The amfAR GMT Initiative
Mentoring Model:
Strengthening Organizational Capacity
and Impact Through Local Expertise
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Cover Photo: GMT Initiative grantee partners Laurent Accoh (MENS/Togo), John Mathenge (HOYMAS/Kenya), and Bachidzi Kwele (LeGaBiBo/Botswana) visit HOYMAS’ medical center and homeless shelter for male sex workers in Nairobi, Kenya.
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Although men who have sex with men (MSM) are 19 times more likely to have HIV than other reproductive aged adults, 80–90% of MSM in low- and middle-income countries do not have access to HIV prevention and care services. Transgender women are more than twice as likely as MSM to be living with HIV—and 49 times more likely than adults in the general population—but are even less likely to have access to HIV services. (In an effort to promote inclusivity and not conflate the distinct characteristics and needs of diverse groups of people, amfAR uses the acronym “GMT” to collectively refer to gay men, other men who have sex with men, and transgender individuals.)

From 2007 through 2014, the amfAR GMT Initiative Community Awards Program provided small grants to nearly 200 grassroots, GMT-led HIV organizations in over 80 low- and middle-income countries. These awards were designed to help organizations improve and expand the HIV services they provide for GMT individuals in places where homosexuality and being transgender are highly stigmatized or illegal and where they receive little or no funding from either their governments or the donor agencies that routinely support other HIV-related programs.

The GMT Initiative’s focus on providing support for smaller, grassroots organizations in resource-limited settings was part of a broader strategy to strengthen community-based responses to HIV, specifically among GMT individuals, in areas where they were often overlooked. Consequently, amfAR was frequently the first institutional donor to fund many of these organizations. Because these organizations are founded and run by GMT individuals who are most often pioneers in providing HIV services for GMT individuals within their communities, they know better than anyone how to reach and meet the needs of these highly marginalized and often hidden populations. However, as is the case with many community-based HIV service providers working in difficult settings with limited resources, they often have little prior experience running an organization and managing its growth.

**amfAR’s Mentoring Model**

In working closely with new grantees, amfAR quickly recognized that these partners needed additional, targeted support to help develop the data collection, program evaluation, strategic planning, and financial systems that would enable them to compete for and eventually secure funding from other, larger donors, such as the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and national governments. To help grantees in building needed organizational capacity, the GMT Initiative’s grant-making model rapidly evolved to include an offer of funded technical assistance to all Community Award recipients.

In providing technical assistance to grassroots organizations, many donors conduct regional trainings to build grantees’ organizational and financial management skills, but for individuals with little prior experience, such a structured approach—usually provided outside the context of their day-to-day work—is often insufficient to develop the knowledge necessary to implement these techniques back home. Such an approach also fails to recognize and address the diverse needs and experience levels that exist within groups. The mentoring model developed and employed by amfAR’s GMT Initiative recognizes and capitalizes on the organizational expertise that exists locally within grantees’ home settings.

The model pairs the grantee with a local expert—or mentor—to provide targeted guidance and training related to organizational sustainability (e.g., fundraising, governance, fiscal management, strategic planning, policies and procedures, etc.) and/or program implementation issues, such as service delivery, advocacy skills, and

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monitoring and evaluation. This model provides grantees with a unique opportunity to work closely with mentors over an extended period, affording them both the time and one-on-one training in their daily working context required to effectively learn and implement the skills needed to build organizational capacity, secure additional funding, and ensure sustainability over time.

After awarding each new grant, the GMT Initiative asked grantees to conduct an organizational audit to determine priority areas for capacity strengthening using the Global Fund for Children’s Organizational Capacity Index. GMT Initiative staff then worked with each organization’s leadership to select one area to be the focus of the capacity-building work for that funding period and to secure a locally based mentor with expertise in the designated area. The mentor was then contracted by amfAR to spend a set number of hours per month working with the grantee to make short- and long-term improvements. The hands-on technical assistance provided by mentors included a combination of site visits for in-person trainings, teleconferencing, email exchanges, and other forms of regular communication.

However, amfAR’s ability to systematically monitor, record, analyze, and report on the results of the GMT Initiative Mentoring Model has been limited, and it has also been challenging for grantees to measure and document the growth and success of their own organizational development process. In 2014, with financial support from Johnson & Johnson, the GMT Initiative undertook an effort to document the model’s best practices and impact. This report provides examples of capacity-strengthening activities employed and their impact on five grantee partner organizations, one from each of the regions in which the GMT Initiative provides support: Africa, the Asia-Pacific, the Caribbean, Latin America, and Eastern Europe and Central Asia.

