Evidence in Action:
Measuring the Impact of Community-Led HIV Interventions by and for Gay Men, Other MSM, and Transgender Individuals

amfAR, The Foundation for AIDS Research

 GMT

THE Initiative
Funding for the Evidence in Action project was provided by:

ELTON JOHN AIDS FOUNDATION

POSITIVE ACTION

Cover photos (clockwise from top left): Winners of the Miss Tiffany trans beauty pageant participate in a Thai Transgender Alliance event on International Day Against Homophobia, Transphobia and Biphobia. Advocates from IshtarMSM hand out condoms in Nairobi, Kenya. Clients meet at the SOMOSGAY community center in Asunción, Paraguay. A client at The Center for the Development of People (CEDEP) learns about HIV prevention in Lilongwe, Malawi. All of the pictured organizations are current or former GMT Initiative grantee partners.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Organization Profiles</td>
<td>4</td>
</tr>
<tr>
<td>Asociación ALFIL, HGLBT, Identidades en Diálogo – Quito, Ecuador</td>
<td>4</td>
</tr>
<tr>
<td>Alternatives-Cameroun – Douala, Cameroon</td>
<td>7</td>
</tr>
<tr>
<td>Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP) – Panama City, Panama</td>
<td>10</td>
</tr>
<tr>
<td>Asociación Solidaria para Impulsar el Desarrollo Humano (ASPIDH ARCO IRIS) – San Salvador, El Salvador</td>
<td>13</td>
</tr>
<tr>
<td>Bandhu Social Welfare Society (BSWS) – Dhaka, Bangladesh</td>
<td>16</td>
</tr>
<tr>
<td>Collaborative Network for Persons Living with HIV (C-NET+) – Belize City, Belize</td>
<td>19</td>
</tr>
<tr>
<td>Caribbean HIV/AIDS Partnership, Grenada Chapter (GrenCHAP) – St. George’s, Grenada</td>
<td>22</td>
</tr>
<tr>
<td>The Siberian Alternative Center for Health and Social Support (SIBALT) – Omsk, Russia</td>
<td>25</td>
</tr>
<tr>
<td>SOMOSGAY – Asunción, Paraguay</td>
<td>28</td>
</tr>
<tr>
<td>Conclusions</td>
<td>31</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>AAS</td>
<td>Ashar Alo Society (Bangladesh)</td>
</tr>
<tr>
<td>AHMNP</td>
<td>Asociación Hombres y Mujeres Nuevos de Panamá</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ALFIL</td>
<td>Asociación ALFIL, HGLBT, Identidades de Dialogo (Ecuador)</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>ASPIDH</td>
<td>Asociación Solidaria para Impulsar el Desarrollo Humano (El Salvador)</td>
</tr>
<tr>
<td>BSWS</td>
<td>Bandhu Social Welfare Society (Bangladesh)</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>C-NET+</td>
<td>Collaborative Network for Persons Living with HIV (Belize)</td>
</tr>
<tr>
<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>GMT</td>
<td>Gay men, other men who have sex with men, and transgender individuals</td>
</tr>
<tr>
<td>GrenCHAP</td>
<td>Caribbean HIV/AIDS Partnership – Grenada Chapter</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional review board</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, and transgender</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>PLWHA</td>
<td>Persons living with HIV/AIDS</td>
</tr>
<tr>
<td>REDCA+</td>
<td>The Central American Network of Persons Living with HIV</td>
</tr>
<tr>
<td>SIBALT</td>
<td>The Siberian Alternative Center for Health and Social Support (Russia)</td>
</tr>
<tr>
<td>SOGI</td>
<td>Sexual orientation and gender identity</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counseling and testing</td>
</tr>
</tbody>
</table>
Evidence in Action

Introductions

Globally, men who have sex with men (MSM) are approximately 19 times more likely to be infected with HIV than other adults in the general population, and transgender women are 49 times more likely. However, in many countries very little data exists about HIV rates and trends among gay men, other men who have sex with men, and transgender individuals (collectively, GMT) or about the most effective outreach methods to reach them.

In response to this alarming epidemic, over the past six years amfAR’s GMT Initiative has provided small grants to over 180 grassroots, GMT-led organizations offering HIV services to people in their communities. Many of these organizations operate in low- and middle-income countries where homosexuality or being transgender is highly stigmatized or often illegal. In providing funding, the GMT Initiative utilized an open call for proposals and participatory grant-making strategies, whereby community-based HIV service providers and activists made funding decisions on which projects to support. This made amfAR’s grant-making processes more transparent and based in the “lived realities” and experiences of these individuals. The work of the GMT Initiative has always been guided by the belief that GMT individuals themselves know best how to reach and empower other members of their community. Consequently, amfAR has often been one of the first institutional donors for organizations that grew out of the very communities they serve.

However, these successful community programs to combat HIV among GMT individuals are not sufficient to turn the tide of the epidemic if implemented only on a small scale. Efforts to expand this programming have been stymied by a lack of support from other, larger donors, including the President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, and other multilateral and bilateral agencies. To explain this glaring omission in the global AIDS response, many donors have cited a lack of evidence on the effectiveness of such programming. Therefore, amfAR took steps to help several of its established community-based partners strengthen their programs and gather the evidence they would need to make the case for increased national and international support.

This new program, Evidence in Action, was launched in January 2012 with generous financial support from ViiV Healthcare’s Positive Action program and the Elton John AIDS Foundation. Over three years, the program aimed to increase the global knowledge base about effective, community-based HIV/AIDS services targeting GMT populations by evaluating and documenting the impact of such programs.

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Evidence in Action

amfAR / The GMT Initiative

Evidence in Action

worked with the grantee partners, amfAR staff, and colleagues from the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health to develop research protocols for the studies. Once finalized, many of the teams sought national-level institutional review board (IRB) approval to formalize the research.

Using a relatively limited program implementation budget (up to US$25,000) and evaluation budget (up to $20,000), each partner organization worked with its external evaluator to assess the effectiveness of the GMT-specific HIV services provided. In addition, each external evaluator worked with his or her respective community-based organization’s staff to strengthen their monitoring and evaluation skills to help them in designing and conducting future evaluations. Most organizations proposed a 12-month period for project implementation. Most of the evaluators proposed an additional 12-month period (prior to and following the intervention) to collect, assess, and analyze baseline and endline data.

Given that each organization had only a modest budget for project evaluation and many were doing this work for the first time, many of the evaluators and project leaders elected to conduct more qualitative, rather than quantitative, assessments of the programs’ impact. While these analyses produced valuable findings that will enable the organizations to better address their clients’ needs and will be used for future advocacy efforts, some of the evaluations were not as rigorous as amfAR had hoped. However, both the challenges and successes experienced by amfAR and the partner organizations yielded many insights into which strategies best reach GMT individuals and which work best to document the impact of community-led organizations’ work.

This report offers specific findings from evaluation activities for nine of the ten Evidence in Action-supported programs. It details how GMT-led organizations have implemented programs that show promise in improving outcomes at each stage of the HIV care continuum by increasing the number of GMT individuals who are tested for HIV, enrolled in care if they test positive, retained in care, and adherent to HIV medications. At the end, a summary of recommendations is offered to help increase the impact of future support for program implementation and capacity strengthening among GMT-led organizations.

In selecting partners to be included in the project, the GMT Initiative assessed past grantees using the following criteria: a proven track record of program implementation and management, strong reporting to amfAR, legitimacy within the communities they serve, and strong financial management and governance. Geographic diversity was also considered so that amfAR could assess models from various regions. amfAR staff then worked with each to develop an innovative project for implementation. Each of the ten projects integrated the new science of “combination HIV prevention” strategies (i.e., combining behavioral, biomedical, and structural interventions), with an emphasis on HIV testing and adherence to antiretroviral therapy (ART). Most of the projects also addressed sexual orientation and gender identity (SOGI), HIV-related stigma and discrimination in healthcare settings, and the need for psychosocial support programs for GMT individuals.

Each partner assisted amfAR in securing a local or regional expert evaluator from either a university or a research institution to help design and implement baseline and endline assessments to measure the effectiveness of their project. These evaluation experts

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2 Ishtar is still conducting the intervention and endline assessment, which it expects to complete by August 2015. Therefore, findings from its project evaluation are not included in this publication.

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 GMT-led, geographically diverse community-based organizations (CBOs). Partners included:

- Asociación ALFIL, HGLBT, Identidades en Diálogo [Quito, Ecuador]
- Alternatives-Cameroun [Douala, Cameroon]
- Asociación Hombres y Mujeres Nuevos de Panamá (AHNMP) [Panama City, Panama]
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- Bandhu Social Welfare Society (BSWS) [Dhaka, Bangladesh]
- Caribbean HIV/AIDS Partnership – Grenada Chapter (GrenCHAP) [St. George’s, Grenada]
- Collaborative Network for Persons Living with HIV (C-NET+) [Belize City, Belize]
- IshtarMSM [Nairobi, Kenya] 2
- The Siberian Alternative Center for Health and Social Support (SIBALT) [Omsk, Russia]
- SOMOSGAY [Asunción, Paraguay]
Project Title: Medical and Psychological Services and HIV/AIDS Prevention for GMT
Project Period: 2012–2013

Project Summary:
ALFIL implemented and evaluated a combination HIV/AIDS prevention program for GMT individuals—with an emphasis on reaching transgender individuals—that sought to reduce HIV/STI risk-taking behavior and increase HIV testing and antiretroviral (ARV) adherence. Project activities included outreach and strategic communication to create greater demand for services; sexual health skills-building workshops; sexual and mental health counseling services; and referrals of clients living with HIV to public sector centers for ARV medications and follow-up care.

Measurable Project Successes (selected):
- Developed a formal tracking system to record and document project inputs, outputs, and outcomes.
- Established formal relationships with public sector clinics to provide quality ARV services for GMT individuals.
- Documented an 84% increase in clients receiving ARV services at the public sector clinic where ALFIL referred its clients.
- Documented a 32% increase in reported use of condoms among clients at ALFIL’s clinic.
- Increased ALFIL staff members’ capacity to perform monitoring and evaluation practices.

Background: Ecuador and ALFIL
According to UNAIDS, 37,000 people were living with HIV in Ecuador in 2013. A majority were GMT individuals, with an estimated HIV prevalence of 11–14% among MSM and 31.9% among transgender individuals. Both groups also demonstrated high rates of other STIs. Same-sex sexual activity is legal in Ecuador; however, homophobia and transphobia still create major impediments to reaching these key populations.

Founded as a non-governmental organization in 2006, ALFIL promotes the rights and health of LGBT communities in Ecuador. Since its inception, ALFIL has designed and implemented innovative community-led pilot projects to deliver health services to LGBT individuals (with an emphasis on transgender individuals). ALFIL has also worked in partnership with other community-based organizations to advocate locally and nationally for LGBT health and rights and to organize conferences and networking meetings with LGBT individuals and other stakeholders. ALFIL’s advocacy strategy includes participating in local and national political processes, such as its membership on the committee working to implement Bylaw 240. This bylaw, first proposed on November 21, 2007, aims to create social, legal, and cultural inclusion for LGBT individuals in Quito. Various LGBT groups in Quito came together to advocate for the law, which was passed in May 2014.

