys per country were implemented during sweeping the zone activities in the months of July and August. Some of the important findings are:

- On a scale from 1 to 5, survey participants perceived sweeping the zone as an activity rated with 4.7, considering it to be a beneficial activity for the populations.
- Most participants (over 90%) suggested no changes to the activity. However, some of the few recommendations included greater promotion and greater frequency.

For more information, please see Annex XV – Sweeping the Zone Exit Interviews.

Ongoing quality control for Program activities and work with NGOs

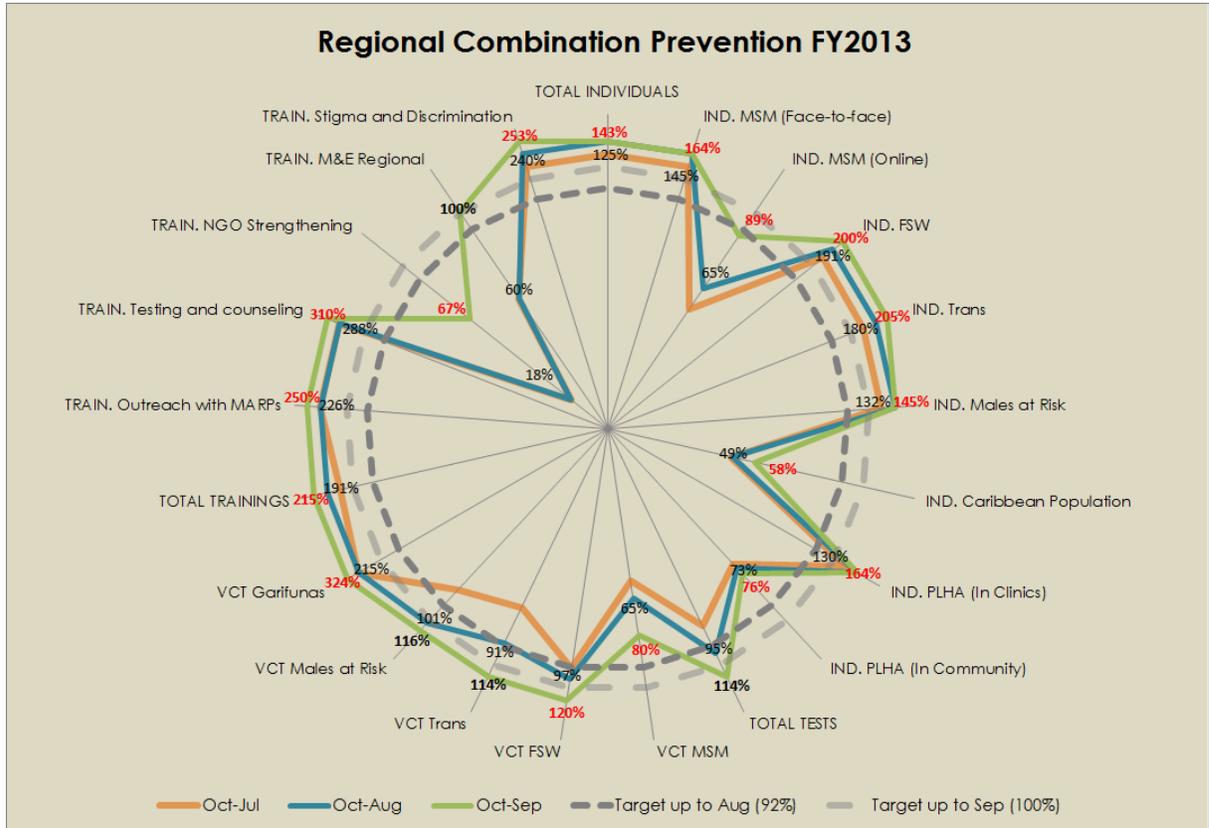
Throughout the year, the Program conducted ongoing quality control activities with staff and NGOs on a monthly basis, including observation, confirmation and verification methods to ensure the quality of combination prevention interventions in the field.

This also included ongoing training of staff and NGOs. For example, in this fiscal year, the Program organized and held extensive capacity building, knowledge and skills strengthening workshops with staff and NGOs in Guatemala, El Salvador, Nicaragua, Costa Rica 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).

Additionally, 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 and in Belize, the Program organized a BCC refresher training for new outreach staff and new NGOs implementing combination prevention.

Monitoring visits. Throughout the fiscal year, the Program's Chief of Party, the USAID Agreement Office Technical Representative (AOTR), the Program's Senior Technical Advisor, Regional Strategic Information Specialist, Regional Senior Researcher and Regional Strategic Information Manager traveled to the Program countries, all of which received at least two monitoring and quality control visits during the year. Additionally, the Regional IPPF/WHR Program Director and CAI LAC Director also traveled to the region as part of these monitoring visits.

In terms of staff for quality control, in many Program countries, new staff members were either recruited or promoted with a focus on supervision and quality of activities. At a regional level, the Program also developed and shared monthly monitoring dashboard of Combination Prevention activities and results. At September 30th, 2013, the Program's regional dashboard is as follows:



1.7 Strategic Media

1.7.1 Expanding condom category campaigns

As part of the process to update and refresh the *¿Tienes? Pidelo* campaign print and POP materials with availability, and condom/lubricant-use messages, the Program initiated the fiscal year by updating its catalogue of materials to assess the needs of each country in the implementation of this campaign. Based on this catalogue update, the Program conducted an update and refreshment of this campaign's materials, including condom displays, high-risk outlets materials (mirrors, signs, promo items, displays, etc.), and communication materials (posters, flyers, etc).

At a local-level, HIV tactical prevention teams integrated the regional Sales and Distribution Strategy (*¿Tienes? Pidelo Plus*) with all efforts related to the campaign. In addition to ongoing work with distributors, high-risk outlet owners, and other strategy partners, some other activities included:

- In El Salvador, the Program leveraged bilateral funds to air the radio campaign at national level radio stations, 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 developed 2,000 displays to be placed in Managua, León and Chinandega in high-risk zones and outlets.
- 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 developed a series of strips as part of the English version of the campaign entitled “Got It? Get It” (GIGI). These strips will serve the dual purposes of promoting GIGI (as they will display the GIGI logo) and increase condom availability in non-traditional sites.
- Also, in El Salvador, local teams developed a unique activity implemented in sweeping the zones designed to promote condom use and negotiation, as part of the minimum package behavioral component. Specifically, the activity is designed in the form of a “roulette” that allows for interactive engagement of target groups with condoms and addressing healthy behaviors.

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. In these events, the Program also disseminated the results of the research that was used as input for this new phase of the campaign. The events used a concept that allowed participants to interact with the different masculinities profiles in a gallery setting where male volunteers embodied each profile and women volunteers or PASMO staff explained the behavior and motivation behind the actions of each male profile. Launch events were all coordinated with local National AIDS Programs/Ministries of Health and donor representatives, and were widely concurred by NGO partners, USAID partners in health, local government representatives, international cooperation agencies, and media outlets.



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’s messages to men in San José and Limón.

In Q3 and Q4, the Program carried out a second burst of the campaign, including print media, outdoors, radio, television (regional cable), social media advertising (Google and Facebook), and below-the-line (BTL) advertising. The Program strategically elected all media placement with local input from teams. For example:

- In Guatemala the campaign placed ads in newspapers that are highly available in high-risk zones where sweeping the zone is conducted, and a new BTL activity was conducted in public transportation (Interviews on the Transmetro in Guatemala City).
- In El Salvador, the Program leveraged bilateral funds to air the campaign on national TV (Canal 12) and more radio stations. In El Salvador, the campaign was also extended for a longer period on air.
- In Nicaragua radio placement was segmented to target bus drivers and truckers,
- In Costa Rica, the Program selected new media spaces such as bus “handlers” which allow a new form of visibility for users of public transportation. And, the Program negotiated a full-page piece in the Lesbitgay magazine, which is distributed electronically in the region.
- In Panama, the campaign was aired during local soccer tournaments (Copa de Oro), and advertising in bathrooms.



1.7.3 Campaign to address risk perception and structural factors.

For FY2013, the Program had planned to use the 2012 TRaC survey results as input for the design of a campaign that follows a comprehensive approach to address risk perception and structural factors that influence key prevention behaviors. However, when TRaC results became available in Q3, other behavioral determinants were revealed to be relevant for target groups, but not risk perception. Therefore, the Program decided to reformulate the campaign concept to be based on the evidence and research, and to be incorporated in the FY2014 work plan.

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

Throughout the fiscal year, 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 the year, 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 twelve-month period, as follows. These updates were implemented by the regional cyber-educator champion and local cyber-educators to reflect a variety of news, articles and information for the entire Central American region.

October to December, 2012 (Q1 FY2013)

Month:	Date:	Name	Fan Page / Website:	Type of post:
OCTUBRE 2012	October 10	Día Mundial de la Salud Mental	• Mi Zona H / Fan Page	• Nota Informativa
			• Y Ahora Qué / Web	• Nota Informativa
	October 31	Halloween	• Mi Zona H / Fan Page	• Timeline
NOVIEMBRE 2012	November 19	Día Internacional del Hombre	• Mi Zona H / Fan Page	• Timeline • Postal • Post Dinámicos
			• Mi Zona H / Web	• Nota Informativa
	November 25	Día Internacional de la Eliminación de la violencia contra las Mujeres	• Mi Zona H / Fan Page	• Timeline Dinámico • Postal
DICIEMBRE 2012	December 1	Día Mundial de la Lucha contra el Sida	• Mi Zona H / Fan Page	• Timeline • Postal
			• Y Ahora Que / Fan Page	• Timeline • Postal • Videos • Notas Informativas • Datos Curiosos
			• Y Ahora Qué / Web	• Preguntas Frecuentes • Nota Informativa • Cambio de Banner
	December 10	Día de los Derechos Humanos	• Y Ahora Qué / Fan Page	• Notas Informativas
	December 24	Navidad	• Mi Zona H / Fan Page	• Timeline • Postal
			• Y Ahora Qué / Fan Page	• Timeline • Postal
	December 31	Año Nuevo	• Mi Zona H / Fan Page • Y Ahora Qué / Fan Page	• Postal • Postal

January to March 2013 (Q2 FY2013)