In addition, the support from Johnson & Johnson allowed the GMT Initiative to convene two Regional Capacity-Strengthening Forums in 2014 in Nairobi, Kenya, and Panama City, Panama. These forums provided 11 grantee organizations and their mentors with a vital opportunity to discuss their capacity-strengthening challenges and successes, reassess their current organizational capacity using the Global Fund for Children’s index, and agree upon a set of additional variables they can use to measure their growth going forward. This report also contains a section summarizing those meetings and agreed upon variables.

3 Johnson & Johnson supported the Global Fund for Children (www.globalfundforchildren.org) in offering technical assistance to strengthen the GMT Initiatives’ capacity to measure results from its grantee partners’ organizational development efforts.

MENTORING IN ACTION

Collaborative Network of Persons Living with HIV (C-NET+)
– Belize City, Belize

C-NET+ was founded as a support group for people living with HIV in 2009. At the time, there were very few psychosocial support services targeting HIV-positive individuals in Belize, and, according to Eric Castellanos, executive director and founder of C-NET+, due to stigma and discrimination, it was very difficult to locate people living with HIV to invite them to join the group. In 2011, C-NET+ became a legally registered organization and it now provides a variety of outreach and support services, including psychosocial support, for people living with HIV.

Homosexuality remains illegal in Belize, and a 2013 suit aimed at overturning the law sparked massive anti-gay protests nationwide. Belize has an HIV prevalence rate of 1.4%, and while there is no official data regarding HIV among MSM in the country, the first ever surveillance survey of this population, conducted in 2012, found a rate of 14%.


Eric Castellanos (left), executive director of CNET+, is interviewed by a national radio station.

C-NET+ used its initial grant from amfAR in 2012 to establish a GMT peer education program designed to provide clients with essential guidance about treatment adherence and daily health practices—guidance they often do not receive in formal healthcare settings. The program begins with a two-week training workshop for the GMT peer educators, at the end of which they take a test and receive a diploma. Peer educators then make weekly visits to GMT individuals in the community, often in their homes, to counsel them about improving adherence to treatment.
and reducing their viral load and about handling common mental health issues like depression and anxiety. To further strengthen adherence, the educators also send clients text message reminders about when to take their medications.

“Our first grant for our first project was from amfAR. At the time we worked from my home and were a small group,” says Castellanos. “We have come a long way in three years, and this would not have been possible without amfAR supporting our projects and providing technical assistance and guidance.”

After amfAR’s investment in 2012, C-NET+ was able to obtain support from UNAIDS and then USAID/PASCA to develop its first strategic plan, which was instrumental in obtaining subsequent funding from the Global Fund and others. This additional support enabled the organization to obtain office space and hire staff for outreach work, but they had no policies in place to guide daily operations or manage growth.

In 2013, amfAR contracted Martha Carrillo, an HIV, sexual health, and gender consultant who regularly works with the Belizean national government and the UN, to mentor C-NET+ in developing a formal policy and procedures manual. Carrillo worked with C-NET+ over a five-month period to develop the manual, which covers basic organizational procedures, including staff hiring and firing, work hours, code of conduct, employee compensation, and travel policies, among other issues. “The organization was founded by a number of people living with HIV who had no experience in project management or running an organization, but who knew what their community’s most urgent needs were and could work to meet those needs,” says Carrillo. “The process of creating the manual itself was very helpful because it engaged the board and the staff in learning how to develop these kinds of policies.”

Carrillo met with C-NET+ regularly for two months as they developed the manual, showing them examples of similar documents from other organizations, and engaging them in analyzing the key areas they needed to address. She then drafted a manual based on the sessions and brought it to the staff for review and feedback. For the next three months she met with Castellanos and the board every two weeks to follow up and discuss implementation. “They really developed their own manual. I was just there to guide them,” she says.