Project Profile: Medical and Psychological Services and HIV/AIDS Prevention for GMT
ALFIL sought to increase HIV/STI testing and referrals to public sector clinics for ARV medications by promoting and offering services at the country’s first transgender-specific healthcare center, originally established using a small grant from the GMT Initiative. The clinic offered primary and ‘gender-affirming’ healthcare services, including basic health check-ups, mental health services, and HIV/STI testing. While all members of the GMT community were welcome, services catered primarily to transgender individuals, and 60% of clients were transgender women.
Evidence in Action

During the project, ALFIL received additional funding from the Global Fund, which helped strengthen its ability to monitor and document activities. ALFIL also signed a formal agreement with the Ministry of Health (MOH) to work with its Pichincha Provincial Health Directorate to improve health services for GMT individuals at four health facilities by providing sensitization trainings for healthcare providers.

ALFIL offered health services at its center to GMT clients, including HIV/STI screening. The organization also offered peer counseling and condom distribution five afternoons a week and organized several skills-building workshops for GMT community members on diverse topics, including advocacy, general sexual health, HIV/STI prevention and screening services, and ARV treatment and adherence, among others. ALFIL also implemented a community outreach program, utilizing peer educators and behavior change communication materials to promote HIV testing and ARV medication awareness. The program successfully reached 1,451 GMT individuals, 28 of their family members and friends, 58 healthcare practitioners, and 11 community leaders in Quito and surrounding towns, including Ambato, Ibarra, and Santo Domingo.

In addition, ALFIL implemented a new communications strategy that included a redesign of the organization’s website and brochures, and outreach to Ecuadorian media. In response to media advocacy efforts, 16 media outlets inquired about the project and helped promote its activities.

**Evaluation Specialist and Methodologies**

ALFIL and amfAR engaged Mr. Rodrigo Albuja—an expert in monitoring and evaluation who had worked as an informal advisor to ALFIL in the past and was trusted by community members—as its expert evaluator. Mr. Albuja conducted a quantitative study, interviewing 32 GMT individuals for both the baseline and endline assessments. In addition to comparisons for the endline study, baseline data was also used to identify gaps and weaknesses in service delivery at the ALFIL center and to coordinate services with the MOH in order to improve access for GMT individuals who had not previously been reached or tested.

**Key Findings**

ALFIL was able to measure success through two key strategies: the baseline evaluation and the development and implementation of a formal monitoring system. With additional support from the Global Fund, ALFIL set up a computerized tracking system that helped them document quantitative outcomes of the project. During the implementation period of the project:

- 151 GMT received HIV pre-test counseling.
- 136 clients were tested for HIV.
- 25 clients were tested for syphilis.
- 61 clients were referred for additional general health services.
- 12 clients who tested positive for HIV were linked to follow-up care at the Pichincha Provincial Health Clinic, with 88% enrolling in ARV services and 63% documenting adherence.
- 4,550 condoms and 3,030 sachets of lubricant were distributed to GMT individuals.

While the project evaluator did conduct baseline and endline surveys, there was inconsistency in data collection. Significantly, he did not survey the same individuals at both points, which made the data less reliable. Nonetheless, the same number of people (32) were surveyed each time, and the organization was able to glean some useful information from the survey. Eight of the 32 clients had tested positive for HIV. Although not all of these individuals were interviewed at baseline, this result does give some indication of infection trends within the community.
Compared with the baseline survey, endline results showed:

- A 32% increase in clients reporting 100% condom use
- A 10% increase in clients reporting sexual satisfaction when using a condom
- A majority of clients reported satisfaction with ALFIL’s health services:
  - 73% of clients responded that health services were “very good”;
  - 85% responded that ALFIL staff were excellent at providing support;
  - 88% thought time spent by staff with clients during appointments was adequate;
  - 90% indicated explanations of health outcomes offered by staff were clear; and
  - 69% found services very punctual.

Clinical data reported from the MOH/Pichincha Provincial Health Clinic indicated an 84% increase in the number of GMT clients served at the clinic from baseline to endline. This increase was based on various factors, including ALFIL referring clients living with HIV to the clinic for ARV treatment.

Elements of Success

One of the most important results of the project was the formal agreement with the MOH to promote “discrimination-free” health services for GMT individuals at four designated health facilities in Quito, including ALFIL’s own clinic. This represented a significant increase in the number of medical centers with staff specifically trained to work with and serve the needs of GMT. ALFIL recognized that external support from amfAR and the Global Fund helped them engage the MOH in such an agreement.

Another major success of the project was the development and implementation of a formal monitoring and evaluation system. Working with the external evaluator, ALFIL developed and implemented a computerized tracking system for clients, services, and activities. The system includes protocols to record demographic and health outcome information, as outlined in MOH guidance documents. As a result, ALFIL’s record keeping is now aligned with the information and indicators the MOH is tracking at the national level. Additionally, ALFIL began tracking the experiences and findings of its peer counselors, who now enter data, including the name of each client and services received, into a secure, confidential database. This system improved patient follow-up and was a key element in conducting the evaluation of ALFIL’s activities. By formalizing its referral system, ALFIL has expanded its contacts with other community organizations, government agencies, and advocacy alliances.

Challenges

Initially, ALFIL experienced challenges in its collaboration with the Pichincha Provincial Health District, due largely to staff turnover within the MOH and other bureaucratic delays, which postponed initiation of the project for several months. However, once a formal agreement was signed, ALFIL recognized the major asset they had acquired in having a direct connection to the MOH.

Additionally, Mr. Albuja faced significant challenges. His original proposed baseline assessment was focused on process indicators (e.g., number of clients served and number of condoms distributed), as opposed to measuring impact data, such as changes in attitudes and behaviors related to sexual risk reduction, HIV testing, and ARV adherence. amfAR worked with Mr. Albuja to make the baseline more suited to the needs of the project. In addition, he was unable to survey the same participants at both baseline and endline, as he had proposed in the original protocol. Therefore, applications of the findings from these results may be limited.
Project Title: The Screening Project – Community Outreach and HIV/AIDS Prevention and Care for GMT in Douala

Project Summary:
Alternatives implemented and evaluated a combination prevention project seeking to increase the uptake of HIV/STI testing and sexual risk-reduction counseling among GMT individuals in Douala through street, bar, community center, and Internet-based outreach, and by training health providers to offer GMT-friendly health services.

Measurable Project Successes (selected):
- Increased the number of GMT individuals tested for HIV and the number of HIV-positive individuals referred to treatment and care (277 GMT individuals were tested, representing a 27% increase over the prior year).
- Reduced the average time for HIV testing and counseling from four hours to 30 minutes.
- Increased the number of public healthcare workers trained in improving the quality of health services for GMT individuals (15 healthcare providers trained).
- Increased the capacity of Alternatives to deliver Internet-based outreach programs in a more systematic manner.

Background: Cameroon and Alternatives
UNAIDS estimates that 600,000 people were living with HIV in Cameroon in 2013, with an adult prevalence of approximately 4.3%. There is no official epidemiological data on MSM or transgender individuals available in Cameroon; however, research studies in Central and West Africa have shown prevalence rates for MSM to be between 13.5% and 25.3%, with no data available on transgender individuals.

Alternatives-Cameroun was established in 2006 to promote and provide discrimination-free health and human rights information, training, and education for LGBT in Cameroon. Alternatives reaches GMT individuals through various means, including social media, text messaging, and peer outreach in bars, on the street, and at community gatherings. Alternatives also operates a community and health center serving GMT individuals. In addition, Alternatives works locally (in Douala) and nationally to advocate for effective health and human rights policies for GMT individuals and to promote and support the formation and growth of other community-led GMT organizations throughout Cameroon. Alternatives coordinates its efforts with the National Program for the Fight Against AIDS (PNLS) and collaborates with both public and private health systems by training medical and paramedical staff on providing GMT-friendly health services at hospitals and clinics in four cities (Douala, Yaoundé, Bamenda, and Bertoua).

Project Profile: The Screening Project – Community Outreach and HIV/AIDS Prevention and Care for GMT in Douala

The Screening Project’s core objective was to increase the accessibility and uptake of quality health services—including HIV/STI services—among GMT individuals. After utilizing various health communication strategies, including peer education via social and sexual networking websites, text messaging, bar and street education, and home visits, Alternatives documented an increase in GMT individuals visiting their community center and accessing health services.

Staff also hosted GMT community gatherings using a traditional West African concept known as grins (a time-honored gathering of men) to provide support and discussion groups for beneficiaries in safe and private settings. While discussing various concerns, mainly SOGI-related societal and familial stigma and discrimination, the sessions also promoted healthy living, HIV/STI testing, ARV treatment and adherence, and sexual risk-reducing behaviors, such as condom and lubricant use. Alternatives’ health center offered medical consultations for minor ailments, HIV/STI screening and treatment, condom and lubricant distribution, CD4 count monitoring for GMT living with HIV, and referrals to healthcare facilities for more serious conditions. To complement the referrals, Alternatives staff trained 15 medical and
Evidence in Action

Evidence in Action

8

first experience after the age of 15. Almost one-third of the sample (29%) had completed secondary education, and 5% had finished only a primary level of schooling. The baseline also indicated a general lack of basic HIV/STI knowledge, including widespread erroneous beliefs about how HIV is transmitted. Regarding attitudes about preventing HIV, 12% expressed embarrassment about buying condoms, and 12% also reported embarrassment when asking a partner—man or woman—to use a condom.

Additional baseline results included:

- 29% of respondents purchased condoms and lubricant at private retailers, while the remaining 70% obtained them from the Alternatives community and health center.
- 13% did not believe that HIV is a problem for the LGBT community.
- 39% believed that the use of condoms reduces sexual pleasure.

During the endline survey, Mr. Boupda worked with Alternatives to measure differences in participants’ knowledge, attitudes, and intended behaviors, and also to formalize the organization’s monitoring and evaluation system to track quantitative data linked to the project’s outcomes. As demonstrated below, the results indicated that Alternative’s work to demystify HIV transmission and prevention successfully increased the number of GMT clients testing for HIV and enrolling in care if they tested positive; however, a significant percentage of GMT individuals involved in the study still remained misinformed on some prevention issues. The endline results included:

- 283 MSM were reached through social media.
- The average time for HIV testing conducted at Alternatives health center was reduced from four hours to 30 minutes.

Key Findings

Data from the baseline survey showed that age of sexual debut ranged between eight and 24 years, with 48% having had their first experience after the age of 15. Almost one-third of the sample (29%) had completed secondary education, and 5% had finished only a primary level of schooling. The baseline also indicated a general lack of basic HIV/STI knowledge, including widespread erroneous beliefs about how HIV is transmitted. Regarding attitudes about preventing HIV, 12% expressed embarrassment about buying condoms, and 12% also reported embarrassment when asking a partner—man or woman—to use a condom.

