

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

Quarterly Narrative Report April 1 – June 30, 2013

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for



USAID
FROM THE AMERICAN PEOPLE

Combination
Prevention for HIV
Central America and Mexico



TABLE OF CONTENTS

List of Acronyms	2
Executive Summary	3
Overview.....	7
Objectives and Results	8
Component 1 – Behavior Change Communication (BCC).....	9
1. Result 1: Reduced prevalence of high risk sexual behaviors among MARPs and PLHA	
1.1 HIV tactical prevention teams and sweeping the zone strategy.....	9
1.2 Methodological coaching in Nicaragua.....	14
1.3 Combination prevention methodologies and materials.....	16
1.4 Cyber-educators	18
1.5 Virtual self-help groups for PLHA	20
1.6 Strengthen and systematize quality control for BCC/VCT activities.....	21
1.7 Strategic Media	23
Component 2 – Structural Approaches.....	27
2. Result 2: Increased effective interventions implemented to decreased hostility in social environments that foment and tolerate homophobia and stigma and discrimination	
2.1 Institutionalization of anti-stigma and discrimination practices in service delivery points.....	27
2.2 Social movement against stigma and discrimination.....	29
2.3 Work with journalists and decision makers.....	34
Component 3 – Expanding Access and Use of Prevention Services.....	36
3. Result 3: Increased access by MARPs to a package of essential health services and products	
3.1 Improving condom and lubricant distribution.....	36
3.2 Improving access to MARP-friendly services.....	38
3.3 Conducting mobile VCT	39
Cross-Cutting Component 4 – Strategic Information.....	41
4. Result 4: Strategic information obtained through research and monitoring process, being used to design or modify prevention activities	
4.1 Research, Monitoring and Evaluation	41
4.2 Strategic Information.....	44
5. Other Cross Cutting Issues.....	47
Challenges, Actions and Lessons Learned.....	49
PEPFAR Central American Gender Challenge Fund.....	50

TABLES

Table 1: Summary of Regional BCC Outputs (October 2012 – June 2013)

Table 2: Total Combination Prevention Activities, Contacts and Individuals up to Q3 FY13

Table 3: Total Combination Prevention Interventions, Contacts and Individuals by Country and Target Group up to Q3 FY13

Table 4: VCT activities up to Q3 FY2013

ANNEXES

I	ROPs Results Q3 FY2013
II	Training Summary Q3 FY2013
III	Regional summary of all minimum package partners and stakeholders
IV	Status of NGO Coaching Activities in Nicaragua

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
GLBTI:	Gay, Lesbian, Bisexual, Transgender, Intersex
GCF:	Gender Challenge Fund
GF:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIGI:	Got It? Get It.
GTA:	Grupo Temático Ampliado
GoG:	Government of Guatemala
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
SMS:	Short messaging system
STI:	Sexually transmitted infection
TRaC:	Tracking Results Continuously quantitative survey
UIC:	Unique identifier code
UNDP:	United Nations Development Program
UNFPA:	United Nations Population Fund
USAID:	The United States Agency for International Development
VCT:	Voluntary counseling and testing for HIV

Executive Summary

This quarterly narrative report summarizes key objectives and quarterly results of the USAID Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs during the period from April 1, 2013 – June 31, 2013 (Q3 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, Cicatelli Associates, Inc. (CAI), and Milk n' Cookies (MnC), and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners. This Quarterly Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During Q3 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 in response to the results of the Best Practices Review.
- **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.
- **Conducted 11,051 combination prevention activities through 92,837 contacts, reaching 59,339 individuals.**
- **Continued to implement the methodological coaching process with NGOs in Nicaragua** by coaching 62 outreach staff and conducting 60 technical coaching activities. By the end of Q3, the Program also conducted a general assessment of the NGOs and the status of coaching activities.
- **Received approval for the updated version of two BCC methodologies** (123-Safe-Combined” and “El Reto Plus”), and validated the new multiple session discussion methodology for female sex workers (“Entre Nosotras”). The Program also worked to complete the online adaptation of the “XY” incomplete drama methodology for MSM, and in Nicaragua, developed a new methodology for female sex workers “Negociando”.
- **Launched the mobile phone short messaging system (SMS) methodology for FSW and transgender women in Guatemala.**
- **Advanced in the development of a methodological guide for facilitators of self-help groups for PLHA** by completing and disseminating two online surveys that will serve as input for the guide.
- **Received USAID approval for print materials** such as a combination prevention material for new partners under the minimum package and material on alcohol and drugs as a risk factor for HIV.

- **Continued to implement online outreach with MSM through the cyber-educator initiative, including new NGOs, reaching a total of 3,361 MSM in this FY.** The Program also completed the design of an online platform for cyber-educators to record and report their online outreach activities, as part of the “gamification”¹ strategy.
- **Continued to lead the implementation of virtual self-help groups through the ¿Y Ahora Qué? website,** and continued to implement a the communication and promotion strategy for the website and groups in all Program countries.
- **Conducted ongoing activities to strengthen and systematize quality control for BCC/VCT activities, including the continued implementation of Unique Identifier Code (UIC) system at a regional level with an emphasis on cross-analysis of data.** Local-level quality control and UIC review meetings with NGOs, IPPF and other partners were also held, in addition to capacity building exercise for staff and NGOs.
- **Printed and reproduced POP and print materials under the condom category campaign known as ¿Tienes? Pídelo.**
- **Launched and aired a second burst of the second phase of the Hombres de Verdad Campaign** in all Program countries with the support of online and social media advertising.
- **As part of its social media strategy, continued to implement a systematic update of the ¿Y Ahora Qué? and Mi Zona H websites and their social media channels** based on a three level calendar which includes key dates and new content.
- **Achieved a total of 1,381 visits to the ¿Y Ahora Qué? website, in addition to 4,082 fans in Facebook. Also a total of 937 total visits to the Mi Zona H website and 8,486 fans in Facebook.**
- **Supported and participated in special events held throughout the region to commemorate the Candlelight Vigil in solidarity with people living with HIV, the International Day against Homophobia and Transphobia and Gay Pride activities.**

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

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	2,172	3,997	437	1,509	2,387	549	11,051	18,305	60%	75%
ComPrevention Contacts	17,079	35,853	1,560	10,844	23,232	4,269	92,837	152,754	61%	75%
ComPrevention Individuals reached	13,707	19,081	1,952	4,886	17,253	2,460	59,339	54,050	110%	75%
TOTAL VCT	3,378	3,253	868	620	2,112	1,176	11,407	15,800	72%	75%

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

Component 2 – Structural Approaches

- **Began to implement the regional training manual for services providers on stigma and discrimination** in Costa Rica with staff at the Tribunal Supremo Electoral and at the Social Security Institute.
- **Trained 345 health care workers, including counselors, community workers in outreach with MARPs and testing and counseling** at IPPF/WHR Member Associations, NGOs and private sector health care providers in the provision of MARP-friendly services.
- **Continued to lead the process of a social movement against stigma and discrimination at a regional level** through local multi-sector technical working groups that met on a monthly or bi-monthly basis during this reporting period. At a regional level, materials for opinion leaders, and local events or activities were developed.
- **Launched in El Salvador an initiative led by artists and musicians against stigma and discrimination and in support of Generación Cero.**
- **Actively engaged a total of 1,807 fans in the Generación Cero Fan Page** in Facebook with anti-stigma and discrimination messages.
- **Continued to conduct outreach with media outlets, directors and editors to promote sensitization in anti-stigma and discrimination communication** and trained a group of 14 radio journalists and disc jockeys at Grupo Radial Samix in El Salvador.

Component 3 – Expanding Access and Use of Prevention Services

- **Worked to improve condom and lubricant distribution** by continuing to implement a high-risk zone sales strategy that identifies and opens new non-traditional and high-risk outlets.
- **Provided key support and follow-up in Guatemala to the MoH, which officially launched the National Condom Strategy**, and continued to work closely with other local MoH and UNFPA teams to provide follow-up to the National Condom Strategy processes in the region.
- **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.
- **Continued to engage, train, sensitize and recruit new private sector partners and laboratories.**
- **Conducted mobile and non-mobile VCT throughout the region and provided support to local MoH during National HIV Testing Week / Day** in Belize and El Salvador.
- **Complied with the Environmental Mitigation Plan** in the region.

Cross-Cutting Component 4 – Strategic Information

- **Received PSI's Internal Review Board (IRB) approval for the study design for a special qualitative study with PLHA**, as well as approval by the local MoH committee in Guatemala and letters of acceptance in El Salvador, Nicaragua and Panama.
- **Developed a draft analysis plan for the First Round of the Mystery Client Survey**, leading to country-specific findings and recommendations. The Program developed a particular dissemination plan for this study.

- **Completed the database analysis of the 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. Several important impact indicators were found when using the Coarsened Exact Matching methodology.
- **Continued to implement its regional Research Dissemination Strategy** in coordination and communication with the MoH and other key Program partners and stakeholders.
- **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.
- **Continued to implement the PSI/PASMO Human Resources Development Plans** in each country platform with ongoing and multiple training sessions for internal staff.
- **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 Q3, 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:

- The Program began the process of updating the review of the legal framework analysis.
- The Program, in coordination with SVET and the MARPs Commission, developed the outline and structure for the Capacity Building Certification Process, known as “GBV aware”. The Program also identified the potential facilitators for the certification process and began to develop the content of 5 training modules.
- Also, the Program submitted and received approval for an abstract to be presented orally 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 Q3 FY2013, the Program, with the exception of Nicaragua, continued to implement combination prevention activities through HIV/STI tactical prevention teams integrating BCC, Sales, and VCT (PASMO, IPPF or private sector partner) as well as complementary services providers and partners.

During this period, 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. Specifically,

- Guatemala.

In this reporting period, the Program carried out **fifteen** sweeping the zone activities with HIV tactical prevention teams in high risk zones; eleven of which targeted men at-risk and female sex workers, two targeting people living with HIV, one with Garifuna and one with MSM. For these sweeps, the Program coordinated with local, public health centers, municipalities, NGO partners, The Red Cross, and with the private sector especially the association of bus drivers and private security guard companies.

The sweep with MSM offered some important successes and lessons learned; specifically, MSM were contacted via short message system (SMS) text messages and a total of 124 of these men participated in the activity. Some of the other services, outside the minimum package, which were used as an important draw for the population included flu shots provided at the public health centers, tetanus shots, diabetes tests, and eye exams. As for complementary services in the minimum package, the Program continued to work Alcoholics Anonymous (AA) in Coatepeque who participated in the sweep and recruit MARPs who required of this service. Additionally, in the sweeping the zone activity of Quetzaltenango, and as part of the complementary services, the Program coordinated with the local health center, the Human Rights Ombudsman office, and USAID partner in health, Capacity Project, to provided referrals on how to report abuse, rape and other human rights violations.