C-NET+’s achievements and growth since receiving amfAR’s support and technical assistance:

• Created and implemented a five-year strategic plan for the organization
• Developed and implemented a staff policies and procedures manual
• Received funding from the Global Fund, UNAIDS, and REDCA+
• Increased its annual budget from $20,000 to $80,000 in three years
• Accorded representation on the Country Coordinating Mechanism (the CCM, which manages Global Fund projects within Belize), the National AIDS Commission, and the National Care and Treatment Committee
• Now employs five full-time staff members and 12 part-time peer educators
• Successfully advocated for the Ministry of Health to provide viral load testing for people living with HIV (to be offered beginning March 2015)
• Performed nearly 600 home visits, distributed over 4,000 condoms, and achieved 100% antiretroviral (ARV) adherence among HIV-positive peer counseling clients

Men Against AIDS Youth Group (MAAYGO)
– Kisumu, Kenya

Homosexuality is illegal in Kenya, and GMT individuals are often discriminated against in employment and educational settings and may also be denied family support if unemployed and without funds. The resulting economic instability increases HIV transmission risks, as many GMT individuals lack stable housing and may engage in sex work to support themselves. The HIV rate in Kenya is approximately 6% among the general population and approximately 18% among MSM. MAAYGO was founded in 2009 to reduce HIV vulnerabilities among GMT individuals in Kisumu. Given the harsh economic environment for many GMT individuals, the organization decided to incorporate economic empowerment activities as part of its services for the community.

MAAYGO received its first amfAR grant in 2013. The aim of the grant was to assess the economic barriers that
GMT individuals face and provide them with job skills training and microloans of roughly $150–$200 to start their own small businesses, such as selling second-hand clothing or running a small food kiosk. MAAYGO also helps clients navigate health systems to avoid GMT-related discrimination—which is common in Kenya—and provides treatment adherence counseling and other HIV prevention and treatment support services. In addition, it conducts outreach and advocacy to combat the stigma that surrounds GMT among all sectors of society, including the police and tribal leaders.

MAAYGO is mentored by Dancan Omondi, an organizational capacity development consultant attached to the Mentors ARTS Center in Kisumu. In the past, Omondi served as a technical advisor at the Kisumu office of the International Center for AIDS Care and Treatment Programs (ICAP) and managed a national capacity-strengthening program while working at LVCT Health, a PEPFAR-funded NGO operating throughout Kenya. Omondi initially provided his professional expertise to MAAYGO on a volunteer basis, but amfAR’s funding has allowed him to work with them more closely and more often.

“When amfAR came in, MAAYGO had some gaps in terms of organizational systems,” says Omondi. “They didn’t have a good organizational framework, and lacked indicators to measure impact, as well as good data collection and reporting tools.” In 2014, with amfAR’s support, Omondi worked with MAAYGO on several fronts, including developing and implementing a strategic plan, restructuring their leadership and Board of Directors to better mobilize resources, and developing a monitoring and evaluation system to track and document the success of their programs. In addition, he coached the organization’s senior staff on management-related issues, such as chain of command and conflict resolution, transparent leadership, and basic policy and procedures, and helped MAAYGO develop presentations for use in conducting sensitivity forums designed to educate health workers and other community members about GMT-related issues. Omondi and the MAAYGO team also worked with GMT Initiative staff to develop and implement a system to monitor adherence among HIV-positive clients receiving ARV treatment and to bolster adherence through peer support groups.

“For me, it’s about strengthening our organizational systems to ensure that we see justice and liberty,” says Kennedy Otieno, health and programs coordinator at MAAYGO. “From 2005 through 2008, I saw the majority of my colleagues dying because of HIV. That is when I said, ‘We need to come out and start talking openly about these issues. If we continue hiding, we are going to be wiped out by HIV.’ I’m a gay man and I know what challenges my community has.”

MAAYGO’s achievements and growth since receiving amfAR’s technical assistance:

- Developed a strategic plan, a governance plan, and a monitoring and evaluation system to track the effectiveness and success of the organization’s programs
- Secured additional funding from a number of new donors, including the Kenyan Ministry of Health, the National AIDS Control Program, the International HIV/AIDS Alliance (through the Kenya AIDS NGO Consortium (KANCO)), the MTV Staying Alive Foundation, Advocates for Youth, and COC Netherlands
- Tripled its budget in two years
- Provided microloans to approximately 40 GMT individuals
- Linked approximately 100 GMT to HIV care and treatment and successfully monitored and improved treatment adherence for approximately 25 GMT individuals
- Published two papers in research journals about HIV among Kenyan GMT individuals
- Conducted three half-day GMT sensitivity trainings between April 2013 and March 2014 for health workers, civil servants, bank managers, police, and tribal leaders, and organized and conducted four two-day training sessions on HIV-related issues for over 100 GMT individuals
SOMOSGAY
– Asunción, Paraguay

SOMOSGAY received its first amfAR grant in 2011 to establish an LGBT Community Center, the first of its kind in Paraguay. The grant enabled the organization to provide a safe space for LGBT people to congregate and to offer a variety of health services, including support groups and voluntary HIV counseling and testing. SOMOSGAY was the first organization to provide counseling and testing outside a government facility in Asunción, Paraguay’s capital. It was also the first organization to undertake advocacy and protest activities, which are regularly covered in the country’s media, to champion human rights issues for the LGBT community.