Month	Date	Name	Fan Page or Web Site	Type of post
JANUARY 2013	January 30	Día Mundial de la No Violencia	• Mi Zona H / Fan Page	• Timeline • Interactive Post
			• Y Ahora Qué / Web	• Timeline • Interactive Post
FEBRUARY 2013	February 4	Día Mundial de la Lucha contra el Cancer	Y Ahora Qué / Web	• Timeline • Postcard • Dynamic Post •
	February 14	Día del Cariño y la Amistad (San Valentín)	• Mi Zona H / Fan Page	• Dynamic Timeline • Postcard
			• Y Ahora Qué / Web	• Dynamic Timeline • Postcard
MARCH 2013	March 8	Día Internacional de la Mujer	• Mi Zona H / Fan Page	• Interactive Post
			• Y Ahora Qué / Fan Page	• Interactive Post
	March 24	Día Internacional de la Tuberculosis	• Y Ahora Qué / Fan Page	• Informative news piece or article
	End-of-March	Verano	• Mi Zona H / Fan Page	• Timeline • Postcard
• Y Ahora Qué / Fan Page			• Timeline • Postcard	

April to June 2013 (Q3 FY2013)

Month:	Date:	Name	Fan Page / Website:	Type of post:
APRIL 2013	April 7	Día Mundial de la Salud	• Mi Zona H / Fan Page	• Informative post
			• Y Ahora Qué / Fan Page	• Informative post
MAY 2013	May	Mes de Mayo, Día de la Madre	• Mi Zona H / Fan Page • Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Timeline • Interactive post
	May 15	Día Internacional de la Familia	• Y Ahora Qué / Fan Page	• Informative post
	May 17	Día Internacional contra la Homofobia y Transfobia	• Y Ahora Qué / Fan Page	• Informative post
	End-of-May	Conmemoración del Memorial de la Luz	• Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Dynamic timeline • Interactive/informative post
JUNE 2013	June	Junio (Mes/Semana de la Prueba de VIH)	• Mi Zona H / Fan Page • Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Dynamic timeline • Interactive/informative post
	June 28	Día Internacional del Orgullo Gay	• Y Ahora Qué / Fan Page	• Interactive post

July to September 2013 (Q4 FY2013)

Month:	Date:	Name	Fan Page / Website:	Type of post:
JULY 2013	28 día Julio	Día mundial de la hepatitis	• Y Ahora Qué / Fan Page	• Nota informativa
AUGUST 2013	1 al 7 de agosto	Día Mundial de la Lactancia	• Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Postal

Some examples of updates for key dates posted during this reporting period in the ¿Y Ahora Qué? And Mi Zona H (websites and fan pages) are:



Second level: updates of website content or sections

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, the Program translated the text within both websites into infographic form. This facilitates the communication of key prevention and health messages as well as enables the sharing of content through social media channels.

Third level: new and refreshed site design

In this fiscal year, the Program conducted a complete redesign of the Mi Zona H website to align it to the second phase of the new campaign. The content of the website was also streamlined and refreshed.

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.

By the end of FY2013 the ¿Y Ahora Qué? Website had **7,570 visits** and **4,395 fans** in Facebook, reaching **1.3 million** people with its posts.

Mi Zona H had **7,626 visits** to the website and **30,720 fans** in Facebook, reaching **32.9 million** people with its posts, as detailed in the info-graphics below:





Mobile phone initiatives / SMS technologies

In the 2013 fiscal year, the Program completed the development of content for the two interactive behavior change communication methodologies in the form of a soap opera to be delivered to female sex workers and transgender women via short message system (SMS) and mobile phone technologies. Subsequently, the Program validated these two methodologies in addition to their names: “La vida no tiene precio” (for FSW), and “Camila: más que una mujer” (for transgender women). After extensive negotiation with mobile phone operators in the region (Tigo, Claro, Movistar, ICE, etc.), through the mobile phone aggregator company with which the Program signed a contract, the Program received short numbers which served for users to subscribe to the service, in addition to the purchase of SMS packages and airtime to be used as prizes and awards for subscribing, sending UIC data, and responding to interactive questions. The negotiation with Digicel in El Salvador was unsuccessful and the Program decided not to include this operator and avoid delays in the launch. In the region, Tigo was also reluctant to sell prizes and airtime in small quantities; however, this challenge was surpassed.

In parallel form, the Program completed the design of print and materials such as posters and flyers, in addition to promotional items especially designed for FSW and TW to serve as an incentive for following the stories in the methodology and participating.

Once short numbers were habilitated and prizes were purchased, the Program first launched these two SMS methodologies in Guatemala, for which the



Program worked prior to the launch extensively with NGO partners working with these populations. The methodologies in Guatemala were launched in June, in El Salvador in July, and in Costa Rica and Panama in late August. At September 30th, a total of 1,043 FSW and TW were actively subscribed and participating in the SMS methodologies.

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.

In early FY2013, the Program completed the validation workshops 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, and finalized content and design.

During the rest of the fiscal year, the Program began to implement the training manual for services providers on stigma and discrimination reduction. Specifically, in Costa Rica, the Program used the manual for first line attendants (including administrative staff, security, receptionists, cleaning staff, etc.) to train staff of the Tribunal Supremo Electoral and staff at the Social Security Institute (Caja de Seguro Social) on two separate dates. A total of 38 staff participated in this training workshop, and another 25 at the Social Security Institute.

In Panama, the Manual for first-line attendants was also carried out with the Ministry of Health on August 6th and 7th with a total of 10 participants, and with representatives from the Red Interinstitucional para la Prevención de las ITS el VIH y el sida en los Sitios de Trabajo, Program partner IPPF member association of Panama, APFLAFA, and PASMO Panama for a total of 27 participants.

Pre and post- evaluation results for the workshops were high and overall positive in all participating countries. Other important results include the development of action plans to reduce stigma and discrimination in their workplaces. In Costa Rica, the Social Security Institute sent a letter of appreciation after the workshop and requested for the Program to continue the implementation of the manuals and workshops. The Program is ensuring that all countries have access to the manuals and is sharing them for their use and implementation through the Program or other organizations/institutions to promote sustainability and use.

Quality assurance visits to service delivery points

During the fiscal year, the Program completed the first round of the Mystery Client Surveys, which were conducted in IPPF member association (MA) clinics and private sector partners. Based on the results and findings from the surveys, the Program began to implement specific actions to contribute to maintaining services free of stigma and discrimination, aligned with ongoing quality assurance visits to service delivery points.

With the results of mystery client survey completed and processed in Q3, during the fourth quarter, MAs began implementing recommendations. While these varied from MA to MA, there was a general recommendation to continue to provide sensitization training to staff, particularly to those providing HIV testing. In line with this, MAs conducted a number of sensitization trainings for a total 316 participants in Q4 alone, detailed as follows:

- BFLA/Belize conducted a sensitization session with 15 non-service providers on awareness, prevention, and management of stigma and discrimination.
- ADS/El Salvador conducted two sensitization sessions with 61 health service and non-service providers, focusing on increasing referrals for MARPs and expanding discussion around MARPs issues, like HIV prevention.
- APROFAM/Guatemala conducted a training session for 13 clinical and non-clinical providers in the Puerto Barrios clinics on STIs and prevention. Additionally, 167 staff from the Coatepeque clinic, Hospital Central, and other stakeholders participated in three sensitization sessions on youth-friendly services, sexual diversity, homophobia, and stigma and discrimination.
- PROFAMILIA/Nicaragua conducted two training sessions with 29 clinical and non-clinical providers from ten participating clinics, focusing on improving quality of service provision.
- APLAFA/Panama conducted three sensitization sessions with 31 health service and non-service providers from two clinics, focusing on client sexual clinical history taking, stigma and discrimination from a trans woman perspective, and generating a workspace that enables improvement of technical abilities and staff attitudes in working with MARPs populations on HIV/AIDS.

Also, as a result of the findings of Mystery Client Surveys, the Program began to develop an action plan to sensitize private sector laboratories that will be implemented in FY2014.

Training of counselors and community workers

To ensure the institutionalization of anti-stigma and discrimination practices in Program service delivery points, during the reporting period, the Program trained a total of **909** 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 FY2013.

2.2 Social Movement against Stigma and Discrimination

During the 2013 fiscal year, the Program began the implementation of a broad communications initiative framed around the process of a social movement, and worked through local multi-sector technical working groups on stigma and discrimination. Throughout the year, the Program continued to lead the process of this initiative, (Generación Cero), with the following regional and local initiatives detailed below:



Regional

At a regional level, in the beginning of the fiscal year, the name, logo and slogan for the social movement initiative, entitled “Generación Cero – yo me apunto”, was validated by these technical working groups in all Program countries. In Belize, a logo was adapted and tailored to the local context and culture, as well as focused on HIV-related stigma and discrimination (“Generation Zero”).



The PASMO regional office and all country platforms, except for Belize, hired a local communications consultant to provide support to the technical working groups to advance in their work plans, and developed a suggested operational plan to the working groups in advancing with their activities for this fiscal year and guide them through the stages of the social movement. Another support tool developed was a guide for consultants, 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.

The Program defined and approved with local technical working groups, the “Manifesto” 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. Based on these key messages and communications tools, local technical working groups identified and trained spokespersons and ambassadors (including opinion leaders and local celebrities) to provide the key messages in all media and communications initiatives.

At a regional level, several materials were also developed to support local technical working groups and their events. For example, the Program completed the design for a kit for ambassadors and spokespersons for the movement. Other materials included t-shirts for local celebrity ambassadors, talking points for interviews and other media interactions, press releases, etc.

The Program also completed the production and aired a communications campaign to generate greater awareness of the movement (“Generación Cero: toma tu ciudad”); the concept and materials were validated by local technical working groups.

