



Angola

PROACTIVO: HIV Prevention for Key Populations End of Project Programmatic Report

1st October 2010 – 30th April 2015



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PROACTIVO: HIV Prevention for Key Populations

*Prevenção com Resultados mensuráveis Optando para
Advocacia, Comunicação e Testagem Voluntário*

*Prevention with Measurable Results through
Advocacy, Communication, and Testing*

End of Project Programmatic Report

1st October 2010 – 30th April 2015

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DISCLAIMER

The views of the authors expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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The *PROACTIVO* project sought to improve the health of Angolans through implementation of a combination prevention package of services for HIV prevention targeted to key populations to significantly contribute to Angola's national health goals and targets. The project and its achievements would not have been possible without leadership and support from Angola's National AIDS Control Institute (Instituto Nacional de Luta Contra a SIDA or INLS), and in particular the Honorable Director of the INLS, Dra. Ducleina Serrano. The various technical working groups, led by the MoH and INLS divisions, were also instrumental in providing technical inputs and guidance throughout program implementation.

The contributions of *PROACTIVO* partners were invaluable to the success of the project and its ability to reach beneficiaries with essential health products, services and messaging. The project was led by Population Services International (PSI)/Angola, with substantial support from Angolan Partner Organizations (APOs) contributing significantly to *PROACTIVO*'s achievements at the community level. The *PROACTIVO* APOs include Associação Solidariedade Cristã e Ajuda Mútua (ASCAM), Associação de Mulheres Vivendo com VIH (MWENHO), Associação de Reintegração dos Jovens/Crianças na Vida Social (SCARJOV), Associação de Desenvolvimento e Enquadramento das Populações Vulneráveis (ADESPOV), Acção de Solidariedade e Desenvolvimento (ASD). Their contributions—as well as those of many other local partners and stakeholders—were instrumental in reaching target populations with the *PROACTIVO* health interventions.

Finally, the *PROACTIVO* team would like to express our extreme gratitude to all local leaders and community members who actively supported and participated in *PROACTIVO* activities and provided valuable feedback and guidance throughout program implementation.

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Executive Summary

EXECUTIVE SUMMARY

This is the final program report for the PROACTIVO: *Prevenção com Resultados mensuráveis Optando para Advocacia, Comunicação e Testagem Voluntário*, an HIV Prevention for Key Populations project implemented by Population Services International (PSI) in Angola with funding from the United States Agency for International Development (USAID). This report details the activities and achievements of the PROACTIVO project between 2010 and 2015, and outlines lessons learned and recommendations for future programming.

PROACTIVO was a five-year project funded by USAID working to improve the health of Angolans by preventing HIV/AIDS in key populations (KPs). The project was led by PSI/Angola, with significant implementation support from Angolan partner organizations (APOs). In support of shared goals of promoting improved health and wellness, PROACTIVO worked hand in hand with the Government of the Republic of Angola (GRA), Angola's National AIDS Control Institute (INLS) and various technical working groups on all planning, implementation and evaluation.

PROACTIVO was designed to reduce new HIV infections among Key Populations (KPs) by promoting normative change and safer sexual behaviors among female commercial sex workers (FSWs), their clients, and men who have sex with men (MSM), with transgender people added during the course of the project. The purpose of PROACTIVO was to mitigate the effects of HIV among high risk groups in Angola, by targeting risk areas called "hot zones" and main transport routes in the country. These groups are categorized as "key populations" due to their increased vulnerability to HIV from riskier sexual behaviors, as well as the hidden nature of their behaviors due to social stigma and discrimination, making it harder for them to access necessary health information and services. The project implemented a combined HIV prevention approach, through information, awareness and availability of appropriate services for the target population, including the distribution of condoms and lubricants, HIV testing and counseling and screening for other sexually transmitted infections. In addition, PROACTIVO supported the strengthening and promotion of local partners through capacity-building efforts in order to increase the access and quality of services provided to key populations. The work achieved under PROACTIVO has contributed significantly to Angola's national goals, as well as the objectives of the US President's Emergency Plan for AIDS Relief (PEPFAR).

With leadership from Angola's *Instituto Nacional de Luta Contra a SIDA* (INLS), PROACTIVO provided evidence-based combination HIV prevention support across five provinces under the following two key objectives:

KEY OBJECTIVES

- 1. Strengthen the protective behaviors of key populations (KPs) and their partners to prevent HIV transmission.**
- 2. Enable the environment for key populations at national and lower levels for civil society-led advocacy, networking, and collaboration with the Government of the Republic of Angola and stakeholders.**

This report provides background on the strategy, framework and approaches used by PROACTIVO. The report describes the interventions and key results achieved from 2010 to 2015, and includes testimonies from those who have worked with and benefited from PROACTIVO over the last five years.

The PURPOSE of the PROACTIVO PROJECT was to mitigate the effects of HIV among key populations in Angola by targeting risk areas called 'hot zones' and main transport routes in the country.

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LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
BCC	Behavior change communications
CDC	Centers for Disease Control and Prevention
DALY	Disability adjusted life year
FSW	Female sex worker
GBV	Gender-based violence
GRA	Government of the Republic of Angola
HIV	Human immunodeficiency virus infection
HTC	HIV testing and counseling
IEC	Information, education and communication
IPC	Interpersonal communications
INLS	Instituto Nacional de Luta Contra a SIDA (National AIDS Control Institute)
KP	Key Populations
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organizations
PEPFAR	US President's Emergency Plan for AIDS Relief
PSI	Population Services International
APO	Angolan Partner Organization
STI	Sexually transmitted infection
TRaC	Tracking Results Continuously
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	The United States Agency for International Development



PROACTIVO Strategy

PROACTIVO STRATEGY

The PROACTIVO team used a combination HIV prevention strategy based on international best practices recommended by PEPFAR and the WHO to improve self-efficacy and skills to reduce risk of HIV acquisition and transmission targeted to key populations.

Combination HIV Prevention:

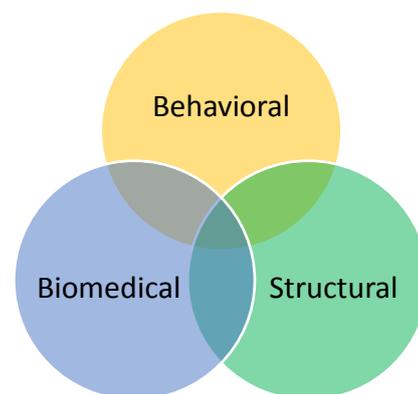
A strategy that combines structural, biomedical, and behavioral interventions that are mutually reinforcing, continually evaluated, and tailored to the needs and risks of the target populations.

TECHNICAL APPROACH

PROACTIVO implemented a combination HIV prevention approach advocated by the GRA through coordination and delivery of evidence-based interventions. This included behavioral elements to address knowledge, attitudes and practices related to HIV, support of biomedical interventions such as access to condoms and lube and referrals to HIV counseling and testing, as well as structural approaches designed to change societal norms to support healthy sexual behaviors. While partially effective when implemented separately, together behavioral, biomedical, and structural interventions can have a more robust impact on the prevention of HIV acquisition and transmission.

<u>Intervention</u>	<u>Approach</u>
Behavioral	Develop and implement a broad range of behavior change communications with a primary focus on community outreach and mobilization targeted at key populations. For example: correct and consistent condom and lubricant use, condom negotiation, regular HIV testing, and STI screening.
Biomedical	Create demand for HIV-related services in the public health sector and provide referrals and linkages to key populations-friendly providers in targeted intervention areas. For example: condoms, lubricants, and referral to HIV testing and counseling, STI screening, and ARV.
Structural	Advocate at the community and national level to address stigma and discrimination for the most-at-risk populations and for an environment supportive of healthy sexual behaviors and gender norms. For example: engagement with local police to reduce violence against CSWs, and training providers to offer anonymous, confidential services and be sensitized to cater to specific health needs.

Combination HIV Prevention Program Elements



Comprehensive Packages of Services for Key Populations

The PROACTIVO strategy prioritized evidence-based activities that linked key populations and their sexual partners to a core package of interventions that reached the target populations at the individual, sexual partner, community and societal levels. As the key populations in Angola face different challenges in accessing information and health services, the PROACTIVO team used an adapted package of services for each group appropriate for their particular needs and situations. In Angola, key populations targeted by PROACTIVO fell into the following three categories:

- a) Female Sex Workers (FSW)
- b) Truckers and other FSW clients
- c) Men who have sex with men (MSM) and transgender people

TARGET GROUP	PACKAGE OF SERVICES
Female Sex Workers	<ul style="list-style-type: none"> → Outreach through IPC agents and peer educators → <i>HIV testing and counselling</i> → <i>HIV care and treatment</i> → <i>STI screening and treatment</i> → Male and female condoms and lubricants → <i>Access to other health/social services as appropriate; reproductive health, family planning, PMTCT, post-exposure prophylaxis (PEP), substance abuse, legal/psychosocial support</i> → Zero tolerance zones to encourage condom use and address violence reduction → <i>Linkages to professional development institutions to promote alternative income-generating activities</i>
Clients/Truckers	<ul style="list-style-type: none"> → Outreach through IPC agents and peer educators → <i>HIV testing and counselling</i> → <i>HIV care and treatment</i> → <i>STI screening and treatment</i> → Male condoms and lubricants → <i>Access to other health/social services as feasible; reproductive health, family planning, post-exposure prophylaxis (PEP), substance abuse, legal/psychosocial support</i> → Zero tolerance zones to encourage condom use and address violence reduction
MSM and Transgender	<ul style="list-style-type: none"> → Outreach through IPC agents and peer educators → <i>HIV testing and counselling</i> → <i>HIV care and treatment</i> → <i>STI screening and treatment</i> → Male condoms and lubricants → <i>Access to other health/social services as feasible reproductive health, post-exposure prophylaxis (PEP), substance abuse, legal/psychosocial support</i>

Italicized services were provided through referrals, while **bolded** services were implemented directly through the PROACTIVO project team.

IMPLEMENTING PARTNERS

The PROACTIVO project was led by PSI/Angola with substantial support from its Angolan partner organizations (APOs). Effective coordination across partners and stakeholders (e.g., GRA, INLS, partner NGOs) was crucial for project success. This was accomplished through establishing clarity of purpose and process upfront, with frequent partner and stakeholder coordination meetings, significant face time between program coordinators, detailed process descriptions, and continuous knowledge sharing among all the partners. Each program partner worked according to a clearly defined scope of work and annual work plan, developed jointly between PSI/Angola and the partner and subsequently shared with all partners.

PSI/ANGOLA

Population Services International (PSI), a non-profit organization incorporated in 1970, combines entrepreneurial spirit with a social mission to encourage healthy behaviors across the globe. Through its social marketing programs in over 60 countries, PSI distributes affordable, accessible, and attractive health products. PSI raises awareness of health problems and generates demand for its health products and services through innovative and culturally sensitive communications. PSI's primary interventions address needs in HIV/STI prevention, family planning, diarrheal disease, malaria, micro-nutrient deficiencies, waterborne illnesses and tuberculosis. PSI's mission is to measurably improve the health of poor and vulnerable people in the developing world, principally through social marketing of health products and services.

PSI/Angola was established in 2000, initially to work on HIV/AIDS prevention. It later broadened its scope to include malaria and diarrheal disease prevention in 2004. In coordination with the Angolan Ministry of Health and many other partners, PSI/Angola increases access to essential health commodities and implements targeted behavior change communications. By leveraging commercial and community distribution channels, PSI/Angola complements public sector distribution efforts and contributes to increasing coverage levels. PSI/Angola was the lead for the PROACTIVO project, responsible for direct project implementation as well as coordination of implementation by Angolan partner organizations.

PROACTIVO Partners:

PSI
ASCAM
MWENHO
SCARJOV
ADESPOV
ASD
CAJ

Associação Solidariedade Cristã e Ajuda Mútua - ASCAM

Associação Solidariedade Cristã e Ajuda Mútua (ASCAM) is a non-profit organization founded in Angola in 1989. The organization upholds Christian values and beliefs and works to improve the lives of families by focusing on the socio-development of children. One of the main interventions ASCAM focuses on is providing primary education to its community members. In 2012, ASCAM started working with PSI/Angola under PROACTIVO and activities focused on its mission of social reintegration and community development with projects in education/professional development. Its main activities within PROACTIVO have taken place in Luanda, focusing on FSWs and truckers in urban areas.

Associação de Mulheres Vivendo com VIH - MWENHO

Associação de Mulheres Vivendo com VIH - MWENHO is a non-profit organization founded in 2006 in Angola. MWENHO works to uphold basic human rights of children and women living with HIV and AIDS. With offices in all 18 provinces, it works closely with the national and provincial governments and health authorities advocating for better health care and treatment for families living with HIV and AIDS, designing and implementing projects that will improve the quality of life of these families affected by the disease. As a community-based organization, MWENHO seeks to create spaces where it can build capacity of women and help them become economically independent despite their HIV status. Under PROACTIVO, MWENHO was responsible for providing linkages to care and treatment, and psychosocial support to individuals that tested positive. They accompanied individuals for CD4 count and aided in the initial treatment.