- El Salvador

During this reporting period, the Program conducted **twenty** sweeping the zone activities at a national level, through HIV tactical prevention teams. As part of an analysis of results from Q1 and Q2, the Program in El Salvador made an adjustment to its local strategy. In this period, as opposed to expanding the coverage of the sweeps, the Program focused on targeting individuals to help them “close combination prevention cycles”. This adapted strategy has allowed the Program to ensure that a greater number of individuals receive more of the minimum package services in a single sweep.

For example, to reach men at-risk, the Program in El Salvador partnered with a coffee plantation in Usulután to conduct a sweeping the zone activity in a neighboring high-risk zone. The Program, in coordination with the plantation’s administration, local NGOs and other partners, targeted men at-risk for HIV with the services provided in the minimum package. Referrals to alcohol and drug treatment were also provided as part of complementary services. At other sweeping the zone activities, the Program has also included services related to the prevention of tobacco addiction through local health centers and hospitals.



Costa Rica

During this period, the Program carried out **nine** sweeping the zone activities, focusing on reaching MSM and transgender women. The challenge continues to be ensuring the provision of biomedical services; for example, of 15 transgender women reached, only 5 will receive voluntary HIV testing and counseling services. This may be due to the type of tests that are available in the country or due to other factors. Some of the success factors are the coordination with private sector partners, for example, Distribuidora KION in Guanacaste, which works with truck drivers and allowed the Program to do a sweep with this population and 22 men at-risk received voluntary HIV testing and counseling services, among the many others who participated in other minimum package services.

In Costa Rica, the Program continued to work with incarcerated men or prisoners. An important success has been the coordination and working alliance between the Program and high-level prison directors or administrators. For example, in the Centro Penal CAI San Rafael, the Program conducted a sweeping the zone activities with minimum package services and other services used to draw the attention of the population. The Program also advanced in the negotiation of the sale of condoms at the prison store to ensure the availability of this key prevention product.

The Program also identified new high-risk zone establishments that congregate the MSM and transgender population of San José, Costa Rica, and managed to negotiate with their owners to allow the Program to conduct targeted sweeps in their clubs, bars, discos, etc (Discoteca Puchos, Rick’s, D Club, among others).

Important achievements have resulted from these targeted sweeps, including high-level of participation, the provision of the minimum package to MSM and transgender women who have not been reached before, and the identification of new cases of HIV that were referred to the necessary services for follow-up. For example, in two of the sweeps and 32 HIV tests, 9 tests returned positive.

Partner NGOs were also instrumental in reaching target groups with sweeping the zone activities. Specifically, the NGO Manu, worked with the Program to conduct night-time sweeping the zone activities with taxi drivers and uniformed men at-risk, as well as transgender women. At these night sweeps with transgender women, the Program observed an increased participation and openness on behalf of this population to receive combination prevention with the Program and its partners. However, many transgender women mention the need to technical capacity or skills building activities so that they no longer need to work as sex workers; for example, training in the arts. The Program will seek to coordinate with other organizations in the complementary services component for this activity.

- Panama

The Program in Panama conducted **five** sweeping the zone activities in the districts of Panama, La Chorrera, and Kuna Nega; the latter region being an area where the indigenous population, Guna, were targeted.

The sweeping the zone activity in Panamá City was conducted in a high-risk zone named “Calidonia” where the Program partnered with local NGOs, Asociación Viviendo Positivamente and Génesis Panamá to target men at-risk for HIV. A total of 80 individuals from the target population received voluntary HIV testing and counseling services, including bus drivers and their assistants, potential clients for FSW ranging in ages starting from 16 years of age; one of the test results returned positive.

- Belize

The Program in Belize conducted sweeping the zone activities in the reporting period. From June 4th to June 7th, and in an effort to continue to improve the quality and consistency of sweeping the zone activities in Belize, a 4-day training facilitated by PASMO El Salvador was held for local staff and NGOs. This week-long training focused on supporting the Program in Belize to improve its current sweeping the zone planning, implementation, and activity evaluation procedures. A sweeping the zone activity was organized for Corozal Town June 21st and 22nd which provided the team an opportunity to implement lessons learned.

One challenge that continues to be faced is the low number of complementary services available to complete cycles. Efforts continue to be made to identify all possible resources however limitations are especially concerning in rural districts as most services are concentrated in Belize District; Belize City.

Mapping of high-risk zones

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

- In Guatemala, the Program was able to find new partners for the minimum package, especially those offering complementary services, during the sweeping the zone activities based on updated profiles of the high-risk zones.
- In El Salvador, the Program continued to work with 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 o change names constantly due to the security situation.
- In Costa Rica, the Program is conducting a monthly review and update of high-risk zone profiles, as well as in Panama where updates are conducted quarterly.
- In Belize, the Program, with the input from the lessons learned from the visit of El Salvador staff, created new profiles for all districts except Belize City and Stann Creek which are in final revision.

NGOs working under Combination Prevention to provide the minimum package

At June 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			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	PASMO Staff			
	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	Fundacion PROBIDSIDA	Sacred Heart Parish/Claret Care (testing only)
	IDEI				
	SOMOS				PASMO Staff
	PASMO Staff				
Garifuna	Iseri Ibagari				Progressive Organization of Women in Action (POWA)
	-				Sacred Heart Parish/Claret Care (testing only)
PLHA	Iseri Ibagari	Red Salvadoreña de Personas con VIH (RED SAL+)	Asociación Manu	Grupo Génesis Panamá +	Collaborative Network of Persons with HIV (C-Net+)
	Proyecto Vida			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	Visión Propositiva			
	IDEI	PASMO Staff		PROBIDSIDA	
MSM (online)	Cyber-Educators	Cyber-Educators	Cyber-Educators	Cyber-Educators	Cyber-Educators
	SOMOS	REDSAL	Asociación Manu	Grupo Génesis Panamá +	
	ODASA (Gente Positiva)				
***Nicaragua:	Vinculos Solidarios				
	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

In this period, the Program officially signed a letter of agreement between PASMO and Central American Network of Persons Living with HIV (REDCA). As part of this letter, the Program requested the approval of REDCA to re-print a prevention kit material for PLHA, and the Program agreed to share the results of its 2012 regional TRaC study with PLHA.

Other outreach with persons living with HIV included:

- In Guatemala, the Program coordinated with the national alliance of organizations, associations and groups of PLHA. Additionally, the Program worked with partner NGO, IDEI, in the city of Quetzaltenango to conduct activities at the Isaac Cohen clinic referring to services such as CD4 count, nutrition services, viral load testing, among others. Also, partner NGO, Gente Feliz, helped the Program establish a working relationship with the San Felipe hospital in Antigua Guatemala to reach PLHA. Finally, the Program continues to coordinate with the Social Security Institute to provide the minimum package to this population.
- In Costa Rica, the Program continued to coordinate activities with PLHA with Hospital San Carlos and Hospital Calderón Guardia. Additionally, the Program coordinated with REDCA to avoid the duplication of activities with the members of the PLHA associations entitled Misericordia Hoy and Nuestra Señora del Carmen. Unfortunately, the Program's outreach with PLHA at the William Allen hospital of Turrialba was suspended due to a pending approval of the Social Security Institute. On the other hand, the Program worked with the NGO, Manu, to present the Program and receive approval to begin working with PLHA at the Hogar de la Esperanza in Cartago. The Program also worked at the Hogar de la Uruca to extend the provision of complementary services to PLHA and include grief management and nutrition. The Program coordinated with the Director of School of Nutrition at the university, UCIMED, to provide this service at the Hogar de la Uruca and other homes for PLHA.
- In Panama, the Program's outreach with PLHA was conducted in this period through NGO partners and mainly at the comprehensive care clinics that are already working with the Program.
- Both the Program in El Salvador and in Belize, continued ongoing outreach with PLHA through local NGO partners, MoH and public sector comprehensive care clinics, among others.



In Q3 FY2013, the Program implemented 11,051 activities with MARPs across the region, through 92,837 contacts, reaching 59,339 individuals. For Nicaragua, these totals only include MSM and PLHA reached through social media and online channels, as agreed under the new country strategy.

Table 2: Total Activities and Contacts up to Q3 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	562	3,468	676	6,010	422	1,414	454	3,922	781	7,541	108	787	3,003	23,142	69%	67%
FSW	218	1,640	1,522	13,144	6	58	199	1,236	326	3,147	94	543	2,365	19,768	66%	69%
Trans	90	541	118	968	2	20	97	583	51	503	0	0	358	2,615	68%	62%
Males at Risk	734	6,988	943	8,685	7	68	451	3,244	817	8,104	166	1,300	3,118	28,389	87%	79%
PLHA	513	4,041	738	7,046	0	0	308	1,859	340	3,167	99	964	1,998	17,077	37%	39%
Caribbean Population	55	401	0	0	0	0	0	0	72	770	82	675	209	1,846	24%	30%
TOTAL...	2,172	17,079	3,997	35,853	437	1,560	1,509	10,844	2,387	23,232	549	4,269	11,051	92,837	60%	61%

Table 3: Total Combination Prevention Interventions, Contacts and Individuals by Country and Target Group up to Q3 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		
	Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results			Cummulative Results		
	OCT 11 - JUN 12			OCT 11 - JUN 12			OCT 11 - JUN 12			OCT 11 - JUN 12			OCT 11 - JUN 12			OCT 11 - JUN 12			OCT 11 - JUN 12		
ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	
MSM	562	3,468	2,434	676	6,010	3,131	422	1,414	1,155	454	3,922	1,402	781	7,541	5,036	108	787	378	3,003	23,142	13,536
FSW	218	1,640	1,470	1,522	13,144	6,769	6	58	321	199	1,236	796	326	3,147	2,217	94	543	376	2,365	19,768	11,949
Trans	90	541	330	118	968	540	2	20	54	97	583	201	51	503	374	0	0	0	358	2,615	1,499
Potential Clients	734	6,988	6,332	943	8,685	5,703	7	68	404	451	3,244	1,853	817	8,104	6,577	166	1,300	956	3,118	28,389	21,825
PLWA	513	4,041	2,814	738	7,046	2,938	0	0	18	308	1,859	634	340	3,167	2,554	99	964	339	1,998	17,077	9,297
Caribbean Pop.	55	401	327	0	0	0	0	0	0	0	0	0	72	770	495	82	675	411	209	1,846	1,233
TOTAL...	2,172	17,079	13,707	3,997	35,853	19,081	437	1,560	1,952	1,509	10,844	4,886	2,387	23,232	17,253	549	4,269	2,460	11,051	92,837	59,339

1.2 Methodological coaching in Nicaragua.

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

During this reporting period, upon completing a first round of training with 14 NGOs that participated in the Methodological Congresses, the Program began the coaching process for 62 outreach staff from these NGOs with at least two coaching visits for a total of 180 planned activities. However, some delays took place with the total coaching process planned for this quarter due to several factors, and only a total of 60 technical coaching activities were conducted. Some of these factors include:

- Lack of programing or constant reprograming of activities of NGOs
- Other priorities of the NGOs and canceling of activities due to other priorities
- The need of more extensive and in-depth training for the NGOs on the methodologies and diverse learning curves. For example, more training time was needed for transgender women NGOs that had less experience.
- Internal turnover of trained staff at the NGO. For example, the Program trained certain NGO outreach staff which were moved to other areas of the organization.

