

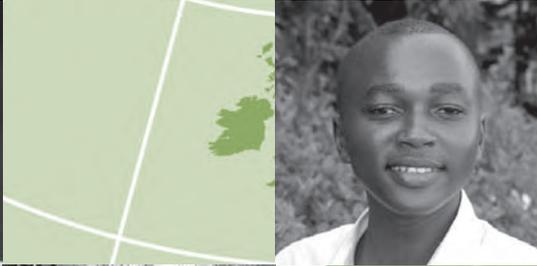
# MEXICO FINAL REPORT

October 1997–January 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



**USAID**  
FROM THE AMERICAN PEOPLE









Family Health International  
2101 Wilson Blvd.  
Suite 700  
Arlington, VA 22201 USA  
Tel: 703.516.9779  
Fax: 703.516.9781  
[www.fhi.org](http://www.fhi.org)

This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced September 2007

**Mexico Final Report  
October 1997 to January 2007**

**for**

**USAID's Implementing AIDS Prevention and Care  
(IMPACT) Project**







Mexico Final Report

*Submitted to USAID*

*By Family Health International*

*September 2007*

**Family Health International**

2101 Wilson Boulevard, Suite 700

Arlington, VA 22201

TEL 703-516-9779

FAX 703-516-9781

*In partnership with*

**Institute for Tropical Medicine**

**Management Sciences for Health**

**Population Services International**

**Program for Appropriate Technology in Health**

**University of North Carolina at Chapel Hill**



Copyright 2007 Family Health International

All rights reserved. This book may be freely reviewed, quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under cooperative agreement HRN-A-00-97-00017-00.

## GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
BBSS	Biological behavioral surveillance survey
BCC	Behavioral Change Communication
BSS	Behavioral Surveillance Survey
CAPPSIDA	Centro de Atención Profesional a Personas con SIDA (Professional AIDS Prevention Center)
CENSIDA	Centro Nacional para la Prevencion y Control de VIH/SIDA/ITS
CONASIDA	Consejo Nacional para la prevencion y el control del VIH/SIDA
CSW	Commercial sex worker
FHI	Family Health International
FLACSO	Facultad Latinoamericana de Ciencias Sociales (Latin American Faculty of Social Sciences in English)
FSW	Female Sex Worker
HIV	Human immunodeficiency virus
IA	Implementing Agency
IDU	Injection drug user
IEC	Information, education, and communication
INSP	Instituto Nacional de Salud Publica
IMPACT	Implementing AIDS Prevention and Care Project
LOP	Life of project
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MSW	Male sex worker
NGO	Nongovernmental organization
PLHA	People living with HIV/AIDS
PMP	Project monitoring plan
PMTCT	Prevention of mother to child transmission of HIV
RARE	Rapid assessment, response, and evaluation
RDS	Respondent driven sampling
SO	Strategic objective
STI	Sexually transmitted infection
TLS	Time location sampling
USAID	U.S. Agency for International Development
VCT	Voluntary counseling and testing

## TABLE OF CONTENTS

<b>GLOSSARY OF ACRONYMS .....</b>	<b>1</b>
<b>TABLE OF CONTENTS .....</b>	<b>2</b>
<b>I. EXECUTIVE SUMMARY.....</b>	<b>3</b>
<b>II. PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS .....</b>	<b>4</b>
A. INTRODUCTION .....	4
B. COUNTRY CONTEXT.....	5
C. IMPLEMENTATION AND MANAGEMENT .....	6
D. MEXICO PROGRAM TIMELINE .....	7
E. PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES .....	10
F. PROGRAM RESULTS .....	13
1. <i>Program Outputs</i> .....	13
<b>III. LESSONS LEARNED AND RECOMMENDATIONS .....</b>	<b>14</b>
<b>IV. HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES .....</b>	<b>15</b>
A. IMPLEMENTING PARTNER LIST .....	15
B. SUBPROJECT HIGHLIGHTS .....	16

## I. EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care Project (IMPACT) in Mexico provided technical assistance to build the capacity of Mexican institutions and organizations to develop and implement HIV/AIDS prevention activities. This included behavior change communication (BCC) initiatives, developing national sexually transmitted infection (STI) guidelines, improving STI services, enhancing STI/HIV/AIDS prevention and care, developing NGO capacity to implement activities, strengthening monitoring and evaluation (M&E) capabilities, and conducting applied research. As part of this effort, IMPACT collaborated with the National AIDS Program (*Centro Nacional para la Prevencion y Control de VIH/SIDA/ITS* or CENSIDA), the National Public Health Institute (*Instituto Nacional de Salud Publica* or INSP) and other key stakeholders to train health personnel, conduct workshops, and respond to the HIV/AIDS epidemic in Mexico.

Project activities focused on reaching high priority populations at greatest risk for acquiring and transmitting HIV. These populations included commercial sex workers (CSWs), men who have sex with men (MSM), injection drug users (IDUs), youth, mobile populations, and persons living with HIV/AIDS (PLHA). The activities included a behavior change communication (BCC) and prevention project implemented by INSP targeting mobile populations in Mexico and the countries of Central America. Also, a formative study was done in collaboration with Colectivo Sol, a local research organization, among youth MSM ages 15 to 24 to serve as a guide for developing HIV prevention interventions.