Although same-sex sexual activity is not illegal in Paraguay, the rights of LGBT people are not protected and harassment and discrimination are still very common. The HIV rate is approximately 27% among transgender women and 13% among gay men and other MSM, compared to a rate of 0.5% among adults in the general population.

After completing its audit to identify the areas most in need of capacity strengthening, as part of its initial amfAR grant, SOMOSGAY requested support to develop a strategic plan. As part of subsequent grants from the GMT Initiative, SOMOSGAY has continued to receive technical assistance in multiple areas, including fundraising and advocacy. In 2014, amfAR contracted with Diana Garcia, then head of Vice-Ministry of Youth, to help SOMOSGAY strengthen its monitoring and evaluation capacity and its fundraising skills. SOMOSGAY had previously met and worked with Garcia while helping to develop programming to combat discrimination against LGBT youth in Paraguay.

“Our organization has grown by leaps and bounds since we received our first amfAR grant,” says Simon Cazal, co-founder and executive director of SOMOSGAY. “Working with our local mentors was key to this, as it has allowed us to develop capabilities within our organization that have made our work sustainable. The mentors’ close proximity and ability to work with us directly in the field was the most useful aspect.”

As a mentor, Garcia held a workshop with the organization’s staff and volunteers to identify work priorities and develop a monitoring and evaluation system based on those priorities. After the workshop, she remained in regular contact with the staff for four months—by phone, email, and through in-person meetings—to guide them as they worked to implement the plan.

“Accountability to the community is a main pillar of SOMOSGAY’s work, so involving beneficiaries, supporters, and local activists in assessing and evaluating the organization’s activities was crucial for the process,” says Garcia. “One of the main challenges was developing definitions regarding operations and project-related issues that are simple and communicable to community members who do not have a lot of prior experience.”

She adds that she believes the “unprecedented success” of SOMOSGAY’s program management and advocacy efforts could “contribute to the adoption of their best practices by other, similar organizations, and arouse social sciences’ interest in the LGBT movement in Paraguay.” Cazal reports that other organizations have already adopted their model of providing free HIV tests to GMT individuals and that SOMOSGAY’s testing efforts have resulted in a 20% increase in the number of GMT individuals getting tested for HIV in Asunción.

A meeting at the SOMOSGAY community center in Asunción, Paraguay
Thai Transgender Alliance (ThaiTGA) – Bangkok, Thailand

ThaiTGA is a network of transgender activists founded in 2010 to fight for the basic rights and legal recognition of transgender individuals in Thailand. Currently, transgender individuals in Thailand cannot legally change their gender, and many transgender women avoid using health and HIV services because they face discrimination and humiliation, including being treated as men and publicly addressed by their male names in crowded waiting rooms. Transgender individuals are also subjected to violence and harassment by the police and society at large, and are routinely denied jobs because of their gender—but have little legal recourse.

ThaiTGA believes it cannot adequately respond to HIV among transgender women in Thailand until their gender and rights are legally recognized. “In Thai society, transgender individuals are heavily marginalized, or one might say, left at the edge of the margin and about to fall off the page—denied employment, impoverished, confused, devoid of rights, and without a way out,” says Kath Khangpiboon, co-founder of ThaiTGA.

Finding HIV data on transgender individuals in Thailand is challenging. Since transgender women are not legally recognized as female, for many years they have been classified as MSM. Currently, MSM account for 41% of new HIV infections in Thailand, with an HIV prevalence of 25% among MSM in Bangkok—compared to 1.1% among adults aged 15–49.