Associação de Reintegração dos Jovens/Crianças na Vida Social - SCARJOV

Associação de Reintegração dos Jovens/Crianças na Vida Social (SCARJOV) is a non-profit organization founded in Angola in 2002. The organization works in partnership with the AIDS & Rights Alliance of Southern Africa (ARASA). In 2011, SCARJOV worked with ARASA to carry out a qualitative assessment on MSM in Angola and gauge the receptivity of the issue of MSM programming from different stakeholders. These discussions gave way to the efforts made by PSI to move forward with formative research and subsequent implementation of an MSM project. SCARJOV is one of many organizations that focus on HIV education in the context of human rights in order to protect the rights of children and youth. Under PROACTIVO, the organization carried out advocacy activities with female sex workers. PSI identified SCARJOV to help develop a strong advocacy campaign that would raise awareness about the vulnerability of sex workers and demonstrate how violence against sex workers plays a role in the spread of HIV/AIDS.

Associação de Desenvolvimento e Enquadramento das Populações Vulneráveis - ADESPOV

Associação de Desenvolvimento e Enquadramento das Populações Vulneráveis (ADESPOV) is a non-profit organization founded in Angola in 2000. ADESPOV has a mission of ensuring the social development and sustainability of vulnerable groups. Their interventions focus on the communities of Caala, Longonjo, and Huambo with the main objective of reducing the negative impact of HIV and AIDS. Their interventions have focused mostly on female sex workers and truckers. Under PROACTIVO, ADESPOV was responsible for providing behavioral interventions and linking target populations to HIV-related services in the Huambo province.

Acção de Solidariedade e Desenvolvimento - ASD

Acção de Solidariedade e Desenvolvimento (ASD) is a non-profit organization founded in Angola in 1996. The organization focuses on HIV prevention, human rights and civic education in the province of Huila in the municipalities of Lubango, Humpata, Chibia and Jamba. ASD managed a youth-based project called *Jango Juvenil* (launched by UNICEF, PSI/Angola, and World Learning) that offered services and programs for adolescents and young people centered on sexuality, STIs, and HIV. ASD delivered combination prevention focusing on female sex workers and their clients, as well as advocacy work to ensure that HIV-related services were accessible to target groups.

Centro de Apoio aos Jovens - CAJ

Centro de Apoio aos Jovens (CAJ) is a public health clinic in Angola. CAJ was created to raise awareness of Angolan youth about risky behaviors, promoting healthy lifestyles and enabling them to become active participants in their

own health. CAJ has a clinical center that offers counseling and testing services for HIV, STI screening, and psychosocial services. CAJ also develops community outreach services and has mobile clinics in different communities that target youth, and links individuals to care and treatment as necessary. Given their robust programming focused on youth, PSI/Angola partnered with CAJ to reach MSM since most of the men were between 18 and 24 years of age.

Community Partners

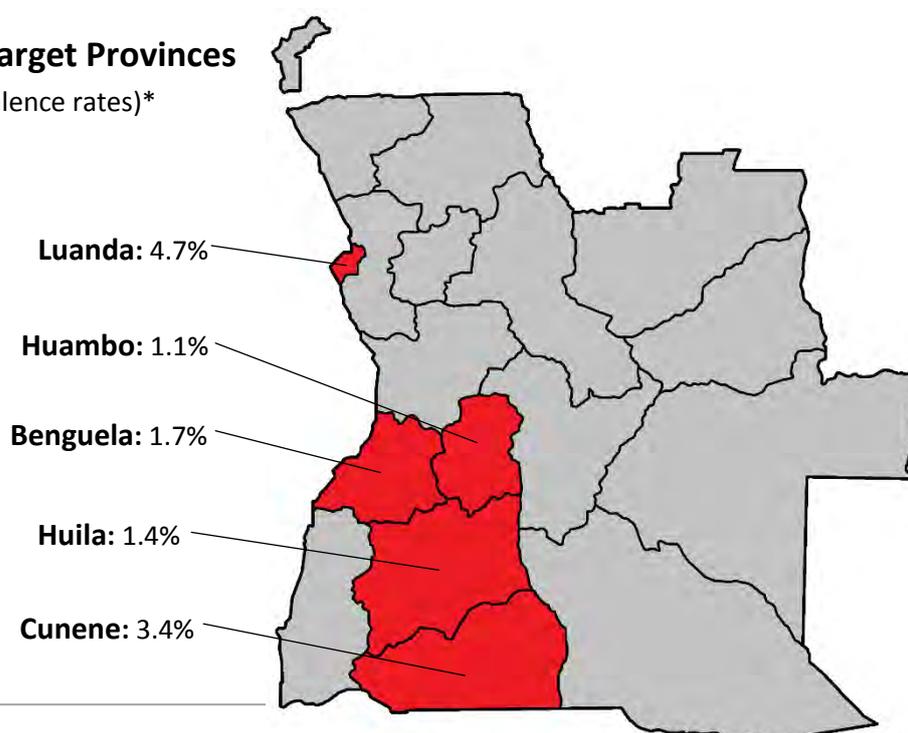
In addition to the APOs, PROACTIVO community partners were essential to linking communities of key populations to health services in Angola. These partners included healthcare workers, bar owners and managers, and female sex workers, truckers and men who have sex with men. Throughout PROACTIVO implementation, these front line workers remained open to learning about and supporting behavior change among beneficiaries. Without their understanding, openness and efforts the PROACTIVO project would not have been able to achieve results.

GEOGRAPHIC TARGETING

Activities under the PROACTIVO project were targeted at the key populations of FSWs, truckers and other clients of FSWs, MSM and transgender people. PSI identified the municipalities that were priority prevention areas across the country and worked with local partners to ensure an extended reach of the interventions within the scope of the project. The municipalities were chosen due to high population density, low income levels, and the high volume of commercial activities that attracts several mobile populations to these locations. In order to reach target key populations, the PROACTIVO team focused its efforts across the five key provinces of Luanda, Benguela, Huila, Huambo and Cunene which covered the main transport route between Luanda and Namibia.

PROACTIVO Target Provinces

(with prevalence rates)*



PSI took responsibility for activities to take place in both Luanda and Cunene, and opened a new office in the latter in order to closely monitor the project in the province with the highest prevalence of HIV in Angola. In order for PSI to find effective APOs to successfully reach the project objectives in Huambo, Benguela, and Huila, a request for proposals was released in September 2011 to local NGOs that had prior experience implementing HIV prevention activities and could implement a combination HIV prevention and care services program targeting key populations. Through a rigorous evaluation process of the proposals received by PSI, an internal selection board selected the strongest proposals that presented a clear, coherent plan for a comprehensive HIV program vis-à-vis the target groups in each province. The effective involvement of APOs as partners strengthened the capacity of local response in HIV/STIs, reinforcing the relationships between APOs, the target population, the community-based services and local decision makers.

Over the course of the five year project, there were some changes to the organizations that were implementing in each province. Due to lack of performance, PSI had to end its relationship with the organization in Benguela, and made a strategic decision at that point of the project to take over direct implementation. In addition, in consultation with USAID, PSI made the decision to close the project office in Cunene in 2013 due to the high costs of operating and the relatively low numbers of key populations reached.

For other objectives under the *PROACTIVO* project, PSI solicited the support of additional APOs to implement specific activities. SCARJOV was brought on due to its strength in advocacy, and became largely responsible for this element of the project with the support of PSI. As a way to ensure continuum of care, MWENHO joined the project to provide support services to people who tested seropositive.

The following is a breakdown of the organization and regional responsibility under *PROACTIVO*:

Province	Organization
Luanda	Population Services International / Angola Associação – ASCAM Associação de Mulheres Vivendo com VIH – MWENHO Associação de Reintegração dos Jovens/Crianças na Vida Social – SCARJOV
Huambo	Associação de Desenvolvimento e Enquadramento das Populações Vulneráveis - ADESPOV
Benguela	Population Services International / Angola
Huila	Acção de Solidariedade e Desenvolvimento – ASD
Cunene	Population Services International / Angola

THE PROACTIVO STORY

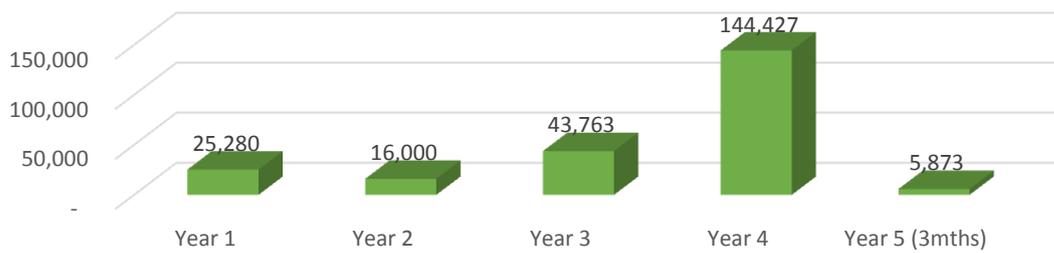
The *PROACTIVO* project opened its proverbial doors in October 2010 after PSI was granted funding from USAID for a three-year combination HIV prevention project. During the first year of implementation, PSI faced several challenges in getting activities up and running and thus had less progress against project objectives than was originally designed at the proposal stage. There was no one specific reason for the slow start, rather a series of items that needed to be completed and issues that needed to be resolved that were not done so in a timely manner.

One significant obstacle was a lack of information and evidence on combination HIV prevention programs globally at the time. It was a relatively new concept and PSI did not spend enough time as needed on the conceptual framework of the project to ensure a comprehensive approach across the three key elements; behavioral, biomedical, and structural. Instead, in the beginning PSI was over-focused on the behavioral interventions and concentrated on developing key messages, hiring and training IPC agents, condom distribution, and implementing outreach activities. Efforts to establish linkages to the public health sector to ensure HIV testing and counseling and other appropriate services were easily accessible—an important part of the biomedical interventions—suffered due to a lack of attention. Structural approaches, such as advocacy efforts addressing stigma and trainings for health workers on the specific needs of key populations, also needed more time and energy devoted to them to make progress in such a difficult area. Sixteen months into the project it was deemed by USAID to be unsuccessful.

However, this was a watershed moment for PSI and the *PROACTIVO* project. The *PROACTIVO* team in Angola with significant help from PSI's global technical experts developed a remedial plan that described a strategy forward to ensure a thorough approach to the combination HIV prevention project. The plan incorporated the feedback received from USAID, and was based on the essential components of a technically sound, comprehensive and combined HIV prevention strategy rooted in global best practices and a strong evidence base. Specific elements of the core package of services varied with each target population and HIV status, with the objective to: improve self-efficacy and skills to reduce risk of HIV acquisition and transmission through behavior change communication (BCC); create demand for HIV-related services in the public sector; and provide referrals and linkages to key population-friendly public sector providers in targeted intervention areas. These activities were also complemented with community and national level advocacy activities for FSWs, truckers and other clients and, to the extent permitted by the GRA, for MSM. The monumental shift for PSI was to focus on the complete needs of key populations; implementing behavior change at an individual level while ensuring key populations have access to services and working to improve the context in which they live.

This was an important learning opportunity for PSI/Angola as well as for PSI's programs globally, and through significant time, thought and effort the *PROACTIVO* project began to reach its objectives across the three key elements of a combination prevention program. In March 2013, USAID commissioned another independent review to evaluate to what extent PSI had responded to the findings and recommendations presented during their first review. This review deemed *PROACTIVO* a success. As a result, a one-year cost extension was granted to PSI to continue project activities through September 2014. As this date approached, USAID requested for PSI to carry on implementation through an additional 6-month cost extension at the end of its fourth year to allow for a smooth transition to a new mechanism. Once PSI made these strategic changes to the project, *PROACTIVO* began to scale-up its activities and started reaching more of the target groups, culminating in a very strong Year 4 when the project reached more than 140,000 people from key populations with messages on HIV prevention against the original proposed target of 9,500 people a year.

Key population reached with outreach activities



The number of people accessing HIV testing and counseling services had a similar trajectory during the life of the project. In Year 2 there were less than 3,000 people from the target group tested, while both Year 3 and Year 4 the number of people tested exceeded 8,000.

Though PSI and the PROACTIVO project faced a number of obstacles--both internal and external-- the five year project has been a success. This was reflected in the final external evaluation report done in September 2014 which stated: "The PROACTIVO project took on an important role in the Angolan context, having proved the comprehensive strategies of intervention with KPs were relevant and successful."



Health Interventions for Key Populations

HEALTH INTERVENTIONS FOR KEY POPULATIONS

PROACTIVO's combination HIV prevention strategy targeted three key groups in Angola that are disproportionately at risk for infection with HIV than the general population; a) female sex workers (FSW), b) truckers and other sex worker clients, and c) men who have sex with men (MSM). As in many countries, these groups are often marginalized, stigmatized and vulnerable in the Angolan context--particularly FSW and MSM-- and thus extremely difficult to reach with targeted interventions.