At September 30th, 2013, the organizations participating in the technical working groups are:

No.	GUATEMALA	EL SALVADOR	NICARAGUA	COSTA RICA	PANAMÁ	BELICE
1	Programa Nacional de VIH	Programa Nacional de VIH / MINSAL	Redtransex	ADC	Programa Nacional de VIH / MINSAL	United Belize Advocacy Movement (UniBAM)
2	Organización Gente Feliz	FUNDASIDA	Profamilia	CAPACITY	APLAFA	PASCA
3	APROFAM	Hablemos de Vida	OVI	Clínica de VIH Calderón	Coalición EIS	NAC
4	Asociación Dekos	Asociación Red Sal +	Redtrans	MANU	PROBIDSIDA	PASMO
5	USAID /Intrahealt	CONASIDA	Movimiento Feminista	La Sala	Fundetech	
6	CODISRA	Orquideas del Mar	ANIT	REDCA	CONAMUIP	
7	ONUSIDA	ASPIDH / Arcoiris	PASMO	PSI	I.C.W.	
8	HIVOS	Lideres Solidarios /Jaguars *	ADESENI	Diversidad	Asociación Viviendo Positivamente	
9	PASMO	Asociación Liquid Ambar	ANJODISEX	Asociación Arcoiris de los Niños *	CAPACITY	
10	ASI	PASMO	INDS VIH Positivo	Cruz Roja (Juventud)	Investigadores Independientes	
11	Comité Olímpico Intern.	FUNDASALVA	Red de Desarrollo Sostenible	Ministerio de Salud *	Cervecería Nacional	
12	Redes de Entidades Intrahealth	Foro de ONGs en la lucha contra el VIH	Proyecto Construyendo Alianzas	Chepepletas *	USAID / PASCA	
13	USAC PIVS	Asociación Entre Amigos	PREVENSIDA	Pausa Urbana *	Grupo Génesis	
14	Cruz Roja	INJUVE	ASONVIHSIDA		UNFPA	
15	APROFAM (Juventud)		Fundación Xochiquetzal		ONUSIDA	
16	Cruz Roja (Juventud)		CONASIDA		Mujeres con Dignidad y Derecho en Panamá (TSF)	
17					Defensoría del Pueblo	
18					Asociación de Servidores Públicos de Panamá	
19					Asociación Panameña de Personas Trans.	
20					Asociación de Hombres y Mujeres nuevos de Panamá	
21					Nuevos Horizontes	
22					CIA Panamá	

* Nuevo Socio

Local-level activities

During FY2013, the Program supported and led the local level technical working groups in each country, in addition to participating in main key-events and calendar dates related to discrimination, such as World AIDS Day, International Day against Homophobia and Transphobia, International Women's Day, International Day against Violence, among others. As a result of these efforts and participation, in countries such as El Salvador, the Minister of Health included Generación Cero and anti-stigma/discrimination messages in her speech as part of World AIDS Day commemorative events. In Nicaragua, the technical working group participated in a wide-scale event and march to commemorate International Women's Day in March. The Program also supported the technical working groups in more broader and specific activities and events related to Generación Cero. For example,



- Forum on Stigma and Discrimination. In Guatemala, the technical working group organized and carried out a National Forum on Stigma and Discrimination with panelists including the Director of the President's Commission to end Discrimination and Racism; the Director of OTrans, an NGO working with the Transgender community in Guatemala; a representative from UNAIDS who presented statistics on stigma and discrimination towards people living with HIV; a prominent journalist and university professor who discussed the role of media in generating stigma and discrimination; and a Sexologist who discussed the impact of stigma and discrimination on the Gay/Lesbian/Bisexual/Transgender/Intersex (GLBTI) community in Guatemala. A total of 70 people participated in the Forum, in addition to multiple media outlets.

In Panama, the Generación Cero technical working group organized and carried out a National Forum on Stigma and Discrimination at the University of Panama in which approximately 100 people participated in. The Forum included the participation of a wide range of panelists and speakers on human rights and discrimination towards indigenous and afro-descendant populations, as well as discrimination due to sexual orientation, gender identity, and disabilities. The Program was invited to present a session on its 2011 qualitative study on stigma and discrimination towards people living with HIV, sex workers and men who have sex with men from the perspective of those who discriminate.

- Artists united against stigma and discrimination. During this period, a local artist in El Salvador wrote a song entitled "Mi forma de ser", on stigma and discrimination in support of the Generación Cero social movement. The song was presented to the technical working group who supported in wholly and the artist recruited and actively engaged a group of other local musicians and artists who recorded and participated in the production of a music video.

The artists who joined in the recording of the song and production of the music video are: Luzma Andrade, “Marvel”, Henry Jiménez, -XDFive-, Javi Jiménez –Melao-, Débil Estar – Letra Urbana-, and Rafa García –Los Redd. The Program contributed to this initiative by negotiating the donation of the entire recording, production and promotion of the song and music video, including recording studio time, launch event preparations, music video production elements, TV and radio interviews, among others. This entire contribution amounted to a donation \$103,756. The song and music video were launched in a press conference and event in the month of July, followed by interviews on TV, radio, newspapers and web to promote the song and its messages in support of Generación Cero.

Also, in El Salvador, the technical working group, in alliance with sensitized media outlets, developed a 30 second spot for the Generación Cero social movement, communicating the “manifesto” and using images and messages from the “Mi Forma de Ser” song and music video. This 30-second spot, not only was donated, but Channel 12 also aired it pro bono for a period of one month for free, totaling approximately US\$ 40,000.00. Additionally, radio outlets that were sensitized also provided airtime for the song and manifesto pro bono for a period of 2.5 months, totaling approximately US\$ 150,000.00.

In Costa Rica, the multi-sector technical working group approached a group of graffiti artists who were also keen on the effects of stigma and discrimination. The artists agreed to create works of art that not only addressed these issues, but also highlighted the stories of forgotten or marginalized figures of San Jose, Costa Rica, many of whom were living on the streets. The Municipality of San Jose also supported the effort along with shop and storeowners who agreed to allow the artists to use their storefront roller blinds as a space to paint and display the graffiti works of art. On Tuesday September 24th, in a large-scale event under the concept of an Urban Art Festival in front of the Calderon Guardia Hospital of San Jose, media, government representatives from the Ministry of Health and Social Security Institute, artists, community leaders, municipal leaders, NGO partners and other stakeholders officially unveiled the works of art and spread messages of non-discrimination. At the event, the Vice-minister of Health, Dr. Sissy Castillo, and the Director of the Calderón Guardia Hospital provided remarks motivating citizens, artists, government and society at large to join the effort in reducing stigma and discrimination in Costa Rica and the region.

- Testimonials on stigma and discrimination. In follow-up to the silent rally to position the social movement in FY2013 in Costa Rica, the Program provided support to the local technical working group in developing three video-testimonials that document the experience of some of the participants in the silent rally. These videos were filmed, edited and disseminated in social media channels, and were also shared during World AIDS Day events in order to position the topic of “zero discrimination”. In Guatemala and Panama, the Program provided support to the local technical working groups in filming a series of interviews with the general population on their attitudes and feelings towards most at-risk populations to support the evidence of the existence of stigma and discrimination. <http://www.youtube.com/watch?v=SCGd4cDbPHI>

Global Fund Anti-Stigma and Discrimination Campaign. During this period, the Global Fund, through its local sub-recipients in Guatemala (HIVOS and Fundación Fernando Iturbide) developed, produced and aired a national-level anti-stigma and discrimination campaign against female sex workers, men who have sex with men, transgender women and people living with HIV. As part of important negotiations and coordination conducted in this period, the Global Fund campaign was launched in support of the Generación Cero social movement.



The campaign created extensive discussion in media and forums, as well as significant controversy, to the point where it was removed in some outdoor media and later placed again. Much of the media coverage received for Generación Cero in this period revolved around the controversy of the Global Fund campaign.

Media coverage of Generación Cero, stigma and discrimination

As part of planned goals to increase the visibility of topics related to stigma and discrimination, as well as the visibility of the social movement, technical working groups in all countries worked to carry out interviews on radio, TV, print and web-based media outlets. During the fiscal year, the groups managed to generate the following coverage:

<i>Generación Cero</i>	
COUNTRY	NUMBER OF ARTICLES/NEWS PIECES
Guatemala	8
El Salvador	36
Nicaragua	5
Costa Rica	9
Panama	43
TOTAL	101

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 developing 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. In this period, the Program completed a strategy document that was shared with local technical working groups and local Program teams, and began to implement several initiatives. For example, the Program opened a Fan Page and Twitter accounts (www.facebook.com/generacioncero.yomeapunto), and began to share key messages, posts, articles and publications, guided by key dates. Throughout the year, the posts on the Generación Cero Fan Page included:

September to December 2012 (Q1 FY2013)

Month:	Date:	Name	Type of Post
NOVEMBER 2012	Noviembre 16	Día Internacional para la Tolerancia	<ul style="list-style-type: none"> • Timeline • Postal • Notas Informativas
	Noviembre 20	Día de la Transexualidad	<ul style="list-style-type: none"> • Timeline • Postal •
DECEMBER 2012	Diciembre 1	Día Mundial de la Lucha contra el Sida	<ul style="list-style-type: none"> • Timeline • Postal • Videos • Notas Informativas
	Diciembre 10	Día de los Derechos Humanos	<ul style="list-style-type: none"> • Timeline • Postal • Notas Informativas

January to March 2013 (Q2 FY2013)

Month	Date	Name	Type of post
JANUARY 2013	January 30	Día Internacional contra la Violencia	<ul style="list-style-type: none"> • Timeline • Interactive Post
FEBRUARY 2013	February 14	Día del Cariño y la Amistad (San Valentín)	<ul style="list-style-type: none"> • Dynamic Timeline • Postcard
MARCH 2013	March 8	Día Internacional de la Mujer	<ul style="list-style-type: none"> • Dynamic Timeline • Interactive Post • Informative news piece or article
	March 21	Día internacional de la Eliminación de la Discriminación Racial	<ul style="list-style-type: none"> • Dynamic Timeline • Interactive Post • Informative news piece or article
	End-of-March	Verano	<ul style="list-style-type: none"> • Timeline • Postcard

April to June 2013 (Q3 FY2013)

Month	Date	Name	Type of post
MAY 2013	May 15	Día Internacional de la Familia	<ul style="list-style-type: none"> • Dynamic timeline • Informative post / postcard
	May 17	Día Internacional contra la Homofobia y Transfobia	<ul style="list-style-type: none"> • Dynamic timeline • Interactive post • Informative news piece / article
JUNE 2013	June 28	Día Internacional del Orgullo Gay	<ul style="list-style-type: none"> • Interactive post

July to September (Q4 FY2014)

Month	Date	Name	Type of post
AUGUST 2013	August 9	Día Internacional de los Pueblos Indígenas	<ul style="list-style-type: none"> • Timeline • Informative post
	August 31	Día de la Solidaridad	<ul style="list-style-type: none"> • Dynamic timeline • Interactive post
SEPTEMBER 2013	September 5	Día Internacional de la mujer Indígena	<ul style="list-style-type: none"> • Post

As a result of these social media efforts, in addition to online advertising (Facebook), the Global Fund Campaign in Guatemala, and public relations efforts, the Program was able to observe significant growth in the number of Fans in the Facebook Fan Page from 530 in the prior fiscal year, to a total of **14,059 fans** by the end of Q4, reaching more than **42 million** people.



Moreover, the Program exchanged links with other websites and fan pages, for example: ONUSIDA in Guatemala, Grupo Radial Samix in El Salvador and Líderes Solidarios in El Salvador, as well. Lastly, other websites and fan pages posted information on Generación Cero / stigma and discrimination such as Viva la Mañana Guatevisión Guatemala, Noticiero Antigua Guatemala, Publinews Guatemala, Líderes Solidarios in El Salvador, VIH Mundo Rural Construyendo Alianzas in Nicaragua, and ADC in Costa Rica.