SOMOSGAY’s achievements and growth since receiving amfAR’s technical assistance:

• Developed and implemented a strategic plan, a monitoring and evaluation system, and manuals on internal operations, administration, financial procedures, human resources, and communications
• Developed a fundraising strategy and calendar with key fundraising events
• Secured funding from new donors, including the Global Fund, UNAIDS, the European Union, the Canada Fund, and the national government
• Increased its annual budget from $35,000 in 2011 to $400,000 in 2015
• Doubled the number of annual visits to the Paraguayan LGBT Community Center since 2011
• Opened a new Men’s Wellness Center in 2013 that performed more than 3,200 rapid HIV tests for MSM between May 2013 and October 2014 and began providing ARV services, enrolling more than 150 patients in treatment and follow up
• Successfully advocated for inclusion of GMT individuals in the 2012 National HIV/AIDS Strategic Plan
• Secured representation on the Country Coordinating Mechanism, which manages Global Fund projects within the country
• Developed a manual and conducted sensitivity training for police about issues faced by LGBT
• Developed a guidebook for the media on how to appropriately report on LGBT issues
• Organized media and social media campaigns promoting LGBT rights that reached more than two million people

Kent Klindera, director of the GMT Initiative (third from left), with several ThaiTGA staff members
With support from the Arcus Foundation, the GMT Initiative awarded ThaiTGA a two-year grant in 2013 as part of its Advocacy in Action program, which funds trans-led organizations to develop and implement advocacy projects focused on transgender health and rights.

ThaiTGA is using the funding to advocate for permission to officially register as a nonprofit organization, which is difficult for transgender groups in Thailand due to the lack of legal recognition. Until they are registered, they cannot receive financial support from the government or larger donors. The group is also using amfAR’s support to draft and advocate passage of a gender recognition law and to develop national guidelines for parents of transgender children.

After undergoing the audit to identify the area most urgently in need of capacity strengthening, ThaiTGA requested a mentor to help them develop a financial plan. amfAR contracted Saran Pimthong, a staff member of the international organization PACT, to help ThaiTGA develop a plan and build related skills. Pimthong worked with the group for five months and helped them develop an overall financial management system, including budgeting templates, charts, and planning processes.

amfAR then provided additional capacity-strengthening support to further assist ThaiTGA in officially registering as an independent NGO. The process is currently underway, and ThaiTGA is hopeful the government will grant them legal status. However, if they are denied, they plan to organize a national advocacy campaign challenging the government’s conservative stance on transgender rights in Thailand.

“amfAR’s support is responding to our specific need because in the past we never had the money or budget to organize a large gender recognition campaign to help us get support for the legislation,” says Akekrin Kerdsoong, ThaiTGA project coordinator. “Through financial strengthening and getting registered, we will be able to access other funding in the future.” She adds that before working with Pimthong, the staff often missed deadlines or did not properly complete forms regarding grants from donors, resulting in the loss of needed resources. With training, they now understand and can complete these processes.

ThaiTGA’s achievements and growth since receiving amfAR’s technical assistance:

- Developed a monitoring and evaluation plan and an accounting manual
- Developed handbooks on transgender health, ways to prevent discrimination against transgender individuals, and the transgender lifestyle
- Organized candlelight vigils against violence towards transgender individuals and other public events that garnered media attention
- Organized academic panels, including one on the International Day Against Homophobia and Transphobia entitled “Freedom of Expression”
- Conducted two research studies to help in drafting the proposed gender recognition legislation. One study looked at gender recognition laws worldwide and how to adapt them to a Thai setting, and the other focused on identifying the specific needs that transgender individuals in Thailand would like the proposed law to address.
- Organized and held a Gender Recognition Training that resulted in 20 new transgender activists joining the organization
- Formed alliances with other community-based organizations, including the Sisters Foundation, the Health and Opportunity Network (HON), and the Foundation for SOGI Rights and Justice. The organizations are currently jointly drafting a memorandum of understanding to be signed by mid-2015.

Equal Opportunities
– Dushanbe, Tajikistan

Equal Opportunities was founded in 2006 to provide HIV outreach to GMT individuals. Today it also trains doctors, nurses, and counselors on how to provide GMT-friendly treatment at government health centers, conducts sexual health workshops for GMT individuals at its resources center, and advocates for better HIV services and rights for GMT in Tajikistan.

