GOOD PRACTICES IN THE HIV/AIDS RESPONSE IN LATIN AMERICA AND THE CARIBBEAN
This compilation was made possible thanks to the contributions of civil society Principal Recipients of (Hispanic) Latin America and the Caribbean

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GOOD PRACTICES IN THE HIV/AIDS RESPONSE IN LATIN AMERICA AND THE CARIBBEAN
PARTICIPANTS REGIONAL MEETING CIVIL SOCIETY PRINCIPAL RECIPIENTS OF HIV PROGRAMS IN SPANISH LATIN AMERICA AND THE CARIBBEAN, MAY 2013

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FOREWORD

How can we achieve an effective and sustainable HIV response? What are our respective roles and how can we enhance the current coordination? How can we ensure we are transparent in terms of implementation and how much has been invested? This compilation highlights several innovative approaches and cites examples of effective collaborations between governments and civil society organisations in Latin America and the Caribbean.

Civil society has an unquestionably large role to play in the HIV/AIDS response. In order to ensure a sustainable response, participation of affected groups and key populations in the national AIDS programs advocating for their basic human rights, has proven to be crucial. The Principal Recipients in this publication have been nominated due to their long-standing support to - and collaborations with - civil society groups. After several years of implementing the programs, these same PRs were able to proudly present their good practices at the regional meeting in Mexico in 2013.

I would first like to thank the PRs for the confidence they have shown. I would also like to congratulate the HIVOS and UNAIDS LAC
teams for their effective coordination of the regional meeting that has resulted in joint commitments and recommendations to the donor. The very much appreciated logistic support of the Mexican Ministry of Health and the NGO FUNSALUD contributed greatly to the success of the event.

And last, but not least, I would like to acknowledge the substantial support provided by the Global Fund LAC team to both the meeting as to this document and the important role they have played in channelling the views of the PRs to the Global Funds’ management levels.

I hope this compilation serves to contribute to new insights and that it may provide inspiration for devising new and groundbreaking approaches in the fight against HIV/AIDS in Latin America and the Caribbean.

Edwin Huizing
Executive Director HIVOS
INTRODUCTION

Fourteen Principal Recipients of cooperation from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) met with other civil society organizations (CSOs)\(^1\) in May 2013 in Mexico City to discuss, among other topics, strengthening horizontal cooperation and exchanging good practices to promote the development of community systems, which contribute to the sustainability of the response to HIV/AIDS.\(^2\) The meeting also proposed discussing and highlighting the role of civil society Principal Recipients (PRs) in the fight against HIV. This meeting took place against a backdrop in which various donors, including the Global Fund, have begun to reduce their support, thus implying a greater commitment from governments and civil society to implement strategies that offer better value for the money.\(^3\)

Essential for CSOs to become effective contributing forces to a sustainable response to the HIV epidemic is providing opportunities for them to reflect on and rethink their own role. In this process, these reflective opportunities should help identify evidence of the type of contribution organizations have made so far to an effective response to HIV and AIDS.

Good practices are seen as an important tool in ensuring the sustainability of the fight against the HIV epidemic. It is not only a case of

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1. RedTraSex and REDCA+, Civil Society Principal Recipient Network (CSPRN) and the Community Delegation to the Global Fund Board
3. The 2013 Regional Meeting was organised by HIVOS and UNAIDS LAC and co-financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.
examining and gathering the successes, but also of reviewing failures; in both situations, new knowledge emerges as lessons to improve future performance. This is particularly true when the situations being reflected on are those aimed at significantly altering state commitment in terms of human rights-focused social change.

The Mexico meeting document emphasizes the need for knowledge transfer between CSOs and in the dialogue between civil society and government. This paves the way for the aforementioned reflection, by allowing knowledge to be gleaned, compared with other knowledge, and recommendations or courses of action to be devised which have greater potential to be effective in the different areas encompassed by the fight against the HIV epidemic.