2.3 Work with Journalists and Decision Makers

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

Regional-level

The PASMO regional office and all country platforms, except for Belize, hired local communications consultants to provide support in the effort to sensitize journalists and opinion leaders. One of the initial outputs was the development of a guide for the consultants, in addition to an operational plan with the target of three media outlets sensitized during the fiscal year, per country. Consultants were responsible for supporting platforms and technical working groups not only in the Generación Cero social movement, but also responsible for leading media sensitization efforts; this way, the Program was able to ensure that efforts achieved with journalists were aligned to the social movement against stigma and discrimination.

At a regional level, the Program also consolidated a database of media and journalists, with input from the local consultants and local contacts. This database was also used in a regional initiative that entailed the development of monthly/bi-monthly fact-sheets tailored to journalists on topics such as: HIV testing and counseling, and stigma and discrimination, summer and sexually transmitted infections, among others.

Development of short sensitization workshops for journalists

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. In order to support local Program teams in implementing these sensitization workshops, the Program developed a complete dossier, including:



1. Letter to be used to contact media directors and present the initiative
2. Summary brief on the contents and objectives of the training and sensitization sessions
3. Four PowerPoint presentations with the training contents and supporting activities
4. Methodological guide for facilitators of the training and sensitization workshops
5. Package of support material such as a list of terminology and support print material
6. Quantitative and qualitative pre and post- test to evaluate participants in the workshops

National Workshops

As part of this strategy, the Program carried out two national level workshops with journalists and field reporters as follows:

Costa Rica. On November 20th and 21st, the Program conducted a two-day training on stigma and discrimination-free communication and journalism in Costa Rica. A total of 15 participants engaged in sensitization and training sessions that covered topics ranging from gender, homophobia, the stigmatization of the HIV epidemic, among others, tailored and designed for people working in communication and media. Some adjustments were made to the contents of the workshop given that most participants were communication specialists at NGOs and international agencies, as opposed to field reporters. As a result, the Program began talks with the Ministry of Health to evaluate the repetition of the workshop, but with increased participation of field reporters only and by invitation of the MoH.

Panama. On November 22nd and 23rd, the Program conducted a two-day sensitization workshop and training on stigma and discrimination related to HIV and journalism. A total of 17 journalists working in radio, television, print and online media outlets participated in the workshop in addition to a representative from the National AIDS Program in Panama who presented up to date statistics on the HIV epidemic in the country. Training sessions covered topics ranging from gender, homophobia, the stigmatization of the HIV epidemic, among others, tailored and designed for people working in the field of journalism.

Local-level workshops

- *Guatemala.* The Program in Guatemala used the material from the four-workshop sessions to sensitize 21 journalists at Prensa Libre. Participants included editors, reporters, and graphic design team members.
- *El Salvador.* In El Salvador, the Program conducted sensitization sessions with 7 media outlets early in the fiscal year. Once the four-workshop sessions were developed, the Program subsequently sensitized a group of 14 journalists and radio hosts working at Grupo Radial Samix in which the director of the radio station also participated. In a second group the four sensitization workshops were conducted with 10 TV hosts, editors and journalists of Channel 12 and 3 editors from Prensa Gráfica.
- *Nicaragua.* The Program carried out the four workshops for sensitization with two media outlets: Channel 12 and Radio Universidad with a total of 22 journalists in total. Many myths on the transmission of HIV were also brought up and addressed by the Program.
- *Costa Rica.* The Program 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. However, none of the outlets in Costa Rica acceded to the request to allow their staff to participate in the sensitization workshops.

- *Panama.* In Panama, the Program conducted the four-workshop sensitizations sessions with a total of 14 journalists at Mi Diario. The director of this media outlet was one of the participants and positive feedback was received all around.

With the support of its regional PR Agency the Program also received the electronic monitoring of online news and reporting which is being analyzed for content and type of coverage.

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.

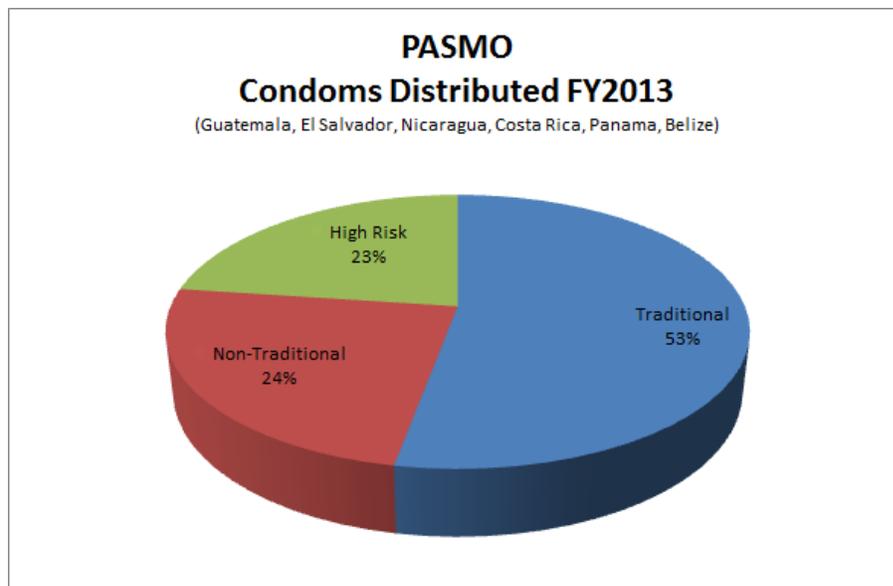
In an effort to continue improving the distribution and availability of condoms and water-based lubricant in high-risk zones, throughout the 2013 fiscal year, the Program worked extensively in carrying out its high-risk zone (HRZ) sales strategy, ¿Tienes? Pídelo Plus aligned with the sweeping the zone strategy through HIV tactical prevention teams. Some of the main activities conducted in the year include:

- Training of NGOs. To strengthen the local capacity of organizations in sales and distribution strategies that target MARPs, the Program recruited and trained local NGOs. For example, in El Salvador, 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 began to 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. In 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.
- Key dates and events. Throughout the fiscal year, the Program took advantage of key dates and local celebrations to integrate with the high-risk zone sales strategy. For example, in Panama the Program participated actively in the Carnival season and worked with a local radio station and local distributors to ensure condom availability in high-risk zones. In El Salvador, the Program implemented a summer season strategy aligned to ¿Tienes? Pídelo and the high-risk zones sales strategy (“Playas seguras y prevenidas” and “Rutas turísticas seguras”) for which it also partnered with local radio stations and musical groups for promotional activities.

- **POP and BTL.** The Program used a catalogue of materials under the ¿Tienes? Pídelo campaign to select the materials, including POP and promotional items, that were refreshed and updated in this fiscal year. At a local-level, all Program countries worked in high-risk zones to place these materials, including posters, flyers, mirrors, condom displays, etc, though below-the-line (BTL) advertising activities. For example, the Program worked with a local radio station for live transmissions from high-risk outlet to promote the condom category. In Guatemala, when conducting sweeping the zone activities, the sales teams integrated into the HIV tactical prevention teams, conducted a BTL activity designed in the form of “condom security guards” who interacted with target population with messages and activities related to condom use, demonstrations, etc.
- **New outlets.** During the fiscal year, the Program aligned to the sales and distribution strategy (¿Tienes? Pídelo Plus), focused its efforts on opening new non-traditional and high-risk outlets. As a result of these efforts, a total of 286 non-traditional and high-risk outlets were opened, as detailed below:

Country	Traditional	Non-Traditional	High Risk
Guatemala	93	90	46
El Salvador	46	9	9
Nicaragua	91	61	5
Costa Rica	-	7	30
Panama	1	3	26
Total	231	170	116

- **Total distribution.** The Program continued to work through independent vendors and private sector distributors to continue to grow the condom category. For example, in Panama, the Program recruited one new distributor (Distribuidor PharmaOne) specifically for high-risk zones. In Belize, the Program launched the YWCA/PASMO Barbershop Project in which barbershop and salon workers were trained in BCC and condom promotion. As a result of these efforts, the Program was able to distribute 23 million condoms in the fiscal year, as detailed below:



- Activation of the category. Given that the approach of the strategy is to increase the overall category of condoms and ensure availability in high-risk zones, the condom category was active in the fiscal year, including the entry of new brands. For example, in Costa Rica, certain brands were introduced at a low price and then retired after making an impact, thus not affecting established brands in the long term. Other well-known brands, such as Durex and Masculan, have been conducting promotional pricing strategies. In Panama, the brand “Scudo” entered the market, and in El Salvador, Durex provided follow-up to the high-risk outlets opened by the Program in order to introduce their brand and lines into this segment. In Belize, the Program identified and reported the fact that Global Fund (GF) free-distribution condoms, “Romantex”, were being sold at high-risk outlets; this was reported to CEPRESI, which is the NGO and coordinated condom distribution for the Global Fund.

National Condom Strategy

A key component in increasing the overall coverage, availability and access of condoms is the National Condom Strategy. As of Q4, FY2013, in Guatemala, the Ministry of Health (MoH) officially launched the National Condom Strategy as a collaborative and collective effort of government partners, private and public sector, social marketing, international cooperating agencies and civil society organizations in an effort to ensure access to condoms at a national level. The Program played a key role in developing and launching the strategy and will continue to play a role in key commissions to provide follow-up.

In El Salvador, the Program renewed efforts with the MoH to advance in the development of the National Condom Strategy. The Program, in coordination with the MoH, UNDP and other partners, is leading the process of recruiting a consultant to provide follow-up to the strategy development process. And, in Costa Rica, the draft strategy document was completed and is awaiting MoH comments or approval. In Panama, the process was paused by the Ministry of Health that is in process of hiring a person to lead and follow-up on the process.