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Evaluation Specialist and Methodologies

amfAR and Alternatives originally started working with an evaluation specialists affiliated with the Center for Health Promotion (CHP), a health promotion and evaluation institution in Yaoundé affiliated with Johns Hopkins University Center for Public Health and Human Rights. Unfortunately, soon after the initiation of the project, the evaluator left Cameroon to pursue other academic interests. As an alternative, Mr. Alexis Boupda was assigned by CHP to conduct a quantitative evaluation of the Screening Project. Utilizing random sampling of Alternatives’ GMT clients, Mr. Boupda administered knowledge, attitude, and practices surveys to 62 individuals in Douala at both baseline and endline. He then analyzed and interpreted the results.

Because GMT individuals in Cameroon face constant discrimination and human rights violations, including threats to personal safety, potential arrest and incarceration, and extortion attempts by police and others, many are forced to hide their sexual orientation and/or gender identity from their families and communities. As a result, Alternatives had to develop and use innovative systems to reach and track its beneficiaries, while still ensuring their privacy and safety. For example, outreach was conducted through social and sexual networking websites such as Adam4Adam or Planet Romeo, as well as through more open channels like Facebook, on which staff and beneficiaries used aliases rather than real names.

Paramedical staff members from four hospitals in Douala on GMT-friendly health services.

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homophobic individuals. The organization’s work is constantly under threat, even though it has been granted legal recognition. Furthermore, stock-outs of ARV medications in Cameroon continued to be an issue during the project, greatly reducing the motivation for GMT individuals to seek HIV testing and treatment.

Another challenge was the evaluator’s commitment to the project. With the departure of the original evaluator, there was a delay in securing a replacement. Once secured, the evaluator needed some assistance in truly understanding GMT issues and his role in helping to strengthen Alternatives’ capacity to perform monitoring and evaluation. In the end, the evaluation was delayed, and Alternatives did not fully benefit from the capacity-strengthening component of the project.

Elements of Success

Having an online outreach program enabled Alternatives to encourage a larger number of hidden and hard-to-reach subpopulations of MSM to seek health services. Alternatives has a long history of engaging clients via text or online and then connecting them with in-person services, which assisted in the success of this project. In addition, offering comprehensive services at its community center and clinic, including mental health care and legal support, encouraged more GMT individuals to get tested and be linked to care. Finally, the organization’s longstanding leadership role and relationships with GMT communities, civil society organizations, and the MOH helped cultivate support from a variety of activists and civil society partners.
Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP)
Panama City, Panama

Project Title: Contributing to the Increase of MSM Attending Voluntary HIV Testing with Pre- and Post-Test Counseling

Project Summary:
AHMNP implemented and evaluated an awareness- and skills-building project to motivate urban and rural GMT individuals in Panama to seek HIV testing and risk-reduction counseling. The project also improved links to treatment and care services for GMT individuals living with HIV.

Measurable Project Successes (selected):
- 396 GMT individuals were tested for HIV through the project.
- 51 GMT tested positive for HIV and were linked to GMT-friendly care and treatment.
- 15 healthcare workers strengthened their skills in providing GMT-friendly services.
- AHMNP’s organizational capacity to monitor and evaluate its programs and track indicators of success was increased.

Background: Panama and AHMNP
According to UNAIDS, 8,000 people were living with HIV/AIDS in Panama in 2013, and the majority of them were GMT individuals. Data indicate a 29.4% HIV prevalence among MSM in Panama City, 9 with no data available on transgender individuals (although rates are assumed to be even higher than among MSM).

AHMNP was founded in 1996 to improve the quality of life of LGBT individuals in Panama by providing education, health services, and human rights advocacy. Through the years, AHMNP developed a strong reputation for its human rights advocacy efforts among governmental institutions, including the National Police, the Ministry of Education, and the Human Rights Ombudsman’s Office. In addition, AHMNP has developed strong relationships with UNAIDS, the MOH, USAID/PASCA, the Pan American Social Marketing Association (PASMO)/Population Services International (PSI), the Panamanian Association for Family Planning (APLAFA), Fundación Triángulo, and the Global Fund. Most recently, AHMNP has been collaborating with CIPACDH in Costa Rica to implement a regional HIV project targeting GMT individuals that is financed by Inter Church Cooperative for Development, COC Netherlands, and Bread for the World.

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Project Profile: Contributing to the Increase of MSM Attending Voluntary HIV Testing with Pre- and Post-Test Counseling
Implemented in Panama City and three rural provinces of Panama (Chiriquí, Bocas del Toro, and Ngöbe-Buglé), the project aimed to increase GMT individuals’ involvement in HIV testing and counseling through a GMT-specific social marketing campaign and to compare private and public testing venues to determine which services are most appealing to GMT individuals and to inform future policies on HIV testing. In total, 5,523 GMT individuals were reached through diverse outreach strategies, including mass media messaging on the Internet and radio, peer-education interactions, social events, and the dissemination of GMT-specific behavior change communication materials. AHMNP also used social media, particularly Facebook, as the main medium to promote 15 posters and two videos on HIV testing and risk reduction strategies. In addition to AHMNP staff members, a well-known transgender woman and the UNAIDS representative in Panama participated in the videos.

AHMNP trained 30 GMT community leaders in facilitation skills so they could encourage other GMT individuals to reduce sexual risks and seek HIV testing and treatment services. The training focused on communication and negotiation skills, healthy relationships, self-esteem, internalized homophobia, sexual risk reduction, proper condom and lubricant use, HIV testing, ARV adherence, human rights, legal issues, and advocacy skills.

A key evaluation component was to assess differences in testing rates among GMT individuals accessing services through a

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services. AHMNP staff and volunteers became more familiar with APLAFA's services and began serving as peer navigators for its GMT clients, especially for those living with HIV, guiding them as they sought out services and care. By the end of the project, AHMNP was able to offer testing at its own clinic and to refer people to APLAFA for GMT-friendly ARV services.

Due to the lack of cooperation from other NGOs, AHMNP engaged the national MOH to assist it in reaching more GMT individuals. Through negotiation, AHMNP convinced the government to assist in disseminating behavior change communication materials related to testing and ARV adherence through MOH affiliated clinics.

Evaluation Specialist and Methodologies
AHMNP recommended Dr. Gina Roman, who had years of evaluation experience and an affiliation with the University of Panama, as the external evaluator. AHMNP and amfAR contracted Dr. Roman to conduct quantitative baseline and endline assessments. The baseline survey was conducted with 144 GMT individuals who were recruited though AHMNP’s network of community organizers. Dr. Roman’s protocol proposed tracking and surveying additional GMT individuals as they were tested at the five proposed NGO testing sites. Unfortunately, since AHMNP was unable to secure participation from the other organizations, the evaluation had to be scaled back to track basic testing and referral indicators. However, Dr. Roman helped AHMNP develop a formal system to track HIV testing and referrals among their clients. She also helped them set up a tracking system to receive quarterly clinical data from affiliated HIV testing and counseling sites, though only APLAFA contributed during the project.

AHMNP was able to use the baseline data to identify training needs and improve strategies to reach GMT individuals who had not previously been reached or tested. For example, AHMNP recognized a lack of engagement with younger GMT individuals and developed specific outreach strategies to target this sub-population.

Key Findings
The baseline assessment, along with previous research conducted by AHMNP, showed that “lack of confidentiality” was a major factor hindering GMT individuals from accessing HIV testing and counseling services. Therefore, AHMNP established a code of ethics to ensure discretion among health service providers at its clinic, including frontline staff such as guards and receptionists. Due to its new alliance, AHMNP was able to work with APLAFA to help it incorporate these new approaches for confidential HIV testing and counseling to provide greater discretion for GMT clients. For example, both AHMNP and APLAFA ensured that their testing sites were a comfortable distance away from popular GMT social gathering locations. In addition, counseling staff from both organizations (totaling 15 individuals) were jointly trained in mental health, sexual violence, and other topics affecting GMT individuals, as well as in pre- and post-test HIV counseling practices.

Dr. Roman helped AHMNP document that the project reached 5,523 GMT individuals with health messages about HIV counseling.
Evidence in Action

Evidence in Action

amfAR / The GMT Initiative

12

these difficulties, AHMNP forged an important alliance with APLAFA, which began providing GMT-friendly HIV testing and counseling to the clients AHMNP referred.

In general, results from this project were not as strong as expected. AHMNP recognized that much of the weakness could be attributed to the lack of cooperation among other GMT-led organizations, mainstream clinical providers, and government agencies. In hindsight, AHMNP and amfAR recognized that designing the project with the other partners at the outset would have improved cooperation for the project and evaluation. In addition, AHMNP did not initially seek MOH endorsement of the project. If it had, this may have assisted in securing the engagement of other service providers.

**Elements of Success**

While this project had numerous challenges that limited the documentation of success, AHMNP feels there were some achievements. The social marketing campaign helped to disseminate HIV testing and counseling messages to a wide range of GMT individuals throughout Panama, especially younger GMT individuals. By partnering with APLAFA, AHMNP also strengthened the capacity of its staff to help GMT living with HIV navigate the health system—especially undocumented migrant GMT individuals who often need extra assistance.

**Challenges**

As mentioned above, AHMNP had planned to collaborate with other GMT and mainstream health organizations for the project. Unfortunately, this proved challenging because the organizations were competing for the same small amount of funding, and organizations and donors were concerned about potential duplication of effort and double counting of results. Additionally, strong religious and cultural stigma and discrimination against GMT individuals were barriers to recruiting mainstream organizations to collaborate. Despite

and testing through mass media and other social marketing strategies. Of those reached:

- 1,747, or 13%, showed interest in taking an HIV test.
- 396 were tested as a result of the project.
- 51 of 396 GMT tested positive for HIV and were linked to care.

As a result of the project, AHMNP established a new venue for HIV testing in a popular nightclub, helping it reach younger GMT individuals. Through this outreach and all other strategies, AHMNP documented the distribution of 13,551 brochures containing messages regarding HIV testing, living with HIV, community empowerment, and human rights. In addition, 62,366 condoms and 49,713 lubricant packs were distributed.

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Project Title: Abriendo Caminos 2.0 (Opening Doors)

Project Summary:
ASPIDH implemented and evaluated a combination HIV/AIDS prevention and treatment program for LGBT individuals in El Salvador to increase HIV testing and ARV adherence, with an emphasis on reaching transgender individuals. Services delivered by ASPIDH included community outreach, healthcare worker trainings, and sexual health and advocacy workshops.

Measurable Project Successes (selected):

- Organized and conducted focus groups to better understand the needs of the LGBT community, particularly the female transgender population.
- Established formal, working relationships with public sector clinics to increase the quality of HIV services provided for the target populations.
- Increased the number of healthcare centers across El Salvador accredited as LGBT-friendly by the Salvadoran Ministry of Health from eight to 18 by training 218 health professionals in quality health service delivery for LGBT people. (ASPIDH and the MOH had previously accredited eight health centers using amfAR support.)
- Documented significant increases in the number of LGBT clients referred to accredited public sector clinics for HIV testing (9%) and HIV care (40%).
- Improved ASPIDH staff’s ability to formulate and track key indicators throughout the project, from baseline to endline, to show impact from their interventions.