During the final two years of the IMPACT/Mexico project, FHI worked with *Facultad Latinoamericana de Ciencias Sociales* (FLACSO) to implement a biological behavioral surveillance survey (BBSS). This survey was conducted in several sites across Mexico to provide evidence to guide program planning and development of HIV/AIDS/STI prevention interventions for specific high risk populations.

---

## II. PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

### A. Introduction

IMPACT activities in Mexico were supported by a total of US\$2,365,000 in field support funds committed by USAID. During the project, IMPACT successfully assisted the National AIDS Program (CENSIDA) in the development and implementation of behavior communication change (BCC) initiatives and STI norms, built capacity for HIV/AIDS/STI information and service delivery in priority states, conducted a female condom study, and carried out HIV/AIDS prevention activities including training for high-risk and vulnerable populations. In collaboration with the National Public Health Institute, IMPACT/Mexico identified, implemented, and evaluated strategies to reduce the vulnerability of local and migrant populations in Belize, El Salvador, Guatemala, Nicaragua, Panama, Costa Rica and Mexico to HIV/AIDS/STIs while strengthening the technical capacity of NGOs and government agencies to combat this vulnerability.

At the request of USAID, IMPACT/Mexico began collaborating with FLACSO (*Facultad Latinoamericana de Ciencias Sociales*) in FY2005 on the biological behavioral surveillance study (BBSS) in Acapulco, Monterrey, Nezahualc6yotl, and Tampico. The BBSS helped establish a monitoring system to track behavioral trend data for high risk and vulnerable target groups that influence the epidemic in Mexico and provided information on behavioral trends of key target groups in some of the same catchment areas. This study was intended to help guide program planning and interventions for specific high risk populations. In addition, the study obtained data in a standardized format, which enabled comparison with other BBSSs carried out in Mexico and in other countries.

A youth MSM study was completed in Mexico City and Veracruz by Colectivo Sol, a local research organization. The purpose of the study was to provide formative data to inform the development and implementation of an HIV/STI intervention specifically targeted to youth MSM.

Through a subagreement with Afluentes, a Mexican civil society organization, IMPACT interventions targeted personnel from state prevention programs, health care staff in target states, and service providers. IMPACT/Mexico and Afluentes worked with CENSIDA to increase capacity among governmental and nongovernmental partners to deliver effective HIV/AIDS/STI services and information. In conjunction with Afluentes, IMPACT refurbished and upgraded the Flora National Laboratory.

Activities with CENSIDA and INSP were completed in FY2005; \$140,000 of the \$2,365,000 in field support funds committed by USAID was designated for final FY2006 activities including the BBSS and IMPACT/Mexico close out. USAID/Mexico's priority for FY2006 was the completion of the BBSS. In FY2006, technical assistance was provided to FLACSO to complete the remaining surveys, to clean and analyze the data, and to produce the final report.

## B. Country Context



The United Mexican States, generally referred to as Mexico, is located in North America, bordered in the north by the United States and in the south by the Central American countries of Guatemala and Belize. The land that currently makes up Mexico existed under Spanish rule for three centuries before achieving independence in the early 19<sup>th</sup> century. With an estimated 108 million people as of early 2007, Mexico is the most populous Spanish-speaking country in the world. Since the recession in 1994 that began after the devaluation of the peso, Mexico has been on the road to economic recovery. There are, however, significant economic and social concerns that plague the country, including low wages, underemployment, inequitable income distribution, drug trafficking, violence and crime, and limited advancement opportunities for the indigenous population in the impoverished southern states.

### HIV/AIDS in Mexico

Mexico has a national adult HIV/AIDS prevalence of 0.3 percent and comprises 10 percent of all estimated HIV/AIDS cases in Latin America (UNAIDS 2003). The disease has been reported in all 32 states of Mexico, and according to official reports, 52,472 cumulative cases of AIDS had been recorded in Mexico as of March 31, 2002. (CONASIDA 2002). However, due to reporting delays and underestimation, the government estimates that there are as many as 64,000 cases of AIDS, and an additional 116,000 to 177,000 people currently infected with HIV (CONASIDA 2002).

The overall low HIV/AIDS prevalence in Mexico hides the fact that the epidemic is decisively lodged in select sub-populations; sentinel surveys have reported prevalence rates of 15 percent among MSM, and six percent among injection drug users (IDU). Also important in the country's epidemic are migrants to the United States. Mexico and many other Central American countries have become transit and source countries for populations traveling to the United States in search

of improved living conditions. Central America and Mexico are regions with highly mobile populations that move internally and externally for a variety of reasons, including agriculture, seasonal employment, movement from rural to urban areas, and migration between countries. Because of their marginal status, migrants and mobile populations are especially vulnerable for acquiring HIV, then returning to their families and communities infected with the virus.