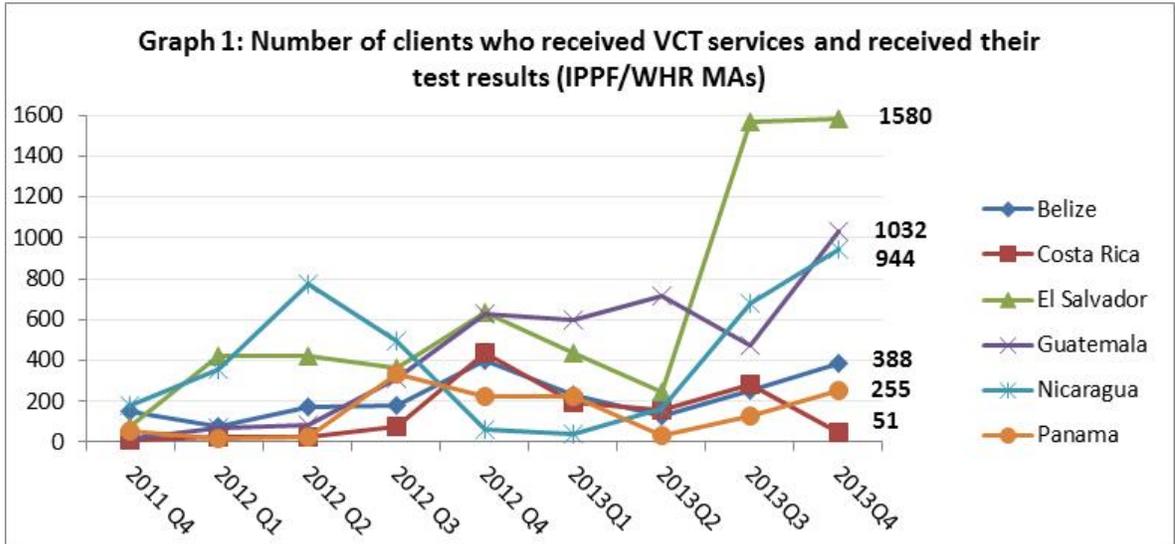
3.2. Improving access to MARP-friendly services

Increasing access to friendly services through IPPF member associations

Throughout the fiscal year, IPPF/WHR Member Associations (MAs) continued to provide access to the minimum or essential package of services for most-at-risk populations with the exception of Costa Rica. The number of individuals who received voluntary counseling and testing for HIV (VCT) services and their test results increased 26% from 3,381 (Q3FY2013) to 4,250 and surpassed the last reporting period project’s high of 3,381 services provided during the third quarter of 2013. (Graph 1 below shows trends in HIV VCT service provision by country.)

When comparing results from the third and fourth quarters, Guatemala saw the greatest increase in services, with a 120% increase, in part due to sweeping the zone activities. Panama also saw a significant increase, of 99% in services thanks to its continued outreach efforts with the men at risk population.

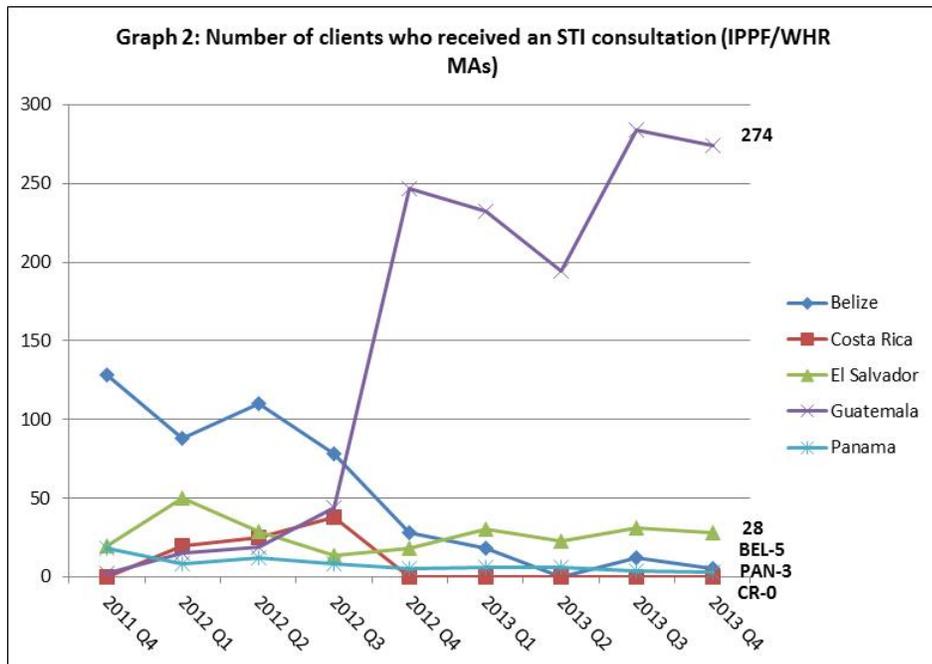
There were also increases in three other MAs: Belize experienced a 55% increase; Nicaragua increased services by 39%; and El Salvador saw a 1% increase in VCT services.



In addition, IPPF/WHR MAs also continued to provide services related to screening and diagnosis for sexually transmitted infections (STIs). In Q4 alone, MAs provided:

- 391 syphilis diagnostic tests (APROFAM/Guatemala)
- 310 STI consultations (BFLA/Belize, ADS/El Salvador, APROFAM/Guatemala, and APLAFA/Panama).

Throughout the year, IPPF MAs also provided services such as family planning counseling sessions and PAP smears. Graph 2 below shows the trends in the provision of STI consultations for each country.



At the end of FY2013, the IPPF/WHR MAs had reached 94% of the program's total target VCT services, a significant achievement given ambitious targets in a number of program countries.

Private sector engagement

During this fiscal year, the Program implemented efforts to expand the number of MARP-friendly services outlets, particularly among the private sector. For example, the Program in El Salvador provided follow-up to training sessions conducted with private sector laboratories in FY2012 by continuing to work through the Ministry of Health and *Junta de Vigilancia*. As a product of this coordination, the Program carried out 8 sensitization workshops with a total of 191 participants from 42 private laboratories of 4 districts of the country. In follow-up to trainees, the Program sent support materials such as checklists, referral slips, and organizational chart for HIV testing and counseling, informative materials, as well as the promotion of the *¿Y Ahora Qué?* website and the *Generación Cero* social movement. And with the support of bilateral funds, the Program conducted VCT and sensitization workshops at the Hospital de Zacatecoluca and the Hospital San Pedro Nonualco.

In Costa Rica, during the year, the Program recruited one new private laboratory in Limón, Monterrey, particularly for referrals with FSW. And, the Program also continued to work closely with the private laboratory network, ASEMBIS, to provide biomedical services in San José and Limón.

And, in Guatemala and Panama, the Program initiated sensitization trainings and began referring MARPs to local-level private laboratories such as San José, in Escuintla Guatemala; with the Rally and Fernández private laboratories in Panama City, two private laboratories in Bocas del Toro and Coclé, and the Chiriquí laboratory of Panama. Nicaragua, with the support of the National AIDS Commission, also advanced in the negotiation of the inclusion of private labs inside sugar cane mills

Additionally, in Panama, the Program carried out a workshop with members of the private laboratory, De Sedas, with the purpose of training and sensitizing the laboratory staff in the provision of quality and MARP-friendly services. Fourteen laboratory staff members participated in the workshop, which focused on adequate pre and post- HIV test counseling in addition to sessions on stigma and discrimination reduction.

Identifying MARP-friendly services and promoting VCT through *¿Tested? Get Tested*

During the fiscal year, the Program planned to identify and promote newly sensitized and recruited private sector partners, as well as IPPF MAs, under a campaign similar to the generic condom category campaign (*¿Tienes? Pídelo*) for all countries except Nicaragua. However, as the *Generación Cero* social movement advanced in each country, and after the logo was validated and used, the Program decided to completely align the original campaign concept to the identification of spaces free of stigma and discrimination under *Generación Cero*.

In this reporting period, the Program developed designs and suggested materials that will be printed in FY2014 to identify those spaces that provide services free of stigma and discrimination, including services such as VCT and diagnosis for STIs that are MARP-friendly.

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. Fixed-site VCT was also provided in all Program countries through referrals, as follows:

Table 4: VCT Activities FY2013

Target Groups	VCT																				
	Guatemala			El Salvador			Nicaragua			Costa Rica			Panama			Belize			TOTAL		
	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev
MSM	995	9	0.9%	485	8	1.6%	160	0	0.0%	153	5	0.0%	479	26	5.4%	131	0	0.0%	2,403	48	2.0%
FSW	455	8	1.8%	3,087	13	0.4%	415	2	0.5%	131	3	2.3%	879	6	0.7%	286	1	0.3%	5,253	33	0.6%
Males at Risk	4,360	17	0.4%	1,410	1	0.1%	497	4	0.8%	351	3	0.9%	1,568	7	0.4%	994	4	0.4%	9,180	36	0.4%
Trans	101	5	5.0%	85	1	1.2%	35	2	5.7%	28	1	3.6%	67	6	9.0%	N/A	N/A	N/A	316	15	4.7%
Caribbean Pop	104	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	113	0	0.0%	544	6	1.1%	761	6	0.8%
Other *	59	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	N/A	N/A	N/A	63	0	0.0%
TOTAL...	6,074	39	0.6%	5,067	23	0.5%	1,107	8	0.7%	667	12	1.8%	3,106	45	1.4%	1,955	11	0.6%	17,976	138	0.8%
GOAL	5,000			4,500			800			500			3,000			2,000			15,800		
% Achieved	121%			113%			138%			133%			104%			98%			114%		

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

* In Guatemala 59 female security personnel

Guatemala. To strengthen the mobile VCT strategy, in Guatemala the Program offered VCT services in multiple districts of the country with a focus on those which are in the epidemiological corridor and where MARPs can be found. The Program also targeted groups such as men at-risk by coordinating with private security companies such as (G4S) and the municipalities of Guatemala and Mixco. The Program also coordinated with public sector partners such as the MoH, National AIDS Programs, hospitals such as San Juan de Dios, public clinics such as Luis Angel García clinic, the public health clinic of Quetzaltenango

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, such as ambulatory female and transgender sex workers. The Program also was able to coordinate with the MoH for the provision of screening for STIs such as syphilis and Hepatitis B and C, allowing the Program to reach new and rural geographical areas, such as the islands of Usulután (La Pirraya, Madresal, Rancho Viejo, San Sebastián).

Nicaragua. Although the Program in Nicaragua no longer implements activities in the field, 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. As part of the National Prevention Strategy in Nicaragua, all VCT services are referred through the NGOs that the Program is coaching. As a result of this coaching process, the NGO partner, OVI, decided to implement “sweeping the zone” and began to coordinate them with local IPPF MA, Profamilia. Also, the Ministry of Health’s National Center for Referrals, conducted certification training for all Program staff in addition to staff at NGOs such as Ixchen, GAO and OVI. The Program also coordinated with the COSEP project to conduct VCT with men at-risk for HIV working in the private company comprising agricultural workers, Casa McGregor.

Belize and Panama. HIV tests conducted in both countries were mainly coordinated with the local MoH.