This compilation of PR good practices aims to contribute to this knowledge transfer, so necessary for achieving an effective and efficient response to HIV/AIDS and fulfilling the objectives of universal access. There are many examples of good practice, but this publication focuses solely on 12 practices which tackle the following areas: national systems strengthening, community systems strengthening, collaborations between civil society and government, and practices relating to attitudes and social change.
GOOD PRACTICES AND KNOWLEDGE GENERATION

HIVOS and UNAIDS LAC agreed to encourage PRs to reflect on their experiences in the different areas of response to the HIV epidemic with the aim of contributing to the sustainability of the response to HIV in the LAC region based on a clear definition of the role of the civil society (CS) PRs and establishing processes for learning and
exchanging good practice in the collaboration between government and communities.⁴

A specific template was devised, to be filled in with descriptions of the practices which, in the PRs’ view, were ‘relevant and successful, which with demonstrated evidence have contributed (or are contributing) to an effective response to HIV in their country’.⁵

The template posed, however, a central question, which defined the characteristics of the practices to be presented by PRs. Specifically addressed was the role that PR organizations have played or are playing in: a) supporting the strengthening of community and health systems; b) the interrelationship with public sector systems, with the aim of making these systems ‘inclusive in nature, ensuring high quality and a long term impact, with limited external financing’.

Thus the practices presented were related to the aforementioned issues and classified in the table below in order to offer ‘the most relevant lessons for the collective generation of new knowledge and learning experiences’.

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⁴. How can we sustain achievements in the response to HIV? Good practices Template for civil society HIV Principal Recipients in LAC. Regional meeting, Mexico, 22-24 May 2013.
⁵. Idem
## AREA

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The template established a number of criteria for analysing practices such as efficiency, effectiveness, sustainability, and replicability on a larger scale or in other contexts. All of these were considered in relation to the national response to the epidemic.

It is not easy to describe a practice in terms of these indicators. It is, however, a process which can be carried out collectively on the basis of a broad description of the practice, as produced up to this point, progressing toward an increasingly deeper reflection that allows inspiring lessons and new knowledge.

It is essential that the organizations that have implemented the practice carry out the initial reflection with the aim of gathering the evidence and lessons that have been generated. This provides the basis to guide...
continued reflection, which can be carried out collectively with other organizations that also implement activities within the response to HIV.

In order to identify the new knowledge that has been generated by a given practice, it is necessary to examine whether it fulfils the criteria established above. This implies defining indicators to identify evidence that leads to classifying an experience as ‘good practice’. However, if priority is given to the generation of new knowledge or confirmation of existing knowledge, the question of whether practices have succeeded or failed becomes less important. All practices that are reflected on with the right instruments offer learning experiences, which enrich the existing knowledge.

UNAIDS defined a ‘best practice’ as ‘accumulating and applying knowledge about what is and isn’t working in different situations and contexts. In other words, it is both the lessons learned and the continuing process of learning, feedback, reflection and analysis’. That is to say, reflection on practices adds to, alters or discards knowledge. In this way a practice, which is repeated and improved, in terms of fulfilling the indicators it is measured against, becomes a ‘best practice’. Collective reflection should therefore be constant, so that interventions, in the context of the HIV epidemic, are ever more effective, sustainable, replicable in other contexts, and efficient. A best practice is considered to be one which:

- Is not an average or ordinary practice
- Is achieving convincing results at the level of effectiveness and efficiency
- Is clearly innovative
- Is appreciated by beneficiaries and other actors

6. UNAIDS, Summary Booklet of Best Practices, 1999
7. Produced by Hivos 2013
• Has prompted activities on a larger scale, and has generated greater capacity and more activity
• Is replicable and has been adopted by others
• Has resulted in exceptional new knowledge for sharing capacities and strategies
• Has an approach that produces promising results and opportunities
• Can be scaled up and coverage extended

The knowledge generated by a practice should be backed up by evidence. It is not enough to state that the knowledge has been generated - the supporting evidence should also be gathered. This knowledge is known as ‘lessons learned’ or ‘learning’ from experience.

Drawing on the contributions made by RED SIDA PERU, the most important lessons learned when aiming at knowledge generation, are the following:9

• It is knowledge ‘derived from reflecting on, analysing and conceptualizing the experience’. It is knowledge that comes from experience, but its identification requires a process of analysis and development.
• They come from working with, and resolving problems. They are based on identifying the experience’s success factors, as well as its weaknesses and difficulties.
• They are backed up by evidence which has been gathered from the experience and which supports its replication.
• They have the potential to improve future actions. Their application could have a significant impact for the organization, which has identified them, and for others who make use of them.