Mexico's National AIDS Program was created in 1988 under the name CONASIDA (*Consejo Nacional para la Prevencion y Control del VIH/SIDA*). In 2001, CENSIDA (*Centro Nacional para la Prevencion y Control de VIH/SIDA/ITS*) branched off from CONASIDA and took on all of the national AIDS program's activities and responsibilities. CONASIDA still acts as an executive governing body of the National AIDS program in Mexico. IMPACT/Mexico worked closely with CENSIDA to provide technical assistance in BCC strategies in addition to other key areas of HIV/AIDS prevention through out the life of project. In addition, Mexico has several hundred civil society organizations working in HIV/AIDS prevention, care, and treatment. These organizations have made a valuable contribution to the response to HIV/AIDS in Mexico due to their ability to reach underserved and marginalized populations.

### **C. Implementation and Management**

IMPACT/Mexico did not maintain a country office located in Mexico. Throughout the project, the FHI staff in Arlington helped CENSIDA and other key stakeholders through consultancies and technical assistance. Program management was conducted by FHI Field Programs Division staff located in the Arlington headquarters office. Technical assistance was provided during the life of project by FHI technical staff and external consultants from the United States and Central America. From FY1998 to FY2004, IMPACT/Mexico had one part-time country coordinator, and from FY2003 to FY2004, one part-time administrative assistant.

**D. Mexico Program Timeline**

<b>LOP activities</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>	<b>FY2001</b>	<b>FY2002</b>	<b>FY2003</b>	<b>FY2004</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>
Contract country coordinator (50 percent time)		X	X	X	X	X	X	X			
Contract local consultant to provide administrative assistance to the project (50 percent time)							X	X			
Baseline assessments for HIV/AIDS/STI prevalence and programs	X	X	X	X	X						
Develop subagreement with Afluentes for implementing an M&E system							X				
Renovate FLORA National Laboratory							X	X			
Support development of National STI Norms				X	X	X	X	X	X		
Support dissemination and training of health personnel in National STI Norms								X	X		

<b>LOP activities</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>	<b>FY2001</b>	<b>FY2002</b>	<b>FY2003</b>	<b>FY2004</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>
Develop subagreement with INSP					X						
BCC workshops with local NGOs working with mobile populations								X			
Conducted M&E workshops with local NGOs					X	X	X	X			
Design and implement female condom study								X	X		
Disseminate female condom study results									X		
Train CENSIDA health personnel in STI syndromic management							X	X			
Develop subagreement with Colectivo Sol								X			
Design and implement youth MSM study								X	X		
Disseminate youth MSM study results									X		
Develop draft PMP for USAID								X			
Provide technical assistance in design and draft BBSS protocol									X		

<b>LOP activities</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>	<b>FY2001</b>	<b>FY2002</b>	<b>FY2003</b>	<b>FY2004</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>
Conduct field visits, BBSS coordination meetings									X		
Develop subagreement with FLACSO									X		
Implement BBSS									X	X	
Disseminate BBSS results and prepare final report										X	X

## **E. Program Objectives, Strategies, and Activities**

IMPACT/Mexico worked under USAID's Strategic Objective 3: *Investing in People: Healthier, Better Educated People*. Within this SO, IMPACT/Mexico focused on intermediate result 3.4: *HIV/AIDS and Other Infectious Diseases Contained*. Some of the indicators included prevalence of HIV among female sex workers (FSW) in select areas (3.4a) and the prevalence of HIV in MSM in select areas (3.4b). The BBSS study conducted by IMPACT and FLACSO helped work towards these national objectives.

### **Behavior Change Communication**

Projects in Mexico targeted the most at risk populations, including mobile populations, CSWs, youth, and MSM. Beginning in 2001, the National AIDS Control program and NGOs worked specifically with mobile populations in all the countries of Central America at border stations between countries to implement HIV/AIDS prevention interventions. Other BCC interventions were targeted at MSM in the cities of Mexico City and Veracruz. A variety of approaches were used to reach at risk groups with prevention messages: they were given BCC materials and free condoms, and peer educators talked to them about the importance of protecting themselves and others from sexually transmitted infections. Because of these interventions, members of at risk groups accepted HIV/AIDS/STI screening, care and treatment, and counseling.

### **STI Guidelines/Norms**

Through various implementing agencies, IMPACT/Mexico supported the objective of developing national treatment norms for STIs. Once the guidelines had been reviewed and finalized, STI training was provided with IMPACT/Mexico support for priority state health care staff of CENSIDA and other partners, resulting in syndromic management of STIs in six states in Mexico. Following these trainings, the adoption of national STI norms by health service providers was encouraged through CENSIDA project activities.

### **Female Condom Promotion**

IMPACT/Mexico jointly conducted a female condom study in collaboration with CENSIDA and Afluentes, a local NGO. The study determined whether availability of the female condom increases the number of protected sex acts among FSW and also whether it is a viable method for general population couples. (More information on study results can be found on page 20.) CENSIDA subsequently purchased female condoms for outreach activities with CSWs. IMPACT/Mexico disseminated information to increase the promotion of the female condom to 12 states. The results of this study were published as an executive summary and distributed to decision makers as a means of educating them on the female condom. Posters and pamphlets were also developed as part of an information campaign to service providers. Seven three-day workshops were conducted with service providers and members of civil society organizations to disseminate these results and other technical data.