Although homosexuality is legal in Tajikistan, it is a conservative, Muslim-majority country where little information about sex and HIV is available, and testing rates for HIV remain dangerously low among all segments of the population. While tests for other sexually transmitted infections (STIs) are available at all health clinics, only government healthcare workers can legally perform HIV tests, which deters many GMT individuals from getting tested due to fear of stigma and discrimination. In a 2012
survey of new visitors to Equal Opportunities’ resources center for GMT individuals, only 19 of 152 respondents were able to correctly answer basic questions about HIV and how it is contracted, underscoring the critical need for outreach and education.

Equal Opportunities received funding from the Global Fund before amfAR awarded the organization its first grant in 2010, but the funding only covered prevention and distribution of condoms and lubricant. “The amfAR grant was a really great opportunity for us,” says Kiromiddin Gulov, executive director of Equal Opportunities. “Before that we did not have funding for components like trainings and support groups, and it also wasn’t possible to provide STI counseling, testing, and treatment.”

Since receiving its first amfAR grant, Equal Opportunities has successfully worked with a number of mentors in a variety of key areas. These include assessing and improving financial management and developing a computerized accounting system; learning program management skills and developing a strategic plan; teaching English to the staff; and strengthening advocacy skills. The latter has included guidance on how to conduct meetings with government officials and ascertain their opinions and plans regarding HIV and GMT; how to conduct public information campaigns; and how to work with other human rights and HIV organizations.

Because little work on HIV among GMT has been undertaken or is currently being done in Tajikistan, even by the larger international organizations, amfAR contracted with experts from Ukraine, including Leyma Geydar from LiGA, a LGBT advocacy and direct services organization based in Nikoleav, Ukraine, to mentor Equal Opportunities in some of its chosen areas. This involved both sending the mentor to Tajikistan and sending members of Equal Opportunities to Ukraine for on-site training. “For us, this assistance has been very important,” says Gulov. “Many of the people who are working with the organization, as well as the community members who come to the resources center, do not have a high level of education and didn’t finish university. This training has helped them become more educated and professional, and they can give us quality feedback on our strategic plan and the services we provide and whether they agree that these are the services the community needs.”

He adds that while all of the mentors they have worked with have been extremely helpful in developing their capacity, he especially appreciated when the mentor was locally based and could visit their offices and work with them regularly, rather than meeting in person just once or twice and then communicating only through Skype or email. He also adds that before working with amfAR, Equal Opportunities did not focus on programmatic issues that help develop capacity and secure funding. “Now, when donors come to meet with us and say, do you have a strategic plan, we are proudly showing them this and that kind of document and sharing how it helps our work,” he says.

Members of Equal Opportunities promote LGBT rights.

Equal Opportunities’ achievements and growth since receiving amfAR’s technical assistance:

- Developed and implemented strategic, financial, and advocacy plans, as well as a monitoring and evaluation system
- Increased its annual budget from US$20,000 in 2009 to US$300,000 in 2014
- Increased the number of GMT individuals reached nationwide from 23 in 2007 to 1,019 in 2014
- Expanded staff to 12 full-time members and four part-time doctors
- Conducted a national study on the treatment of GMT individuals by the national government and the media and on the GMT community’s needs, and presented the findings to the UN in Geneva and to government representatives
- Successfully advocated for the government to include MSM in the National AIDS Strategic Plan
Since 2009, the GMT Initiative Mentoring Model has contracted with local experts in all regions to assist our grantees—GMT-led community organizations—in strengthening their organizational capacity by learning and adopting the skills essential to increasing impact and securing sustained funding from larger donors. The following summarizes the programs’ most effective methods. In our experience, to help ensure the success of capacity-building efforts and that resources are invested wisely, it is vital to:

- Select and contract with locally based mentors who can meet regularly with an organization’s leadership, host on-site workshops for all staff and volunteers, and go into the field with grantees to witness firsthand the services provided, people served, and challenges faced on a daily basis. In addition, selecting mentors who are linked to larger local health and human rights organizations provides the community-based GMT organization with the opportunity to connect with these other players and raise their profile.
- Develop practical ways to explain organizational concepts in simple language—avoiding the use of jargon or complex terms—when teaching staff and volunteers about capacity-strengthening processes, since many lack prior organizational experience and/or formal education.
- Engage the staff and community members in analysis of programming and consult with them at every step to ensure they understand the process of developing documents, policies, and plans, so they can do so on their own in the future.
- Involve staff and community members throughout the process to ensure that the plans and policies developed meet the communities’ needs and to help increase their sense of ownership of the organization.
- Ensure that organizations play a central role in selecting their mentor. This will allow them to work more closely with experts they may already have a relationship with who are enthusiastic and knowledgeable about the organization’s work and mission.