National HIV Testing Day / Week

Guatemala: In support of the MoH in Guatemala and National Testing Week in August, the Program partnered with privately owned banana plantations and the MoH to provide men at-risk for HIV with key prevention services. The Program had agreed with the MoH to provide 300 HIV testing and counseling services in Escuintla at the Association of Independent Banana Producers (APIB) plantations. The Program targeted men at-risk for HIV working in these plantations, conducted behavioral interventions, and provided 370 individuals with voluntary HIV testing and counseling services; of which one test returned positive (HIV prevalence of 0.3%). The Program also identified low levels of condom use and a high-degree of multiple sexual partners.

El Salvador: As part of the National Testing Day in El Salvador, the Program coordinated actively with the MoH in promotional activities to provide testing and counseling services in San Salvador, Sonsonate and San Miguel. For example, the Program aired its current HIV testing television and radio spots and coordinated with a radio stations to obtain: YSKL sponsored sports themed radio programs to promote testing among men at-risk; interviews with radio program, ECONDUCE, from Radio Eco FM; studio and live interviews with Grupo Radial Samix in the prime time radio program, *A primera hora*, all in promotion of Testing Day.

Belize: Also in this period, Belize held its Regional Testing Day in Belize City, Orange Walk Town, Belmopan Town, and San Ignacio Town. And, in Dangriga, the Program’s partner NGO, The Productive Organization for Women in Action (POWA) helped refer additional at-risk individuals. Overall, more than 1000 people received HIV testing and counseling services, nearly 300 of which were mobilized by PASMO outreach staff.

The Program provided support in conducting outreach with at-risk populations and referrals to testing services.

In terms of quality control for VCT, all Program continues ensure adequate implementation of the provision of this service. And, in this period, the Program also received a monitoring visit for compliance with the Environmental Mitigation Plan in Guatemala. Results were positive and confirmed the Program's adherence to environmental guidelines for the disposal of medical waste, specifically the disposal of biomedical equipment used in VCT activities. During the entire fiscal year, the Program continued to comply with the Environmental Mitigation Plan.

Rapid tests were procured and purchased based on the current stocks and inventory in applicable countries, according to local guidelines and regulations and in compliance with USAID environmental regulations.

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

Qualitative study with PLHA: During FY2013, the Program worked to conduct a special study to obtain qualitative data and insights on persons living with HIV in the region. The study design was approved by PSI's Internal Review Board (IRB) and received non-objection on behalf of local National AIDS Programs. In Costa Rica, the study design was approved by a local and private IRB. However, Guatemala is the only country where MoH IRB approval is required; therefore, due to changes within the MoH its IRB, by the end of FY2013, approval had not yet been issued. Approval of the study design in Belize was also in process by the end of Q4.

The general objective of the study was to identify the key elements that influence in factors such as adherence to treatment and correct and consistent condom use in people living with HIV in Guatemala, El Salvador, Costa Rica, Nicaragua and Panama. Under this study, the Program also developed two archetypes based on the timeframe of HIV diagnosis: recently diagnosed individuals (3 – 54 months), and persons living with HIV (55 months or more).

Some of the findings include:

- People who been recently diagnosed with HIV show the most concern with having infected other partners while people who have been living with HIV for a longer period of years and are taking therapy are more concerned with reinfection and STIs.

- Some barriers to adherence were confirmed with those identified by the World Health Organization, including barriers related to health providers, HIV factors, treatment, and socio-economic level.
- People who immediately became adherent to treatment, were more likely to maintain this behavior over time.

For more information, see Annex XII – Special Study: People Living with HIV/AIDS Report.

Impact studies to evaluate Program effectiveness

Secondary Analysis. In this period, the Program conducted a secondary analysis that compares the unique identifier code (UIC) collected through TRaC studies with those UICs in the Program’s MIS, entitled: *Unique Identifier Codes (UIC) as a method for tracking social marketing exposure among groups at risk for HIV: a secondary analysis.* The objectives of the analysis were to determine the appropriateness of the UIC for keeping track of contacts made by the Program’s communications and outreach teams. The findings of the analysis show that in effect, the UIC is an effective tool for tracking target individuals and the margin of duplication is no more than 3%, as had been originally estimated in the pilot study. Additionally, the analysis allowed the Program to confirm that exposure to the biomedical component was related to condom and lubricant use. For more information, see Annex XVI – Impact Study: Secondary Analysis of UIC Report.

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. Other funding opportunities were also not accepted.

First Round of Mystery Client Survey

In FY2013, the Program completed the first round of the Mystery Client Survey in all Program countries except Costa Rica. Specifically, in Costa Rica the Program was unable to receive local IRB approval for the first round due to lack of Ministry of Health local committee and delay in their response on the procedures to follow; therefore, the Program decided not to conduct the first round of this study; Costa Rica will be included in the second round.

Once fieldwork was completed, the Program began the process of analyzing data and preparing results and reports in which regional and country-specific findings and recommendations were developed. Program partners developed a plan to disseminate the results to internal and external audiences; specifically, the dissemination plan contemplates dissemination meetings with partners and by group (MAs, MoH in each country, and private laboratories that participated in the survey). Given the nature of the study, the dissemination process will focus on a regional and country overview, with a discussion of specific results per individual organization or sector, and at a local level with each of the participating sectors; this process was initiated in FY2013 and will continue in in early FY2014.

By the end of Q4, the Program had already submitted the study design to PSI's IRB for the approval of the second round.

Some of the important findings and recommendations stemming from the surveys include:

Strengths

- Adequate amount of time spend with the doctor/counselor
- Useful information provided by the counselor
- Adequate privacy (sound and visual)
- Clients felt their confidentiality was guaranteed
- Convenient hours and locations
- Security guards, cashiers, nurses and receptions with good attitude
- Cleanliness

Areas for improvement

- Attitude of the counselor or technician/laboratory staff who takes sample
- Components of the pre- and post- test counseling process
- Insufficient informative and educational materials available in the clinics
- Uniform use of the unique identifier code
- Uniform use of consent protocols

For more information, please see Annex XIII – Mystery Client Survey Final Report

TRaC Surveys

During FY2013, the Program conducted the fieldwork and completed the analysis and reports for a new round of TRaC surveys in each Program country with FSW and MSM, and two regional surveys with men at-risk for HIV and people living with HIV. For 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 a regional dashboard-to-decision making (DDM) process that took place in Q3. The Program also completed the database analysis, including a specific analysis of the results for transgender women. The monitoring, segmentation and exposure findings were able to determine important trends in healthy behavior and exposure to Program minimum package interventions. Moreover, upon applying the Coarsened Exact Matching (CEM) methodology, the Program was able to evidence important Program impact:

- In Costa Rica and in Guatemala, men who have sex with men and female sex workers who were exposed to the Combination Prevention Program's interpersonal communication activities, were 1.93 times and 2.66 times more likely to use condoms consistently with their clients, respectively.
- In Nicaragua and in Guatemala, men who have sex with men who were exposed to any of the Combination Prevention Program's activities (behavioral, biomedical or complementary/structural) were 2.21 and 4.08 times more likely to have taken an HIV test in the last 12 months, respectively.

- In Guatemala and in Nicaragua, female sex workers who were exposed to any of the Combination Prevention Program's activities (behavioral, biomedical, or complementary/structural), were 2.61 and 5.62 times more likely to take an HIV test in the last 12 months, respectively

For more information, please see Annex XIV - Social Marketing Research Series (SMRS) reports for the 2012 TRaC Studies.

MAP 2013 Study

During FY2013, the Program conducted a new round of the Mapping Access and Performance (MAP) study in all Program countries. For this, the Program updated and collected all the profiles of high-risk zones in the region, which served as a basis for the fieldwork. The Program also procured and selected a pre-qualified research agency for this process. By the end of Q4, the Program completed the MAP study and some of the findings include:

- General condom penetration ranges from 24% to 60%; whereas this penetration in high-risk outlets reaches a maximum of 11%
- Condom coverage (according to average standards in the region of at least 35% of business in a high-risk zone have condoms), is at 42% in all outlets, 25% in self-service outlets, 10% in high-risk outlets, and 80% in pharmacies.

For more information, please see Annex XI – MAP Study 2013 Report

4.2. Strategic Information

DDM and Research Dissemination Strategy

Throughout the 2013 fiscal year, 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.

All of the aforementioned steps were carried out in all Program countries for the following studies which were completed in the prior or current fiscal year: "Viviendo la Vida" Impact Study 2012, TRaC 2012, and Review of Best Practices for Sweeping the Zone. Additionally, for the Mystery Client Surveys, the Program initiated the process of conducting internal dissemination exercises among member associations and by participating sector (IPPF and private laboratories) as well as dissemination of findings with local Ministries of Health.

The Program also organized and held a regional DDM exercise in Guatemala in June with the participation of regional and local researchers and HIV managers/coordinators, specifically to analyze the results of the 2012 TRaC surveys.

In this week-long workshop the Program conducted an internal and group analysis of the findings as well as to identify the Program's impact and decide whether any programmatic decisions needed to be made based on the most recent evidence.

As part of complementary sessions to the DDM workshop, PSI researchers also presented a complete session on the IRB and its processes, as well as a session on qualitative research planning and methods. As a follow-up to this internal DDM exercise, local DDM workshops with NGOs and other partners were conducted in each Program country, in addition to subsequent research dissemination events, as contemplated in the strategy. MAP 2013 results will be analyzed in internal and national DDM exercises, as well as disseminated in public events in FY2014.

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.
 - In Q1, the Program participated in two portfolio review meetings; one at a regional level and one in Nicaragua.
 - Also in Q1, 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 participated in the regional USAID partners meeting in Guatemala City, and several local-level partners meetings in all Program countries. In this period, the Program also participated in a quarterly portfolio review with other USAID partners in health. Additionally, the Program participated in the communications working group led by the USAID communications department.
 - 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.
- Throughout the year, the Program in Guatemala continued to coordinate activities with parallel Department of Defense (DoD) fund activities with uniformed men in the country.
- In Nicaragua, the Program met with representatives from the Global Fund, the new UNAIDS contact person, and the regional PEPFAR coordinator to present the Combination Prevention Program and its advances, as well as to ensure that all HIV prevention activities are coordinated among USAID partners in health.
- In Costa Rica, the Program continued to coordinate sweeping the zone activities with the Capacity Project in Limón. And, in June, the Program participated in a Research Dissemination Forum organized by PASCA and in coordination with REDCA.
- In Q4, the Program also received a high-level visit from Dr. Ariel Pablos-Méndez, Assistant Administrator for Global Health at USAID. PASMO focused on presenting the results of the Combination Prevention Program, and its evidence of impact on healthy behaviors among MARPs.
- The regional Program also participated in the last USAID portfolio review of the fiscal year along with other USAID partners in health.