### **Applied Research**

#### **BBSS**

The BBSS was designed to establish a monitoring system to track behavioral trend data for high risk and vulnerable target groups that influence the epidemic in Mexico. It was conducted in the

cities of Acapulco, Monterrey, Nezahualcoyotl, and Tampico and targeted at risk populations of male and female CSWs, MSM, and mobile populations. It was intended to provide information on behavioral trends of key target groups in some of the same catchments areas and to help guide program planning and interventions for high risk populations. The study obtained data in a standardized format, which enabled comparison with other behavioral surveillance studies carried out in Mexico and in other countries. This BBSS was designed to track female and male CSWs, MSM, IDUs, and youth.

The BBSS estimated the following HIV prevalence rates:

- 10 percent for MSM (Acapulco=9.3 percent, Monterrey=10.8 percent, Nezahualc6yotl=10.5 percent, Tampico=8.9 percent)
- 15.1 percent for MSWs interviewed using the time location sampling (TLS) method (Acapulco=3.1 percent, Monterrey=25.5 percent)
- 12 percent for MSWs in Nezahualc6yotl interviewed using the RDS method
- 1.0 percent for FSWs (Acapulco=1.1 percent, Monterrey=0.9 percent)
- 0.6 percent for the long distance truck drivers interviewed in Monterrey

#### *Youth MSM Study*

A study focused on youth MSM was completed in Mexico City and Veracruz by *Colectivo Sol*, a local research organization, during FY2003. The purpose of the study was to provide formative data to inform the development and implementation of HIV/STI interventions specifically targeted to youth MSM. The study also intended to improve outreach to youth MSM through community marketing interventions sponsored by USAID/Mexico and inform planning of the multi-sectoral Citizen Groups and a condom social marketing activity.

#### **Global Leadership and Trainings in HIV/AIDS**

The Mesoamerican Workshop on Mobile Populations and HIV/AIDS took place in Chiapas in August 2004. More than 100 people from eight different countries attended the workshop, including several representatives from government and international agencies, IMPACT partners, and FHI staff. They were able to share their experiences in HIV/AIDS care, treatment, and prevention and to improve coordination and cooperation between the projects through the formation of a regional network.

In October 2004, CENSIDA hosted a workshop on STI syndromic management for 30 public and private health care providers from across the country. Following this, in December 2004, they conducted a three day workshop for 225 people working on prevention with MSM at the national, regional, and international levels to share experiences and to develop an action plan for the prevention of HIV within the MSM community. FHI provided technical assistance during this workshop.

In January 2005, FLACSO and INSP conducted conferences on sexuality in Latin America and HIV/AIDS research in Mexico, respectively, which were attended by researchers, medical practitioners, and NGO representatives. IMPACT funds were used to enable individuals from IMPACT implementing agencies to participate.

**Capacity Building**

IMPACT/Mexico dedicated time and resources to building the technical and programmatic capacity of local implementing partners. Working closely with CENSIDA, these activities included support for subprojects by building capacity among governmental and nongovernmental partners to plan, implement, and evaluate effective HIV/AIDS/STI services and information. For example, IMPACT worked with CENSIDA to increase capacity among governmental and NGO partners to deliver effective HIV/AIDS/STI services and information focusing on prevention, advocacy, sexual health, and gender. Interventions under this project targeted personnel from state prevention programs, health care staff in target states, and service providers.

IMPACT/Mexico also strengthened the capacity of laboratory health personnel at the Flora National Laboratory through training in STI diagnosis and treatment in addition to rehabilitations made through purchase of materials and equipment for STI testing.

Additionally, FHI provided technical assistance and supported Afluentes in its efforts to build capacity in the M&E of HIV/AIDS/STI prevalence, trends, and program impact. Afluentes implemented a comprehensive monitoring system to track progress in the six main activity types. The monitoring utilized an array of methodologies including the review and compilation of training and service records, review of training curricula and reports, and in-depth interviews with workshop participants, as well as other assessments of quality of training, capacity, and sustainability. Project reports and data were submitted on a monthly and quarterly basis to FHI.

**Project Monitoring Plan**

The FHI Evaluation, Surveillance, and Research Division assisted in the development of a Project Monitoring Plan (PMP) with USAID and partners. A draft of this plan was developed through a technical assistance visit in May 2004.

## F. Program Results

### 1. Program Outputs

IMPACT/Mexico supported the following prevention, care, treatment, and support services in collaboration with INSP and NGOs working on HIV/AIDS in Mexico and Central America.

<b>Intervention*</b>	<b>Result</b>
<b>Outreach</b>	
Facilities/programs that provided mass media HIV risk-reduction services	43
Facilities/programs that provided community outreach HIV risk avoidance/reduction services	24
Individuals reached by facilities/programs providing community outreach HIV risk avoidance/reduction services	27,887
Individuals reached by facilities/programs providing mass media HIV risk avoidance/reduction services	40,300
<b>BCC</b>	
Number of BCC events conducted	124
BCC materials developed (flyers, posters, and other)	65
BCC materials disseminated (flyers, posters, and other)	13,043
<b>Peer Education</b>	
Individuals of the mobile target population reached through peer education	9,740
MSM reached through peer education	1,300
Number of new peer educators trained	114
<b>Training</b>	
Number of trainings conducted on community outreach	55
Individuals trained to provide community outreach HIV risk avoidance/reduction services	145
Individuals trained in the STI Syndromic Management Training Manual	34

\* N.B. Complete data for all implementing agencies was not available at the time this report was compiled.