UNAIDS estimated the HIV prevalence to be 2.1% among adults aged 15-49 in 2008 (the most recent figure available), yet analysis of data from antenatal clinics nationwide suggests progressive increases in prevalence since 2004, with prevalence among pregnant women increasing from 2.7% in 2004 to 3.1% in 2007.¹ The primary mode of transmission is believed to be heterosexual contact; however, as is the case in many countries, some populations are disproportionately affected. High risk behavior groups, such as female sex workers among whom HIV prevalence is estimated at 23.1%² and men who have sex with men whom prevalence is estimated at 3.5%³, are particularly vulnerable. As each of these populations are faced with different challenges in accessing appropriate health products and services, the PROACTIVO project tailored its approach to each population and designed different activities to be able to reach these groups where they gather.

The combination HIV prevention strategy implemented by PROACTIVO across the target populations was made up of three key elements; behavior change communication, biomedical interventions, and structural approaches. Together these program interventions provided the best opportunity for reducing the incidence of HIV among key populations in Angola.

The following are cross-cutting interventions that were implemented across the key populations. The approaches are outlined here with detail regarding specific activities in the sections below.

HIV Testing and Counseling (HTC)

PROACTIVO promoted HTC services to key populations including sex workers and their clients, truckers, men who have sex with men and transgender. As an initial step, PROACTIVO mapped out health facilities that were in close

proximity to hotspots and conducted an assessment to learn more about the services they offered (e.g. HTC, STI screening, ART) as well as the referral systems that were already in place to understand what information would be provided to the target groups. PROACTIVO then approached the local health authorities to conduct a joint training with the MoH focusing on the principles of HIV testing and counseling, while the project team provided a section on how to address KPs. During this five day course, the referral system was also outlined so all participants had a full understanding of their specific roles. Once the system was implemented, clients who tested positive were offered care and support at the site or the nearest health facilities. Following testing, services were also provided for STI treatment, TB diagnosis and family planning. The HTC program aimed to deliver high quality mobile and fixed site services at identified community locations and "hotspots," successfully bringing HTC to the people most in need. This

“The [HIV test] results are faster than going to a hospital, and because of the mobile nature of the clinic, people find it more convenient to go and get tested for HIV.”

¹ UNAIDS 2008

² Ibid.

³ CDC Bio-Behavioral Surveillance Survey (BSS) among Men who have sex with Men in Luanda. May 2011.

approach targeted locations frequently visited by key populations for service delivery and helped the project to more efficiently and effectively reach higher risk groups, at times and locations most convenient for them. Throughout implementation, PROACTIVO developed strong partnerships with APOs, district health leaders and other community members who facilitated the mapping of hotspots and mobilization of MARPs in the communities. In collaboration with community partners, BCC approaches were used to attract the attention of the population and to create demand for HTC service delivery.

IPC & Peer Education for HIV Prevention

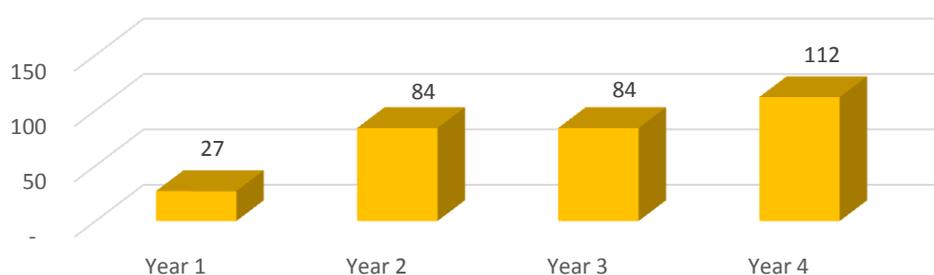
PROACTIVO used IPC and peer education as a primary approach to disseminating health messages at the community level through outreach activities and creating demand for health services such as HTC. Initial peer educators were selected by outreach workers, by identifying women that were highly participative. Later in the project peer educators were selected through word of mouth by peers who were already in the program. The PROACTIVO team trained IPC agents from APOs and community members from the target group as peer educators, with information on healthy behaviors as well as BCC approaches. The 5-day theoretical training session was followed by a hands-on exercise of going to the field with a supervisor or an experienced outreach worker, until they were comfortable enough to be on their own. Following training, these outreach workers implemented special events, community dialogue and interpersonal communications activities including small group sessions and door-to-door activities. In addition to these sessions, the PROACTIVO team also designed and performed street theater with key messages on HIV prevention and where to go for services. These men and women performed an important role in ensuring that BCC activities were carried out by trusted members of the local community and that there was a sustainable network for continuous promotion of healthy behaviors. Under PROACTIVO, over 200 peer educators were trained in BCC and IPC approaches for HIV prevention. Peer educators were also instrumental in ensuring that group members had regular access to condoms and in many cases would accompany them to health facilities as person that could be trusted. Over the course of the project, PROACTIVO trained 311 IPC agents and 201 peer educators to implement outreach activities with key populations.

Training of Health Workers

Key to ensuring that key populations received the care needed was ensuring that public sector health workers were trained on and sensitive to the specific needs of these groups. PSI advocated with the MOH to be able to address this issue with their staff so that key populations referred to these clinics would receive tailored services specific to their needs. PSI trainings for health care workers were organized to review HIV testing and counseling services for high risk groups and to link the biomedical elements of the project to the behavioral activities. Targeting the health facilities that had been identified through the mapping exercise, the project team along with local health authorities conducted a refresher training on HTC with an emphasis on the specific needs of key populations. PROACTIVO was able to help health care professionals understand the importance of providing high quality services in a safe non-judgmental environment, support instead of stigmatize key populations, and engage with high risk groups to prevent the acquisition and transmission of HIV.

“In reality in Angola we have knowledge that these groups exist but didn’t do anything around these groups. It’s as if they were purely and simply ignored.”
- Health professional, Luanda

Health Professionals Trained



Social Marketing

The PROACTIVO project benefited from PSI's social marketing program to ensure availability of condoms in high risk areas known as 'hot zones.' PSI/Angola has been engaged for several years in condom promotion and distribution targeting FSWs and their clients, which include truckers, in areas considered hot zones across the country. PSI/Angola distributes the *Legal* and *Sensual* condom brand through its supply distribution chain. PSI's condom social marketing work places affordable products within reach of low-income populations and those at risk for HIV, while promoting the adoption of healthy behaviors. *Legal*, the leading brand in Angola, was marketed as a safe and reliable condom for the general population and was sold in traditional (e.g. pharmacies, groceries) as well as non-traditional (e.g. bars, hotels, kiosks, and salons) retail outlets throughout the country. Generic condoms were also distributed for free as part of PSI/Angola's outreach activities and mobile counseling and testing services.

FEMALE SEX WORKERS & THEIR CLIENTS

Due to the nature of their work in Angola, female sex workers (FSW) often exist on the margins of society and have difficulties in accessing the information and healthcare services they need to protect themselves and others from sexually transmitted infections. At the onset of the PROACTIVO project, knowledge about HIV and the need to consistently use condoms varied widely across the country and condom use was particularly low when a client was considered 'trusted' (i.e. a regular client or boyfriend).⁴ These perceptions and resultant behaviors increase the risk of HIV transmission from FSWs to their clients and non-casual partners, and are a resilient obstacle to reducing the incidence of HIV. Knowledge of and access to services, such as HIV testing and counseling and screening for STIs, was also low in the Angolan environment. While services existed, there was a strong need to help service providers understand the specific needs of key populations and to strengthen the linkages between key populations and the services they need.

Truckers and other clients of female sex workers are also a vulnerable group; they serve as the link between FSWs and the general population and also needs to be addressed in order to decrease HIV acquisition and transmission. Commercial sex work is common in border provinces like Cunene and along major transportation routes running from the southern border up to Luanda and back. Truckers, and other mobile populations, are frequent clients of FSWs and/or engage in multiple sexual partnerships, and the easy access to alcohol at truck stops can increase risky behaviors, including transactional sex, and a decrease in inhibitions leading to inconsistent condom use.

⁴ Determinants of Condom Use among Commercial Sex Workers in Angola, TRaC study, PSI/Angola. 2008.

Many FSWs come to Angola from Congo and other countries due to the relatively high potential earnings, meaning that communication is done in several languages. In addition, it is unclear whether commercial sex work is legal or not, but the perception among the population and police is that it is against the law in Angola. This can leave women particularly vulnerable to violence by clients and bar managers and frequently without protection from law enforcement and the judiciary. FSWs face stigma from society in general and often from the very healthcare workers who have a duty to provide them services. PROACTIVO targeted its advocacy efforts at addressing stigma and creating safe working environments for this key population.

Targeted Behaviors – Female Workers

Indicator	Target	Achieved
Number of FSW reached with individual and/or group level interventions	6,000/yr	52,399
Proportion of FSW who report use of a condom with their most recent paying client	83%	81,9%
Number of FSW who received an HIV test in the past 12 months and who know their HIV status	1,000	4,452
Number of FSW reached by an individual, small-group or community-level intervention that explicitly addresses gender-based violence and coercion related to HIV/AIDS	5,000	7,003
Number of peer educators that successfully complete pre-service training program	50	182
Number of clients referred out from referring service	7,875	2334
Number of service providers actively providing services in referral network	50	25

Targeted Behaviors – Truckers and other Clients

Indicator	Target	Achieved
Number of truckers and male clients of FSW reached with individual and/or group level interventions	2,700/yr	58,712
Number of truckers and male clients of FSW exposed to any PROACTIVO message in past 12 months	TBD	6,201
Number of truckers and male clients of FSW who received an HIV test in the past 12 months and who know their HIV status	1,000	3,773
Proportion of men 15-49 reporting sex with FSW in the past 12 months who used a condom during last paid sex	45%	80.6% ⁵

Behavior Change Communication

As a first step in designing and developing a behavior change communication program targeted at female sex workers, it was necessary to ensure PROACTIVO had a strong understanding of where its target audience was located. PSI began this process by mapping 283 'hot spots' where commercial sex workers and their clients could be targeted with outreach activities in the nine municipalities of Luanda as well as the provincial cities of Huambo, Benguela, Huila and Cunene. These hot spots included bars, brothels and night clubs where high-risk sexual activities are often concentrated, as well as major truck stops along the Luanda-Cunene transport corridor. PSI used the Priorities for Local AIDS Control Efforts (PLACE) methodology, where informants were asked to identify places where people meet to socialize and to find casual sexual encounters. Once the most popular places were identified, outreach workers conducted in-depth interviews with bar owners, managers, clients and sex workers to find out the number of sex workers at each establishment, availability of condoms (generic and branded), and the existence of any HIV prevention activities. In-depth interviews at truck stops with truck drivers and customs officials helped to

⁵ 2013, PSI TRaC with truck drivers in Luanda, Huambo, Benguela, Huila, and Cunene.

determine traffic volumes and patterns, the length of time that truck drivers usually stay at a stop, the availability of a common area for outreach activities and the proximity of condom outlets around the truck stops.

In addition to identifying and listing these hotspots, the mapping exercise was also a first step in ensuring the PROACTIVO project could link the target audience to the types of services they need to be healthy. This included identifying health service providers within the selected municipalities that offer HIV testing and counseling, STI screening and treatment, family planning, and ARV therapy. Finally, the PLACE survey also identified NGOs that were working with similar target populations and reviewing their existing interventions within the same geographic area. With this information in hand, the PROACTIVO project was able to better design their interventions and provide target populations with comprehensive information on existing resources and services within the respective hotspots.

PSI used the information gathered during the mapping survey interviews along with a survey of other studies done in Angola with the same population and effective materials developed in other countries to design appropriate communications material to be used during outreach activities by IPC workers and peer educators. An activity manual was produced for interpersonal communication (IPC) agents called *Dinâmicas de Prevenção* (Prevention



Dynamics), which has 13 activities that cover HIV-related topics that seek to improve self-efficacy and skills to reduce risk of HIV acquisition and transmission and create demand for HIV-related services. Additionally, a peer educator manual called *Conhecer Para Prevenir* (To Know in Order to Prevent) was developed to help peer educators conduct individual sessions with their peers. These tools are used as job aids during activities and are designed to facilitate discussions and help outreach workers effectively communicate key messages to target groups.

PROACTIVO used workers from two groups to implement outreach activities; IPC agents from partner NGOs and peer educators from the target group.

Trainings were led by PSI in all five provinces for newly hired outreach workers and conducted over five days. Participants learned about the PROACTIVO behavior change methodology, received guidance on how to use communications materials, and learned the overall structure and purpose of the program. The training introduced the 'Stages of Change' methodology that is used to tailor messages according to the level of knowledge and disposition that the target audience has to a specific behavior. In this way, outreach workers could be flexible in the information provided to focus in on what is most likely to help a person adopt healthier behaviors. IPC agents and peer educators also had the opportunity to implement practical exercises in the field with the target group during the training observed by the trainer to get immediate feedback before begin unsupervised outreach activities on their own.