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. Early in the fiscal year, the Program held a meeting with the National AIDS Program to present the research and campaign on masculinities including the women's perspective. The Program also provided the campaign spots to the MoH for its National HIV Testing Week activities. The Program also signed a memorandum of understanding with the MoH to strengthen coordination of activities related to HIV and family planning in the country. During the year, the Program also participated in a USAID organized meeting with the Vice-minister of health, Dr. Tamara Obispo, in order to present the Program and its results with an emphasis on key coordination with MoH.

- El Salvador. Early in the fiscal year, In December, the National AIDS Commission of El Salvador held its annual elections to designate key posts within the Commission, and among three potential candidates to represent civil society organizations and NGOs, PASMO was elected by popular vote. With this representation in the Commission, PASMO is responsible for not only representing civil society, but also maintaining local NGOs and associations engaged and up to date on key agreements, activities, results and steps taken by the Commission on a national level. Throughout the year, the Program participated as an active member of the Monitoring and Evaluation National Committee of the MoH, and also participated in the development of a National Strategic Plan Report and review of key indicators.
- Nicaragua. Although the Program in Nicaragua does not work directly with the Ministry of Health, key coordination is maintained with the National AIDS Commission (CONISIDA), for example, in the year, the Program participated in a workshop organized by CONISIDA to develop population size estimates. The Program also worked with CONISIDA to update the HIV legal and political framework with an emphasis on human rights and gender with the purpose of providing constant follow-up to the HIV and STI prevention strategy, ensuring that all laws and articles included in the National HIV Strategic Plan, as well as all other relevant laws, were included in the prevention strategy.
- Costa Rica. In FY2013, the Program held meetings with the Vice Minister of Health, and a separate meeting with CONASIDA to present the Program's research agenda and review local IRB processes. Additionally, as part of the masculinities campaign, the Program worked with the Ministry of Labor and Department of Justice to reach men with the campaign's messages. Also, the Program held two coordination meetings with Vera Leiva of the Ministry of Health's programs area. The purpose of these meetings was to analyze the Medición en Gasto de Sida (MEGAS) 2012 data, collect data and fill out the respective forms. Additionally, the Program was invited to participate in a National Consultation on the advances with the global HIV and AIDS goals.

To allow the Program to conduct combination prevention with incarcerated men or prisoners, the Program also coordinated with the Ministry of Justice, which also allowed for the development of peer leaders and educators in the prisons where the Program works. Also, the Program met with the new director of the Social Security Institute, particularly to continue coordination of biomedical services.

- Panama. The Program participated in a Forum under the leadership of the National AIDS Program and USAID partner in health, SCMS, on the availability of HIV Prevention and Care Supplies. This forum included the participation of other key partners including the Social Security Institute, Public Hospitals, civil society organizations and members of the National AIDS Commission of Panama (CONAVIH). The first lady of the republic, and US Embassy were also present.
- Belize. In Belize, the Program participated in regular meetings with National AIDS Commission (NAC), while participating actively in the Information Education and Communication (IEC) committee, the monitoring and evaluation (M&E) committee, and joined the Care and Treatment committee. The Program also collaborated with the NAC to plan the First National Prevention Summit to that was held in April.
- *Local organizations, NGOs and C/FBOs*. Local organizations, whether non-governmental, community or faith-based continued play a key role in the implementation of all Program activities, as evidenced by the list of NGOs participating under the Program's combination prevention approach. At a regional level, the Program met with REDCA and signed a memorandum of understanding to coordinate efforts, as detailed above. 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. Also, in Guatemala, the Program coordinated its local sweeping the zone activities with the Red Cross whose staff helped in the provision of voluntary HIV testing and counseling services. The Program in Costa Rica reached out to a private MSM association TicOsos. Additionally, the Program in Costa Rica participated in the Central American Congress of Gay/Lesbian/Bisexual/Transgender/Intersex (GLBTI) Organizations. At this Congress, the Program also reiterated its continued commitment work with the Costa Rican Lutheran Church, a faith-based organization (FBO) for ongoing HIV combination prevention efforts in the country.
- *Country Coordinating Mechanisms (CCMs), Regional Coordinating Mechanism (RCM) and The Global Fund*. In early FY2013, and 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 was elected as a representative of international NGOs in an ad hoc evaluation committee to participate in the selection of the new Global Fund principal recipient. And, the Program in Belize participated in the fourth NAC and CCM general assembly while continuing as an active member of the local CCM that played a key role in the programming of funds requested by the Global Fund. And, in Panama, the Program participated in training sessions and coordination meetings with Global Fund sub-recipient, COPRECOS, to reach uniformed men with prevention interventions.

Also, in El Salvador, the Program provided support to the local CCM in the development of an advocacy plan in coordination with National AIDS Commission. The Program participated in meetings with Global Fund sub-recipient for technical assistance in combination prevention, as the country was awarded 27 million on behalf of the Global Fund for a proposal to implement a combination prevention approach at a national level.

- *Other donors, programs and working groups.* The Program continued to coordinate its activities and interventions with other donor projects and programs, such as the USAID bilateral program in El Salvador and in 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. Additionally, in Costa Rica, the Program established a contact with the university, Universidad Latina, to collaborate in the provision of biomedical services and to identify new opportunities in research. The Program also participated in multi-sector working groups, such as the Generación Cero social movement working groups against stigma and discrimination, the Municipality of San Salvador's District Six Committee to Reduce Violence against FSW, as well as the El Salvador new HIV Law Working Group with National AIDS Commission and civil society. And, in Guatemala, the Program participated in the Sexual Violence and Human Trafficking Working Group which now operates as an official Commission.
- *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. Additionally, the Program continued ongoing efforts to improve the distribution of condoms in high-risk and non-traditional outlets, which entails close coordination with private distributors and outlet owners. In the region, 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. And, during this period, the Program renewed an agreement of mutual collaboration with SAB Miller, a private bottling company in Panama, for an additional three years. The Program and SAB Miller began to work in partnership to extend access to combination prevention for HIV to employees at the bottling plant and installations, with an emphasis on men at-risk for HIV, including truck drivers and transportation staff working on distribution routes in the country.

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 throughout the year 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 more information, see Annex III under Complementary component partners.

Also, In Guatemala, the Program participated in a two-day workshop entitled “Integrating Attention to Gender in Development Programming”, conducted by USAID. Over the course of two days, the workshop covered topics related to basic gender concepts, as well a self-assessment of one’s own program, and integrating a gender perspective into program management. The Combination Prevention Program Chief of Party and HIV Technical Advisor participated in the workshop. The Program in Nicaragua conducted internal meetings and exercises to better integrate gender into their programming and methodological coaching activities including work with OB/GYNs to discuss barriers women face when accessing health services.

And, in FY2012, the Program submitted and was awarded with a new program under the PEPFAR Gender Challenge Fund Program in Guatemala and one additional country that began in February and is detailed below and through which the Program integrated the new activities with combination prevention efforts and addressing gender-related topics.

CEM and RDSAT training. At a regional level, the Program organized and held a week-long training workshop for local and regional researchers with the purpose to train on Coarsened Exact Matching (CEM), a statistical methodology that designed to evaluate program impact with quantitative surveys conducted with most at-risk populations (TRaC). The workshop also covered the RDSAT software with is used for specific analyses, and reinforced knowledge and skills on additional quantitative and qualitative research methods, including respondent driven sampling.

Implement PSI/PASMO Human Resources Development Plan

Throughout the year, PSI/PASMO continued to implement its local Human Resources Development Plans, which include activities to enhance program performance and training for staff. In all countries, PASMO teams developed annual operational plans and management by objectives (MBOs) for departments and individual 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, in addition to local-level trainings for staff including:

- PSI/PASMO staff and partners in the regional office participated in a training on homosexuality and homophobia, in addition to a interactive workshop on time management.
- 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 trainings and skills building for supervisors, as well as managing groups.
- 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.
- In Belize, new staff, including a new Finance staff member, received induction and ongoing training.

Strategic Plan

In early FY2013, PSI/PASMO carried out its annual review of the 2008-2012 PASMO Strategic Plan. Management representing local teams throughout the region also worked to outline and develop the new PASMO Strategic Plan for 2013-2018. As a first step, PASMO conducted a series of all-staff meetings at each PASMO platform to review the last strategic plan and the new PSI Global Strategic Plan. These sessions also discussed the mission, vision, and values and the priority health needs in the region. This meeting was followed by several key information-gathering processes to learn more about the external environment and the organization's own strengths and weaknesses; inclusive of an anonymous staff survey amongst all PASMO staff across the region and resulted in over one hundred and sixty responses (160) as well as a key-informant survey amongst key stakeholders, including governmental, donor and NGO partners. The culmination was a three-day session with key, PASMO leadership utilizing the global framework for planning key goals, objectives and strategic initiatives across relevance, value and scale.

Combination Prevention Program Partners Meeting

During the month of August, the Program held its fourth annual Partners Meeting in order to review Year 3 achievements, challenges and lessons learned, as well as to adjust and plan for Year 4 activities. This year, the Program held its meeting in Guadalajara Mexico, where the first day was focused on assessing the results of the Program in Mexico, as well as including the lessons learned from NGOs in Mexico where the Program is set for an early close in December 2013. Additionally, representatives from each Program partner participated in this meeting along with the USAID AOTR.

A-133 Audit

In this quarter, USAID auditors conducted an A-133 Audit of the Combination Prevention Program, selecting three sub-awards for review. Specifically, the audit covered the Regional IPPF/WHR award, Cicitelli Associates Inc., and Programa Compañeros from Mexico. The Program successfully submitted all the requested documentation and is pending final audit comments.