### **III. LESSONS LEARNED AND RECOMMENDATIONS**

#### **Improving coordination with key stakeholders at all levels**

Improved coordination between the National AIDS Program, community-based and civil society organizations, and other key stakeholders is needed in order to facilitate project planning and implementation. Coordination is needed at the national, regional, and local levels, particularly to successfully implement a BBSS among multiple groups at multiple locations throughout the country. Program managers should promote collaboration between the National AIDS Program and NGOs, and efforts toward enhanced communication among stakeholders and key community leaders should continue.

#### **Monitoring and evaluation**

NGOs receiving financial support should be provided technical assistance in the development of a monitoring and evaluation plan for their interventions and activities. A training course in M&E should be included as part of the technical assistance plan for NGOs who demonstrate the capacity and motivation for this training. In order to develop a comprehensive evaluation plan, it is recommended that NGOs receive technical assistance in identifying indicators and objectives as part of the proposal or subagreement development process. Throughout the life of the project, guidance should be provided for data collection and analysis. Developing and implementing a feedback mechanism for donors to convey information to NGOs gathered from NGO data would be useful for revising program activities to better meet the objectives of the overall program.

#### **Allotting sufficient time to review and finalize surveys**

It is important to plan for sufficient time to prepare, review, and finalize BBSSs in order to draft feasible timelines for this type of project.

## IV. HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

### A. Implementing Partner List

Name	Organizational Type	Target Population	LOP Budget	Intervention	Project Dates
Afluentes	NGO	CSW, general population of women	\$49,413	Female Condom Study	2/21/00-6/30/01
		Health service providers	\$355,402	STI norms, STI syndromic management manual, Rehabilitation of Excellence Training center, HIV/AIDS/STI prevention programs/strategies	05/03-12/04
CAPPSIDA	NGO	General population	\$123,445	STI prevalence study, STI Norm Validation and GC Resistance Study	10/99-10/00
Colectivo Sol	NGO	Youth MSM	\$94,320	Study of high risk behaviors among young men	04/04-06/05
FLACSO	University, private corporation	MSM, CSW, PLHA	\$409,491	BBSS	10/04-05/07
INSP	University	Mobile populations, CSW, MSM	\$390,570	HIV/AIDS/STI prevention programs, capacity building	11/01-02/03

## **B. Subproject Highlights**

### **HIV Prevalence and Sexual Behaviors in High Risk Populations**

Implementing Agency: Facultad Latinoamericana de Ciencias Sociales (FLACSO)

Geographic focus: Acapulco, Monterrey, Nezahualc6yotl, Tampico

Target population: CSWs, youth, MSM, mobile populations

Length of support: 10/01/04 to 3/31/07

Level of support: US\$409,491

---

#### **Organization Profile**

**Facultad Latinoamericana de Ciencias Sociales (FLACSO)** is an international institution created in 1957 by initiative of UNESCO and various Latin American governments. FLACSO Mexico was established in 1975, and has become a leader in the promotion of social sciences in Latin America and the Caribbean. Since 2004, FLACSO Mexico has participated in the development of both public and academic agendas that analyze the principle dilemmas, challenges, and opportunities confronting contemporary societies. FLACSO is dedicated to carrying out investigations and research on social issues in Mexico and the rest of Latin America.

#### **Background**

Under IMPACT/Mexico, FLACSO, in coordination with CENSIDA, implemented a BBSS in the cities of Acapulco, Monterrey, Nezahualc6yotl and Tampico that targeted female and male CSWs, youth, MSM, and mobile populations. The objectives of the BBSS were:

1. To help establish a monitoring system that will track behavioral trend data for high risk and vulnerable target groups that influence the epidemic in Mexico;
2. To provide information on behavioral trends of key target groups in some of the same catchment areas;
3. To provide information to help guide program planning and interventions in terms of location and specific high risk populations;
4. To obtain data in a standardized format, which will enable comparison with other behavioral surveillance studies carried out in Mexico as well as other countries; and
5. To validate different types of data collection specifically, self administered youth surveys and mapping procedures.

The data collection in Acapulco, Monterrey, and Nezahualc6yotl was finished in 2005. In January of 2006, the decision was made to add the state of Tampico to the BBSS, and the protocol was amended and approved. Data collection in Tampico began in June 2006.

In total, 1,111 MSM were interviewed in Acapulco, Monterrey, Nezahualc6yotl, and Tampico. Three hundred eighty-six male sex workers were interviewed in Acapulco and Monterrey, 102 male sex workers were interviewed in Nezahualc6yotl, 313 mobile population members were interviewed in Monterrey, and 603 female sex workers were interviewed in Acapulco and Monterrey.