High risk outreach activities took place in bars, night clubs, motels, and sometimes on the street—basically wherever female sex workers and their clients could be found. Though specific sites had already been identified during the mapping phase, outreach workers needed to build relationships with the local community in order to begin activities. Creating a relationship of trust between outreach teams, target groups and the local community facilitates implementation of the intervention, decreases the exposure of workers to potential situations of difficulty or violence and improves outcomes.

Outreach activities were implemented through individual and group risk reduction communication, and also involved drama activities, condom promotion and distribution, and referrals or escorting to health care centers. Activists began sessions by assessing a person's knowledge level and then communicated messages targeted to the audience as each activist was trained to identify the stage of awareness of the person they are addressing. Depending on the focus of the session, they addressed such topics as; the importance of HIV testing and counseling, correct and consistent condom use, partner reduction, and STI screening and management. They also distributed pamphlets which addressed the topics covered and provided additional information so that female sex workers and their clients could read for further information.

Over the life of the project, a total of 109,453 people were reached and received a complete package of HIV prevention services (that included individual and small group sensitizations, information and communication activities through various channels, condom distribution, referrals to a clinical service, HIV counseling and testing referrals).

INNOVATIONS IN TARGETING – *Polishing Communications*

PROACTIVO attempted a new creative way to attract more female sex workers to listen to key messages. Nail polish parties gathered FSWs in comfortable and private spaces to discuss ways to improve their health and where to get access to the core package of services and to be introduced to local service providers. This was also a way to recognize the work done by FSW peer educators and mobilize other women to want to be trained and work in health promotion with their peers.

Biomedical Interventions

While it is important to emphasize correct and consistent condom use to high risk groups, the program also needed to ensure that these groups had easy access to condoms in hot zones where they gathered. Outreach workers were equipped with boxes of generic condoms to distribute during and after BCC sessions, and ensured that FSWs and their clients could locate the nearest clinic where they could get additional supplies. During the life of the project, a total of 2,627,357 generic condoms were distributed to key populations. While the number of condoms distributed in Year 1 was more than in subsequent years, this is due to improved targeting and clearer policies on distribution to key populations. The project received lube from ICASA in Cape Town in December 2013 and then from USAID late in Year 4 and began distributing this as well to key populations, though in limited quantities.

In 2013, PROACTIVO piloted distribution of generic female condom among sex workers in the provinces of Luanda, Huila and Huambo, with a total of 20,000 female generic condoms distributed during the project. While female condoms are available in Angola, it is a relatively unknown product among sex workers. For this reason, PSI organized trainings for FSW peer educators aimed at ensuring that they can effectively talk about female condom use in prevention of sexual transmission of HIV and other STIs, and provide complete education to sex workers: from the practical aspects of using female condoms to the fact that it can be a strategy to give women greater decision making power over condom use. In addition, PSI leveraged the efforts of the USAID-funded social marketing project to increase access to branded condoms for target groups by identifying outlets or locations where they can be commercialized in and around hotspots. With the list of mapped hotspots the team identified locations where socially marketed condoms could be sold.

Access to HIV testing and counseling services was an integral component of PROACTIVO's HIV prevention strategy. Providing the opportunity for FSWs and their clients to know their status combined with personalized counseling helped to motivate people to change their behaviors in order to prevent acquisition and transmission of HIV. As a result of HTC, key populations could also access treatment, prevention and care services as needed. PROACTIVO used a two-pronged approach to the HTC component of the project; referrals to public health clinics located in hot-zones, and community activities that included a mobile clinic. To ensure accessibility and uptake of services by the key populations, PROACTIVO enlisted public sector providers that offered a core package of services free of charge – including free distribution of generic condoms. The provision of mobile clinics for HTC and screening for other STIs in areas of high risk helped to overcome a barrier to accessing services and proved to be a successful strategy to getting key populations tested, particularly for the first time.

PROACTIVO worked with local health authorities to create the referral system and ensure productive relationships between key populations, communities, clinics and other service institutions. After conducting the mapping exercise to identify health service providers that offered appropriate services within the hot zones, the team began developing the system to track referrals. A paper-based card was developed to track the number of people that accessed public health care facilities, and health care workers were trained to record information and collect cards which were later picked up by PROACTIVO staff. To ensure confidentiality, a unique identifier code (UIC) was developed so that the individuals tested were not identified by their names. The referral network model was presented to local authorities to ensure their buy-in and cooperation with providing services to the target groups.

Structural Approaches

With the aim of improving social stigma and reducing vulnerability of sex workers, PROACTIVO implemented a series of structural interventions on two levels – among political decision makers and health service professionals as well as to key populations and community stakeholders – to promote a positive environment for target groups. Through the process of engagement, the project attempted to address the social constraints that prevent key populations from adopting healthy behaviors and accessing health services that reduce the risk of acquiring and transmitting HIV. PSI began its advocacy work at home, with a training on gender-based violence offered to its staff and all PROACTIVO

Linking People and Services



A combination HIV prevention program is only as strong as its ability to link key populations to the products and services they need. To do this, PROACTIVO developed a robust referral system using outreach workers as the nexus between FSWs and public sector health clinics to ensure that; (a) people are accessing HTC and STI services, (b) they know their results, and (c) they are referred to an onward service when necessary (e.g. care and treatment for HIV positive individuals). Standardized referral tools were designed with color codes for each key population and boxes were placed at each facility for collection. First, IPC was done by outreach workers to educate key populations about HTC and a referral card was given to participants. If a person decided to get tested, PROACTIVO staff would arrange a time and place to meet to accompany them to the clinic. Having trusted outreach workers escort key populations to clinics helped to remove a significant barrier to access and contributed considerably to increasing numbers of people tested. Once in the public health system, key populations could access the services they need. PROACTIVO staff would then collect the referral cards from the clinics to be entered into the M&E system.

By 2013, PROACTIVO was working with more than 50 health facilities across Angola as part of its referral system.

implementing partners. The training was facilitated using EngenderHealth materials and methodology to address violence either domestically or in establishments where female sex workers and clients are found.

PROACTIVO Referral Card

PROACTIVO Referral Card

Logos: USAID, PSI, and others.

Data: ____/____/____

AGENTE CIP

Activista Educ. de Par Outro Técnico de Saúde

TAMANHO DO GRUPO

Individual G. Pequeno G. Grande Feiras

LOCAL

Foco Parque de Estacionamento GAM Centro de Saúde/Hospital

Sexo do Utente

Masculino Feminino

SERVIÇOS

Consulta e Rastreo de ITS

Assinatura: _____

A PREENCHER PELO TÉCNICO DE SAÚDE

UNIDADE DE SAÚDE: _____

Data: ____/____/____

SERVIÇO PRESTADO

Consulta e Rastreo de ITS Tratamento Preventivo

Sexo do Utente

Masculino Feminino

Assinatura: _____

CARTÃO DE REFERÊNCIA

A key barrier to accessing services for FSWs and their clients is to ensure that health workers who provide these services do so in an open, non-judgmental, and safe environment. In partnership with the provincial health directorates, PSI conducted trainings for health care workers to familiarize them with HTC guidelines and procedures and raise awareness on interacting with high risk groups and their specific needs. During the training, health service providers were made aware of the proximity of high risk areas to their clinics and the importance of outreach approaches to key populations to link them to services. Through the project, more than 300 health professionals became more sensitive to the needs of this stigmatized population and were better able to engage with them and employ specific strategies to meet their particular needs.

At the policy level, parliamentarian members and other stakeholders were engaged through a roundtable to discuss the relationship between violence and HIV, and how this affects key populations, specifically female sex workers. PSI developed a journalist study tour that allowed journalists to visit PROACTIVO sites and write human interest stories about working with high risk groups as well as the government's HIV response and activities. Advocacy efforts were ongoing in the five provinces where the PROACTIVO implementing partners established regular meetings with local stakeholders and other HIV actors to improve the health services for target groups. In Huila, a radio show addressing the limited amount of health centers that offered HIV testing was aired with the objective of having the government provide resources to increase HIV services at other clinics. As a result, two new health facilities opened in the region and the campaign helped build awareness among health care workers. In addition to the article in the *Jornal de Angola* (the country's most popular newspaper), there were also two articles published online about the project on the website *Agência Angola Press*, including:



- “Programa PROACTIVO realiza 164 testes de VIH/SIDA.” September 21, 2012. http://www.portalangop.co.ao/angola/pt_pt/noticias/saude/2012/8/38/Programa-Proactivo-realiza-164-testes-Vih-Sida,56551344-a23a-4082-9573-e1317ca67779.html
- “Apresentado projecto PROACTIVO para prevenção do VIH no país.” January 14, 2013. http://www.portalangop.co.ao/angola/pt_pt/noticias/saude/2013/0/3/Apresentado-projecto-PROACTIVO-para-prevencao-VIH-pais,f66aocce-3127-45f8-b856-3f994a8299d1.html

At the local level, PROACTIVO took on the challenging issue of gender-based violence (GBV) at commercial sex establishments. Rapid assessment surveys conducted by SCARJOV gathered information from the community and FSWs on thoughts about relationships between men and women, and their attitudes toward violence and how it relates to HIV. PROACTIVO used this information to develop a program design for advocacy efforts targeted at local

“I have taken part in several PSI activities that talk about HIV/AIDS, condom use and even family planning. Some of these things I did not know, but I am now more careful.”

Nely, 35, FSW
LUANDA

communities. Workshops were then held with IPC agents and peer educators to raise awareness around domestic violence laws, equip them with tools on how to raise awareness among FSWs about their rights, and how to refer sex workers to services for victims of violence. The training used participatory methods and case studies to help clarify questions on how to respond to specific violence cases in the field. These outreach workers then carried out activities with FSWs to provide skills and knowledge about HIV, STIs, FP, gender-based violence and the importance of seeking treatment and protecting themselves. IPC agents also worked with sex workers, clients, and bar managers to introduce and enforce ‘zero tolerance’ policies towards violence and non-use of condoms at hotspots as well as discuss the hazards of alcohol abuse. SCARJOV was generally successful in advocating for the creation of these safe spaces by educating

managers and patrons at bars about speaking out on any violence that occurs on-site specifically targeted at FSW. However, due to the legal constraints of sex work, it was challenging to approach police and get them to agree to provide protection to FSWs who came forward with charges of violence.

What Worked?

- 1) **Peer education** – Peer education was essential in establishing trust with key populations. Though turnover of trained FSWs was an issue, particularly in the first two years, FSWs were receptive to messages and advice from their colleagues and thus more likely to adopt healthier behaviors.
- 2) **Mobile clinics for HTC** – Though mapping of public health facilities helped to link key populations to essential services, having HIV testing and counseling available on-site at the activity through mobile clinics significantly decreased a barrier to accessing the service.
- 3) **Zero tolerance zones** – For the first time, PROACTIVO attempted to address gender-based violence in hotspots with clients and

Challenges?

- 1) **Tracking people who tested positive** – PROACTIVO was able to successfully link key populations to the services they need, however it was difficult to then take the next step after HTC. To maintain confidentiality, PSI would not know which people tested positive, and thus there was significant loss to follow-up without knowing someone’s status.
- 2) **Scarcity of lubricants** – PSI received generic condoms from the INLS, and in the fourth year of the project received lubricants donated by USAID. These were deemed to be a priority for the MSM program and thus there were low quantities for FSWs.
- 3) **Income-generating activities** – In general, there was very low demand for the income-

bar managers. While not everyone was receptive to these messages, outreach workers successfully convinced 22 establishments in Luanda to adopt zero tolerance policies to violence.

generating activities targeted at FSW that were introduced by PROACTIVO. While FSWs reported that they were interested, uptake of actual opportunities was consistently lower than expected. Many women were not receptive to spending long hours away from their job and transportation was often a barrier raised.

MEN WHO HAVE SEX WITH MEN (MSM) & TRANSGENDER

Despite the necessity for HIV prevention programs for men who have sex with men and transgender, at the outset of the PROACTIVO project there were no interventions in the country that specifically addressed the needs and experiences of this key population. Lesbian, gay, bisexual, transgender, intersex (LGBTI) are still a highly stigmatized group in the Angolan context – marginalized both politically and socially – and face legal restrictions that make it difficult to live openly. PROACTIVO activities targeting MSM were significantly delayed during the early part of the project due to the substantial advocacy efforts needed to convince the GRA that this was a group that needed to be recognized and supported. PROACTIVO aimed to start working with MSM during an election in 2012 and was met with resistance from the government. A coalition of HIV actors comprised by USAID, CDC, UNAIDS, and PSI led high-level advocacy meetings with the INLS and the Ministry of Health to emphasize the importance of MSM in HIV prevention. Through repeated meetings and discussions and a consistent review of the evidence available, the group was able to overcome this challenge and convince policy makers of the importance of engaging this key population. Following specific advocacy efforts, small scale interventions targeting the group was permitted towards the third year of the project.