Background: El Salvador and ASPIDH
UNAIDS reported that an estimated 21,000 people were living with HIV/AIDS in El Salvador in 2013, with the epidemic concentrated among transgender individuals (19.7% prevalence), MSM (10.8% prevalence), and female sex workers (5.7% prevalence); compared to an HIV prevalence of less than one percent (0.08%) among adults aged 15–49.

El Salvador has a history of high levels of stigma and discrimination against the LGBT community. However, in 2009, Ministerial Decree 202 mandated that the Salvadorian healthcare system fully respect the human rights of LGBT individuals and deliver health services without discrimination. In 2010, Presidential Decree 56 recognized the need for society in general to be better informed regarding sexual diversity and for public services to overcome discriminatory and exclusionary practices. While helpful, both policies have been inconsistently enforced.

Founded in 2008, ASPIDH is a transgender-led community-based organization providing transgender-specific health services at its community center and through outreach. ASPIDH also advocates for legal recognition of transgender gender identities and the right of all individuals not to be refused education, employment, or voting rights based on their gender identity. ASPIDH was the first transgender-led service organization in El Salvador that successfully collaborated with the national MOH.

Project Profile: Abriendo Caminos 2.0 (Opening Doors)
ASPIDH implemented Opening Doors, a 12-month intervention that trained health professionals, strengthened the LGBT community’s ability to advocate for their rights, and improved the quality and responsiveness of health services for LGBT, particularly for transgender women. Implemented in both rural and urban settings, Opening Doors 2.0 consisted of three components:

1. Training health service providers at government health centers and hospitals throughout El Salvador to be more sensitive and responsive to the health needs of LGBT individuals. Following training, the MOH’s National HIV/STI Program certified these clinics as government-accredited “Centers of Excellence for LGBT Health,” which increased the credibility of their services.

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Following the healthcare provider trainings, ASPIDH monitored and evaluated the clinical services by randomly deploying “simulated patients”—trained transgender evaluators posing as clients—to visit three of the 10 government healthcare centers and formally assess the services offered. This strategy not only helped ASPIDH evaluate its training program, but also empowered transgender leaders to advocate for the expansion of inclusive health services in their municipalities. By the end of the project, ASPIDH had referred 305 LGBT to the government-accredited healthcare centers, a 9% increase in annual referrals tracked from baseline to endline.

Evaluation Specialist and Methodologies

Working with Ms. Ana Cisneros, a social science and evaluation expert with years of experience as a human rights advocate within the Salvadoran LGBT community, ASPIDH evaluated the project through seven focus groups with 35 LGBT individuals, 115 baseline and endline quantitative surveys, pre- and post-test surveys, and regular check-ins. Throughout the project, Ms. Cisneros worked with ASPIDH staff to include them in all aspects of the evaluation, including baseline and endline surveys, strengthening their ability to conduct such efforts in the future.

Key Findings

Key baseline data that informed the intervention include:

- 67% of transgender individuals living with HIV did not receive acceptance or emotional or financial support from their families.
However, ASPIDH was able to identify appropriate individuals to assist in developing content and training delivery methods. Another challenge was the MOH bureaucracy, which delayed many components of the project. For example, the lack of cooperation among some key stakeholders at the MOH and the struggle to keep all civil society partners informed regarding progress with the MOH proved challenging.

Elements of Success

While various factors helped make the program a success, the most important was the engagement of transgender leaders as advocates working with local healthcare providers and national MOH representatives throughout the project. Their involvement helped providers and MOH representatives overcome their fear of transgender individuals, recognize their humanity, and better understand transgender-specific health needs.

In addition, the willingness of health providers to replicate ASPIDH’s course for additional staff, including frontline staff, at their clinics helped reduce stigma and discrimination throughout the entire healthcare setting and increased the project’s success. Because the MOH agreed to offer participants accreditation as “Centers of Excellence for LGBT Health,” more health services providers were motivated to participate in the trainings, and participants developed a sense of pride for providing services that are now LGBT friendly.

Challenges

ASPIDH initially faced challenges in preparing training modules due to their lack of experience working with healthcare providers.

- 83% of the transgender individuals living with HIV said that they did not talk about their health with family members.
- Of those living with HIV, 50% had access to ART through the formal healthcare system; however, 92% had no access to healthy or affordable food.
- Substance use was documented as the following: 83% smoked cigarettes and drank alcohol on a daily basis; 33% used cannabis, 25% used hashish, and 33% used cocaine and/or heroin occasionally.

The results of the baseline study of knowledge and attitudes among healthcare workers indicated that 52% had little or no information or training on LGBT issues, and 45% reported being nervous or uncomfortable during medical consultations with LGBT individuals.

The endline evaluation showed:

- The number of transgender individuals that ASPIDH referred for HIV testing increased from 280 to 305 over 12 months.
- Nine of the 10 health centers that received trainings were accredited by the MOH as LGBT-friendly centers, receiving a “Center of Excellence” award.
- 66% of the health centers replicated the trainings, which ASPIDH offered to managers, for the rest of their staff.

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Evidence in Action

Project Title: Empowerment of MSM, Transgender, and PLWHA in Bangladesh
Project Period: 2012–2013

Measurable Project Successes (selected):
- Increased enrollment in ARV treatment for GMT individuals living with HIV from five to 15 clients.
- Reduced internalized stigma reported by GMT individuals living with HIV and stigma against them among their caregivers (10 of 17 clients reported reduced stigma).
- Developed and disseminated 6,400 copies of a first-of-its-kind booklet on reducing HIV stigma and discrimination against GMT individuals.
- Increased the capacity of BSWS to evaluate its programming.
- Enhanced BSWS’s reputation for meeting the needs of GMT living with HIV.

Project Summary:
BSWS implemented and evaluated a multifaceted health intervention for GMT individuals living with HIV in Bangladesh. The project forged a partnership between BSWS and the Ashar Alo Society (a PLWHA-led organization) to reduce both internal and external HIV-related stigma among GMT individuals living with HIV and empower them to utilize health and other social services. The project also trained health providers to meet the needs of GMT clients living with HIV.

Background: Bangladesh and BSWS
According to a 2013 UNAIDS report, there are 9,500 PLWHA in Bangladesh. 12 HIV prevalence is relatively low among adults aged 15–49 (less than 0.1%), and the national epidemic is concentrated among key affected populations, including people who inject drugs, female sex workers, and GMT individuals. 13 While MSM- and transgender-specific HIV epidemiological data in Bangladesh is limited, studies indicate HIV prevalence of 0.7% among MSM and male sex workers, with no data on transgender individuals. However, a 2009 modeling study predicted a rise to 2.3% by 2020 if interventions targeting MSM and male sex workers were not implemented. 14

One of the first GMT-led community-based organizations in Bangladesh, BSWS was founded in 1996 to improve the health and well-being of sexual minorities. Today, BSWS has field offices and active programs in 21 districts throughout the country, which offer sexual and reproductive health services; work with more mainstream service providers to serve additional GMT clients; and advocate increased human rights, dignity, and improved livelihoods for GMT individuals.

BSWS works with various sub-populations of GMT individuals, including “hijras,” a term used by transgender and intersex people meaning “not men/not women, but a third gender.” Hijras are part of Bangladesh’s social, religious, and cultural communities. Other at-risk sub-groups of key affected populations include kothis, zenanas, and metis—terms used in South Asia to identify those males who have sex with masculine males, who in turn are referred to as panthis, giryas, or tas.

Project Profile: Empowerment of MSM, Transgender, and PLWHA in Bangladesh
To implement this project, BSWS partnered with Ashar Alo Society (AAS), a national PLWHA organization, to address internalized HIV-related stigma among GMT living with HIV and reduce stigma and discrimination against GMT individuals in health and other social services settings. In conceiving the project, BSWS and AAS recognized that they needed to address both internalized homophobia and transphobia among GMT living with HIV, as well as stigma related to SOGI status and/or HIV status among healthcare providers, family caregivers, and the GMT community at large.

First, BSWS trained AAS’s program staff on the skills needed to work with GMT individuals living with HIV, covering topics such as basic SOGI-related human rights concepts, dynamics of same-sex relationships, and anorectal physiology and anatomy. BSWS then organized social support groups for GMT living with HIV.
In consultation with BSWS, amfAR engaged Mr. Kamal Hossain to assist with the project evaluation. A national expert with extensive experience evaluating the work of community-based health organizations, Mr. Hossain conducted a qualitative analysis, interviewing clients, caregivers, and mental health professionals throughout the country. For both the baseline and endline surveys, Mr. Hossain documented participants’ mental and physical health and assessed their levels of internalized stigma. A majority of the clients interviewed reported they were sex workers. In total, 20 PLWHA clients were interviewed at baseline; 17 of them also participated in the endline survey. In addition, after analyzing the baseline data, the evaluator decided to interview nine family member caregivers and four mental health professionals during the endline assessment to increase knowledge and applicability of project findings.

**Key Findings**

The baseline data indicated that pervasive HIV- and SOGI-related stigma and discrimination contributed to GMT living with HIV not seeking care and treatment services. Widespread stigma and discrimination were also the main factors reported by many GMT for not disclosing their HIV and/or SOGI status to either partners or family members. In addition, low economic status was often cited as the basis for engaging in unprotected sexual behavior, with most respondents reporting they would forgo condom use when offered money to do so. The baseline data also revealed significant knowledge gaps among respondents about basic HIV prevention. For example, many respondents expressed the belief that using condoms would not reduce their risk of getting HIV.

By the conclusion of this small study, the endline data indicated positive changes:

- Five of the clients (90%) were enrolled in HIV treatment services, up from only five (30%) at baseline.
- A majority (10) of the participants reported experiencing reduced stigma, both internally and externally from family members and other caregivers. However, seven respondents
Challenges

The lack of quality mental health services, both professional and peer-delivered, was a major challenge for BSWS and AAS in implementing the project. Through their promotion efforts, BSWS and AAS created more demand for psychosocial support services than they could meet. BSWS estimated that despite the availability of these new services, the coverage reached less than 25% of the population of GMT living with HIV in Bangladesh. In addition, the lack of sufficient legal and policy frameworks to protect the human rights of GMT individuals continued to hinder their ability to lead productive and healthy lives. Because of the lack of legal support and severe societal discrimination, many GMT clients could not maintain stable housing or employment, creating challenges for BSWS and AAS as they worked to provide consistent services and care for them. However, these findings from the baseline survey were integrated into the project and helped BSWS increase its use of social media strategies to reach clients.