- Lack of specific methodologies for indigenous populations for the NGOs working in the RAAN region of the country and with this population.

After the results of this quarter, the Program conducted a general assessment of the situation and context of the NGOs. The analysis includes the following:

NGO strengths

- Experience and knowledge of geographic areas
- Well positioned among local target populations
- Flexible and open to new work methods
- Experience in advocacy, family planning, gender-based violence, HIV and counseling.
- Capable of referrals to biomedical and complementary components of the minimum package
- Staff with knowledge and experience in HIV
- Volunteer programs for follow-up of activities

Areas for improvement and specific challenges

- Going beyond the provision of information and expanding into actual behavior change
- The development of capacity is based on the organization's leadership, more than on the number of years of experience
- Need of behavior change communication strategies and models
- Lack of internal capacity building plans, unrelated to training provided by external partners
- Need of materials that are more interactive and go beyond the provision of information
- Staff capacities do not always respond to project needs
- High level of variation between levels of experience and knowledge among the staff
- Monitoring and evaluation areas are weak
- Lack of focus on manuals for implementation, guides and processes

Lessons learned:

- In an effort to reach a greater number of NGOs, the National Prevention Strategy should have considered a more in-depth needs assessment and other assessments in each NGO to increase ownership of the methodologies and combination prevention strategy, and to ensure a strategic growth process for the NGOs.
- Internal and external turnover of staff at the NGOs affected the training processes and learning curve.
- One-week training sessions are not enough to ensure ownership, knowledge and use of methodologies.
- The coaching process was impaired by lack of programing, cancelations and reprograming of activities on behalf of the NGOs.



- Monitoring at NGOs is focused on quantitative goals, not as much as qualitative ones related to quality. Given that methodological coaching is more related to quality, NGOs had a difficult time seeing the Program as coaches and not supervisors.
- One-one-one outreach with NGOs, as opposed to group outreach, may increase openness to new work methods, especially if learning-by-doing is implemented through practice and in-field sessions.

As part of the next steps, this assessment will be shared and discussed at a local meeting with the regional and local USAID missions, regional and local Combination Prevention Program staff, and bilateral USAID partner in Q4. The purpose of this meeting will be to determine specific actions that will affect the activities approved in the FY2013 Work Plan for Nicaragua and define any related adjustments in dates or activities.

1.3 Combination Prevention Methodologies and Materials

Methodologies

During the reporting period, the Program continued to implement current behavior change communication methodologies. In Belize, methodologies currently being used include those developed by PSI Caribbean. While these methodologies are language appropriate they may not fully touch on all areas of need identified by the Program. Greater efforts need to be made in training local outreach staff and NGOs in Belize to strengthen their knowledge and use of the Program’s methodologies. In El Salvador, following the impact study findings, the “Viviendo la Vida” multiple-session discussion methodology for MSM was used as an important tool to offer the complete minimum package to this target population.

In this period, the Program received USAID approval for the updated versions of the two BCC methodologies: “123-Safe-Combined” and “El Reto Plus”. The production of these two methodologies and training for outreach staff was also conducted.

Moreover, in this period, the Program validated the new the multiple session discussion methodology for female sex workers “Entre Nosotras”, in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama. This methodology is designed to engage FSW in a participatory manner and with a combination prevention approach that addresses not only HIV, STI and condom negotiation, but other structural factors that can affect this population in terms of access to key prevention services; for example, gender-based violence and family planning services, among others. Some of the specific comments received in the validation were the importance of addressing violence and self-esteem.



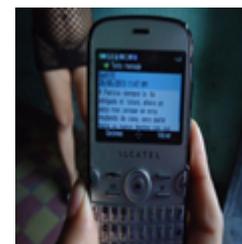
The Program also completed the online adaptation of the incomplete drama methodology “XY” for MSM (www.quehacemosloshombres.com), and local teams participated in training sessions; however, in these sessions, some final adjustments in programming were detected and will be completed in July. In the development of the “XY” methodology, the Program used “Parallax” programming to display the stories for an improved experience for users. Also in this period, the Program received final USAID approval for the methodology.



Lastly, the Program in Nicaragua developed a new methodology for female sex workers “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 proposed methodology is being reviewed by the Program’s regional office for adjustments and adaptability to the rest of the region. This methodology is expected to be completed by the end of FY2013.



Mobile phone SMS methodology. In this reporting period, the Program launched the new mobile phone methodology in Guatemala to reach FSW (“La vida no tiene precio” and transgender women (“Camila: más que una mujer”) with behavioral interventions via mobile phone short message service (SMS) told in the format of an SMS soap opera, or “novela”. In June, as part of efforts to communicate targeted promotion of the SMS methodology, the Program worked with USAID partner in health, The Capacity Project, in the city of Quetzaltenango to provide female sex workers with information on the methodology and how to participate. In this same period, the Program worked with a local partner NGO, OTrans, in Guatemala City to promote the SMS methodology with transgendered women. By the end of Q3, the Program continued to increase the participation of FSW and transgender women in this SMS methodology in Guatemala and will conduct subsequent launches in El Salvador, Costa Rica and Panama. At July 22nd, the Program had the following data with regards to the participation of both FSW (296 women subscribed) and Transgender women (183 women subscribed) in the mobile phone SMS methodology.



Suscritos x Novela Guatemala



Methodological guide for facilitators of self-help groups for PLHA

In Q3, and in order to advance with the development of a methodological guide for facilitators of PLHA self-help groups, the Program completed the development of two online surveys: one for facilitators (<https://es.surveymonkey.com/s/gruposdeapoyo>) and one for participants of the groups (<https://es.surveymonkey.com/s/UsuariosGruposdeapoyo>) and began to receive data that will serve as input for the guide; the survey was also placed in the ¿Y Ahora Qué? website for increased participation through targeted promotion. The surveys were launched in coordination with REDCA and the Esther Program from Spain who helped promote the survey. By the end of Q3, over 60 surveys had been completed. Also, a set of questions for the development of this guide, was included in the special qualitative study that the Program is carrying out in the regional with PLHA. In early Q4, the Program expects to complete the data collection process and cross analyze with the results of a qualitative study with PLHA in order to complete the guide.

Materials

In this period, the Program received USAID approval of a print material on the Combination Prevention Program which will be used to incorporate new partners in the Program and minimum package. The Program also received approval for a print material on alcohol and drugs and how they affect healthy behaviors related to HIV prevention, in addition to referrals to treatment centers. Lastly, the Program reproduced a mirror material which includes prevention messages; this material targets FSW and can be easily placed in their work spaces.



1.4 Cyber-Educators:

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

In Guatemala, the Program 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. The Program is assessing the recruitment of independent consultants to conduct cyber-educators activities and to subsequently receive capacity building to form their own organizations and push for the sustainability of this initiative.

In El Salvador, the Program recruited and trained two NGOs, Arcoiris and Entre Amigos, to conduct online outreach with MSM. By the end of Q3, both NGOs had completed the training process and were starting to implement online outreach.

In Nicaragua, the Program continued to work actively through three Program cyber-educators (one staff and two NGO staff members) with effective results in reaching and surpassing quarterly targets. Both of these NGOs completed their training process as well, and bi-monthly visits to NGO cyber-educators helped maintain effective supervision and quality control. The Regional Cyber-educators Workshop in March helped the Program's new cyber-educator in Nicaragua to transfer the knowledge and skills to the NGO cyber-educators and maintain longer conversations in the chat-rooms and social networking sites to effectively conduct outreach with the MSM who were contacted.

In 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, to the point where one of the profiles has reached its maximum limit of contacts. 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.

In Panama, the Program has been able to conduct the greater amount of outreach with MSM through the social networking site, Facebook, and the chat, LatinChat.com. The Program works with one staff cyber-educator and one NGO cyber-educator who completed the training process in this period and began to conduct outreach.

As a result of the regional efforts, the Program was able to reach **3,361** MSM through online channels, including websites, chat-rooms and social networking sites in this fiscal year, to date.

Gamification strategy

In this period, the Program completed the design and began to finalize programming of an online platform that will be used by the Program's cyber-educators to enter and record their online activities and generate reports against their targets. Through this platform, which is set to be launched in July, cyber-educators will receive points for their progress with online outreach activities, for both MSM and PLHA, and when goals are achieved, cyber-educators will be rewarded with non-monetary or digital prizes. Part of the development of this gamification platform will allow UICs to be identified with the cyber-educator who conducted outreach with the individual.



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.

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

Guatemala. As part of efforts to promote the website, the Program coordinated with REDCA at their research dissemination event in which they presented the risk profile of people living with HIV. The Program was invited by REDCA to generate awareness and promote the website among the participants at this event and print materials were shared with participating organizations who took back these materials to their rural and local work areas. The Program's cyber-educators also participated actively in sweeping the zone and other activities to promote the website, the self-help groups, and other Program sites such as Mi Zona H. In these activities, three people volunteered to film their life experiences for the ¿Y Ahora Qué?

El Salvador. The Program continued to disseminate materials to promote the website and the virtual self-help groups including posters, flyers, calendars, and promo items at national hospitals, comprehensive care clinics and associations of people living with HIV. .

Nicaragua. During this period, the Program continued to work through its NGO cyber-educator at ASONVIHSIDA to promote the ¿Y Ahora Qué? website at the Roberto Calderón and Berta Calderón hospitals. By the end of Q3, the Program in Nicaragua had managed to voluntarily collect 41 e-mail addresses and phone numbers of PLHA who are willing to continue to receive information through these channels.