However, this was only the first step. Once the program received approval from the INLS for the MSM activities, PROACTIVO turned to the main objectives for the MSM HIV prevention program; to engage MSM with outreach activities to help them adopt healthy behaviors, to ensure access to biomedical interventions such as condoms and HCT, and, through continued advocacy, create an environment of regulations, policies, and community-level support that allows for the implementation of activities targeted at this key population.

Target Behaviors

Indicator	Target	Achieved
Number of MSM reached with individual and/or group level interventions	500	1,488
Number of MSM who received an HIV test in the past 12 months and who know their HIV status	TBD*	402
Number of free male condoms distributed	TBD*	75,156
Number of peer educators that successfully complete pre-service training program	TBD*	19
Number of service providers actively providing services in referral network	TBD*	1
Number of health care providers trained to provide MSM-friendly services	TBD*	53

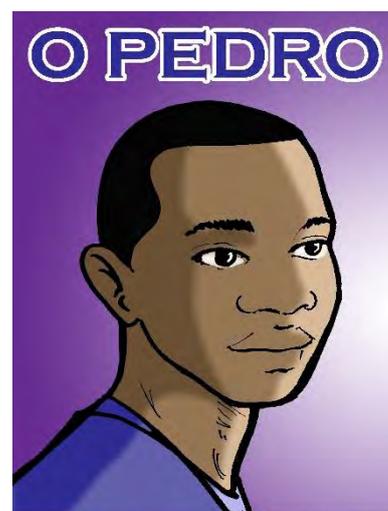
*Due to the significant constraints of working with these marginalized communities, no targets were established at the beginning of the project.

Behavior Change Communication

Due to the environment of prejudice against the LGBTI community in Angola, there are a scarcity of public places for socialization of this community. As a result, these groups are highly invisible and the team had to use other approaches to contact and identify the target group. As a starting point, PSI piggybacked off of the CDC study on MSM behavior in Luanda by approaching the members of the LGBTI community who helped to facilitate the data collection. With the help of these men, PSI managed to organize an initial meeting with members of the key population in order to begin to better understand and to develop activities that reach MSM in safe and non-judgmental setting. This meeting served as the first focus group discussion with men who have sex with men to gather information on their concerns and how they regard HIV and STIs risk vis-à-vis their sexual behavior.

Initially, activities were largely designed around one site, Elinga Bar, where many members of the MSM and transgender community could be found on the weekends. PSI recruited and trained 10 young men to serve as peer educators and reach MSM with HIV prevention messages and to distribute condoms during weekly meetings. Using their social networks, these men are able to invite other MSM to these activities and share HIV prevention messages and social support. Meetings were held on Saturday afternoons and involved small group discussions around a specific theme; correct and consistent use of condoms, social stigma, the importance of HIV testing, among others. PSI also had technical experts from other organizations such as the private sector company Odebrecht and the NGO Search for Common Ground lead discussions on various topics and also lent credibility to the activities and to the peer educators trained by PSI.

Using the information gathered during the focus groups and weekly meetings, PSI designed a communication campaign called *Feliz e Saudável* ("Happy and Healthy") for outreach activities to address barriers and issues surrounding healthy behaviors for MSM in Angola. Peer educators began visiting bars and clubs that they knew to be hotspots in Luanda, and took the opportunity to hold one-on-one discussions with people from the target group. The rate at which peer educators were reaching new MSM was initially slow at only two to three per week. Many MSM are not open about their sexuality and do not want to be seen in public with other MSM or gay men, and are afraid that their sexual preference might be discovered or disclosed. To address this challenge, PSI decided to change the strategy by holding outreach activities at houses of peer educators to create an environment of trust and better ensure privacy and confidentiality. As the number of people reached grew, MSM from the community became volunteers for the project which helped expand the work and get more buy-in from the target group. As the group of peer educators gained confidence in their knowledge and abilities, *PROACTIVO*'s MSM activities began to come out and into the public sphere. The *Feliz e Saudável* team organized daytime activities in open areas around Luanda coordinated with the public sector health center *Centro de Apoio dos Jovens* (CAJ) to provide HTC services. The identification of the target population was done discreetly and without discrimination through individual conversations with pedestrians passing by who would then be given specific information and communications materials and invited to join the next meeting if interested.



While the project began by focusing exclusively on MSM, as *PROACTIVO* became more familiar with and integrated into the LGBTI community it expanded its vision and redefined the target group to be more inclusive of lesbians and transgender. One of the PSI peer educators was transgender and helped bridge the communication with this group. Also, during our weekly meetings at Elinga, topics were broader and included different sexual minorities. One of the main successes during the last year of the project was expanding the LGBTI outreach activities to Benguela. The

Feliz e Saudável team traveled to Benguela and Lobito to do a small study on the MSM population and identify hotspots to take the same approach to implementation as was done in Luanda. A small group of peer educators were identified and began holding meetings and implementing outreach activities in the province.

Biomedical Interventions

Similar to the interventions for FSWs and their clients, condom distribution to the MSM and transgender communities was an essential part of the *PROACTIVO* project. Condoms were readily available at the meetings in Elinga, and peer educators had a consistent supply of condoms to hand out during outreach activities. PSI also received different donations of condoms and lubricants from COC Nederland, a Dutch organization for LGBT men and women that operates regional programs in Sub-Saharan Africa.

The *Feliz e Saudável* program developed a close working relationship with the public health clinic *Centro de Apoio do Jovens* (CAJ) to complement their behavior change communication with HIV testing and counseling through their mobile clinics during outreach activities (as described above). These outreach activities were held in different areas of Luanda, normally at a market during the day or bar at night where they were sure to find a large group of people to target and likely to find the key population. Activities simultaneously reached the general population as well as MSM and transgender people, and HTC was provided to all through the CAJ mobile clinic.

Structural Approaches

One of *PROACTIVO*'s biggest challenges initially became one of its greatest successes by the project's end – advocacy for the LGBTI community. The first hurdle was to ensure that PSI's own staff understood and supported the objectives of the program, and all employees were sensitized and trained to work with the target groups in a respectful and non-discriminatory way. While this was an important step, it has been crucial to reinforce awareness of the needs of this target group to all employees of organizations involved in the project. As outlined above, there were then significant advocacy efforts to obtain buy-in from the INLS and the Ministry of Health before project activities could be started. This meant there was little progress against the initial plan during the first two years. However, in late 2012 there was a breakthrough and *PROACTIVO* received official support from National HIV Director, Dra. Ducelina Serrano to engage with MSM under the combination HIV prevention program. This was a historic moment as it was the first time that any organization or institution had received approval from the government to address the LGBTI community.



Soon after, PSI and UNAIDS held a joint meeting with 16 men from the MSM community, and had as the key guest speaker Mr. Danilo da Silva the Executive Director of Lambda, an association in Mozambique created to fight for the rights of sexual minorities. The objective of the meeting was to understand barriers and issues surrounding gay men and other MSM in Angola on equitable access to effective HIV prevention products and services, to share experiences and lessons learned from Mozambique and to develop implementation strategies for MSM in Angola. This meeting was also a forum to explore the interest and drive to have an organized LGBTI community that would advocate for services and rights.

As a result of this nascent movement, a new grassroots LGBTI organization was founded in Angola. *Associação IRIS* (IRIS Association) is a product of the work done by advocates and peer educators and supported by PSI. A one-day workshop was held at the PSI offices to help this group of interested individuals

understand the importance of and challenges to organizing an association and aid them in its development. The new organization has taken over responsibility for the outreach activities as well as efforts to improve access to and quality of health and education services, with the objective of protecting, promoting, and safeguarding the rights of the LGBTI community throughout the country, although their main reach has been in Luanda .

PROACTIVO then began organizing a series of advocacy efforts and trainings aimed at increasing support for MSM HIV prevention within the MSM community, engaging policy makers and stakeholders to continue pushing for MSM rights, and linking the Angolan LGBTI community with regional groups and efforts in southern Africa. These efforts included the following activities:

MSM Advocacy and Training Activities

Influencing Policy

- As the PROACTIVO leader on advocacy, SCARJOV focused its efforts on policymakers with the aim of achieving the following objectives; (a) MSM must be included in national surveillance, epidemiological and behavioral studies, (b) HIV-related public services should be openly available to MSM, (c) repealing policies and laws that criminalize homosexuality and contribute to stigma and violence towards and HIV transmission among MSM, (d) ensuring there are safe spaces where MSM can easily access correct information on HIV and AIDS.

Looking In Looking Out

- PSI and Positive Vibes, an LGBTI advocacy organization out of Namibia, coordinated a two-day training for members of the LGBTI community on sexual orientation and gender identity – *Looking In Looking Out*. Participants were chosen based on their active participation in MSM activities as well as membership in the IRIS Association. The training was facilitated by Anita Simon and Barbara Monteiro, and was primarily about self-awareness and acceptance, including; sexual orientation, gender identity, the importance of language and positive self-image.

Health4Men

- PSI and Anova Institute, in collaboration with the INLS and Ministry of Health through the *Feliz e Saudável* program, organized a Health4Men training for healthcare workers on MSM. This training took place at the National Public Health Institute and was facilitated by Dr. Johan Hugo. There were 46 doctors and nurses trained, from 23 different clinics and hospitals in Luanda. Topics covered in this training included: the importance of working with key populations in general and MSM specifically, sexuality and sexual identity, the role of the healthcare provider, sex positive approach to sexual health, MSM and HIV, MSM and STI, risk reduction, as well as MSM and mental health.

Learning Circles / Building Bridges

- PROACTIVO team members and a representative from CAJ participated in a two part workshop in Pretoria organized by the COC Nederland, a Dutch NGO focused on LGBTI Rights. The first part was a Learning Circles Workshop: A way of improving practices in health service provision to LGBTI by LGBTI community organizations. The second part was the Building Bridges Round Table: A way of improving practices in health service provision to LGBTI by linking LGBTI organizations and health professionals. Participants discussed peer education and outreach, psychosocial support, and strengthening the relationship between LGBTI organizations and public health institutions.

Close the Gap - Leave No One Behind

- The MSM project assistant, along with one of the FSW peer educators, participated in a regional conference in South Africa for key populations, Close the Gap - Leave No One Behind, where sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs engaged with each other to discuss ways to improve access to HIV services, sharing their experiences, best practices, challenges and successes.

African Commission on Human and People's Rights

- MSM peer educators represented PSI at the NGO Forum of the African Commission on Human and People's Rights in Luanda at the Belas Convention Centre with the objectives of improving visibility of the MSM community in Angola, networking with regional LGBTI organizations, as well as exposure of MSM peer educators to these type of activities.

While these advocacy efforts are still ongoing, they have been successful at influencing the conversation around LGBTI in Angola. Specifically, for the first time the health needs of MSM and LGBTI community are now included in

“Nos Vemos no Elinga”

(Let's Meet at Elinga)

Every Saturday afternoon *PROACTIVO* hosted meetings with the LGBTI community at one of the most frequented MSM hot zones, Elinga Teatro. These activities include lectures with guest speakers, films, theatre, team building exercises and group discussions. Peer Educators deliver relevant information and distribute educational materials, condoms, referral cards for HIV and STI testing services. This safe and non-judgmental space allows participants to discuss topics regarding HIV/STIs, correct condom use, risks of alcohol and drug use, risks of multiple sexual partners, sex with strangers, and gay pride. PSI held two community wide MSM events: an LGBTI fashion show celebrating diversity within the MSM community and a beach volleyball event discussing gay pride, self-esteem and health.

the political agenda for health of the GRA.

What Worked?

- 1) **Peer education** – Even more than with the FSW program, peer educators were critical to project success. Due to the extreme stigma and thus almost invisible MSM population, *PROACTIVO* would not have been able to find the target group or identify hotspots without their understanding, knowledge, openness and hard work.
- 2) **Strong public partnership** – Establishing a partnership with the public sector clinic CAJ made it possible to provide appropriate, confidential and non-judgmental HTC services to MSM and transgender. CAJ staff were empathetic to key populations and created a safe trusting environment.
- 3) **IRIS Association** – For the first time in Angola there is an organization advocating for the rights of LGBTI. This is a huge step forward for this community. IRIS has done an excellent job taking over the lead on outreach activities and advocacy, and *PROACTIVO* is extremely optimistic about the future of this organization.

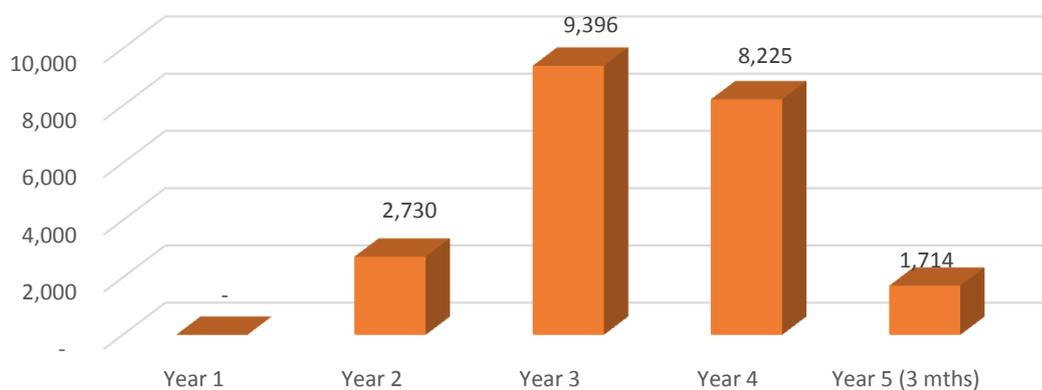
Challenges?