Elements of Success

BSWS recognized various factors that contributed to the success of this project. By collaborating with AAS, a nationally known PLWHA organization, BSWS’s reputation and capacity to meet the needs of PLWHA were strengthened. The same was true for AAS regarding its ability to meet the needs of GMT individuals. For example, both organizations benefited from the diversity of services they offered each other’s clients, most notably face-to-face and telephone and support group mental health services. In addition, the focus on addressing mental health issues among GMT individuals living with HIV helped improve individual health-seeking behavior. BSWS recognized that developing and disseminating an educational booklet specific to GMT individuals living with HIV not only increased awareness among GMT clients, but could also be used by BSWS and AAS to advocate locally and nationally for scaled-up, quality health services for GMT individuals living with HIV.

The endline survey also indicated that BSWS staff members had become more capable of delivering quality services for GMT living with HIV. In addition, by mapping HIV testing and treatment centers, BSWS not only became better equipped to refer clients to such services, but also enhanced its reputation and drew increased attention to the need for GMT-specific services within mainstream health and other social services. Through the formal evaluation, BSWS also learned that their health service provider trainings needed to be improved further, as stigma and discriminatory practices were still rife within health services. Today, BSWS is continuing to advocate for policymakers to pay increased attention to this issue. BSWS also plans to empower its PLWHA clients by strengthening their capacity to be more engaged in local and national advocacy efforts.

Mr. Hossain also strengthened BSWS’s capacity to conduct evaluation processes, helping staff to utilize qualitative analysis techniques to review components of their programs.
Background: Belize and C-NET+

According to UNAIDS, 3,330 individuals were living with HIV/AIDS in Belize in 2013.\textsuperscript{15} Compared with an HIV prevalence of 1.5% among adults aged 15–49, the rate among MSM is significantly higher at 13.8%.\textsuperscript{2} To date, no data exist on transgender individuals.

Several sections of the Belizean penal code criminalize same-sex sexual behavior and violate the human rights of persons living with HIV. These laws result in highly discriminatory practices by social service providers, especially towards GMT clients. For example, healthcare providers are mandated by law to report “evidence of anal sex” among their patients. Similarly, health service providers, including pharmacists, are required to report any person living with HIV who does not use condoms. In this context, promoting healthy behavior among GMT individuals, especially GMT living with HIV, poses major challenges.

Despite the difficulties of reaching GMT, particularly those living with HIV, C-NET+ estimates that its quality of life improving programs currently serve over 250 GMT individuals annually. Since its inception in 2009, C-NET+ has been an organization “for and by” people living with HIV/AIDS. Over the years, it also has developed particular expertise in working with GMT individuals, as evidenced by the fact that today most of the 20 staff members and volunteers identify themselves as GMT. C-NET+ provides nutritional food supplements, peer mentoring, and both individual and group counseling to people living with HIV/AIDS. It offers peer counseling on various mental and sexual health issues and peer navigation of health services and systems for those newly diagnosed with HIV.

C-NET+ works with HIV-negative sex workers (both male and female) as well as other HIV-negative GMT individuals to increase their HIV/STI risk-reduction skills through one-on-one and group discussions and through the development and dissemination of behavior change communication materials. At the national level, C-NET+ advocates for human rights by speaking publicly in favor of LGBT and PLWHA rights, documenting discriminatory practices among healthcare providers, and creating opportunities for meaningful involvement of PLWHA in national decision-making processes. For example, C-NET+ has secured space for one PLWHA representative in the National AIDS Commission, which is the Country Coordinating Mechanism for the Global Fund. Among many issues raised, the representative has promoted the idea of adding condom-compatible lubricant to the list of essential medicines in Belize.

Project Profile: Improving Access to HIV and STI Prevention and Care Services Among GMT in Belize

Since its inception, C-NET+ has recognized the need among HIV-positive GMT individuals for psychosocial support in dealing...
with both internalized and societal stigma and discrimination. The organization found that many GMT individuals were not utilizing public health services as a result of stigma and discrimination and that many had stopped taking their ARV medications.

C-NET+ recognized that the isolation suffered by GMT individuals inhibited health-seeking behavior and, in response, designed a comprehensive prevention and care program that focused on elevating personal relationships.

In 2012, C-NET+ utilized amfAR funding to promote this strategy through a pilot program using trained peer counselors to conduct home visits. During these visits, counselors provided GMT-specific health information and mental health support to clients, addressing issues such as ARV adherence, treatment literacy, internalized HIV-related stigma, HIV/STI risk reduction, and sexual health. Though some of the visits were conducted at isolated parks or beaches, C-NET+ continued to call the strategy “home visits.”

In 2013, with additional funding from the GMT Initiative’s Evidence in Action project, C-NET+ extended the program and added uninfected GMT clients to the home visit program. When visiting HIV-negative GMT individuals, peer counselors discussed HIV/STI testing, condom and lubricant use, HIV risks associated with sexual role positioning (e.g., being the active or passive partner), reducing the number of sexual partners, and human rights. In total, C-NET+ educated and offered peer support to 72 home visit clients from various parts of Belize. Clients’ average age was 26, and 20 of them were living with HIV.

**Evaluation Specialist and Methodologies**

C-NET+ and amfAR engaged Mr. Sergio Montealegre to conduct the evaluation of the home visit program. Mr. Montealegre is the executive director of REDCA+, the Central American Network of Persons Living with HIV, and has extensive experience working with community-led organizations to evaluate their efforts.

Mr. Montealegre conducted in-depth interviews with 15 clients selected randomly at the start of the program. Participants were recruited using respondent-driven sampling and were also offered HIV testing when appropriate. Participants from the HIV-positive and -negative cohorts used unique identifier codes and were followed through home visits during which prevention messages and condom and lube were offered. Mr. Montealegre also assisted C-NET+ in developing and utilizing a formal monitoring and evaluation system to track and monitor project-specific outcomes. Implementation and regular use of this system will represent a significant increase in the organization’s capacity to monitor and document outcomes independently.

Lastly, Mr. Montealegre trained C-NET+ staff to analyze and interpret data from the surveys, strengthening their evaluation skills for future efforts.

**Key Findings**

In total, 567 home visits were conducted with 72 GMT clients during the project (52 HIV-negative and 20 HIV-positive). C-NET+ also hosted a 30-minute weekly broadcast called *HIV and Me* on a national radio station. The radio program discussed the “lived realities” of GMT individuals, including internalized homophobia and broader societal stigma and discrimination in Belize. Through the endline survey, C-NET+ realized that the home visit health messages were reinforced by the radio program.

As mentioned above, C-NET+ promoted HIV/STI education and screening among GMT individuals not known to be living with HIV. C-NET+ reached 52 clients through the program, conducting 400 peer-counseling sessions and referring 35 clients to health clinics for regular HIV/STI screenings (at least once every six
As a result of the project, C-NET+ staff recognized that the outreach personnel conducting the home visits needed to refresh their knowledge and counseling skills regularly to ensure that a standard protocol with accurate and up-to-date information was used. They also learned that they needed to be more creative in designing and using incentives to sustain the commitment and motivation of their peer counselors, and this meant regularly providing meaningful rewards beyond a minimal stipend. One such strategy that proved valuable was having clients share positive feedback with C-NET+ staff, which they then shared with all of the peer counselors to recognize exemplary efforts.

**Challenges**

C-NET+ struggled with timing issues during the project. Implementation of the interventions was delayed because the external evaluator was not available at the outset of the project. This delay resulted in a compressed timeframe for training the outreach workers to conduct the home visits. C-NET+ also faced geographical challenges, as some clients were very difficult to reach, including several who lived on remote islands and could only be reached for workshops and home visits via boat. In addition, conservative Belizean culture remained a challenge, as Belizeans rarely openly discuss sexual issues. As is common in many settings, this hesitancy was even more pronounced among GMT individuals, and clients were very reluctant to talk about intimacy with same-sex partners. Stigma and discrimination regarding both HIV/AIDS and SOGI issues made face-to-face counseling challenging, and outreach workers had to work hard to build trust and offer confidential services.

**Elements of Success**

In the context of severe state-sponsored and societal discrimination, C-NET+ recognized that the project’s success was based in the community’s resilience and capacity to take care of its own members by improving their support system and reducing their sense of isolation. In addition, evaluation of the radio program showed the integrated messages of healthy living, including good nutrition and safer sex, increased the impact of the home visits for many clients. The radio broadcasts were also a useful vehicle to reach additional individuals and address stigma and discrimination within greater Belizean society.
Project Title: Pathways – Promoting Universal Access, Behavioral Change, and Community Building for MSM in Grenada
Project Period: 2012–2013

Project Summary:
GrenCHAP implemented and evaluated a combination HIV/AIDS prevention program for gay men and other MSM to increase HIV/STI testing rates, improve access to HIV/STI services, and reduce HIV/STI-related risk-taking behavior. The project included a group HIV prevention intervention called Pathways, a community-empowerment campaign on sexual health and wellbeing, and training for public healthcare providers to reduce homophobia.

Measurable Project Successes (selected):
- Decreased the number of clients stating that they were not concerned about HIV from 26% to 8%.
- Increased the number of clients getting regularly tested for HIV from 16% to 42%.
- Increased communication skills related to testing, especially among those in monogamous relationships. (The percentage of participants involved in monogamous relationships reporting their partner had received an HIV test increased from 21% to 55%. Participants reporting they had “no problem asking their sexual partner to get tested” increased from 34% to 58%).
- Increased GrenCHAP’s capacity to conduct formal evaluations.

Background: Grenada and GrenCHAP
According to UNAIDS, the Caribbean region has the second highest rates of HIV infection in the world, with a disproportionate number of infections occurring among GMT individuals. While specific data on GMT individuals in Grenada is unavailable, it is estimated that HIV prevalence among gay men and other MSM throughout the Caribbean is as high as 32%. Rampant stigma, homophobia, and cultural taboos about sex between men are major barriers to reaching these individuals with prevention messages. In Grenada, non-existent or inconsistent epidemiological information about gay men and other MSM makes it difficult to address the needs of this marginalized population. Data on transgender individuals is non-existent.

The Grenada Chapter of the Caribbean HIV/AIDS Partnership (GrenCHAP), a member of a network of non-governmental and community-based organizations in the Eastern Caribbean States, was established in 2007. Since that time, GrenCHAP has provided safe space for LGBT individuals, their families, and other allies to find health and human rights information, psychosocial support, and community. In 2011, using support from amfAR’s GMT Initiative, GrenCHAP opened a community center to better serve the needs of the LGBT community. Beyond psychosocial support and health education, GrenCHAP utilizes social and mass media to raise awareness about LGBT and PLWHA rights among members of the media and policymakers throughout Grenada.

Project Profile: Pathways – Promoting Universal Access, Behavioral Change, and Community Building for MSM in Grenada
During 2012–2013, GrenCHAP implemented and evaluated a project to increase uptake of HIV counseling and testing for gay men and other MSM in six parishes throughout Grenada. GrenCHAP engaged gay men and other MSM through individual and group-level education and psychosocial support. They also sensitized and trained health and other social service providers from public health clinics, mainstream civil society organizations, and faith-based organizations about the needs and experiences of gay men and other MSM. The project aimed to improve the health and wellbeing of gay men and other MSM through community building, empowerment, behavior change, and psychosocial support.