Costa Rica. The Program worked at the Caledrón Guardia hospital and the San Carlos Hospital to promote the website and virtual self-help groups. Additionally, the Program coordinated with the network entitled REDVIH of the city of Limón and a network entitled "Desamparados" through the Capacity Project to facilitate the placement of posters where PLHA can be found.

Panama. The Program worked in this period to promote the website and virtual self-help groups at the Santo Tomás hospital and the Social Security Institute hospital in close coordination with the NGO that is conducting online outreach with MSM and PLHA under the Program.

Belize. The Program continued to work closely with its partner NGO, C-Net+, to promote the AndWhatNow.info website. 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 continued to use a Unique Identifier Code (UIC) and voucher referral system as part of efforts to strengthen and systematize quality control of Program activities. The regional office strategic information specialist continued to conduct local monitoring and capacity building visits, and in this period traveled to El Salvador to work closely with the local team and partner NGOs in strengthening their knowledge and skills in UIC data analysis. As a product of this workshop, the Program developed a friendlier tool to monitor the advances with minimum package versus targets, by NGO. This tool was subsequently share with all Program countries and teams.

By the end of Q3, all modules of the Program's Management Information System (MIS), entitled System of Applied Monitoring (SAM), were in use and running, to include UIC data analysis processes as well.

Exit Interviews

In order to ensure the quality of sweeping the zone activities, the Program, with the exception of Nicaragua, developed a 5-question survey to collect input and feedback from target groups who participate in the activity. Approximately 200 surveys per country will be implemented during sweeping the zone activities in the months of July and August, and the findings will complement the Best Practices Review with information from the perspective of participants or users of the minimum package.

Ongoing quality control for Program activities and work with NGOs

Capacity Building. Also, the Program organized and held an extensive capacity building, knowledge and skills strengthening workshop with staff and NGOs in El Salvador (these workshops were held in Guatemala, Costa Rica, Nicaragua and Panama in Q2). During the week-long workshop, the PASMO regional office HIV technical advisor, trained and retrained PASMO and NGO staff in areas such as human behavior, trans-theoretical behavior change model, adult learning techniques, face-to-face outreach with an emphasis on motivational interviewing, and the combination prevention strategy (UIC, minimum package, voucher system, and complementary services component). A total of 345 individuals, including staff and NGOs, participated in these regional-led workshops as part of capacity building in outreach with MARPs; for more information, see Annex I – ROPs Report, and Annex II – Trainings summary.

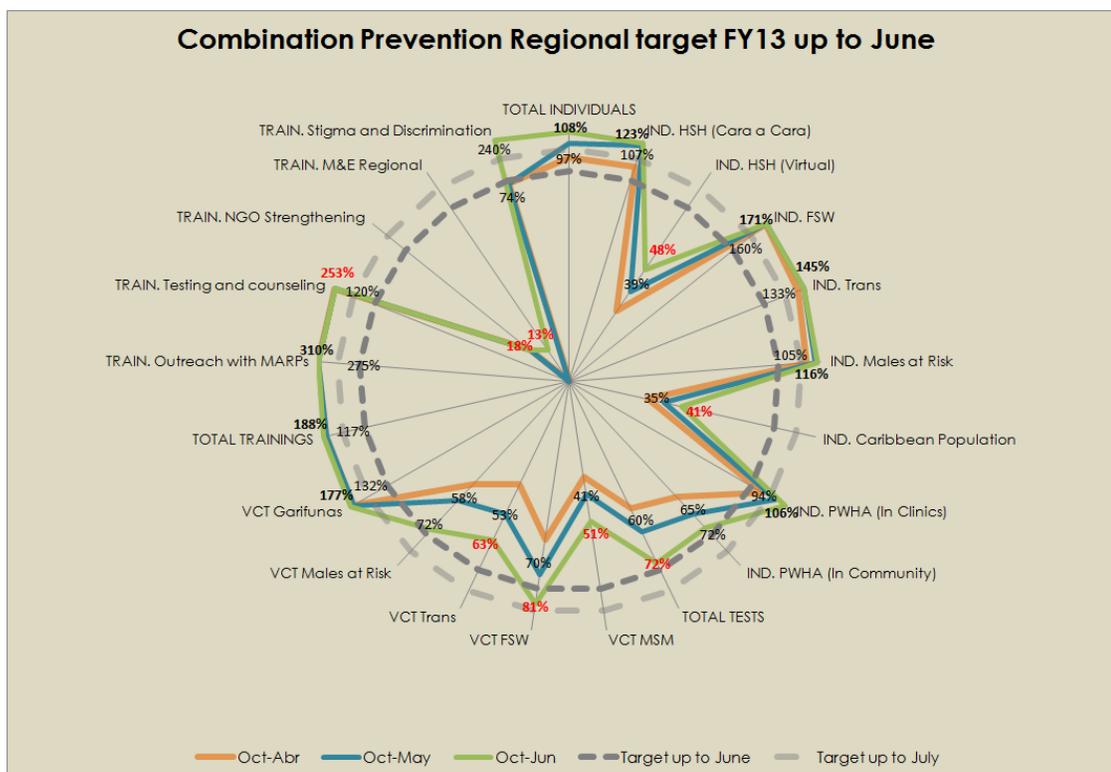
Local coordination and data analysis meetings. During this reporting period, the Program completed the systematization of local-level quarterly data analysis and coordination meetings among Program partners, including local IPPF member associations, NGOs and and complementary services partners. During these meetings, held throughout the region in this period, the partners and NGOs met to plan upcoming activities, review targets, analyze results to date. These meetings encourage the systematic tracking of Program results and the development of shared strategies and actions to reach those results.

- *Guatemala.* In Guatemala, these meetings allowed the Program to cross data, identify gaps, and identify services that are needed to complete the provision of the minimum package. For example, these meetings allowed for new coordination opportunities between partner NGO, Iseri Ibagari and the local comprehensive care clinic in Puerto Barrios, Izabal. Also, with partner NGO, OTrans, these local-level meetings allowed the Program to identify areas for need of greater coaching and accompaniment in and outside of Guatemala City.
- *El Salvador.* The Program has continued to actively engage local-level partners in these coordination meetings which have allowed the Program to improve results in the field and find innovate ways to solve challenges and meet Program targets.
- *Nicaragua.* As part of quality control for activities, the Program conducted 60 technical coaching activities of the 180 that were originally planned with the NGOs (reasons explained above). With the 8 NGOs that presented the greater amount of difficulty in coordination of these activities, the Program conducted face-to-face meetings with their leadership and directors. These NGOs are: ASONVIHSIDA, ACAJPLG, Ixchén, ADESENI, REDTRANS, ANICP+VIDA, CEPRESI, and ICAS. There was an improvement in the implementation of the National Prevention Strategy in 90% of the NGOs; however, two rejected the continuation of the process given that the bilateral sub-awards ended in June.
- *Costa Rica.* The Program conducted in-depth data analysis meetings and monthly coordination meetings among staff and NGO staff of La Sala and Manu to identify UICs versus targets and define strategies that allow for the completion of the minimum package among target populations.
- *Panama.* The Program held quarterly meetings with local NGO partners to coordinate upcoming activities and analyze the results to date, as part of a quality control process taken to the local level.
- *Belize.* In this period, the Program continued its efforts to improve monitoring and evaluation of BCC and sub-recipients. Quality control visits were made to NGOs, C-Net+, POWA, and Claret Care. All visits were documented using the required SR monitoring forms required and visits were also made to Belize City VCT and BFLA.

Local-level trainings were also organized and held for increased quality control and supervision in all Program countries. Additionally, the Program continued to conduct ongoing quality control activities such as supervision, accompaniment and monitoring of activities in the field; whether implemented by PASMO staff or consultants, or NGO staff.

Monitoring visits. During this period, the Program's Chief of Party, the USAID Agreement Office Technical Representative (AOTR) and the Program Coordinated at IPPF/WHR traveled to Panama and Costa Rica in April to conduct monitoring visits to platforms, NGOs and local IPPF member associations. During these visits, USAID partners meetings were held, and in Costa Rica specifically, these Program representatives participated in a sensitization and capacity building session on stigma and discrimination for the Tribunal Supremo Electoral, conducted by Program partner, Cicatelli Associates Inc.

As part of quality control efforts, the Program develops a monthly monitoring dashboard of Combination Prevention activities and results. The results for the Q3 FY2013 are as follows:



1.7 Strategic Media

1.7.1 Expanding condom category campaigns

As part of the process to update and refresh the *¿Tienes? Pídelo* campaign print and POP materials with availability, and condom/lubricant-use messages, during this reporting period, several Program countries printed or reproduced new material. For example, in El Salvador, the Program leveraged bilateral funds to air the radio campaign at national level radio stations. Additionally, the Program continued to place POP and print material in high-risk outlets. In Nicaragua, the Program developed 2,000 displays to be placed in Managua, León and Chinandega in high-risk zones and outlets. In El Salvador the Program reproduced promotional items for MARPs under the concept of the *¿Tienes? Pídelo* campaign and messages related to condom use and availability. In Belize, and in an effort to increase condom penetration in high-risk zones, 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. The production of these strips was completed in April 2013.



1.7.2 Expanding the Hombres de Verdad campaign

At a regional level, the Program launched a second burst of the masculinities campaign in its second phase, which includes the perspective of women. The campaign included print media and outdoors, along with radio and television (regional cable); the Program also used social media advertising (Google and Facebook) along with cyber-educator activities to promote the campaign website. The communications strategy was adapted to the needs and local context of each country; 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 Costa Rica, the Program began to use bus handlers so that people using public transportation can be reached with the campaign's messages in a direct way. And, in Panama, the Program aired the campaign during a national soccer tournament (Copa de Oro) for a great reach among the target groups and used advertising in bathrooms. Also, 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 Costa Rica, the Program negotiated a full-page piece in the *Lesbitgay* magazine, which is distributed in the region. And, in Belize, as of June 2013, television ads for the Real Mean Phase II Campaign in its first burst were still airing in Belize.

In Costa Rica, the Program continued to carry out its "traveling" version of the campaign launch concept ("gallery of male profiles"), specifically in the province of Limón to target men at-risk such as migrant agricultural workers, fishermen and afro-descendent men. This activity in Limón was coordinated with a local NGO, REDVIH, and the Capacity Project. For this, the Program also printed masculinities tests and profiles.