- 1) **Political will** – Political backing is absolutely essential for a successful LGBTI program. *PROACTIVO* faced some challenging days advocating for MSM and transgender programming in Angola with the GRA. Patience, perseverance, relationships and determination made it possible, but the start of activities was significantly delayed.
- 2) **Stigma** – While there have been improvements in the Angolan context for the LGBTI community, this is still a highly marginalized group. People are concerned about the repercussions of being 'discovered' by family and friends and thus wary about participating in activities or events organized by LGBTI groups. This makes it difficult to reach large numbers of LGBTI with key messages on healthy behaviors.
- 3) **Access to Lubricants**
PROACTIVO did not have any lubricants to distribute during the first two years of the project, and after this only limited quantities. An HIV combination prevention program should have more lubricant available to distribute to key populations.

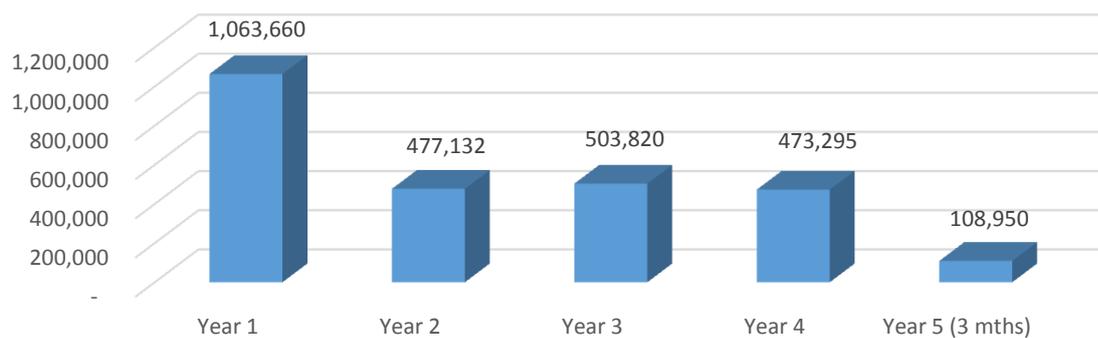
KEY PROGRAM ACHIEVEMENTS

- **110,941** people from key populations reached through outreach activities
- **22,065** people from key populations accessed HIV testing and counseling services
- **2,627,357** generic condoms distributed to key populations
- **311** IPC agents and **201** peer educators trained to implement outreach activities

Number of People Accessing HTC Services



Number of Condoms Distributed



Number of people reached with outreach activities



PROACTIVO – TARGET AUDIENCE PROFILES

Female Sex Workers

Joana comes from a poor family and dreams of having a good job, getting married, and having children. She only has a 10th grade education and finds herself pressured to contribute to the family income. A friend told her about a place on the other side of town where girls spend time with men who are willing to pay for sex. While it is difficult work, Joana is there every day. Her family doesn't know the type of work she does and think she's either at her boyfriend's house or working at a restaurant. Joana considers her health to be her most prized possession and attempts to use a condom every time she has sex, but there are times when this is not possible. Some clients get angry and beat or threaten her if she insists. On occasions where she did not wear a condom and her peers found out, they scolded her. To ensure that she does not have unprotected sex, Joana avoids drinking too much at the beginning of the night. With her clients, Joana does not accept anything except money and makes this clear to her clients. Sometimes, however there are moments when she needs extra money (weddings, other events) and she has sex without a condom because men will pay more. She met her boyfriend through her work and she hopes to marry him. With him she only uses a condom during times she thinks she can get pregnant, and she just ignores her friends who tell her he has other girlfriends. Joana has been tested for HIV once at a public hospital but fears seeing someone she knows there and a positive test results. Joana does not like what she does, but does not see any other alternative right now.



Truckers

Lufa Lufa is 33 years old and is a long distance truck driver. He lives with his wife and six kids in the outskirts of Luanda. He stays an average of one week at each truck stop to load his goods. During these long waits, Lufa Lufa spends his time talking with his fellow truckers, reading the newspaper, listening to the radio, or sleeping in his truck. Many of his fellow truckers have other families (wife and kids) or relatives in the cities where they stop so he is often lonely. Lufa Lufa has sexual established relationships with women he has met on his routes. Sometimes he takes them with him. If not, he often picks up women along the way. Lufa Lufa never pays for sex with the women he considers to be his girlfriend. With other women he does not know, he either pays for sex or sometimes offers rides in exchange for sex. He usually has a few beers or smokes marijuana as he feels this makes the trip more bearable and helps him stay awake at night and he thinks he is a better driver when he is under the influence of either alcohol or drugs. Lufa Lufa gets his condoms either through IPC agents or from his friends. He finds it hard to procure condoms along the transport routes and has no patience to look for them. If he has one available, he often uses it; if not, he has unprotected sex. He prefers sex without condoms. While he believes that HIV exists and that condoms can help prevent HIV, he prefers unprotected sex. He and his friends feel that whether they can really prevent HIV is beyond their control because condoms break and there are many women 'seducing' them and it's hard to say no. When he does use a condom he prefers the white one or the socially marketed LEGAL, because he believes they are very resistant to breaking.



Men Who Have Sex With Men (MSM)

Pedro is 23 years old and lives with his mother and three sisters in an apartment, and is studying at the university. He knows he is homosexual, and shared his first intimacies with a neighborhood boy when he was 13. After this he had a girlfriend, but always felt more attracted to men. Pedro started meeting other MSM 3 years ago and began going to parties and events organized by a gay group. He is frequently involved with older married men from whom he receives gifts in exchange for a sexual relationship. He mostly finds these men on the internet or through other friends who have been with them. Pedro normally maintains a relationship with an older man as well as with a man of his age. At parties and discotecas he often has sex with strangers, and many times with more than one during an evening. On these occasions, he often consumes a lot of alcohol and sometimes drugs, and does not use condoms consistently. Despite being closely connected to the gay community, at home he does not talk about his sexual identity and feels embarrassed to tell his mother that he has sex with men. Pedro has the sensation of living a double life, and feels relieved when hanging out with other MSM that he can just be himself and not be judged. Pedro believes that being gay is not correct and that it leads to a solitary life, and if he could stop having sex with men he would.





Capacity Building & Sustainability

CAPACITY BUILDING AND SUSTAINABILITY

In order to fulfill the project's objectives, *PROACTIVO* ensured that building institutional capacity was a consistent and continuous process for Angolan partner organizations (APOs). *PROACTIVO* worked to empower and strengthen local institutions to take control of their own growth and sustainability for lasting change. Capacity building strengthened the knowledge, behavior and skills of individual staff members, and improved organizational systems and processes, enabling partner NGOs to efficiently meet their goals in a sustainable way. Under *PROACTIVO*, institutional capacity building was led by PSI/Angola.

The *PROACTIVO* approach to capacity building began by jointly establishing the need for capacity building support with APOs through:

- Assessments to establish each organization's capacity building gaps;
- Validation of proposed interventions based on the assessment of outcomes;
- Design and implementation of capacity building support to partners through training, supervision, and mentoring.

Capacity building efforts implemented by PSI were focused on two essential areas for *PROACTIVO* partner organizations; institutional and programmatic.

Capacity Building:

The objective of *PROACTIVO*'s capacity building efforts is to cultivate the management and technical capacity of Angolan organizations to manage and implement programs in the future through a transfer of technical and administrative skills.

INSTITUTIONAL CAPACITY BUILDING

At the project's onset, the *PROACTIVO* team implemented an institutional and technical capacity assessment with each of the APOs. The assessment tools evaluated the baseline organizational capacity of potential partners and helped identify and manage risk before funds were awarded. From the results, gaps were identified and PSI worked with each organization to develop a detailed capacity building plan specifying steps to solve their capacity and performance issues. and to gain knowledge and experience not only from *PROACTIVO* trainings and meetings, but also from one another.

Elements of a Capacity Building Assessment

- 1) Governance and leadership
- 2) Vision, mission and strategy
- 3) Resource development
- 4) Internal operations
- 5) Financial operations
- 6) Program delivery
- 7) Technical capacity

In addition to the work plans, PSI designed a management capacity building training to help and guide NGOs strengthen their management capabilities, increase their capacity and sustainability and manage donor funding in a manner consistent with donor rules and regulations. In order to conduct the trainings, a Local Partner Capacity Building Guide and Training Facilitator Manual were developed. The aim of these manuals and the training was to build the capacity of the programmatic, administrative, financial and

human resources areas of the NGO. The training follows PSI's own performance improvement planning (PIP) process; a problem-solving approach that focuses on critical, 'must do' performance issues and on effectively identifying and solving difficult, complex constraints that may be preventing achievement of short-term goals. Training sessions were tailored to APOs needs as identified during the capacity building assessments. Subjects varied from financial management to monitoring and evaluation to how to develop an HIV/AIDS workplace policy.

After the initial trainings, PSI helped APOs put capacity building plans into action using a number of approaches, including: refresher training sessions, mentoring, one-to-one coaching and site visits. PSI provided regular support to APOs through monthly and bi-monthly site visits to verify progress against capacity building plans and work-plans. The site visits provided a unique opportunity to view APO activities in the field, offer on-the-spot advice and identify successes and challenges to be addressed in future training sessions or one-to-one coaching. APO staff members were coached on subjects including quality staff management, recruitment, compliance with donor rules and regulations and how to use the tools provided as part of the *PROACTIVO* project. These visits were also an opportunity for *PROACTIVO* staff to provide tailored financial and administrative support to APO management and finance teams.

In addition to these approaches, PSI led annual partner review meetings with APO leaders and management staff. These meetings proved to be a valuable opportunity for APOs to share progress of their projects, successes and challenges of their everyday work. Taking the time on an annual basis to take stock of the project allowed all parties to learn how to improve their collaboration and to make the *PROACTIVO* project a success.

PROGRAMMATIC CAPACITY BUILDING

In order to meet the *PROACTIVO* project's vision of empowering local partners to develop, manage and sustain innovative, integrated and local health communications programs, a key component of the *PROACTIVO* project was to build the capacity of partners in implementing advocacy and communications activities.

"Though it can be difficult at times when things change each year, the new methods we learned from *PROACTIVO* have improved our work."

Bernardo Kionga,
Operations Director,
ASCAM

From the launch of the project in 2010, PSI/Angola led the implementation of advocacy capacity building for both Angola partner organization (APO) staff and community partners. Activities included: training APO staff, supervision and mentoring of APO field managers and field officers, developing tools and materials with and for APOs, organizing monthly APO technical meetings and exchange visits for APOs and community partners.

In 2012, *PROACTIVO* organized a targeted four-day session for APOs on advocacy to better understand related strategies, challenges and activities. The outcome was for each APO to design a measurable advocacy plan that contributed to overall project objectives. These plans included efforts to target HIV policies in the transport sector, service provision improvements in HCT, provision of FP and testing and treatment of STIs.

A further step to build the capacity of local partners was to provide training in behavior change communication strategies, approaches and techniques. To ensure sustainability, the PSI team conducted training of trainers for key APO personnel – namely *PROACTIVO* project managers and field officers. Once trained, these new trainers went out into the communities and trained community partners in the techniques and approaches learned. General training was tailored to the needs of the APOs based on a capacity needs assessment conducted each year.

The *PROACTIVO* team met with APO field managers and field officers on a quarterly basis to provide individual mentoring to improve their ability to deliver BCC messages. Supervision, a natural follow-on from mentorship, enabled *PROACTIVO* to track the progress of APO staff in the field and to provide immediate feedback and guidance on how to effectively implement BCC activities. Training of community partners included: community health workers, peer educators, community members, hair salon employees and cooperative members.



Monitoring & Evaluation

MONITORING AND EVALUATION

Monitoring and evaluation of *PROACTIVO* activities was done at several intersections of program implementation. PSI created a management information system to help collect information about the products and services being offered by the program and the number of people from key populations the project is able to reach.

PROACTIVO used the *Sistema Integrado de Gestão de Relatórios* (Integrated Report Management System) to aggregate and visualize field level data for the project. This tool collects the most basic field level data regarding commodities distributed, interpersonal communications, and supervisory monitoring of these activities and then allows for the creation of general oversight reports on this data. It is possible to identify the number of activities implemented by an IPC agent, as well as the number of condoms distributed on a monthly basis. The data collection system ensures high quality data from each contact is gathered correctly. PSI worked hard to make the process simple to allow for easy data entry, reliable data quality and a decreased burden of data entry requirements by partners.