8. RED SIDA PERU - Red de Gestión de Conocimientos; Virtual Centre for Coordination of HIV Knowledge (CVCC): Conceptual framework for HIV practices and lessons learned: 2011
9. Some of the ideas presented in this section have been adapted from: What is a lesson learned? http://www.nickmilton.com/2009/05/what-is-lesson-learned.html
There are tools used by many organizations to enable reflection in order to extract lessons learned or new knowledge. There should be a complete description of the problem and the results and objectives of the practice should be clearly established, as well as the processes planned to achieve them. What happened should be examined in the light of what was planned, identifying the problems or factors that conspired against the achievement of results and objectives. Then, it is necessary to examine what was done to resolve the problems or critical factors, and whether what was implemented has worked or not—a critical point in identifying what has been learned and beginning to find a way of expressing the knowledge generated.¹⁰

It’s worth clarifying that lessons learned or new knowledge gained are frequently confused with other aspects of the practice, such as findings, problems or difficulties. It should be borne in mind that identifying problems and difficulties are the basis for deeper reflection and to identify lessons and new knowledge.

Finally, the process of reflection that leads to the identification of lessons learned may begin with the implementing agencies, but it does not exclude participation by the ‘beneficiary’ population, who can offer perspectives and analysis that the external organization may not have used or recognized.

The reflections contained in the report on the PR meeting held in Mexico City show that CS organizations have gained invaluable experience through working with populations, with respect to HIV, and have the capacity to offer **greater value for money**.

The dialogue that took place during the PR meeting contributed to the argument that CSOs are a cornerstone in guaranteeing the sustainability of actions and the empowerment and real participation of key and
vulnerable populations. CSOs are fundamental forces for fostering change among citizens through monitoring government responses toward care and prevention of the epidemic, and through bringing a renewed focus on the urgent need for reducing the stigma and discrimination around the disease.

Helping to gather evidence to support this premise, the PRs presented actions at the 2013 Mexico meeting carried out in their respective countries, which, in their own opinion, constituted good intervention practices in the context of the response to HIV/AIDS.

From the practices presented, a selection was made which provided the greatest evidence of the impact achieved, or best described their contribution to the sustainability of the response to HIV/AIDS in that country. Also presented are successful experiences in the management of drug procurement, knowledge research and management, participation of people with HIV at a regional political level, and the devolution of government CSO grant activities.

Twelve practices have been selected for the purpose of this publication. After selection the representative of each PR made modifications to the documents in order to harmonize the presentation. Each document detailed the background, objectives, results and other aspects related to sustainability and replicability.

The following sections present experiences in strengthening CSOs in aspects of monitoring and evaluation, linkages between CSOs, and between CSOs and government bodies.
PRACTICES TO STRENGTHEN NATIONAL SYSTEMS

A. Dominican Republic: Municipal forums: increasing the sustainability of the local response to HIV
B. Bolivia: Antiretroviral drugs in Bolivia: management for timely access
C. Guatemala: Strengthening CSOs in monitoring and evaluation (M&E) for decision-making and supporting the national system

PRACTICES TO STRENGTHEN COMMUNITY SYSTEMS

D. Mexico: Strengthening CSOs in monitoring and evaluation
E. Bolivia: Mobile prevention: the experience of the Santa Cruz Mobile Unit in STI and HIV prevention
F. Ecuador: Exchanging experiences between civil society actors to strengthen implementation actions and project results
G. Uruguay: Seed funding for strengthening community-based organizations
H. Central America: Strengthening REDCA+ through participation in regional decision-making

PRACTICES TO ENHANCE COLLABORATION BETWEEN GOVERNMENT AND CIVIL SOCIETY

I. Ecuador: Beyond complementarities in prevention: links between civil society and local government
J. Uruguay: Coordination committee with the Ministry of Public Health to monitor implementation of the two sections of the national project
ATTITUDES AND SOCIAL CHANGE

K. Mexico: Inventory and analysis of successful interventions in order to develop methodological guidelines to be implemented in the national project

L. Argentina: Awareness workshops to tackle stigma and discrimination toward the gay population, transvestites and sex workers
PRACTICES TO STRENGTHEN NATIONAL SYSTEMS

A. **DOMINICAN REPUBLIC. Municipal forums:** increasing the sustainability of the local response to HIV

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**BACKGROUND**

The National Health System (SNS in Spanish) has prioritized primary care, with the development of a comprehensive care model and, above all, by strengthening intersecting strategies for promoting health and creating healthy spaces (municipalities, schools, businesses and neighbourhoods). This model implies the reformulation of the existing relationships between government and civil society organisations, that encourage citizen participation and oversight in the planning and management of...
health facilities and programmes. In addition, it demonstrates a desire to decentralize resources, services and programmes, a sustained effort to develop local and participatory health planning, linked to economic and social development plans, at the local, municipal and provincial level, and a strengthening of municipal power in health.