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

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

Social Media and Websites

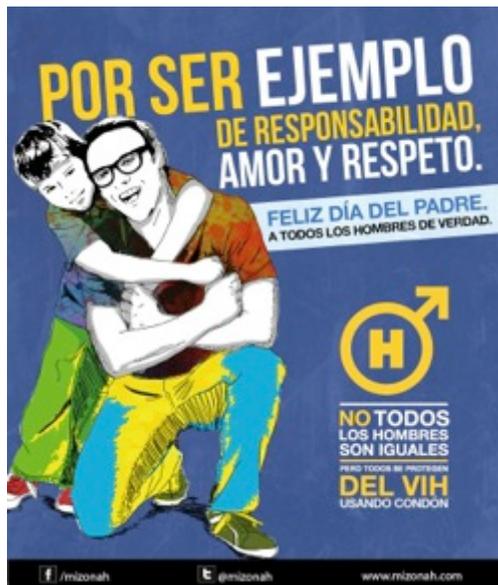
In this reporting period, the Program implemented its strategy using a three-level calendar and update system that includes key dates and content curation.

First level: messages, post and articles following key dates

During Q3, the Program systematically uploaded messages, posts and articles within the Mi Zona H and ¿Y Ahora Que? Fan Pages in Facebook and Websites in accordance with key dates that took place in this three-month period, as follows. 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.

Month:	Date:	Name	Fan Page / Website:	Type of post:
April 2013	April 7th	World Health Day	• Mi Zona H / Fan Page	• Informative post
			• Y Ahora Qué / Fan Page	• Informative post
May 2013	May	Month of May, Mother's Day	• Mi Zona H / Fan Page • Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Timeline • Interactive post
	May 15th	International Families Day	• Y Ahora Qué / Fan Page	• Informative post
	May 17th	International Day against Homophobia and Transphobia	• Y Ahora Qué / Fan Page	• Informative post
	End-of-May	Candlelight Memorial	• Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Dynamic timeline • Interactive/informative post
June 2013	June	June, National HIV Testing Day / Week / Month	• Mi Zona H / Fan Page • Y Ahora Qué / Fan Page • Y Ahora Qué / web	• Dynamic timeline • Interactive/informative post
	June 28th	Gay pride	• Y Ahora Qué / Fan Page	• Interactive post

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:



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 Q3, the ¿Y Ahora Qué? Website had **1,381** visits and **4,082** fans in Facebook. Mi Zona H had **937** visits and **8,486** fans in Facebook, as detailed in the infographics below:



Special dates and events

Candlelight Vigil

In this period, the Program, participated in several activities to commemorate the Annual Solidarity Day with persons living with HIV, or Candlelight Vigil throughout the region. For example, in Belize, the Program and several local NGO partners commemorated the date in an event with approximately 70 participants, including Mrs. Kim Simplis Barrow (Current First Lady of Belize); Mrs. Kathy Esquivel (Former First Lady of Belize); and Ms. Idolly Saldivar (Ms. Humanity Belize), in addition to many National Response partners. The focus of the event was to give voice to persons living with HIV and their families, as well as to demand greater access to high quality healthcare and share stories of hope and solidarity. In Guatemala, the Program, through the national technical working group on stigma and discrimination, commemorated the date by promoting the Generación Cero social movement against stigma and discrimination with messages about inclusion and non-discrimination of persons living with HIV. And, in Nicaragua, the Program worked with the National AIDS Commission to organize a day-long activity with persons living with HIV and their families to commemorate the date in addition to other local-activities which focused on reducing stigma and discrimination towards this population.



International Day Against Homophobia and Transphobia and Gay Pride

In May, the Program supported the commemoration of the International Day against Homophobia and Transphobia throughout the region. In Guatemala, the Program, through its participation in the national technical working group on stigma and discrimination and its Generación Cero social movement, supported in disseminating anti-stigma and discrimination messages at the march against homophobia in Guatemala.

In Nicaragua, local Gay, Lesbian, Bisexual, Transgender and Intersex (GLBT) groups also organized a march against homophobia in which with working group of Nicaragua and Generación Cero participated. At a regional level, the Program also provided support in developing and disseminated messages on reducing homophobia and transphobia to be shared through social media.

In June, civil society organizations and associations representing gay, lesbian, bisexual, transgender and intersex individuals (GLBTI) throughout Central America, celebrated International Pride Day, by promoting messages related to human rights and non-discrimination in marches, rallies and public events. The Program provided accompaniment and support in the multiple activities and events throughout the region with messages related to non-discrimination as part of the Generación Cero social movement against stigma and discrimination. GLBTI individuals in the region continue to be subject to high levels of stigma, discrimination and hate crimes, particularly in the case of transgendered individuals, factors which also increase their vulnerability to HIV.



Component 2: Address Structural Approaches to enable cultural changes in social norms, reduction of myths and stigma and discrimination related to sexual orientation, occupation and serostatus; addressing social, cultural, organizational, community, and economic factors that increase the vulnerability of MARPs. The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to *homophobia* and *homophobic behaviors* are given greater attention and emphasis under the Program.

2. **Result 2:** Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
- 2.1. **Institutionalization of anti-stigma and discrimination practices in service delivery points**

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

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

During this quarter, 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).

A total of 38 staff participated in this training workshop, and another 25 at the Social Security Institute. Pre and post- evaluation results for the workshops were high and overall:

- Most participants increased their knowledge, understanding of social dynamics around stigma and discrimination towards MARPs and PLHA.
- Most participants also increased their confidence in determining actions to address stigma and discrimination and were highly confident of their capacity to implement these actions.
- Most participants increased their skills in providing information on stigma and discrimination in over 90%.
- Most participants increased their knowledge on how to implement local policies that improve service provisions to users.
- Most participants increased their understanding on how stigma and discrimination relates to HIV prevention and care.
- Most participants increased their knowledge on using creative problem solving methods for addressing stigma and discrimination in the workplace.

During the remaining quarters and fiscal years, the Program will continue implementing the training manual modules with different service providers throughout the region. In this period, all Program countries also received a copy of the manual and modules to share with other partners, local authorities and for their use.

Quality assurance visits to service delivery points

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

Training of counselors and community workers

To ensure the institutionalization of anti-stigma and discrimination practices in IPPF service delivery points, during the reporting period member associations (MAs) in Guatemala, El Salvador, Nicaragua and Belize conducted training and sensitization sessions with a total of **279** staff. Specifically:

- APROFAM/Guatemala conducted technical training with 24 clinical and non-clinical providers across the Cobán and Zacapa clinics to strengthen knowledge on HIV prevention program implementation and working with and providing high quality care to MARPs. Additionally, 62 staff from the Chimaltenango and Puerto Barrios clinics, and Hospital Central participated in a sensitization session on sexual diversity, homophobia, and stigma and discrimination.
- ADS/El Salvador conducted seven sensitization sessions with 133 health service and non-service providers from 12 clinics, focusing on the epidemiology of HIV in MARPs, antiretroviral therapy, and reducing stigma and discrimination.

- PROFAMILIA/Nicaragua conducted three sensitization sessions with 38 clinical and non-clinical providers from participating five participating clinics, focusing on improving quality of service provision and reducing stigma and discrimination towards people living with HIV and sexually diverse populations.
- BFLA/Belize conducted a sensitization and training session with 22 health service and non-service providers on prevention and management of stigma and discrimination.

The Program trained a total of **345** 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 Q3 FY2013.

2.2 Social Movement against Stigma and Discrimination

During Q3, the Program continued to carry out extensive efforts to build upon the development of a broader communications initiative framed around the process of a social movement (entitled “Generación Cero”), and through the coordination and participation of local and multi-sector technical working groups on stigma and discrimination in each Program country.

At a regional level, the Program continued to provide support through a regional consultant who systematically communicated with local teams to support their initiatives. Several materials were developed in this period for local technical working groups and 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.

Also, the Program received feedback from local technical working groups on the concept to create massive awareness of the movement and Generation Zero name and logo (“Generación Cero: toma tu ciudad”). Based on this feedback, the Program developed a media plan adapted to the needs of each country, to be implemented in July.

Currently, the organizations participating actively in the technical working groups are:



Guatemala	El Salvador	Nicaragua	Costa Rica	Panamá
Programa Nacional de VIH	CONASIDA	Redtransex	Asociación demográfica costarricense (ADC)	PROBISIDA
Organización Gente Feliz	FUNDASIDA	Profamilia	Capacity Project	APLAFA
APROFAM	Hablemos de vida	Organización Vida Integral (OVI)	Clínica de VIH de ciudad de Calderón	Coalición EIS
Asociación Denos	Asociación Red Sal +	Redtrans	Movimiento de apoyo a una nueva universalidad (MANÚ)	Programa Nacional de VIH /MINSAL
Capacity Project	Programa Nacional del VIH / MINSAL	Movimiento Feminista	La Sala	Fundetech
Comisión Presidencial contra la Discriminación y el Racismo (CODISRA)	Orquídeas del Mar	Asociación nicaragüense transgénera (ANIT)	REDCA	CONAMUIP
ONUSIDA	ASPIDH/Arcoiris	PASMO	PSI / PASMO	I.C.W.
HIVOS*	Canal 12	Grupo Artemisa*	Diversidad	Asociación viviendo positivamente
PASMO	Asociación Líquid Ámbar	Asociación por los Derechos Humanos de la diversidad sexual (ADESENI)*	Defensa de los niños y las niñas internacional*	Capacity Project
Asociación de salud integral (ASI)*	PASMO	ANJODISEX*	Juventud de Cruz Roja*	Investigadores independientes
PASMO	FUNDASALVA	INDS VIH positive*		Cervecería Nacional
Comité Olímpico Internacional	Foro de ONGs	OCN*		USAID/PASCA
Red de entidades de Intrahealth / Capacity Project	Asociación Entre Amigos	RDS*		Cervecería Nacional
Comité Olímpico Internacional	Instituto nacional de la juventud (INJUVE)	Proyecto ALIANZA*		Grupo Génesis
USAC PIVS*		PREVENSIDA*		UNFPA*
Cruz Roja*				ONUSIDA*
Juventud de APROFAM*				Mujeres con dignidad y derecho de Panamá*
Juventud de Cruz Roja*				Defensoría del pueblo
				Asociación de servidores públicos de Panamá*
				CIA Panamá*
				Asociación panameña de personas trans
				Asociación de hombres y mujeres nuevos de Panamá
				Nuevos Horizontes

During Q3 FY2013, the Program conducted the following activities under the “Generación Cero” initiative in each country:

- Guatemala. The Program led and participated in **bi-monthly** technical working group meetings. During this period, the Generación Cero movement participated in the National AIDS Program Forum in May, march against homophobia and transphobia in May, Candlelight Vigil, Gay Pride marches, REDCA event on risk profiles for PLHA, the launch event of Global Fund campaign against stigma and discrimination, and several discussion sessions on stigma and discrimination with partners such as Capacity Project, youth program of APROFAM.