During implementation of individual and small group sessions, IPC agents used activity sheets to record the number of people reached, condoms distributed, as well as the services provided during the sessions, including referrals to a health care facility or behavior change communication. IPC agents were supervised weekly and given feedback on performance. Data triangulation was done through supervisor interviews conducted with individuals of the target groups to ensure that activities were implemented and key messages were well received and understood. As part of the referral system, referral cards were distributed to individuals reached during individual or small group sessions. At the end of each month, supervisors collected the referral cards at each health care facility and recorded and verified the numbers of cards redeemed with the reports provided by IPC agents.

PSI also invested significant time in building a comprehensive subaward management system with the objective of continuous collection, analysis and use of information. PSI's subaward monitoring had three key components; technical oversight, financial oversight and compliance oversight. The system allowed PSI to ensure that subawardees are on track to achieve program objectives and are spending money in compliance with the subaward terms, conditions and funder regulations. PSI trained each partner organization on how to transfer project information to standardized forms that are submitted to PSI on a monthly basis and then engaged with APOs on a regular basis and used these occasions to ensure program monitoring systems were being used and progress was being made against objectives. This was achieved through ongoing exchanges, monthly reports, regular meeting and on-site visits. Each subawardee submitted a frequency plan that outlined the monthly target for communication activities and referrals made per IPC agent. PSI then evaluated each organization's progress against pre-set targets. Each province and partner presented a different set of challenges in their data collection and reporting and PSI adapted its strategies and tailored responses to the different environments and requests as required.

Technical oversight	Financial Oversight	Compliance Oversight
Implementation methodology	Adherence to costs principles	Subaward terms and conditions
Results achieved	Financial reports	Prior approvals
Deliverables	Cash reconciliation and disbursements	Time record
Quality of data	Crosscheck of programmatic results and expenditures incurred	



Research

PSI RESEARCH AND THE PROACTIVO PROJECT

All successful behavior change interventions begin with research. Research conducted under *PROACTIVO* gave program staff the information they needed to make evidence-based decisions. Research was conducted throughout *PROACTIVO*'s activities and campaigns: at the launch of a project in order to establish a baseline and collect insights about the target population, during the project to assess program reach and to update behavioral determinants and campaign focus, and at the end of a project to evaluate effectiveness and impact of the intervention and draw conclusions to inform future programming.

RESEARCH METHODOLOGIES

PSI/Angola used the following research methods for the research conducted under the *PROACTIVO* project.

A. Population Estimation Survey

This survey uses a capture and recapture methodology to estimate the size of a specific population. During the first measurement (capture), all sites where the target population is active are visited to count people who meet the inclusion criteria and give them a memorable object. During the second measurement (recapture), all sites are revisited and again people are counted who fit the inclusion criteria and those that received an object during the first measurement are identified. Based on this, the total population can be estimated.

B. Tracking Results Continuously (TRaC) survey

TRaC surveys are quantitative studies used to identify the determinants of the target group's behavior, and when repeated over time, measure the effect of project interventions on changes in behavior. TRaC surveys provide information on the drivers of behavior among target populations, demonstrate the effectiveness of an intervention, and enable PSI to evaluate the effects of program exposure on changes in behavior.

C. Mapping Survey

The mapping survey is a monitoring tool used to identify areas likely to have a higher incidence of infection. Within these areas, PSI identifies specific venues where AIDS prevention programs should be focused in order to reach those most at risk of acquiring and transmitting HIV. The results also provide indicators that monitor HIV/AIDS prevention program coverage, identify gaps in prevention programs, and provide relevant geographic information for understanding the local epidemic.

RESEARCH STUDIES CONDUCTED UNDER PROACTIVO

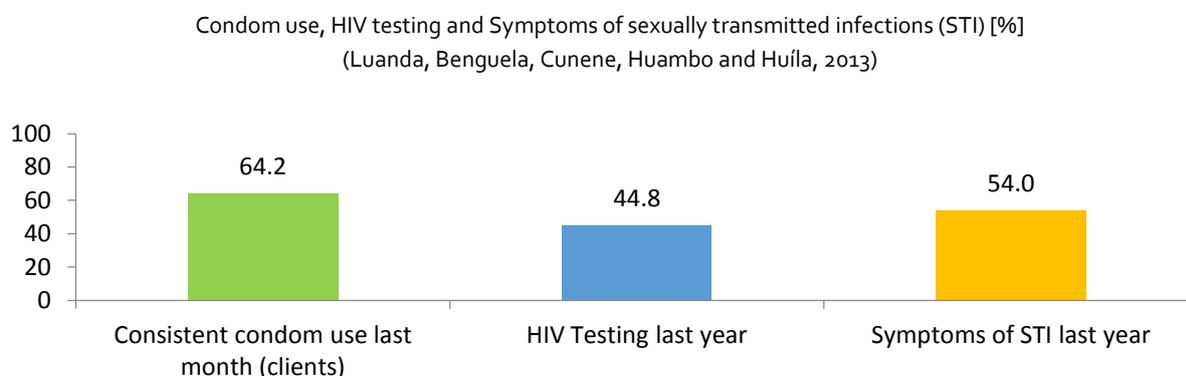
In order to inform the evidence base for high impact social marketing in Angola, a number of studies were commissioned under the *PROACTIVO* project. The following includes a list of studies that were fully or partially funded by *PROACTIVO*:

TRaC Behavioral Survey on HIV with Female Sex Workers in Five Provinces – 2013

Citation: PSI Pesquisa e Métrica, "Angola (2013): Estudo (TRaC) de Comportamento sobre VIH para Trabalhadoras Sexuais Feminina em 5 Províncias: Luanda, Benguela, Cunene, Huila e Huambo." <<http://www.psi.org/resources/publications>>.

From August to November 2013, PSI/Angola conducted a study with 1,279 female sex workers (FSW). The main objectives of the study were to: (a) measure the level of condom use and HIV testing as well as exposure to PSI prevention programs; (b) identify variables associated with condom use that may inform program activities; and (c)

evaluate the effectiveness of the *PROACTIVO* project on influencing behaviors to prevent HIV with FSWs. The study results showed that in general many FSWs still demonstrate risky behaviors. 35.8% of FSWs reported that they did not use condoms consistently with all clients during the last month. It is likely that inconsistent condom use that is partially to blame for the more than half of FSWs (54%) that showed symptoms of STIs during the last year. Finally, only 44.8% of study participants reported having had an HIV test during the last year, meaning more than half of FSWs do not know their status.



Of the total number of participants in the study, 16.1% had been exposed to a *PROACTIVO* interpersonal communication activity (i.e. lecture, video, theater or conversation with activists), while 66.6% had seen ads from PSI promoting the use of condoms. A statistical analysis shows that exposure to IPC is associated with a higher probability of: (a) using a condom during last anal sex, (b) using lubricant during last month, and (c) having an HIV test during the last year.

Association between exposure to prevention program and condom use, lubricants and HIV testing.
(Luanda, Benguela, Cunene, Huambo and Huíla, 2013)

	Condom use during last vaginal sex		Condom use during last anal sex		Lubricant use during last month		HIV test during last 12 months	
	sig	OR	sig	OR	sig	OR	Sig	OR
IPC	Ns	1.3	*	2.0	***	2.3	***	2.0

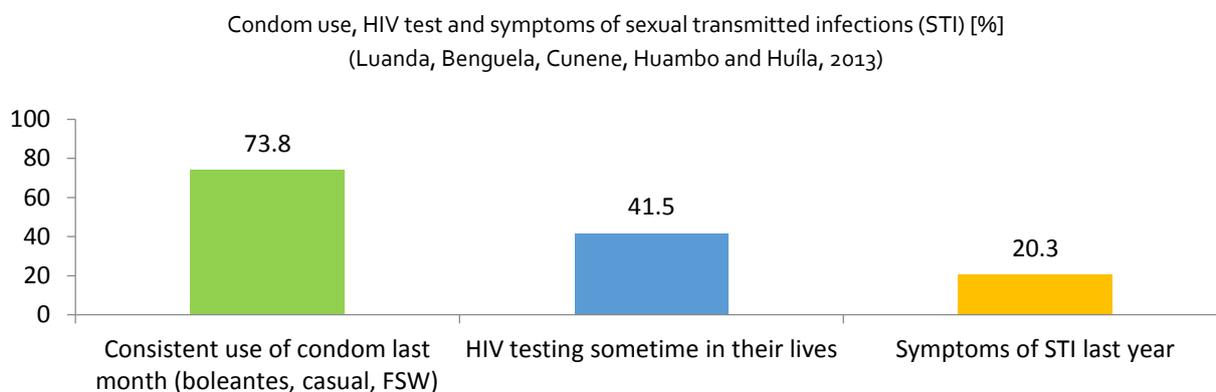
Those results suggest a positive association between exposure to *PROACTIVO* program interventions and the adoption of healthier behaviors. Nevertheless, there are a number of observed risky behaviors that still need to be addressed, including; consistent use of condom during last sex (both anal and vaginal) and HIV testing during the last year.

TRaC Behavioral Survey on HIV with Truckers and Assistants in Five Provinces – 2013.

Citation: PSI Pesquisa e Métrica, "Angola (2013): Estudo (TRaC) de Comportamento sobre o VIH para Camionistas e Ajudantes em 5 Províncias: Luanda, Benguela, Cunene, Huíla e Huambo." <<http://www.psi.org/resources/publications>>.

From August to November 2013, PSI/Angola conducted a study with 1,645 truckers and their assistants. The main objectives of the study were to: (a) measure the level of condom use and HIV testing as well as exposure to PSI prevention programs; (b) identify variables associated with condom use that may inform program activities; and (c) evaluate the effectiveness of the *PROACTIVO* project on influencing behaviors to prevent HIV transmission among truckers. The results of the study show that many truckers and assistants still practice risky sexual behaviors.

26.2% of truckers reported that they did not use condoms consistently with women they offered “a lift to” or with FSWs during the last month. Even though one in five participants reported symptoms of STIs during the last year, less than half of study participants had done an HIV test sometime in their lives, and almost none (1.5%) had been tested during the last year.



Of the total number of participants in the study, 10.0% had been exposed to a *PROACTIVO* interpersonal communication activity (i.e. lecture, video, theater or conversation with activists), while 35.1% had seen ads from PSI promoting the use of condoms. A statistical analysis shows that exposure to IPC is associated with a higher probability of condom use during last intercourse with their girlfriend, women they gave a lift to, and female sex workers.

Association between exposure to prevention program and condom use last time they had intercourse with different partners:
(Luanda, Benguela, Cunene, Huambo and Huíla, 2013)

	Girlfriend		Women given ‘a lift’		Casual partners		Female sex workers	
	sig	OR	sig	OR	sig	OR	Sig	OR
IPC	*	1.7	**	3.5	Ns	1.1	*	2.7

In order to increase the level of consistent condom use and HIV testing, it is important to continue to disseminate key messages about HIV to truckers and their assistants. Among the information that could be used to change behavior, this includes: improve the level of knowledge about HIV particularly to reduce myths, and increase the personal risk perception and perceived severity of HIV among the target group.

Qualitative Study on Access to Female Condoms among Female Sex Workers in Luanda – 2013

The objective of the study was to assess female condom (FC) acceptability among FSW in Luanda. Four focus groups were conducted with a total of 20 FSW over 18-years old, to explore their knowledge and perceptions about FCs. The FSW were chosen purposively if they self-identified as sex workers and worked in 3 randomly selected establishments in Luanda. After the focus groups, participants watched two videos about how to use FCs and how to encourage their partners to use them. Three FCs were provided to each participant and FSW were invited to use them during the following week, after which their experience was captured through an individual interview. Individual interviews were conducted with 15 participants.

Sixteen of the 20 participants selected had previously heard of FCs before the focus group discussion but only two had used them. Most participants believed that the “ring” of the condom could remain in the vagina. After

receiving training and practicing with the FC, 14 of the 15 FSW who provided individual interviews liked the experience of using FCs. Thirteen FSW believed FCs to be more protective than male condoms and offer more protection against HIV. Among inconveniences, one FSW had to stop intercourse to re-insert the FCs and another mentioned discomfort due to the size of the ring. Overall, FSW found it easy to convince clients to use FC although some clients were initially hesitant. Access was the main barrier to use due to a lack of information of where to buy.

The study allowed an increase in sex workers self-efficacy and acceptability of female condoms. Based on the results, it is clear that the female condom could be a useful alternative method for female sex workers when men refuse to use the male condom. The program used this information to design peer-led activities aimed at increasing the number of female sex workers that accept and use female condoms.

Estimation of the population of female sex workers in Luanda – 2014

Citation: PSI Pesquisa e Métrica, "Angola (2014): Estimativa do Tamanho da População de Trabalhadoras de Sexo em Luanda." <<http://www.psi.org/resources/publications>>.

See text box below titled: 'Research Highlights'.