GrenCHAP launched Pathways, a Caribbean version of Many Men, Many Voices, an HIV/STD prevention and community empowerment program originally launched by the U.S. Centers for Disease Control and Prevention.
Evidence in Action

23

amfAR / The GMT Initiative

in homes, bars, and beaches; group discussions at the GrenCHAP community center about health and human rights; and social events such as movie nights. During each activity, GrenCHAP stressed the importance of HIV testing and treatment access, in addition to addressing the challenges faced by LGBT people. GrenCHAP also distributed over 1,000 condoms and 2,500 lubricant packs.

Evaluation Specialist and Methodologies

GrenCHAP and amfAR contracted with Dr. Kamilah Thomas-Purcell, a social and behavioral scientist and evaluation expert affiliated with St. George’s University, School of Medicine, Department of Public Health and Preventive Medicine, and Dr. Rohan D. Jeremiah, medical anthropologist and evaluation expert with the Center for Research Ethnicity, Culture and Health at the University of Michigan School of Public Health, to assist with the evaluation. Specifically, they assessed the effects of the Pathways program and evaluated the impact of training health service providers. A total of 38 Pathways participants completed surveys, which were comprised of both quantitative and qualitative components, for the baseline and endline studies. The process of designing, administering, and analyzing the surveys assisted Drs. Thomas-Purcell and Jeremiah in strengthening GrenCHAP’s internal capacity to conduct research. It also established a relationship for future research collaborations between St. George’s University and GrenCHAP.

Key Findings

GrenCHAP was able to formally document the experiences of 38 gay men and other MSM aged 16–35, many of whom were not well connected to the LGBT community in their parish or village. The evaluation found that cultural issues such as stigma, discrimination, myths around sexuality and establishing intimacy, and internalized homophobia hindered men from engaging in risk-reduction practices, even when they were aware of strategies to protect themselves from HIV/AIDS—providing evidence that behavior change should be a priority in any GMT-focused project in a conservative setting such as the Caribbean.

At the outset of the project, it was clear that many of GrenCHAP’s clients lacked critical information about HIV and its potential impact on their lives. The baseline survey showed that 61% of participants were either unsure or did not respond when asked if they knew the HIV status of their sexual partners. This was disconcerting since 47% responded that they were not in a monogamous relationship.
Following the intervention, positive results were seen among a number of indicators including:

- Respondents reporting regular HIV testing (every six months) increased from 16% at baseline to 42% at endline.
- Respondents reporting their sexual partners had received an HIV test increased from 21% at baseline to 34% endline.
- Respondents indicating they were involved in monogamous relationships increased from 34% at baseline to 66% at endline.
- The percentage of participants involved in monogamous relationships reporting that their partner had received an HIV test increased from 21% at baseline to 55% at endline. Participants reporting they had “no problem asking their sexual partner to get tested” increased from 34% at baseline to 58% at endline. This reflected an improvement in communication skills related to testing, especially among those in monogamous relationships.
- At endline, only 8% of participants reported they were “not worried at all about HIV infection,” down from 26% at baseline.

GrenCHAP conducted a more qualitative assessment of its health service provider trainings. Data indicated that participants increased their understanding of factors that increase the risk of HIV acquisition among MSM, such as biological factors of male-to-male sex, stigma (both internal and societal) and social isolation. Working in collaboration with the MOH, GrenCHAP also increased its visibility in St. George through the program, and today the MOH and other more mainstream NGOs seek out GrenCHAP for advice and to establish collaborative programming.

Challenges
Cultural SOGI- and HIV-related stigma and discrimination continued to be a challenge for GrenCHAP. Both external and internalized homophobia decreased participation in GrenCHAP’s activities and increased risk behavior among gay men and other MSM. For example, it was very challenging for GrenCHAP to encourage its beneficiaries to seek out HIV testing services because of confidentiality issues. Similarly, GrenCHAP only knew of one member who sought out mental health services through its referral system.

Due to confidentiality concerns, GrenCHAP staff determined it would not be appropriate for Drs. Thomas-Purcell and Jeremiah to administer surveys to the Pathways participants. This posed some challenges, as GrenCHAP staff members were not adequately trained to administer the survey, resulting in some data points being left blank by participants. In addition, only 38 of the 48 participants in the program filled out both baseline and endline assessments.

Lack of internal capacity to anticipate change and variables was an additional challenge to implementation. For example, design of community dialogues had to be reviewed regularly to adjust to the size of the group and length of the session. GrenCHAP also recognized it needed to provide minor incentives (e.g., phone vouchers) for such events to attract a sizeable audience. Finally, they realized that most participants wanted to focus on the “lived realities” LGBT individuals face in Grenada, many of which do not directly relate to HIV.

Elements of Success
GrenCHAP recognized that the success of the project was based on the resilience of its staff and members to function as an organization and deliver programming like Pathways despite the societal discrimination they face. GrenCHAP also recognized that success came through strong, mutually supportive relationships built between various stakeholders, including the MOH, the National AIDS Council Secretariat, and Grenadian Planned Parenthood. In addition, GrenCHAP was aided by a Peace Corps volunteer who assisted in developing the curriculum for the program. These relationships, built over a number of years, helped GrenCHAP attract support for its programming and encouraged service providers to participate in the trainings. In addition, the participation of many gay men and other MSM in the trainings helped the health service providers overcome some of their stigmatizing attitudes, as they started seeing gay men and other MSM as human beings for the first time.
Project Name: **PULSAR – The Power of Evidence**  
*Project Period: 2012–2013*

**Project Summary:**
SIBALT implemented and evaluated a combination prevention intervention to increase knowledge and skills related to HIV/STI risk reduction and the use of health services among gay men and other MSM. The project utilized bar and street outreach, skills-building seminars, psychosocial support, HIV testing, and referral to gay and MSM-friendly clinical health services.

**Measurable Project Success (selected):**
- Increased HIV testing by 11% among the gay men and other MSM served by SIBALT.
- Documented a 6% increase in the number of clients reporting an exclusive sexual relationship with one “regular sex partner.”
- Documented a 9% increase in the proportion of clients disclosing their sexual orientation at a health clinic prior to receiving HIV/STI testing and counseling services.
- Referred 30 clients for HIV/STI treatment services, 18 of whom were retained in HIV care.
- Increased capacity of SIBALT to not only track project outputs, but also analyze the quality of services being offered.

**Background: Russia and SIBALT**

Limited data exist on the spread of HIV in Russia; however, it is estimated to have one of the fastest growing HIV epidemics in the world. In 2012, UNAIDS reported the annual number of new HIV infections had increased from approximately 40,000 in 2006 to over 60,000 in 2011. In the report, UNAIDS stated that the majority of new infections occurred in key affected populations, including people who use drugs, sex workers, and GMT individuals.

In June 2013, the Russian parliament passed an “anti-homosexual propaganda law,” which severely limited the rights of Russian LGBT individuals. It also resulted in a disturbing increase in state-sponsored and societal discrimination against LGBT, as well as rising rates of homophobic violence—factors known to elevate internalized homophobia and HIV risk among LGBT individuals. Despite the fact that same-sex sexual activity was decriminalized in 1993, Russian authorities still routinely deny permits for LGBT activities, intimidate and arrest LGBT activists, and condone anti-LGBT statements by government officials.

The new propaganda law also banned the “promotion” of “non-traditional sexual relations” to adolescents. This has forced many young LGBT individuals to lead secret lives and has limited effective HIV outreach and prevention programs, as informational material about HIV among LGBT people can now be considered “gay propaganda” under the law. Numerous HIV organizations serving LGBT individuals have documented that this hate legislation is a major obstacle to their efforts.

SIBALT, based in Omsk, is dedicated to increasing the effectiveness of HIV/AIDS program models for LGBT populations throughout Siberia. For the past 12 years, SIBALT has provided educational outreach at LGBT hotspots, psychosocial support to LGBT community members, and referrals to clinical care for HIV and other health issues.

**Project Profile: PULSAR – The Power of Evidence**

From 2012 to 2013, SIBALT implemented PULSAR – The Power of Evidence, to increase knowledge about HIV/STI transmission, decrease HIV/STI-related risk behavior, and increase HIV testing and referral for HIV/STI clinical services among MSM. Using community outreach and skills-building seminars and support groups at the SIBALT Community Center, the project promoted condom and lubricant use, sexual partner reduction, HIV/
Two key components of the project were educational sessions at the SIBALT community center and outreach at local LGBT nightclubs to raise awareness about HIV/STI transmission and to provide peer counseling and referrals to MSM-friendly healthcare and social services. In total, outreach workers and community center staff distributed 1,296 condoms and 1,284 lubricant packs and counseled 811 community members in risk-reduction strategies.

SIBALT also offered a Leadership Role Model course that trained eight gay and MSM leaders on how to motivate MSM to reduce their sexual risk behaviors and utilize sexual health services. They also offered seminars to educate family and friends of SIBALT’s clients on health promotion and human rights issues. This activity produced many positive outputs, including:

- Strengthening community alliances and networking capacities
- Reaching 749 MSM and 399 family members and friends of SIBALT’s beneficiaries
- Referring 30 MSM for HIV/STI treatment, of whom 18 were retained in care

SIBALT and the MOH also hosted four dialogues and skills-building seminars with nine individual healthcare providers at the local public sector HIV Center to increase their sensitivity and ability to work with MSM clients. These sessions were also attended by more than 40 peer educators, who were trained by SIBALT and the health providers to promote HIV risk reduction strategies, such as partner reduction, condom and lubricant use, and HIV testing, and become “peer opinion leaders.”

**Key Findings**

A review of the baseline data indicated that 85% of participants had lived in the city of Omsk for over five years. In addition, respondents ranked the value and importance to them personally of the services offered by SIBALT (shown in order of preference):

- HIV testing (64%)
- Free lubricant (57%)
- Free condoms (54%)
- Meetings and social events at the project’s community center (48%)
- Published informational materials, such as brochures, posters, and postcards (44%)

Endline data showed that the project had little impact on clients’ risk reduction practices, such as condom and lubricant use. However, positive findings regarding the 139 MSM who participated in the baseline and endline surveys indicated:

- A 9% increase in respondents indicating they were tested at the SIBALT Community Center instead of other testing sites (43% to 52%)
- An 11% increase in respondents indicating they received risk reduction counseling (pre- and post) as a part of their HIV test (48% to 59%)

Evaluation Specialist and Methodologies

Prior to implementation, SIBALT engaged Olga Gorodetskaya, a lecturer from the Department of Sociology at Omsk State University, to serve as the external evaluator on the project. In this role, Ms. Gorodetskaya conducted a baseline survey to measure knowledge, attitudes, and practices among gay men and other MSM in Omsk. The survey was then repeated at the end of the project’s one-year implementation phase to collect data for the endline impact study.