Global Fund Anti-Stigma and Discrimination Campaign. During this period, the Global Fund, through its local sub-recipients (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 coordinations 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.

- El Salvador. The Program led and participated in **monthly** technical working group meetings. During this period, the Program presented the results of stigma and discrimination research to the members of the technical working group and CONASIDA representatives. Other activities and agreements included the participation in a sensitization breakfast with journalists and editors, filmed street interviews with the general population in coordination with the TV program *Hablemos de VIHDA*, participation on a Forum on Transphobia and the Gender Identity Law organized by NGOs to present the movement, participation in a Forum on Violence towards the GLBTI community organized by the University Gavidia, and participation in National HIV Testing Day. In this period, the technical working group also participated in television and radio interviews to generate awareness and communicate the objectives of the movement.

Artists united against stigma and discrimination initiative. During this period, a local musician and artist, Rafael García from Grupo Los Redd, 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 will be launched officially in July.



- Nicaragua. The Program led and participated in **monthly** technical working group meetings in this quarter. Three spokespersons in the technical working group were selected and trained in key messages from the movement: a representative from the NGO OVI, REDTRANS and REDTRASEX. The movement supported and participated marches and events taking place during the International Day against Homophobia and Transphobia, Cadlelight Vigil.

The network of HIV communicators joined the movement in this period, as well, in addition to the participation in a Congress for Journalists entitled “Claves para un mundo Diverso”, which was transmitted live on the radio. In an effort to recruit local celebrity ambassadors, the technical working group reached out to the artists of the band “Cuneta Son Machin” who expressed interest in supporting the movement but only if it involved payment. The working group will continue to seek other artists interested in donating their time. Lastly, the consultant hired by Program to provide support and follow-up to the movement, resigned and a new consultant was recruited to begin working in May.

- Costa Rica. The Program led and participated in **monthly** technical working group meetings. During this period, technical working group participated in two key events. Specifically, the group was present at a stigma and discrimination forum at the Culture House of Heredia and a sensitization activity at Channel 12. During this period, the working group defined and strengthened its approach to the movement, which entails institutional strengthening in stigma and discrimination. The group identified three companies or institutions that will be targeted with sensitization efforts. The purpose of this approach is to inform, promote, sensitize and recognize areas that are free of stigma and discrimination. Also, during this period, the working group defined and trained spokespersons for the movement and agreed to recruit new members of other sectors such as Futbol por la Vida, Defensoría de los Habitantes, Universidad Nacional, ACNUR, and the Red Cross. The technical working group also began to plan a wider scale event to make the movement more visible; specifically, a festival involving local artists, opinion leaders and key public sector partners.
- Panama. The Program led and participated in **monthly** technical working group meetings with a high level of participation. During this period, and in an effort to position the topic of stigma and discrimination at a national level, the technical working group of Panama organized and carried out a national Forum on Stigma and Discrimination at the University of Panama. 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. Two officials from the United States Embassy in Panamá attended the event, in addition multiple local NGOs, Ministry of Health representatives, university students and professors as well as media outlets. The technical working group, through the Generación Cero social movement, also provided support and accompaniment during the Gay Pride events and activities to promote anti-stigma and discrimination messages, as well as events around the Candlelight Vigil.



- Belize. In this period, the Program provided support in consolidating the technical working group against stigma and discrimination in Belize. The working group focused its efforts on participating actively in promoting anti-stigma and discrimination messages and activities at the National HIV Prevention Summit held from April 25th to 27th. At the Summit, representatives of the government, civil society, faith-based organizations and representatives from populations with increased vulnerability to HIV met in Belize City for three days of information sharing, discussion and consensus-building to increase the effectiveness of HIV Prevention in Belize. Key note speakers included: Giovanni Melendez, HIV Prevention Specialist from USAID Central America; Eric Castellanos, Executive Director of C-Net+; Belizean Psychologist, Alex Vega; and Kent Klindera, HIV Prevention specialist of AmfAR. The Program played a key role in organizing and carrying out the Summit in coordination with partners such as PASCA, the National AIDS Commission, other donors such as the German Development Bank –kfw and many local organizations including the Collaborative Network of Persons Living with HIV (C-Net+) and the United *Belize* Advocacy Movement (UNIBAM), among others.

The technical working group also used the Summit as a platform to publicly launch the Generation Zero social movement against HIV-related stigma and discrimination in Belize. The logo for the movement was adapted to the local context in Belize, as was the decision to focus on HIV-related stigma and homophobia given the current context in the country. At the Summit, the movement invited membership from the organizations and individuals who participated and distributed materials developed under the movement.



Additionally, the working group organized and held a Stigma Reduction Assembly in May in an effort to show support for the ongoing constitutional challenge against Section 53 (Anti-Sodomy Law). Generation Zero also participated in the Second Annual Solidarity Day with Persons with HIV.

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 this period, the groups managed to generate the following coverage:

País	Cantidad de noticias publicadas		
	Abril	Mayo	Junio
Guatemala	2	3	2
Guatemala (campaña FM)	-	-	9
Salvador	2	1	1
Nicaragua	-	5	3
Costa Rica	-	1*	-
Panamá	1	7	3
Total de publicaciones	5	16	18

*Programa grabado, no ha sido transmitido aún.

Social Media communication for “Generación Cero”

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

As part of this strategy, the Program used the Generación Cero Fan Page and Twitter accounts (www.facebook.com/generacioncero.yomeapunto) to share key messages, posts, articles and publications, guided by key dates. Below is a summary of posts and social media activities for key dates:

Month	Date	Name	Fan Page	Type of post
May 2013	May 15th	International Families Day	Generación Cero	<ul style="list-style-type: none"> Dynamic timeline Informative post / postcard
	May 17th	International Day against Homophobia and Transphobia	Generación Cero	<ul style="list-style-type: none"> Dynamic timeline Interactive post Informative news piece / article
June 2013	June 28th	International Gay Pride	Generación Cero	<ul style="list-style-type: none"> Interactive post

As a result of these social media efforts, the Program was able to achieve the following results during Q3: **1,807** total fans. 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.

Growth of activity in the Fan Page is shown in the infographic below:



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 continued to implement its regional strategy to reach journalists and decision makers to help generate dialogue, build, and manage constructive long-term relationships with these stakeholders.

At a regional level, the Program completed the training and sensitization dossier for journalists, 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

During this reporting period, the Program in Guatemala identified key media outlets and sent invitation letters for meetings to conduct the training and sensitization sessions. In El Salvador, the Program conducted outreach with La Prensa Gráfica, Canal 12, and Diario el Mundo and began to negotiate the implementation of the workshops. In El Salvador, the Program trained and sensitized a group of 14 journalists and radio hosts working at Grupo Radial Samix. The Program carried out



all for training modules with this group and conducted a fifth summary session. The director of the radio station participated in some of the sessions and a total of 10 journalists completed the workshops to receive the diploma. In Nicaragua, the Program also conducted outreach meeting with a group of 12 journalists from Radio Universidad and Radio Corporación to promote the sensitization workshops and address topics such as human rights, monitoring of media coverage with regards to MARPs; the Program also provided a guide on communication and diversity to the participants. The meeting was coordinated with the network Red de Desarrollo Sostenible, and some representatives of the Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) community participated by providing testimonials. In Nicaragua, the Program also reached out to the magazine La Nación and Channel 15. As a first step to concrete a training session or workshops, the Program was invited by Channel 15 to set up an informative booth and provide information on HIV, testing and counseling, prevention, stigma and discrimination. This activity was a success and the Channel has invited the Program back, although they have not accepted a full sensitization session with their staff as of yet. This also allowed the Program to participated in a pre-recorded program (“Palabra de Mujer”) which will be transmitted in July.

Materials and for journalists

During this period, the Program continued to develop fact-sheets tailored to journalists. The two topics covered in the fact sheets in this period were: HIV testing and counseling, and stigma and discrimination.

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, the Program continued to implement its high-risk zone (HRZ) sales strategy, *¿Tienes? Pídelo Plus*. Specifically,

Guatemala.

In this period, the Program implemented the high-risk zone sales strategy through consultants (or “champions”) and carried out 8 promotional activities in high-risk zones to promote condom use and availability. Sales team also worked in “sweeping the zone” activities in an integrated manner with HIV tactical prevention teams. As a result of these efforts, 95 new clients were opened, of which 28 were non-traditional and 15 high-risk.

El Salvador.

As part of activities promoted during the “summer” vacation months, the Program partnered with a radio corporation, Grupo Samix, to promote messages under the *¿Tienes? Pídelo* campaign, which promotes access to and availability of condoms, without promoting a specific brand. In addition to the transmission of prevention messages, the Program formed working alliances with pharmacies and other outlets that sell condoms to ensure availability, while conducting outreach with individuals considered to be at-risk for HIV and other sexually transmitted infections to generate demand and conduct behavior change communication activities. In this period, the Program continued to conduct “summer” promotional activities in coastal areas (“Plan playas seguras y prevenidas) in addition to mass media communication of the campaign’s prevention messages.

Additionally, the Program continued to work with a local NGO, Orquideas del Mar, to distribute condoms in high-risk zones and ensure condom availability and visibility in non-traditional and high-risk outlets. HIV tactical prevention teams, including sales staff, worked to place point-of-purchase (POP) materials under the *¿Tienes? Pídelo* campaign, such as strips for condoms.

Nicaragua. In continued efforts to ensure the availability of condoms in high-risk zones, the Program continued to work through independent sales staff (trained local youth NGO staff) and distributors and managed to open 40 new outlets in this period. Of the eight independent sales staff from NGOs trained in Q1 and Q2, only two continue to work with the Program under this strategy given the challenge of working in high-risk zones and security issues. Nevertheless, the Program continues to work and coordinate with public and NGO partners in this effort.

The Program also 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.

Costa Rica.

During this period, the Program continued to implement the sales strategy for high-risk zones despite the fact that it lost its only sales staff member. Nevertheless, the Program continued to open new non-traditional outlets and ensure the availability of condoms in high-risk zones through independent vendors. The Program also began to assess the possibility of recruiting its partner NGO, Manu, to sell condoms directly MARPs in high-risk zones.

Panama.

In an effort to continue the implementation of the high-risk zone sales strategy, the Program continued to work thoug commercial partners, and recruited one new distributor (Distribuidor PharmaOne) whose staff participated in an induction process and received POP support material for their activities. This new distributor is specialized in high-risk zones and will begin to participate in sweeping the zone activities in Q4. During May and June, the Program did not have a sales staff member, but a new supervisor was recruited and trained in late Q3.

Belize.