Sharing Information

Research conducted as part of the *PROACTIVO* project has been disseminated to key stakeholders including NGO and community based organization partners, donors and government officials. The majority of reports were released to stakeholders at national workshops and occasionally at international conferences. In addition, project staff members have attended government-led forums and technical working groups and have exchanged and discussed program data and findings. The following are a list of conferences and workshops where *PROACTIVO* research has been presented:

- **TRaC Results Presentation to GRA & Stakeholders, June 2014, Luanda, Angola**
 - PSI presented two research studies to representatives from the Ministry of Health and INLS, including; (1) TRaC Behavioral Survey on HIV with Female Sex Workers in Five Provinces – 2013, and (2) TRaC Behavioral Survey on HIV with Truckers and Assistants in Five Provinces – 2013. Presenter: Ilda Kuleba.
- **XIX International AIDS Conference, August 2014, Melbourne, Australia**
 - Factors Associated with Consistent Condom Use with Non-Marital Partners among Truck Drivers and their Assistants in 5 Provinces of Angola, 2013
 - Knowledge, Empowerment and Positive Social Norms as Drivers of Consistent Condom Use among Female Sex Workers in 5 Provinces of Angola, 2013
 - Effectiveness of Inter-Personal Communication Activities & TV Advertisements on HIV Risk Reduction Behaviors Among Female Sex Workers in Angola, 2013
 - Presenter: Benjamin Nieto Andrade.

RESEARCH HIGHLIGHTS

ESTIMATION OF POPULATION SIZE OF FEMALE SEX WORKERS IN LUANDA (2014)

Confidence interval of 95%

BACKGROUND

In order for *PROACTIVO* to effectively implement a combination HIV prevention program targeted at female sex workers, it was necessary to have an idea of the size of the population to be able to estimate the potential demand for health products and services. This was also a strong recommendation from the 2013 independent evaluation commissioned by USAID. The purpose of this study was to estimate the size of the FSW population on the streets and in commercial sex work establishments in the 9 municipalities of Luanda.

METHODOLOGY

This survey uses a capture and recapture methodology to estimate the size of a specific population. During the first measurement (capture) all sites where the target population is active are visited to count people who meet the inclusion criteria and give them a memorable object (in this case a key chain). During the second measurement (recapture) all sites are revisited and again people are counted who fit the inclusion criteria and those that received an object during the first measurement are identified again. Based on these calculations, the total FSW population in Luanda can be estimated. Field work was done in two phases, the first in Ingombota, Kilamba Kiaxi, Maianga and Rangel, and the second in Cacucaco, Cazenga, Samba, Sambizanga and Viana.

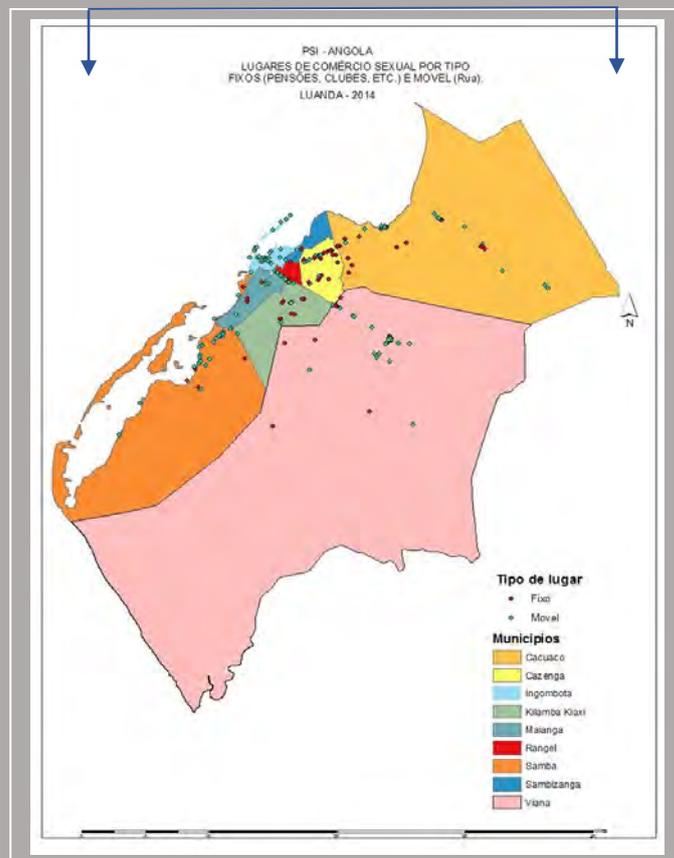
RESULTS

According to the data, the estimated number of FSWs in the 9 municipalities of Luanda is 2,160.7, with a confidence interval of 95% between 2,012 and 2,309.

$$N = (991 * 1,173) / 538$$

$$N = 1,162,443 / 538$$

$$N = 2,160.7$$



2,012.0 2,309.4

AUTHORS: Benjamin Nieto-Andrade, Research Director; Jose Bumba da Cunha, Study Coordinator; Ilda Kuleba, *PROACTIVO* Chief of

During fieldwork, the establishment owners and security guards also reported that the number of FSWs during a normal day was 1,634, which is below the confidence interval, while the number of FSWs on the busiest days is great at 3,039 in relation to the results of the capture and recapture method.

CONCLUSIONS

The purpose of this study was to estimate the size of the female sex worker population in Luanda. The final results estimated 2,160.7 FSWs in commercial sex establishments and on the streets in Luanda. Using this information, *PROACTIVO* could also estimate the HTC testing and counseling services and health products such as condoms and lubricants needed to meet the demand of this key population.



Close Out and Recommendations

CLOSE OUT ACTIVITIES

In September 2014, after four years of project implementation, USAID agreed to an additional extension of program activities for a final project end date of April 30, 2015. During this period, PSI/Angola, in cooperation with its local partners, established a plan and responsibilities for the programmatic and financial close out of the five-year *PROACTIVO* project. PSI/Angola oversaw the process and agreed with partners on a timeline for implementation of close out activities. From January to April 2015 the following close out deliverables were produced and disseminated to *PROACTIVO* partners, government officials and USAID representatives.

APO close out: The programmatic and financial close out for APOs working under the *PROACTIVO* program was managed by PSI/Angola's Partners and Capacity Building Coordinator with support from the finance and administrative units. Program close out with APOs consisted of regular communication with each organization to update the program's status and timeline, as well as focus group discussions and interviews with APOs' leaders.

APO close out consisted of the following activities:

1. Official letters sent to each of the APOs introducing them to close out activities, sub-grant documentation collection and identifying their responsibilities in the process.
2. PSI/Angola's Field Operations/APO Coordination Unit and Finance Department organized and conducted visits to each of the APOs with the objective of verifying compliance for the final implementation period and collecting all close out documents;
3. APOs were requested to close their *PROACTIVO* bank accounts, repay remaining funds and submit their final bank statement to PSI/Angola

***PROACTIVO* Closing Event:** The official closing event for the *PROACTIVO* project was held on April 15, 2015. The closing event was a conference with all implementing partners and different stakeholders to talk about lessons learned and best practices observed under this project.

PROJECT RECOMMENDATIONS

Based on the successes, challenges and achievements of the *PROACTIVO* project, staff from PSI/Angola and APOs identified the following areas as particularly important in the overall implementation and success of the five year project. Detailed below are the *PROACTIVO* team's strategies for achieving impact and recommendations for future programming:

Recommendation 1: Projects should leverage the social influences of the community to reach key populations and be able to better change behavior.

Building networks of social support for behavior change requires working in and with communities to fight stigma and encourage adoption of healthy behaviors.

➤ Use peer educators to influence behavior

One of the keys to success under the *PROACTIVO* project was using peer educators from target groups as outreach workers. Peers are often trusted individuals that the group will listen to and thus they can effectively disseminate important information. Using peers helps to create the feeling among target populations that it is socially acceptable to behave a certain way reinforces health messages and increases uptake of products and services.

Referrals became more effective as peer educators were familiar with public health facilities where individuals were brought for care and treatment and they accompanied FSWs to clinics to make them feel safe and comfortable. Additionally, without the *Feliz e Saudável* MSM peer educators guiding the way into their community, *PROACTIVO* would have struggled to reach this group.

➤ **Target the gatekeepers**

Bar owners and managers are often the gatekeepers to reaching female sex workers and have the power to influence the environments of their establishments. *PROACTIVO* targeted these stakeholders when introducing the GBV program and 'zero tolerance' zones for violence and non-use of condoms. While the dynamics between FSWs and bar managers are complex, a project will have a better chance at success by not ignoring one for the other. Both need to be convinced that adopting healthy behaviors in their establishment is good for them.

Recommendation 2: Products, services and interventions should be taken to people when and where it is convenient for them.

A consistent theme of *PROACTIVO* centered on the importance of meeting people in their communities. Facilitating easy access and availability of products and services for key populations was a key factor driving increased uptake.

➤ **Privacy is essential for marginalized communities**

As key populations are significant drivers of the HIV epidemic in Angola, *PROACTIVO* focused on identifying times and locations most convenient for reaching these groups. Working with a highly marginalized group such as the LGBTI community makes it extremely difficult to find places for communication activities where the target group feels safe, un-judged and open to discussion about sensitive topics. Outreach workers found it challenging to reach large numbers of MSM and transgender people with health messages by going to bars and clubs, and while the weekly meetings at Elinga were successful, not everyone in the MSM community felt comfortable attending. For this reason peer educators began holding IPC activities in the privacy of their own homes. This is perhaps not a scalable solution, but does provide a way to begin working with a marginalized community and reaching key populations that are not ready to announce themselves publicly.

➤ **Mobile clinics for HTC**

The *PROACTIVO* project coordinated with public sector health clinics to ensure that mobile clinics were available during outreach activities as many people remained reluctant to visit health facilities due to fear of being stigmatized or just for lack of time. Mobile clinics provided HIV testing and counseling services to those individuals most in need, while also serving the community at large for anyone that wanted to be tested. These outreach activities with mobile clinics targeted locations frequently visited by key populations and helped the program to more efficiently and effectively reach high-risk groups at times and locations most convenient for them.

Recommendation 3: A strong partnership with the public sector with unambiguous political backing opens doors to success for sensitive programming.

Collaboration with local government institutions was essential for *PROACTIVO* to ensure products and services reached those most in need. Building and maintaining relationships with from the national down to the community

level allowed the project to effectively implement activities in an effective and timely manner. Without this support, many of the successes of the *PROACTIVO* project would not have been possible.

➤ **Leverage public sector services**

PROACTIVO worked with local district governments to increase access and coverage of essential health products and services. By leveraging already existing networks of public health facilities in hot zones where key populations gathered, the project was able to significantly grow the number of people in target groups accessing HIV testing and counseling services. And as the public sector clinics enlisted by *PROACTIVO* provided a core package of services free of charge, the uptake of services by key populations did not face the potential barrier of cost.

➤ **Take the time to do advocacy right**

An outdated law in Angola criminalizes consensual same-sex acts, and although there are no known cases of convictions under this law, there is recorded institutional discrimination towards sexual minorities. *PROACTIVO* spent significant effort advocating with the GRA for the ability to implement programs that target the LGBTI community. In this context, addressing such a sensitive topic without high-level support willing to publicly back your program would be difficult at best. Spending the time in meetings and at MOH and INLS offices allowed PSI to explain the evidence, build the trust and receive the necessary backing. And as a result, Angola now has the first organization – Associação IRIS – aimed at increasing a more prominent sexual rights movement in the country.

Recommendation 4: Building capacity of local partners increases the effectiveness of reaching communities and improves project sustainability.

PROACTIVO worked with a network of local Angolan Partner Organizations on project implementation and focused on building both the institutional and programmatic capacity of each of these organizations. Over the life of the project, *PROACTIVO* helped to develop the skills, systems and strategic thinking of partner organizations by supporting them with trainings, mentoring and regular and on-site visits.

➤ **Service delivery should be local**

PROACTIVO used IPC agents from local APOs to deliver behavior change communications to female sex workers at the community level. The use of these outreach workers leveraged existing skill sets and experience working with key populations in their communities. Referrals became more effective as they were familiar with public health facilities where individuals were brought for care and treatment and IPC agents accompanied FSWs to the clinic to make them feel safe and comfortable. These IPC agents were also essential in increasing the numbers of FSWs that accessed HTC services as they were trusted individuals.

➤ **Repeated interactions build capacity**

In addition to traditional training to build the capacity of implementing partners, the *PROACTIVO* project used a capacity building system with a variety of types of interactions with APO staff. PSI developed a Local Partner Capacity Building Guide and Training Facilitator Manual that outlined the policies, reporting requirements, expectations, and contacts that would be done throughout the life of the project. These repeated interactions – refresher training sessions, mentoring, one-to-one coaching, site visits, and annual work plan meetings – provided the platform on which PSI was able to support its partners to improve the quality of their operations and implementation. In addition to facilitating continuous capacity building across all APOs, these repeated capacity building efforts also acted as a model for sustainability, giving the APOs a platform on which to build their future.