Challenges, Actions and Lessons Learned

Challenges	Actions and Lessons Learned
<p>In FY2013 new government officials in Guatemala and Costa Rica took office, specifically in Guatemala a new Minister of Health took office as well as a new National AIDS Program Director, and in Cr a Director of the Social Security Institute.</p>	<p>The Program met the new officials, to present the Program and ongoing actions and coordination so as to provide continuity to the work being carried out in Guatemala and Costa Rica.</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 has faced challenges in engaging private sector laboratories in the “sweeping the zone” activities.</p>	<p>During the 2013 fiscal year, the program concrete actions to strengthen the sweeping the zone activity and implement the findings of the Best Practices Review. The Program also carried out 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 continued to evaluate and provide non-monetary incentives to increase their participation.</p>
<p>As the cyber-educator program continues to grow and increase its reach with at-risk MSM in online and social media spaces, certain new challenges have been encountered. For example, some MSM are reluctant to open the link to download the online voucher for fear of opening a virus. Also, MSM who connect from internet cafés tend have a more limited amount of time online and some do not allow the cyber-educator to complete the complete online outreach process.</p>	<p>In order to address and overcome some of the challenges faced under the cyber-educator program and online outreach process with MSM, the Program held a regional cyber-educator workshop in Q2.</p>
<p>The Program faced new challenges in Nicaragua upon integrating NGOs working in the RAAN region where indigenous groups (Mayangna 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 worked 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 identified 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-test for HIV VICT 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>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> <ol style="list-style-type: none"> (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. (2) Website is “heavy” meaning that downloading all of the content correctly is difficult because of the slow internet connections in Belize. (3) Persons living with HIV do not have wide spread access to the internet. This is especially true in rural communities. 	<p>In order to better understand this situation, C-Net+ incorporated question about access to internet services in their April 2’13 home visit forms.</p> <p>Program partner, Milk N Cookies, also worked 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 “seeping 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>Program staff from the regional office and from El Salvador conducted 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 motivated for more frequent and in-depth local-level monitoring and coordination meetings between PASMO teams AND ma STAFF. At a regional level, IPPF7WHR analyzed the Program budget to identify opportunities to fill funding gaps where possible and strategically necessary.</p>
<p>In El Salvador, given the current security situation in the country, there is a high level of movement, closing and opening of new high-risk outlets, which affects mapping and profile exercises, as well as Program activities in these high-risk zones.</p>	<p>The Program has increased the frequency in which high-risk zone mapping and profiles are updated in order to respond to the rapid changes in these zones.</p>
<p>The launch of the mobile phone SMS methodology for FSW and transgender women has proven to be a challenge for the Program, given the fact that it is entirely new and certain processes have taken longer than expected. For example, mobile phone operators (such as Tigo, Claro, etc.) took months to approve short numbers that the target groups need to participate in the methodology.</p>	<p>The Program has been working intensively with its private sector partner / mobile phone aggregator company to pressure operators to advance with internal processes. The Program also used other incentives to motivate target groups to provide their UICs in an effort to increase the number of complete UICs collected via SMS.</p>

<p>Also the UIC collection was difficult as target groups were reluctant to share personal information.</p>	
<p>Given that the Program decided to pursue the option of leading a social movement against stigma and discrimination, instead of a campaign, certain challenges in moving communication processes have been faced. For example, by motivating local ownership and local decision making, the communication elements of the campaign have been delayed, Moreover, during Q1, participation in the local technical working groups was reduced, especially during and after World AIDS Day, given that the members were conducting their own end-of-year activities.</p>	<p>As of Q2, the Program completed the process of hiring local consultants to support Program counties in leading the social movement process and to provide support in implementing the strategy to reach journalist and opinion leaders.</p>
<p>Local technical working groups in stigma and discrimination to lead the Generación Cero social movement have advanced at their own pace and according to the agendas of the participating organizations. Advancing with goals and targets has proven difficult. Additionally, incorporating new sector outside of HIV has also proven difficult as knowledge and expertise has centered in HIV prevention and work with MARPs.</p>	<p>The Program assessed a new structure to the team in order to assign the responsibility of leading the local technical working groups to a different profile of person or team member.]</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 violence¹. 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.

¹ http://www.usaid.gov/our_work/cross-cutting_programs/wid/dg/wlr.html

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.

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"²
- 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

² 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 FY2013, the Program completed the recruitment process for a new Gender and Violence Prevention Manager who began in June.

At September 30th, the activities conducted under the GCF are as follows:

Review of the Legal Framework around Gender Based Violence

During the fiscal year, the Program completed the process of updating the review of the legal framework analysis and developed a summary highlighting the new regulations of all protocols and identifying gaps between the different codes and laws. Some of the protocols include: Trafficking in Persons Protocol, Post Exposure Prophylaxis Protocol, Women's Protection Law, HIV Guidelines, among others. Although the Program was able to complete this process, it faced specific challenges with obtaining the corresponding protocols and information from SVET. To overcome this challenge, the Program directly contacted partner organizations and institutions, under the support of the Law for Access to Information, and collected the necessary input. Upon completing this review, the Program presented it to the MARPs Commission and is pending final comments to proceed with its dissemination among local networks.

Involving local NGOs and civil society

In March, 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. Subsequently, the Program began to mobilize local NGOs to begin to hold 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. By the end of FY2013, small-scale meetings were pending due to the inability of the NGOs to coincide in dates for one workshop per population; however, the Program is providing follow-up and expects these meetings to be completed in early FY2014. The Program also developed a series of materials for the NGOs, including tools, list of best practices, checklists, action plan template, among others.

Regional Meetings and Replication

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

Capacity Building

The Program, in coordination with SVET and the MARPs Commission, completed the development of Capacity Building Certification Process, known as "GBV aware", and began the training and certification process with the SVET's Monitoring, Evaluation and Training team who travels throughout the country to provide training, direct services and assistance to all stakeholders and sectors involved in the reduction of sexual exploitation, violence and trafficking of persons.

In this period, the Program also identified the potential facilitators for the certification process and developed the content and methodological guide of 5 training modules: HIV, Individual and Social Mindset, Gender, Sexual Diversity, and Stigma and Discrimination.

The Program also began to adapt this certification process for the various providers of services that interact with MARPs, such as NGOs, health care providers, justice and law enforcement, among others.

The Program also identified and engaged the providers, as well as the NGOs and civil society organizations, which will partake in the training and certification process, by conducting a mapping exercise with the MARPs Commission members.

And, the Program requested and obtained a package of information from CICAM (Centro de Investigación, Capacitación y Apoyo a la Mujer) including the Violence, Sexual Exploitation and Trafficking Law, the Women's Violence Protection Law (Ley de "Femicidio"), and Domestic Violence Law already tailored for general population use and understanding ("popular" versions of the law"). Subsequently, the Program shared this information with the SVET in order to receive comments and non-objection to proceed with the development of materials based on these materials. By the end of FY2013, response from the SVET was pending.

Collaboration with Government

The Program maintained active and ongoing coordination and collaboration with Government partners; specifically with the SVET members through the MARPs Commission. In this period, the collaboration centered on the development of the Capacity Building Certification Process ("GBV Aware") to establish the mechanisms for its integration and systematic implementation, and the identification of potential organization that will participate in local referral networks.

The Program postponed the development of materials for the police force and the Public Ministry that clarify the laws and policies due to delays in response on behalf of the SVET.

Referral networks

In coordination with SVET through the MARPs Commission, the Program conducted an analysis to define the three main geographic areas with the GCF in Guatemala will be implemented in its first year. The following variables were taken into account in order to define these areas: demographic data; MARPs population size estimates; number of cases of violence, sexual exploitation and trafficking; and HIV prevalence rates. The three selected geographic areas are Guatemala City, Izabal, and Quetzaltenango.

In these geographic areas, the Program also completed the process of identifying and mapping the organizations that will confirm the local referral networks. This mapping exercise contemplates four main areas and is divided by geographic area and sector (civil society, health, local government, private sector and international cooperation). The four main areas are: Prevention, Attention / Care, Prosecution, and Criminal punishment. In Q4, the Program integrated this mapping exercise with information on key institutions/organizations/offices/clinics included in the different protocols and laws, to ensure a comprehensive referral network.

Moreover, the Program developed print material that addresses violence, including gender-based violence. It was designed to provide MARPs with information on how to assess whether he/she is affected by violence (through a test), and a referrals to places where target groups can find support, legal aid, or others for cases of violence, including and gender-based violence. There is an additional test for when MARPs are engaged in sexual work and may be affected by violence specific to this population. The tests can also be printed separately and be used by outreach workers to engage target populations in interpersonal communication activities. This material was completed in this fiscal year and submitted to USAID for approval. Validation and reproduction is expected in FY2014.

By the end of FY2013, the Program defined the criteria for inclusion of the organizations into the network and defined the local referral networks for the development of the “critical route” material.

Monitoring and Evaluation

TRaC and Mystery Client Surveys. In this period, the Program completed the analysis of the TRaC surveys conducted with MARPs as well as the Mystery Client Surveys, in which specific questions were asked related to gender and violence. A specific analysis on this data was in the SMRS reports and Mystery Clients Reports and it was disseminated as part of the research dissemination process with NGOs, stakeholders, MoH, government representatives, etc. As a continuation of these activities, in FY2014, the Program will also disseminate this information and data with the SVET MARPs Commission and local referral network members.

Qualitative Studies. All materials developed under the GCF were validated with target populations, including the methodological guides and print material.

MIS. The Program completed a review of its input forms and specifically modified the referral form to ensure that referrals to complementary services, such as gender-based violence, are tracked and reported. This form was completed and a pilot is currently in the field. Also, the Program initiated with the adaptation of its MIS to ensure that BCC interventions and complementary component referrals, as well as trainings with MARPs and services providers are documented and tracked in the system. The Program expects to complete this adaptation in FY2014.

Government-level response

During this period, the Program conducted a review of the SVET’s quarterly Progress Report on cases of GBV, sexual exploitation and trafficking, with a focus on MARPs. As a result of this review, the Program was able to support the Commission and SVET in developing the mapping exercise, also serving as a basis for the selection of geographical areas. The next quarterly report is expected for Q1 FY2014.

Inter-institutional coordination

In this period, the Program submitted and received approval for an abstract entitled Central America, 2012: the Association Between Psychological, Verbal, Physical and Sexual Violence with HIV/STIs Risk Behavior Among Men who Have Sex with Men (MSM) and Transgender Women (TW). The abstract was approved as an oral presentation by the Sexual Violence Research Initiative Forum 2013 held in Bangkok, Thailand. The Program received positive feedback from this presentation.

Additionally, in this period, the SVET participated as a member of the Presidential Commission on Human Rights (COPREDEH) in an effort to disseminate the VET Law and ensure the visibility of MARPs in government-level human rights protection efforts.

Challenges and Lessons Learned

Challenges	Actions and Lessons Learned
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 Commission members.
The Program and the GCF are subject to the initiative that the SVET may or may not have. Although meetings with the SVET MARPs Commission are held, more systematic and ongoing communication is needed.	The Program suggested alternative forms of communication that allow for greater advances with goals and activities.
The Program faced challenges in receiving response from the SVET, specifically for the update of the protocols on VET.	The Program used its own initiative and resources to obtain the protocols with the support of partner organizations and the law for access to public information