As part of this strategy, during the period, the Program implemented the Got It? Get It (GIGI) Plus high-risk zone sales strategy and opened two new sites, both in Belize District. High-risk zones in Belize City and Corozal Town were visited as a part of GIGI Plus, and, although efforts to increase existence of 3 POP material has been difficult as most shops/stores are small and do not want to allow us to place more than 3 POP items, the Program began to develop material that serves dual purposes for shop owners but also as a GIGI item. This includes procuring small black boards that shops can use to advertise specials but also contains the GIGI logo. All other sales conducted were made to previously opened sites. Efforts to integrate BCC and sales team are ongoing with significant improvements made post sweeping the zone training in June 2013.

Penetration in high-risk zones and non-traditional outlets with GIGI is expected to increase with the launch of the YWCA/PASMO Barbershop Project in which barbershop and salon workers will be trained in BCC and condom promotion. This project is expected to start in Q4. There are currently no condoms available for free distribution in Belize. Condoms purchased with GF funds are currently being held by MOH without distribution until further guidance can be given to them by the PR (UNDP).

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

Country	New Outlets in Hot Zones
Guatemala	95
El Salvador	15
Nicaragua	84
Costa Rica	6
Panama	2
Belize	2
Total	204

National Condom Strategy

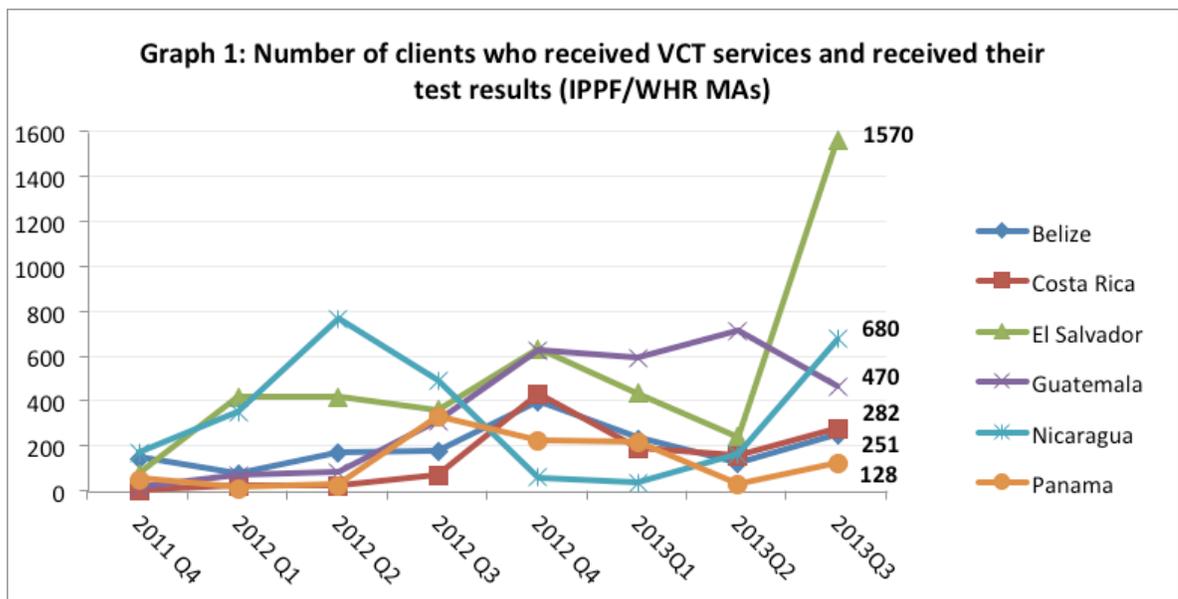
A key component in increasing the overall coverage, availability and access of condoms is the National Condom Strategy. In Guatemala, the Ministry of Health (MoH) officially launched the National Condom Strategy as a collaborative and collective effort of government partners, private and public sector, 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 the remaining Program countries, the process remains the same.

3.2. Improving access to MARP-friendly services

Increasing access to friendly services through IPPF member associations

IPPF/WHR Member Associations (MAs) continued to provide access to the minimum or essential package of services for most-at-risk populations over the third quarter of FY2013. The number of individuals who received voluntary counseling and testing for HIV (VCT) services and their test results increased 134% from 1,445 (Q2 FY2013) to 3,381 in Q3 FY2013, and surpassed the project's high of 2,387 services provided during the fourth quarter of 2012. (Graph 1 below shows trends in HIV VCT service provision by country.)



El Salvador saw the greatest increase in services, with a 541% increase during the quarter due to better coordination with PASMO and increased “sweeping the zone” activities. Nicaragua also saw a significant increase in VCT services, with a 310% rise compared to the previous quarter. Guatemala meanwhile experienced a 34% decrease.

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

- 356 syphilis diagnostic tests (APROFAM/Guatemala)
- 331 STI consultations (BFLA/Belize, ADS/El Salvador, APROFAM/Guatemala, and APLAFA/Panama). The volume of STI services provided to MARPs remains low, with numbers varying from 4 STI consultations in Panama to 284 STI consultations in Guatemala. It is important for Program teams to continue to look for ways to promote and boost STI service provision to the target populations.

Private sector engagement

As part of efforts to expand the number of MARP-friendly services outlets, particularly among the private sector, the Program continued to train, sensitize and recruit new private laboratories. For example, in El Salvador, the Program developed short training sessions for services providers, including staff at a network of private laboratories. Specifically, 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, the Program worked with the private laboratory network, ASEMBIS, to assess whether biomedical services can be provided outside of San José in areas such as Limón. 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. And, with two private labs in Chiriquí, the Program conducted outreach to incorporate them into the Program in Q4.

3.3. Conducting Mobile VCT

In order to increase access to VCT/STI services among MARPs, the Program continued to implement a mobile VCT approach that includes references for STI diagnosis and treatment in all Program countries except for Costa Rica and Nicaragua. Non-mobile VCT was also provided in Belize, Guatemala, El Salvador, Costa Rica and Panama as follows:

Table 4: VCT Activities up to Q3 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	366	3	0.8%	364	7	1.9%	109	0	0.0%	138	5	0.0%	462	26	5.6%	86	0	0.0%	1,525	41	2.7%
FSW	411	8	1.9%	1,976	12	0.6%	332	2	0.6%	131	3	2.3%	483	4	0.8%	208	1	0.5%	3,541	30	0.8%
Males at Risk	2,433	14	0.6%	857	0	0.0%	392	4	1.0%	339	3	0.9%	1,025	6	0.6%	654	2	0.3%	5,700	29	0.5%
Trans	47	2	4.3%	56	0	0.0%	35	2	5.7%	8	1	12.5%	29	5	17.2%	N/A	N/A	N/A	175	10	5.7%
Caribbean Pop	74	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%	228	3	1.3%	415	3	0.7%
Other *	47	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	51	0	0.0%
TOTAL...	3,378	27	0.8%	3,253	19	0.6%	868	8	0.9%	620	12	1.9%	2,112	41	1.9%	1,176	6	0.5%	11,407	113	1.0%
GOAL	5,000			4,500			800			500			3,000			2,000			15,800		
% Achieved	68%			72%			109%			124%			70%			59%			72%		

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

* In Guatemala 47 female security personnel

Guatemala. To strengthen the mobile VCT strategy and expand the provision of quality biomedical services, in this period, the Program in Guatemala coordinated with the health center in Quetzaltenango which has allowed the Program to increase referrals for STI screening in this city. In this period, most mobile VCT services were provide to men at-risk for HIV and positive cases were referred to the nearest comprehensive care clinic.



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, worked with the Program and its sweeping the zone strategy to begin to reach, for the first time, ambulatory female sex workers in night-time hours and sweeps in the area of Chalatenango.

Nicaragua. 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. These sweeps were carried out in Mercado de Mayoreo, Ciudad Jardín, Cooperativa Colón, El Calvario (Mercado Oriental) with a total of 6 HIV tests returning positive; in three of these positive tests, the individuals already new their status but had not received adequate counseling and were in denial of their results, therefor needing confirmatory tests and more counseling. Additionally, 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 content of the training included algorithm update, reporting to MoH, pre and post- test counseling, and delivery of results, biosecurity norms, waste management and norms, types of rapid tests, the new 820 Law and testing of minors.

Belize. During this reporting period, the Program conducted nine mobile VCT activities in collaboration with MoH and BFLA. Eight of the nine activities were conducted in Belize district however spanned from the Island of Caye Caulker to South Side Belize City. The majority of HIV tests reported during this period were conducted in collaboration with the MoH.

National HIV Testing Day / Week

As part of the National Testing Day in El Salvador, the Program coordinated actively with the MoH in promotional activities. 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. Also in this period, Belize held its Regional Testing Day in Belize City, Orange Walk Town, Belmopan Town, and San Ignacio Town. The Program provided support in conducting outreach with at-risk populations and referrals to testing services.

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

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

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

4.1. Research, Monitoring and Evaluation

Special Studies

Qualitative study with PLHA: During Q3, the Program received PSI IRB approval for the study design, as well as approval by the local MoH committee in Guatemala and letters of acceptance in El Salvador, Nicaragua and Panama. In Costa Rica, the study design is still under review on behalf of the private IRB committee. Therefore, The Program completed the fieldwork for the study in Nicaragua and Panama, and is currently in the field in Guatemala and El Salvador. The Program expects to complete the fieldwork in Belize and Costa Rica in Q4, as well as complete the final study.

Combination Prevention Impact Study. During this period, the Program continued to seek opportunities to finance this impact study; however, no funding opportunities were accepted to date.

Impact Study: Secondary Analysis of UIC in TRaC and Program MIS. During this period, the Program carried out the following impact study: Unique Identifier Codes (UIC) as a method for tracking social marketing exposure among groups at risk for HIV: a secondary analysis. The objectives of this analysis were to determine the appropriateness of the UIC for keeping track of contacts made by the Program's communications and outreach teams and answer the following questions:

- Is the UIC an effective means of tracking contacts?
- Do individuals reached by the Program's communications teams recall their exposure and accurately report it in behavioral surveys?
- Does the UIC lend itself to certain risk groups more than others?
- How can the UIC method be improved for more accurate contacts tracking?

This analysis will inform the Program and make recommendations for improving the UIC system and the quality of data collection in the region. By the end of Q3, the Program had completed the data analysis process and a final report and recommendations will be complete in early Q4.

First Round of Mystery Client Survey

During Q3, FY2013, the Program drafted a data analysis plan for the First Round of the Mystery Client Survey, leading to country-specific findings and recommendations. These have been drafted into IPPF MA-specific reports and will be presented to MAs in Q4. A global regional report was drafted and will be finalized by early Q4, as well. 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.