For both the baseline and endline surveys, Ms. Gorodetskaya worked with SIBALT in conducting individual in-depth interviews with seven MSM and administering a detailed questionnaire to 139 additional MSM. Ms. Gorodetskaya and SIBALT staff also interviewed four of the health service providers regarding changes they experienced in their own attitudes and behaviors and changes in the knowledge and attitudes of their clients after the peer opinion leader had consulted with the health center staff. Finally, she was assisted by SIBALT staff in analyzing the data, which revealed trends and the overall impact of the project.
Challenges
By far the greatest challenge was operating within a societal climate of enmity towards LGBT individuals. The new “anti-homosexual propaganda law” prohibited the dissemination of any information to youth that could be perceived as promoting “non-traditional sexual relationships,” including safer-sex and HIV-risk-reduction materials. The law has had a decidedly negative impact on SIBALT, including a marked decrease in youth attendance and participation in community center activities. The law also created fear among health service providers, which limited the counseling, health services, and other support systems available to MSM. Unfortunately, the law has forced the SIBALT Center to serve only individuals who are 18 years of age or older and to constantly review health and human rights promotional materials and website for incriminating language that could increase the organization’s vulnerability to legal action.

Elements of Success
SIBALT recognized that the greatest impact of the project was the increase in demand for HIV/STI testing and counseling among gay men and other MSM and in the number of clients disclosing their sexual orientation at health clinics, which is associated with more appropriate healthcare. These results indicated that even in an increasingly homophobic climate, SIBALT was able to engage gay men and other MSM and promote safer behavior. Key elements identified as contributing to the project’s success included:

- Developing long-term trusting relationships with health service providers open to working with gay men and other MSM
- Reaching MSM in bars, nightclubs, and other hotspots—even in a homophobic societal climate
- Utilizing creative and attractive health promotional materials, both in print and online, to attract MSM, especially those under 30 years of age
- Training peer leaders to serve as community role models and peer navigators through health services

SIBALT had very few challenges in working with the external evaluator. From the beginning of the project, SIBALT staff spent time with the evaluator, helping her understand their programs, challenges with stigma and discrimination, and difficulties in conducting monitoring and evaluation activities. Communication remained strong throughout the project, which assisted Ms. Gorodetskaya in conducting a thorough evaluation. Before the project, SIBALT had a robust monitoring system to track project process indicators; however, working with Ms. Gorodetskaya helped strengthen their capacity to collect and evaluate more qualitative and impact data.

- A 10% increase in respondents disclosing their sexual orientation at a health clinic prior to receiving HIV/STI testing and counseling services (from 54% to 64%)
- An 8% increase in respondents reporting monogamous sexual relationships (41% to 49%)
- A 12% increase in respondents who understood that having sexual contact with one uninfected, regular sexual partner reduced the risk of contracting HIV (80% to 92%)
- A 22% increase in respondents who understood that not having anal intercourse reduced the risk of contracting HIV (58% to 80%)
**Project Title: Ñande Joja ha Rory (We are Happy and Equal)**

**Project Period: 2013–2014**

**Project Summary:**
SOMOSGAY implemented and evaluated a combination HIV/STI and community empowerment intervention that sought to increase knowledge of sexual health and human rights and uptake of sexual health services (including HIV/STI testing and counseling) among GMT individuals in Asunción. The project utilized street outreach, group education and skills-building sessions at the SOMOSGAY community center and clinic, and trainings for health providers on offering GMT-friendly health services.

**Measurable Project Successes (selected):**
- Recorded a 12% decrease in the number of GMT individuals stating they would not get tested for HIV at public health centers due to stigma and discrimination.
- Provided testing at the SOMOSGAY clinic or a partner public clinic for 1,106 GMT individuals in 2014, a 120% increase over 2013.
- Distributed LGBT-specific behavior change communication materials promoting HIV testing and ARV adherence.
- Established a formal monitoring and evaluation system and increased staff capacity to develop specific indicators of project success.

**Background: Paraguay and SOMOSGAY**
In 2013, there were 16,000 PLWHA in Paraguay, according to UNAIDS. However, specific data on the HIV epidemic among GMT individuals in Paraguay is lacking. One small study of MSM sexual behavior conducted in 2004 indicated an HIV prevalence of 13.9%. Similarly, most South American countries report low HIV prevalence among adults 15–49 years of age (less than 1%) and higher rates among MSM (averaging 12% continent-wide) and transgender women (averaging 29%).

Registered in 2009, SOMOSGAY works to improve HIV/AIDS prevention and other health services for LGBT individuals. It also strives to defend and advance the human rights of LGBT individuals and those affected by HIV in Paraguay. SOMOSGAY has developed a working relationship with the National Program for HIV/AIDS and STI (PRONASIDA) within the Ministry of Public Health and Social Welfare. However, even as it has forged important connections such as this one, the organization has remained outspoken in its mission to promote health and human rights and has not hesitated to denounce public officials and opinion leaders for their discriminatory statements and policies against LGBT individuals. While some other Latin American countries have witnessed successes on LGBT rights, SOMOSGAY continues to report alarming levels of homophobia and transphobia at all levels of society in Paraguay, including among public officials and service providers.

**Project Profile: Ñande Joja ha Rory (We are Happy and Equal)**
SOMOSGAY worked to increase access to HIV testing and ARV treatment by challenging discrimination against GMT individuals in Asunción and throughout central Paraguay. The project consisted of two components: community education and providing GMT-friendly health services in partnership with six health centers and hospitals.

SOMOSGAY engaged GMT individuals directly through peer-led skills-building trainings on sexual health issues (e.g., communication, condom and lubricant use, healthy relationships, HIV testing, ARV therapy, and human rights) conducted at their community center. SOMOSGAY also conducted public education and outreach activities, including the publication and distribution of 3,000 copies of EQUIS Magazine, a quarterly publication on the health and well-being of individuals living with HIV and AIDS.

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of LGBT individuals in Paraguay, and 1,500 Love Condom pamphlets explaining the correct use of condoms and water-based lubricants. Because many of SOMOSGAY’s GMT clients lacked access to psychological support, 1,500 copies of a pamphlet entitled Living with HIV were disseminated to educate them on mental and physical health concerns. The organization also distributed 40,558 condoms and 35,000 lubricant packs.

In addition, SOMOSGAY organized skills-building GMT sensitivity trainings for over 200 health service providers from five public health centers that included topics such as HIV epidemiology, sexual orientation and gender identity, and creating GMT-friendly HIV clinical services. At the completion of each training, participants committed to using the information and skills learned to educate others working at their health centers.

Evaluation Specialist and Methodologies
SOMOSGAY and amfAR contracted with Ines Lopez, an independent consultant linked to UNAIDS in Paraguay with years of expertise evaluating HIV programs. Ms. Lopez conducted a formal external evaluation through baseline and endline assessments consisting of qualitative and quantitative components and worked with SOMOSGAY to strengthen their monitoring and evaluation systems—including specific indicator tracking—for all projects.

Key Findings
Some of the key results from the endline assessments of the 143 respondents and other program monitoring activities indicated:

- 66% of respondents were aware of ART, its uses, and its availability free of charge at MOH clinics (a 29% increase from baseline). However, 21% said that public health medical staff still did not provide thorough information on ART.
- 54% of respondents (vs. 46% at baseline) indicated that they preferred to access testing services at private NGOs like SOMOSGAY rather than at public health centers.
- 11% of respondents (vs. 24% at baseline) reported not utilizing HIV testing and counseling because they thought they were not at risk, were not interested, or did not have time for it.
- SOMOSGAY reported that 1,106 GMT individuals were tested for HIV/STIs at their clinic or through referrals to five public clinics. This figure represented a 120% increase over 2013.
- 28 individuals tested HIV positive at the SOMOSGAY clinic, and all of them were referred to public health clinics for ARV therapy and monitoring.

Simon Cazal, executive director of SOMOSGAY, presents findings from their Evidence in Action research at the 2014 International AIDS Conference.
Evidence in Action

Elements of Success
Initially, the MOH did not approve of rapid HIV testing being offered in a community setting, arguing that quality assurance of HIV testing required government oversight. However, SOMOSGAY staff was persistent with MOH officials, and they finally approved the use of rapid HIV tests at SOMOSGAY’s clinic after SOMOSGAY presented data proving they were very efficient in reaching GMT and other populations that the MOH struggled to access. The evaluation documented that the use of rapid tests was an integral component of the project’s success. Another factor was the comfort and trust GMT individuals from throughout Paraguay felt when accessing health services at SOMOSGAY, largely because the organization was managed and operated by GMT individuals.

Challenges
SOMOSGAY cited SOGI-related stigma and discrimination and the general lack of HIV/STI risk perception among GMT individuals as two challenges for implementation. Both external homophobia and transphobia (e.g., discrimination by healthcare providers) and internalized homophobia and transphobia (e.g., self-stigmatizing behavior, such as not feeling worthy of receiving adequate, discrimination-free health services) were perceived as normal among respondents in both the baseline and endline surveys.

SOMOSGAY therefore tailored its trainings to address such issues for both service providers and GMT individuals. For example, while developing the trainings for medical personnel, SOMOSGAY included themes related to universal access to healthcare without discrimination. Despite participating in workshops led by academically trained, professional health providers, many of the participating providers continued to hold stigmatizing attitudes towards GMT individuals, often based in their religious beliefs and practices.

A meeting at the SOMOSGAY community center
Evidence in Action

Working with a relatively small amount of funding (up to $25,000 per year for implementation and up to $20,000 for evaluation), community-based organizations led by GMT individuals can implement and evaluate programming to reduce the spread and impact of HIV among GMT populations and document the success of their strategies. Developing programming “for GMT by GMT” eliminates the burden of stigma and discrimination often experienced by GMT individuals when accessing HIV services in more mainstream settings, and many of the GMT Initiative partner programs were developed to complement government-run services that were less friendly to GMT populations. Many of the projects resulted in increased access to HIV services along the HIV care continuum—testing, diagnosis, linkage to care, retention in care, adherence, and viral suppression.

By working with an external evaluator, each project was able to generate data that has the potential to be used in advocacy efforts for the scale-up of GMT community-led HIV service delivery. Too often, GMT community organizations operate on modest budgets that do not allow for formal evaluation. However, the Evidence in Action project revealed that modest evaluation activities can help organizations document program effectiveness. In addition, in many cases, utilizing external evaluators selected by the community organizations themselves proved useful, as the evaluators strengthened the organizations’ capacity to evaluate their programs in the future.

While the projects achieved moderate success in increasing the number of GMT individuals tested, diagnosed, and treated in their community, most also experienced implementation challenges. These included government bureaucracies inhibiting efficient responses to community needs, stigma and discrimination among service providers, and delays in obtaining IRB approval, among others. A few grantee partners also experienced challenges working with an expert evaluator due to communication challenges and timing issues.

For example, Ishtar’s effort in Kenya was challenged when their national-level Institutional Review Board (IRB) requested revisions to their IRB application, which delayed the project by almost a year. Once IRB approval was gained, the evaluator and Ishtar had moved on to other efforts and did not have time to initiate the baseline survey, which led to further delays; and hence the reason their results are not included in this report.