The BBSS confirms the previously reported tendency for the HIV epidemic to be concentrated in MSM but also brings to light the increasing prevalence of HIV infection in the heterosexual

population. A large prevalence was found in MSW (15.1 percent), followed by MSM (10.0 percent), FSW (1.0 percent), and mobile population members or long distance truck drivers (0.6 percent). The HIV prevalence amongst the varied populations was different, however, in each study site.

A large proportion of the populations sampled have erroneous belief about the transmission of HIV. The HIV knowledge among the various groups was as follows:

- Twelve to 32 percent believed that HIV could be transmitted through a mosquito bite.
- Ninety-five percent knew where to get condoms but the time that it takes to get them was a constraint to using them; 22 percent of truck drivers, 2 percent of FSW, and 4-11 percent of MSW said that it takes more than 30 minutes to get a condom.
- In Monterrey, 84-93 percent knew the location of free and confidential HIV testing centers, depending on the site; in Acapulco, this was 77-91 percent, depending on the site.

Even though a large proportion of the population interviewed knew of testing centers, the BSS was the first time that a significant proportion of the interviewees had been tested (almost half of the MSM, a third of MSW, three quarters of truck drivers, and a fifth of FSW.)

### **Challenges**

Due to discrimination and stigma, interviewing marginalized segments of the population was difficult. There were various problems reaching the FSW and IDU subpopulations in the State of Mexico, which resulted in the elimination of these components from the study.

The monitoring done through the BSS and of the behavioral patterns of high risk populations can offer CENSIDA, the national HIV/AIDS program, the necessary information for the design and implementation of prevention strategies and post-impact evaluations.

### **Study of High-Risk HIV Behaviors among Young Men**

Implementing Agency: Colectivo Sol

Geographic focus: Nezahualc6yotl, Veracruz

Target population: Adolescent MSM

Length of support: 4/01/04 to 3/31/05

Level of support: US\$94,320

---

### **Organization Profile**

Colectivo Sol, founded in 1981, is a Mexican NGO that works with homosexual men and MSM with a focus on the most vulnerable populations of homosexual youth and transvestite men. Colectivo Sol works to fight discrimination and abuse against these groups, to promote legal and human rights and a positive image of homosexual men, and to provide a platform for discussing these issues publicly and from a multi-disciplinary perspective. In 1983, Colectivo Sol was the first Mexican NGO to address the HIV/AIDS issue and has been consistently engaged in the national response to HIV and STIs ever since.

Colectivo Sol expanded its project portfolio and advanced from being a gay rights-specific organization, to include a much broader range of members and issues. Thus health-related concerns affecting gay men, MSM, youth, and women have been at the core of Colectivo Sol's activities. Additionally, Colectivo Sol maintained excellent working relations with government bodies, both at local and national levels. It was a key promoter of regional HIV/AIDS NGO networking. At the national level, the organization is engaged in specific projects targeting gay men and youth MSM.

## **Background**

The main goal of Colectivo Sol's youth MSM study was to provide detailed, qualitative data to inform the development and implementation of an HIV/AIDS prevention intervention specifically targeted to youth MSM and to increase understanding of the context of the lives of young males having sex with other males. This study investigated, documented, and explained the effects of societal stigma and discrimination towards adolescent males, ages 15-24, who have sex with other males and how these forces influence sexual risk-taking, their willingness to seek out HIV/AIDS prevention and medical services, and the readiness of the local community to provide appropriate services and care to youth MSM.

The study used the participatory ethnographic model for rapid assessment known as RARE (rapid assessment, response, and evaluation) participant observation, social mapping, elicitation techniques, in-depth interviews, and focus group discussions as its basic research framework. This study, conducted in Nezahualcoyotl and Veracruz, was designed to be the first phase of an integrated project that will include both formative research and an intervention. There were approximately 162 participants at each site for 12 months.

While the factors affecting sexual risk-taking and HIV service-seeking among youth MSM may be similar in some ways to that of adults, there may be important differences such as family and peer support, sexual identity and developmental issues, and school and home violence that have yet to be documented and understood. Findings will be used to develop specific strategies to reach youth MSM and provide culturally and developmentally appropriate prevention information and services specifically tailored to their needs.

The RARE model proved effective for determining that existing HIV/AIDS-related services have the potential and willingness to adequately cover the needs of youth MSM but, in fact, do not, and that youth MSM lack information about HIV/AIDS and available services.

Some specific recommendations resulting from this study include:

- Increasing financial support for improving existing HIV/AIDS services in Nezahualc6yotl and Veracruz.
- Creating an organized network of the extant institutions currently providing HIV/AIDS-related services, preferably at the municipal or state rather than national level in order to maximize existing resources.
- Encouraging collaboration among member institutions to create an outreach program for HIV/AIDS prevention and treatment among youth MSM in which individual strengths are put to optimal use in the design and implementation of interventions.

Many recommendations of this nature were developed with the stipulation that one group provide leadership at each site in order for these efforts to be truly productive and affect change in sexual behaviors of youth MSM and other at risk populations.