TRaC Surveys

In Q3, the Program completed the database analysis of the new round of TRaC surveys with FSW and MSM and transgender women in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama, and analysis of the regional TRaC studies with PLHA and men at-risk.

Some of the analysis findings, using the Coarsened Exact Matching (CEM) methodology, include important information on the impact of the Program in targeted populations. For example:

- Men at-risk. Among those who have had exposure to the Program's interpersonal communication under any component of the minimum package, there was a higher relation to healthy behaviors such as:
 - Condom use some times or always, Odds Ratio (OR) = 2.16, Sig. ***.
 - Consistent condom use in the last 30 days with any partner, OR=2.16, Sig. ***
 - Took an HIV test, OR = 7.45, Sig. ***

When exposed to the Program's mass media masculinities campaign:

- Condom use some times or always, OR = 1.45, Sig.**
 - Consistent condom use with any type of partner, OR = 2.24, Sig.*
 - People who I dislike also deserve respect, OR = 3.97 Sig. **
 - Condoms should always be used to have sex, OR = 1.56 Sig. **
- Female sex workers. A summary of impact based on type of exposure to the Program's minimum package, shows the following results for female sex workers.

Exposure	GUA	ELS	NIC	CR	PAN
Biomedical					
Consistent condom use with all clients		10.17*		3.09**	
Consistent condom use with new clients				4.17*	
Consistent condom use with stable partners				3.50***	
Condom use at last sex				1.86*	
Had an HIV test in the last 12 months	5.75*	31.99**	20.62*	23.19***	
Had an HIV test and received results	167.32***				
UNGASS 14: HIV knowledge and myth rejection	0.64*			3.1***	
IPC					
Consistent condom use with stable partners				0.29*	0.42*
Had an HIV test in the last 12 months			3.76*		
Had an HIV test and received results			2.61***		
UNGASS 14: HIV knowledge and myth rejection					4.85*
Complementary services					
Had an HIV test in the last 12 months			5.39***		

- People living with HIV. A summary of impact based on type of exposure to the Program's minimum package, shows the following results for female sex workers.

Exposure	
MASS MEDIA	
Condom use at last sex with any partner	1.36*
Biomedical	
Consistent condom use with friends or partners	2.016*
Receive free condoms	
Condom use at last sex with any partner	1.33*
Consistent condom use with any partner	1.72**

The CEM analysis for the MSM population and for transgender women was being completed by the end of Q3; and in Q4, the Program will complete the Social Marketing Research Series (SMRS) reports for all the TRaC studies.

MAP 2013 Study

During Q3, the Program completed the collection of all updated profiles of high-risk zones in the region, which will serve as a basis for the MAP study. Additionally, the Program initiated the training process with the pre-qualified research agency in order to begin fieldwork in Q4.

4.2. Strategic Information

DDM and Research Dissemination Strategy

During Q3 FY2013, the Program continued to implement its Regional Research Dissemination Strategy in a three-phase process as follows: a) Internal Dashboard to Decision Making (DDM) exercises, b) National DDM workshops with local NGO partners, MARP organizations and associations, and other key players such as donor representatives and public sector partners, and c) Research Dissemination Events.

Specifically, the Program began held a regional DDM exercise in Guatemala in June with the participation of regional and local researchers and HIV managers/coordinators. This week-long workshop was used by the Program to conduct an internal and group analysis of the findings as well as to identify the Program's impact and decide whether any programmatic decisions need to be made based on the most recent evidence. The preliminary data analyzed at this week's workshop evidences the Program's impact; for example, target populations that participate in the Program's behavioral and biomedical interventions are more likely to have healthy behaviors related to HIV prevention.

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 will be conducted in each Program country, in addition to subsequent research dissemination events, as contemplated in the strategy.

Inter-institutional coordination

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

- *US Government (USG) Agencies and USAID partners in health.* As part of efforts stemming from the signing of the Partnership Framework, the Program continued to coordinate activities with other USG agencies and USAID partners in health to adequately contribute to Strategic Objective No. 3, and avoid duplication or overlap.
 - At a regional level, the Program 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 Q3, 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.

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

- Guatemala. In Q3, the Program participated in a USAID organized meeting with the Vice-minister of health, Dra. Tamara Obispo, in order to present the Program and its results with an emphasis on key coordination with MoH. Additionally, the Program attended a Government of Guatemala (GoG) forum on the response to HIV in the country. During the Forum, members of the Ministry of Health, Ministry of Education, Ministry of Labor and Human Rights Ombudsman Office discussed GoG efforts on reducing the transmission of HIV and increasing access to treatment to those living with HIV. In addition to being present at the event, the Program also provided support to the national technical working group on stigma and discrimination who provided information on stigma-reduction under the Generación Cero social movement. The purpose of this latter participation was to ensure that stigma and discrimination reduction continued to be an important component to the government and national response to HIV.
- El Salvador. The Program continued to actively participate in the Monitoring and Evaluation Committee of the National AIDS Commission (CONASIDA), and participated in the development of a National Strategic Plan Report and review of key indicators.
- Costa Rica. In this period, 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.

- Belize. The Program participates in the National AIDS Commission Information Education and Communication (IEC) and M&E committees.
- Nicaragua. In Nicaragua, the Program participated in a workshop organized by the National AIDS Commission (CONISIDA) to develop population size estimates.
- *Local organizations, NGOs and C/FBOs*. Local organizations, whether non-governmental, community or faith-based continued play a key role in the implementation of Program activities. For example, 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. In this period, the Program in Costa Rica reached out to a private MSM association TicOsos, who invited outreach staff to a private gathering to present the Program and provide information and materials related to HIV prevention for MSM. This first meeting opened the door to the Program to reach new MSM groups that have not previously been contacted or may not have previously received access to key combination prevention interventions. 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*. During this period, the Program continued to work at a local level with Country Coordinating Mechanisms (CCMs). In Guatemala, the PASMO country manager continued to work as the CCM president and lead efforts in the National HIV/AIDS response. In El Salvador, the Program continued to participate actively in the CCM and PASMO supported the new proposal for the Global Fund by providing the Program's combination prevention strategy documents and materials. In Belize, the Program continues to be an active member of the local CCM and 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.

- *Other donors and programs.* The Program continued to coordinate its activities and interventions with other donor projects and programs, such as the USAID bilateral program in El Salvador and 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.
- *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. In El Salvador, the Program worked closely with radio corporations and communications companies 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 in this period to continue to recruit additional complementary component partners under the minimum package that specifically address gender-related issues such as reproductive health and violence.

Implement PSI/PASMO Human Resources Development Plan

During this reporting period, PSI/PASMO continued to implement its local Human Resources Development Plans, which include activities to enhance program performance and training for staff. For example, in El Salvador, PASMO conducted two internal capacity building workshops for staff, one on leadership targeted to supervisors and another on recreational techniques for field staff. PASMO Panamá also developed a local Human Resources Plan to strengthen local capacity of teams in various areas.

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.

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/WHHR award, Cicatelli 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 or Lessons Learned
In Q3 FY2013, the Program continued to face some challenges in local communication and coordination among PASMO and local IPPF Member Association leadership.	At a regional level, the Program is supporting local teams in greater engagement and coordination among partners.
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.	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.
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 taking longer than expected. For example, mobile phone operators (such as Tigo, Claro, etc.) have taken months to approve short numbers that the target groups need to participate in the methodology.	The Program is working intensively with its private sector partner / mobile phone aggregator company to pressure operators to advance with internal processes and allow the Program to launch the SMS methodology in remaining countries.
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 sectors outside of HIV has also proven difficult as knowledge and expertise has centered in HIV prevention and work with MARPs.	The Program is assessing 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.
In Nicaragua, the Program has faced multiple barriers and delays in implementing the coaching process of NGOs given that it depends on third parties.	The local and regional Program met with USAID to redefine the National Prevention Strategy activities and agreed on adjusted due dates for some coaching activities.
In Costa Rica, despite intensive outreach efforts, the Program has had little response or interest on behalf of media outlets and journalists for the sensitization and training processes.	The Program is assessing potential actions or a redefined strategy specifically for journalists in Costa Rica, given their lack of interest in HIV related training and sensitization, versus other countries.
Finding PLHA in online chat-rooms or spaces in Central America has been a challenge for the Program, given that most people do not reveal their HIV status online or the little or few openly HIV positive networks that allow the Program to enter online.	The Program developed a new strategy to expand the number of hours in which a facilitator is in the online self-help groups in the ¿Y Ahora Qué? Website to capture a greater number of participants.

PEPFAR Central American Gender Challenge Fund

Overview

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

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

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

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

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

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

Program Framework

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

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

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

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

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

Overall purpose level indicators for this program include:

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

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

Program activities

In Q3, the Program completed the recruitment process for a new Gender and Violence Prevention Manager who began in June.

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

Review of the Legal Framework around Gender Based Violence

In this reporting period, the Program began the process of updating the review of the legal framework analysis and will develop a summary highlighting the new regulations and identifying gaps between the different codes and laws.

Involving local NGOs and civil society

The Program worked to organize a series of small-scale meetings among each of the target populations to name representatives to the Commission and identify any gaps in the VET Law and needs with relation to each population. The workshops are expected to be held in Q4.

Capacity Building

The Program, in coordination with SVET and the MARPs Commission, developed the outline and structure for the Capacity Building Certification Process, known as “GBV aware”. This certification process will first be implemented among 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 began to develop the content of 5 training modules, which are: HIV, Individual and Social Mindset, Gender, Sexual Diversity, and Stigma and Discrimination.

This certification process also began to be adapted to the various providers of services that interact with MARPs, such as NGOs, health care providers, justice and law enforcement, among others.

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 and the identification of potential organization that will participate in local referral networks. The Program also worked with SVET and requested their adapted “popular” version of the VET Law that the will Program will adapt to other audiences such as the justice sector, MARPs, and health care providers.

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 began 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:

1. Prevention
2. Attention / Care
3. Prosecution
4. Criminal punishment

By the end of FY2013, the Program expects to have defined the criteria for inclusion of the organizations into the network and will define 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 will be included in the SMRS reports and Mystery Clients Reports that will be disseminated with the SVET MARPs Commission.

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 that will be held in Bangkok, Thailand in October.

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 or Lessons Learned
The Program and the GCF are subject to the initiative that the SVET may or may not have. Although quarterly meetings with the SVET MARPs Commission are held, more systematic and ongoing communication is needed.	The Program will suggest alternative forms of communication that allow for greater advances with goals and activities.