Although the GMT Initiative Mentoring Model has provided essential capacity-strengthening support to grantee organizations, it has been challenging for amfAR to assess the impact of these efforts. However, with generous support from Johnson & Johnson, amfAR held two consultations in 2014—in Panama City, Panama, and in Nairobi, Kenya—for 11 grantee partners in Latin America and Africa and their mentors to collectively develop a system with amfAR to measure the impact of capacity-strengthening assistance on their organizational capacity over time.

As part of the consultation, each grantee used The Global Fund for Children’s Organizational Capacity Index to assess the current capacity of their organization, both overall and in eight key areas: planning; fundraising; governance; human resource development; financial management; monitoring, learning, and evaluation; community and external relations; and information technology. In addition to the assessment, participants had in-depth discussions about their organizational successes and challenges and then agreed collectively on specific indicators that they will use over the next three to four years to monitor and document growth in their organizational capacity.

Regional Technical Assistance Workshop in Panama City, Panama, August 21–22, 2014:

Participants: C-NET+, Belize; Sileuta X Association, Ecuador; Centro de Desarrollo e Investigación sobre Juventud, A.C. (CDIJ), Mexico; Panama Genesis Group, Panama; and SOMOSGAY, Paraguay

Agreed upon indicators: In addition to tracking specific service delivery indicators, such as number of
GMT individuals tested for HIV/STIs, number of individuals linked to HIV care, number of individuals adherent to ARV treatment, and number of individuals enrolled in mental health services, the grantees collectively agreed to track the following indicators related to capacity:

- Number of alliances established with key local and national organizations
- Percentage increase in the organization’s economic resources
- Number of meetings with key stakeholders to report intervention results
- Number of externally validated audits based on the organization’s financial and administrative manuals

Regional Technical Assistance Workshop in Nairobi, Kenya, September 20–21, 2014:

Participants: Lesbians, Gays and Bisexuals of Botswana (LEGABIGO), Botswana; Alternatives-Cameroun, Cameroon; Action Humanitaire Pour la Santé et le Développement Communautaire (AHUSADEC), Democratic Republic of the Congo; Health Options for Young Men with HIV, AIDS and STIs (HOYMAS), Kenya; Men Against AIDS Youth Group (MAAYGO), Kenya; and MEN'S, Togo

Agreed upon indicators: Similar to the Latin American meeting, in addition to service delivery indicators, the grantees collectively agreed to track the following indicators related to capacity:

- Percentage increase in the organization’s budget
- Number of years that a monitoring and evaluation plan has been in place
- Number of years that a strategic plan that aligns with national HIV policies has been in place
- Percentage of quality staff retained on an annual basis
- Number of years that a functioning and involved board of directors has been in place
- Number of years that a functioning operations policy has been in place that includes how authority flows within the organization

CONCLUSION

Community-led GMT organizations often establish GMT-focused HIV programs in areas where few or no services had previously existed for these populations—despite the fact that GMT individuals are often the people most at risk of contracting and transmitting HIV. These community-based organizations have the best knowledge of how to reach marginalized and hard-to-reach GMT individuals and how best to meet their HIV-related needs. In addition, and equally important, community members trust these organizations to provide services without the discrimination often encountered when seeking care in other facilities.

However, because many of the individuals who lead these organizations have traditionally lacked prior management experience, their ability to develop the organizational capacity necessary to secure increased funding and scale up services was limited. The GMT Initiative Mentoring Model paired organization leaders and staff with local experts, which not only helped them implement the systems necessary to secure more funding and scale up services, but also provided a strong knowledge of the processes involved in systems development, management of a nonprofit organization, and conducting research that would allow other organizations to implement their successful methods.

Through this support from local mentors, many of the GMT Initiative’s grantee partners successfully established the first HIV testing, treatment, and support services for GMT individuals in their communities and helped build the first GMT advocacy movements. Many successfully advocated for their government to include GMT individuals in its national HIV plan for the first time. They built relationships with media, police, and other local leaders to improve the treatment of GMT individuals. And several not only secured funding from PEPFAR, UNAIDS, the Global Fund, and/or their national governments, but also now regularly meet with governmental representatives and sit on the committees that guide these organizations’ operations in their country, helping ensure that GMT individuals’ interests and voices are a part of the national response to HIV.
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