### **Mexico STI Study**

Implementing Agency: Centro de Atención Profesional a Personas con SIDA (CAPPSIDA)

Geographic focus: Mexico City, Acapulco, and Veracruz

Target population: Clinical and laboratory staff

Length of support: 10/11/99 to 10/11/00

Level of support: US\$ 123,445

---

### **Organization Profile**

**Centro de Atención Profesional a Personas con SIDA (CAPPSIDA)**, in conjunction with CENSIDA, conducted an STI norm validation and gonococcal susceptibility study with technical guidance from the University of North Carolina (UNC) in Mexico City, Acapulco, and Veracruz. The results and data from this study determined the prevalence of STIs and were used to revise and validate STI treatments for the country. The management of STIs is an integral component of any HIV/AIDS prevention and control strategy. At the time, Mexico used a clinical approach to treatment of STIs. In order to design and implement a cost-effective syndromic management approach, norms needed to be developed based on recent data from the population. There were no recent studies of the rates of STIs in the general population.

The algorithm study began in November 1999. IMPACT/Mexico and CENSIDA trained clinical and laboratory staff, equipped the sites, and initiated sample taking in the two Mexico City clinics, Miguel Domignes clinic and Flora clinic. IMPACT/Mexico follow-up technical assistance to the study focused on clinic and laboratory monitoring and a review of the data coding and software with study staff.

During FY2001, CENSIDA was in the process of developing new national norms for treatment and care of STIs in primary health clinics in Mexico. The data obtained validated the treatment and care norms under development by CENSIDA and represented a baseline against which to evaluate further interventions and use of treatment and care norms. The findings of the CAPPSIDA study were incorporated into CENSIDA's national STI norms and in 2003, dissemination and on-going training for health care providers in the new and officially approved STI guidelines took place for the national HIV/AIDS/STI program staff in all states. Following the trainings, the adoption of national STI norms by health service providers was encouraged through IMPACT activities.

---

## **Strengthening HIV/AIDS/STI Prevention Activities among Health and Civil Society Personnel; Female Condom Study**

Implementing Agency: Afluentes

Geographic focus: National

Target population: Service providers, CSW

Length of support: 2/21/00 to 6/30/01 and 5/22/03 to 12/30/04

Level of support: US\$328,250

---

### **Organization Profile**

**Afluentes** is a Mexican nonprofit civil society organization. It was founded in 1998 with the objective of producing, systematizing, and disseminating information, knowledge, and methods in the area of reproductive health. It favors joint efforts between educational institutions, both health and academic, civil organizations, and communications media.

### **Background**

IMPACT/Mexico and Afluentes worked with CENSIDA, the Mexican national AIDS program, to increase capacity among governmental and nongovernmental partners to deliver effective HIV/AIDS/STI services and information. CENSIDA's activities are primarily focused on prevention of HIV transmission; reduction of the impact of HIV on individuals, families, and society; and coordination of institutional, inter-institutional, territorial, and inter-sectorial programs. CENSIDA also closely coordinates with Mexico's 300 nongovernmental organizations (NGOs) and organizations of persons who live with HIV/AIDS. The CENSIDA team helped improve BCC plan and program management.

Through a subagreement with Afluentes, interventions under this project targeted personnel from state prevention programs, health care staff in target states, and service providers. In 2000, IMPACT/Mexico conducted a study that examined STI prevalence in three Mexican cities in order to inform the development of syndromic STI algorithms for use in primary health clinics in Mexico. The findings of this study were incorporated into CENSIDA's national STI norms, which were first developed in 2001 but were on queue for official recognition by the government of Mexico. In 2003, dissemination and on-going training took place for health care providers in the new STI guidelines for the national HIV/AIDS/STI program staff. STI training was provided for priority state health care staff, resulting in syndromic management of STIs in six states. The adoption of national STI norms by health service providers was encouraged through project activities. The STI Syndromic Management Training Manual was first produced in 1999 by CENSIDA. In 2004, through the subagreement with Afluentes, clinical experts published an updated manual and health professionals were trained in its use. Community outreach BCC initiatives, trainings on community outreach, and mass media campaigns were some of the most effective ways of reaching the targeted populations.

This project had six main activity types designed to strengthen the national HIV/AIDS/STI action plan. The Official Mexican STI Treatment Norms were published in the Federation's Official Newspaper, as required by Mexican law. As a continuation of this process, one-day workshops were held to disseminate the STI Norms among health service providers and persons

who work in civil society organizations. The workshops were held in each of the country's seven regions.

Afluentes conducted workshops on syndromic management directed towards public and private health care employees and developed and disseminated technical materials to increase health care workers' access to knowledge. The organization also developed manuals in HIV/AIDS prevention and control, bio-security, environmental protection, and lab techniques for STI detection.

Laboratory equipment was purchased for the Flora Laboratory of CENSIDA, helping to strengthen the care of HIV/AIDS/STIs. These activities were designed to strengthen and support governmental organizations and civil society organizations that implement strategies and activities targeting vulnerable populations.