As mentioned in the GrenCHAP (Grenada) project profile, due to confidentiality issues, their evaluator was not present to administer baseline and endline surveys to clients, which resulted in some data points being left blank by respondents. Alternatives-Cameroun’s original evaluator left Cameroon, and her replacement’s lack of understanding of GMT issues proved problematic. In developing the baseline survey, Alternatives and amfAR had to review several drafts to ensure it was focused on

CONCLUSIONS

RECOMMENDATIONS

PROGRAMMATIC:

• Address SOGI- and HIV-related stigma and discrimination in health services
• Recognize and confront other structural issues inhibiting HIV services
• Focus on “political will”
• Engage mainstream and other civil society organizations as allies
• Address mental health issues
• Increase use of social media
• Ensure confidentiality of outreach programming

ORGANIZATIONAL:

• Engage local evaluation expertise
• Increase capacity of GMT community-based organization to conduct research themselves
• Adapt monitoring and evaluation components to context
• Additional investment is needed in community-led organizations to offer their own services

As mentioned in the GrenCHAP (Grenada) project profile, due to confidentiality issues, their evaluator was not present to administer baseline and endline surveys to clients, which resulted in some data points being left blank by respondents. Alternatives-Cameroun’s original evaluator left Cameroon, and her replacement’s lack of understanding of GMT issues proved problematic. In developing the baseline survey, Alternatives and amfAR had to review several drafts to ensure it was focused on
Evidence in Action

amfAR / The GMT Initiative

32

Around sexual diversity and human rights takes time. Although many of the partners succeeded in reducing stigma and discrimination, the struggle was uphill. Poor legal and policy frameworks addressing issues related to GMT populations and HIV/AIDS were also common to all countries, reflecting SOGI-related cultural constraints. Additionally, new legal limitations, such as the Russian “anti-homosexuality propaganda law” passed in 2013, have had an impact on the LGBT community, especially among youth, increasing their isolation and risk for HIV/AIDS. Russia’s SIBALT had to ask members under 18 years of age to stop participating in their activities due to concerns about the new legislation.

Cultural contexts must be taken into consideration in order to understand the definition and dynamics of SOGI status and HIV transmission. For example, meeting the needs of hijra communities in Bangladesh requires special skills and knowledge. Male and female gender norms and stereotypes are also important components of social and cultural constructs, placing additional limitations on the rights of GMT individuals. In addition, gender stereotypes can be internalized and elevate risks for those who generally take on submissive sexual roles because they often do not have control over their sexual lives. This particularly affects youth who are dependents or have limited support networks.

Finally, homophobia and transphobia make GMT individuals internalize stigma and discrimination, as was evident in El Salvador and Paraguay, where GMT community members were reluctant to participate in programming because they did not feel worthy of being granted such services. In both countries, project partners recognized this issue and started conversations with community members to help them learn their rights and demand such services.

Focus on “political will”

Many of the partners stated that having evidence of their programming’s impact has been a useful tool in getting policymakers and donors to listen to them regarding the needs of GMT communities. As many of the partners noted, the lack of political will is the main reason why HIV interventions for GMT individuals are lacking in many areas, and the data produced by these projects has already proven useful in strengthening ties to these key stakeholders.

Most of the organizations were able to develop communication skills and strategies to reach diverse audiences, particularly decision makers and health administrators.

RECOMMENDATIONS

Based on the experiences and lessons learned from each of the partners, the following recommendations are offered for those implementing future community-led, evidence-based interventions among GMT individuals. The recommendations are divided into two sections. The first focuses on programmatic issues and the second on organizational issues:

PROGRAMMATIC:

Address SOGI- and HIV-related stigma and discrimination in health services

Stigma continues to be a barrier to providing and accessing effective HIV services. Most projects saw greater success when they increased their attention to activities that combat stigma and discrimination based on SOGI and/or HIV status. Each partner recognized that new service providers and stakeholders are entering the HIV services sector on a regular basis, and GMT organizations must therefore continually confront homophobia and transphobia by working with the new stakeholders and service providers, who generally have no experience dealing with GMT individuals. Most grantee partners recognized that before GMT individuals will access services at either government or civil society health centers, they need to trust that their service provider will not disclose their SOGI or HIV status. Therefore, it is vital that organizations and institutions monitor their own adherence to ethics and confidentiality.

Recognize and confront other structural issues inhibiting HIV services

Most of the partner organizations implemented their projects in highly religious contexts where sensitization around sexual diversity and human rights takes time. Although many of the partners succeeded in reducing stigma and discrimination, the struggle was uphill. Poor legal and policy frameworks addressing issues related to GMT populations and HIV/AIDS were also common to all countries, reflecting SOGI-related cultural constraints. Additionally, new legal limitations, such as the Russian “anti-homosexuality propaganda law” passed in 2013, have had an impact on the LGBT community, especially among youth, increasing their isolation and risk for HIV/AIDS. Russia’s SIBALT had to ask members under 18 years of age to stop participating in their activities due to concerns about the new legislation.

Gathering evidence of success is an important goal for community-led organizations; however, such delays, misunderstandings, and confidentiality issues in working with researchers may cause some community activists not to pursue such processes. To avoid this outcome, it is important to make sure good communication and trust exist between evaluators and activists.

Cultural contexts must be taken into consideration in order to understand the definition and dynamics of SOGI status and HIV transmission. For example, meeting the needs of hijra communities in Bangladesh requires special skills and knowledge. Male and female gender norms and stereotypes are also important components of social and cultural constructs, placing additional limitations on the rights of GMT individuals. In addition, gender stereotypes can be internalized and elevate risks for those who generally take on submissive sexual roles because they often do not have control over their sexual lives. This particularly affects youth who are dependents or have limited support networks.

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Focus on “political will”

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Most of the organizations were able to develop communication skills and strategies to reach diverse audiences, particularly decision makers and health administrators.
service providers. As demonstrated in El Salvador, Ecuador, and Paraguay, sharing research results with both health professionals and decision makers opens up space for dialogue between civil society and governments, which contributes to changes in attitudes towards the need for inclusive service delivery.

Engage mainstream and other civil society organizations as allies

Most of the partners (all except AHMNP in Panama) reported that success was strengthened by partnerships and collaborative activities with more mainstream community-based organizations. The partnerships enhanced the sharing of resources, programs, methodologies, and referrals. In addition, creating educational materials in partnership with others helped prevent political isolation.

Address mental health issues

Mental health was often discussed by partners as an issue that is not well understood, especially in the context of GMT individuals and people living with HIV. Most partners observed that the GMT individuals they serve perceived mental health services as a luxury, not a priority or need. However, where mental health services were offered (e.g., Bangladesh, Belize, Cameroon, Grenada, and Russia), noticeable improvement in self-esteem occurred among GMT individuals living with HIV. Partners reported that many beneficiaries not only began accepting their HIV status, but also reported being more open about their sexual orientation and gender identity.

Increase use of social media

When communities are highly mobile or are surviving high levels of homophobic/transphobic violence, as in Belize, Cameroon, Paraguay, and Russia, communication strategies to engage GMT individuals must constantly be assessed for effectiveness. With many beneficiaries choosing not to be open about their sexual orientation or gender identity, it can be difficult to reach them. Additionally, utilization of traditional mass media may backfire, as such discriminatory societies will not tolerate more open and direct communication strategies. Therefore, expanded use of social media and other Internet or cell phone-based communication is vital, especially when working with young people.

Ensure confidentiality of outreach programming

Many partners found that outreach strategies involving one-on-one encounters, often in people’s homes, in bars and clubs, or online, facilitate privacy for the GMT individuals. Especially in Belize, Cameroon, and Russia, these strategies were used to provide counseling, distribute educational materials, and offer HIV testing. The partner organizations recognized that fear and shame deter many people from being involved in community programs, accessing health services, or even requesting condoms and lubricant. So reaching GMT individuals in their own homes or social spaces was more effective than asking beneficiaries to come to a service center.

ORGANIZATIONAL:

Engage local evaluation expertise

In most settings, there were experts among local or national academia and other non-governmental organizations who could work with GMT organizations to expand their monitoring and evaluation capacities. There was no need to bring in experts from elsewhere. In some cases, these experts were members of the LGBT community and in others they were allies. While some of the experts proved underqualified, most were excellent collaborators, and because they were local, they understood the cultural context, helping them better evaluate and guide the organization’s work and garner the trust of staff and clients.

Increase capacity of GMT community-based organization to conduct research themselves

Many of the partners were wary of working with expert evaluators. They had numerous concerns about the confidentiality of their beneficiaries, along with fear that evaluators would not be able to understand the complex context of working with GMT individuals. In most cases,
by the end of the project, after working collaboratively, partner organizations were more comfortable evaluating their efforts and working with outside evaluators for future research projects.

**Adapt monitoring and evaluation components to context**

Each partner organization and evaluator recognized the importance of tailoring monitoring and evaluation processes to their specific context. In Grenada, for example, GrenCHAP asked that the evaluators not be present at their support group meetings for the sake of beneficiaries’ confidentiality. While this proved challenging for the evaluator, especially since some data was not collected, in the end enough data was collected and analyzed to yield results. A full working partnership between the leaders of the GMT organization and the evaluator is central to this recommendation.

**Additional investment is needed in community-led organizations to offer their own services**

Quality service delivery is a constant challenge for organizations working with minimal resources. Investing in equipment and training can greatly improve the experience for many patients and clients and increase the likelihood of retaining them in care. For example, many clients have to travel to receive GMT-friendly services and may have difficulty spending long periods of time waiting for VCT and results. Through small investments, Alternatives–Cameroun was able to reduce the average wait for VCT from four hours to 30 minutes, significantly reducing the rate of client withdrawal from their programs. In Panama, a similar situation occurred when local laboratories experienced delays in processing tests results, forcing the organization to train staff at another clinic and refer clients there for testing, which increased the GMT-friendliness of the more mainstream clinic. With a relatively minor investment, GMT individuals in Panama now have more options for healthcare services.

**THE WAY FORWARD**

Despite the challenges of implementing and evaluating these combination HIV prevention interventions—particularly for organizations that had never undertaken such a formal evaluation before—all of the grantees were able to use these results to develop benchmarks for future programming. They have also been able to use this data to bolster their advocacy for GMT-specific HIV services at the local and national levels. In addition, with the support of their evaluators, most of these community-based organizations were able to strengthen their capacity to conduct research on HIV-related issues and to evaluate their programming.

Thanks to generous support from the Elton John AIDS Foundation and ViV Healthcare’s Positive Action program, amfAR was able to document the efforts of these community-based organizations to implement interventions that show promise in improving health outcomes for GMT individuals at each stage of the HIV care continuum, from testing to retention in care. These findings provide a useful foundation on which future efforts can be built, with the goal of scaling up targeted and effective HIV programming that will truly make an impact in reducing new infections among GMT individuals. It is our hope that local, national, and international funders, policymakers, and public health leaders will join us in working to make that goal a reality by investing in community-led programs that have the potential to transform the course of the epidemic among GMT individuals.