Afluentes also conducted a female condom use study. The study collected female condom use data for 100 FSW attending STI clinics and for 120 women in the general population at six sites. The study determined whether availability of the female condom increases the number of protected sex acts among FSW and also whether it is a viable method for general population couples. The study provided interviewer and focus group facilitator training for Afluentes and CENSIDA staff. Once the report of the female condom study was completed, dissemination started with preliminary results being published in newspaper articles. Seven three-day workshops followed to disseminate the results to service providers and members of civil society organizations. The results served to secure the addition of the female condom to national and state-level HIV/AIDS/STI programs and to social marketing programs. A report on the female condom was printed by CENSIDA for decision-makers to help improve access.

Some major findings of interest were that couples' attitudes regarding the female condom varied depending on if they had previously used male condoms or not. Those who had relied principally on male condoms were more favorable to using the female condom. Those not previously using male condoms were less likely to like the female condom. One concern raised by the study regarding the resistance of the FSWs to start using the female condom is the issue of converting customers who currently use male condoms to the female condom. Once the final interviews and follow up questionnaires were completed in November 2000, the FSW no longer had immediate access to the product and switching customers back to male condoms proved to be difficult.

## **Mobile Populations and HIV/AIDS in Central America, Mexico, and the United States**

Implementing Agency: Instituto de Salud Pública de México (INSP)

Geographic focus: Border transit stations in each Central American country

Target population: Mobile populations

Length of support: 11/20/01 to 3/31/05

Level of support: US\$390,570

---

### **Organization Profile**

The **Instituto de Salud Pública de México (INSP)** UNAIDS Collaborating Center is an interdisciplinary coordination unit housed within the Center for Health Systems Research (CISS) of the National Institute of Public Health of Mexico. INSP was created in 1987 by integrating the

School of Public Health with the national Public Health Research Center. The Collaborating Center, created in 1999, is one of the Latin American and Caribbean Collaborating Centers of UNAIDS and has three principal areas of activities: research, higher education, and regional networking.

### **Background**

The IMPACT-funded INSP mobile populations project worked with national AIDS control programs and NGOs in Mexico and all countries of Central America to implement HIV/AIDS prevention interventions in border areas for mobile populations. By the end of the intervention period in 2002, pilot interventions were implemented in 14 transit stations in eight countries followed by an M&E phase based on INSP research findings. INSP sought to strengthen the capacity of local NGOs in Mexico and in Central America in order to conduct HIV/AIDS prevention, advocacy, and policy related programs in transit border towns for mobile populations.

In each country, local universities, governmental programs, and NGOs implemented HIV/AIDS/STI programs, conducted research, and interventions in order to build their local capacities and to prevent HIV/STIs among mobile populations. The results of the mobile populations project can be summarized into three categories: the development of local organizational capacity and training, the effectiveness of the intervention in terms of the utilization of preventive means for HIV/STIs by mobile population and their sexual partners, and publication of methodological and technical information. These provided tools for the development of best practices to train community staff, disseminate preventative information, and increase availability, access, acceptability, and use of condoms among local and migrant populations at transit stations. Workshops, particularly regional M&E workshops, and a conference on HIV/AIDS research in Mexico occurred under IMPACT. A training manual on best practices that focused on local strategies and actions to reduce the vulnerability of migrating populations to HIV/AIDS was developed and published. With additional technical assistance from IMPACT/Mexico, CENSIDA staff improved the national BCC plan and program management. During FY2005, IMPACT/Mexico BCC activities with both CENSIDA and INSP ended.

A major challenge faced in the INSP project was the difficulty of executing projects in transit stations with limited infrastructure. Most of these transit stations were in more remote locations. The disbursement of funds from national entities to local systems was also a problem at times since INSP was based out of Mexico but the project covered all of Central America including Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The need to build organizational capacity among NGOs in the execution and management of projects and project funds was also a challenge.

Some key recommendations from the INSP project include: develop and disseminate IEC materials strategically; involve and evaluate the participation of high-risk groups in HIV/AIDS prevention programs; establish educational kiosks in places where these groups congregate; exchange experiences and lessons learned between countries that share a border; and integrate the learning from this project with other HIV/AIDS-related initiatives to guarantee project sustainability and client follow-up.

## V. ATTACHMENTS

### Attachment A: IMPACT/Mexico Financial Summary

Total funds obligated with a breakdown of obligations by year:

<b>Implementing Agency</b>	<b>Start Date</b>	<b>End Date</b>	<b>Life of Project Budget (US\$)</b>	<b>Total Funding Expended (US\$)</b>
AFLUENTES 1	02/21/00	06/30/01	\$49,413	\$48,913
AFLUENTES 2	05/22/03	12/30/04	\$355,402	\$279,337
CAPPSIDA	10/11/99	10/11/00	\$123,445	\$123,445
CENSIDA	10/11/99	10/11/00	\$123,445	\$123,480
Colectivo Sol	04/01/04	03/31/05	94,320	\$94,320
FLACSO	10/01/04	03/31/06	\$409,991	\$332,798
INSP	11/20/01	03/31/05	\$390,570	\$390,091
ITM Special Work Order	n/a	n/a	\$7,447	\$7,447
MSH	04/01/02	12/31/02	\$45,454	\$42,931