In this context, in which greater responsibility for the health response is assumed at the local level, the interrelationship between community-based organizations and municipal administration is vital to tackling specific issues such as the incorporation of specific activities to prevent HIV and reverse its impact.

The municipal forums are in line with: a) the National Strategic Plan (NSP) for the Prevention and Control of STIs, HIV and AIDS 2007-2015, in which social mobilization is a strategic area; b) The National Ten-Year Health Plan 2004-2014, which envisages the integration of STI and HIV/AIDS services through integrated multisectoral interventions; c) the Ministry of Public Health’s new health care model, which introduced Primary Health Care Units (UNAPS), with community participation and mobilization and d) Law 176-07 relating to municipal councils, article 21 of which requires councils to commit 4 per cent to education, gender and health programmes.

**OBJECTIVES**

The interventions were aimed at:

- Establishing municipal forums to bridge between all community organizations, providing them with a shared opportunity for reflection

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12. Implementation Strategies of the National Ten-Year Health Plan (PLANDES), p.66.
within the municipal context, and to identify solutions to different local issues (environment, health, employment, etc.) is fostered.

- Ensuring that municipalities devise comprehensive HIV and AIDS programmes, based on the principles of collaboration with all relevant civil society sectors, and that funds for HIV prevention are included in their budgets, using Law 176-07 as a basis.
- Facilitating the creation, articulation and implementation of local intervention policies, which can ensure the sustainability of the local and municipal response to HIV and AIDS throughout the country.

DESCRIPTION OF ACTIVITIES

In 2009 meetings were set up (municipal forums), with a particular focus on encouraging the various municipal actors to discuss and work together to reach a consensus on the areas of competence held by local government (the town council or ayuntamiento, with representatives from all local sectors, including civil society) in the response to HIV/AIDS within their jurisdiction.

The municipal forums were the basis for defining commitments and lines of action, which promote the institutional strengthening of community-based organizations and social leadership, through the establishment of more efficient mechanisms for communication and collaboration between civil society and municipal authorities.

Alliances were established between CSOs, community-based organizations (CBOs) faith-based organizations (FBOs), neighbourhood organizations, workers’ organizations and networks of people living with HIV, among others, and local government (mayoralties, town councils and municipalities).
The CSOs participated in the meetings called by the Mayor (Síndico) to discuss the plans to be implemented at local level.

RESULTS

- Eighty municipalities with local organizations actively involved in planning, budgeting, monitoring and evaluating HIV-related activities.
- There is evidence that municipalities have invested public funds in developing informational material or workshops related to HIV prevention.

SUSTAINABILITY

The sustainability of these actions hinges on the technical, economic and financial sustainability of STI and HIV/AIDS prevention within the budgets of local government (alcaldías) and in the use of public funds to improve the provision of health services, to publicize these services and encourage the development of local policies. This would be done through the design of municipal interventions that would ensure the sustainability of a national programme aimed at reducing the incidence of HIV and mitigating the effects of AIDS and achieving tangible results.

Since it is the local government that has the closest relationship with the population, and in theory also with the vulnerable population, it has the potential to develop comprehensive strategies, which help to prevent and mitigate the effects of the epidemic. For this to happen, efforts from multiple sectors are needed, creating a broad alliance, and prioritizing efforts at the local level. In this context, CBOs, especially within the municipal context, play a fundamental role in the response to HIV and AIDS within the framework of health sector reform.
REPLICABILITY

While the current focus is on keeping the municipal forums active, and making sure they respond to the demands of CSOs, this practice can be extended to other municipalities, leveraging existing structures, such as participatory budget hearings.

B. BOLIVIA. Antiretroviral drugs in Bolivia: management for timely access

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BACKGROUND

With the aim of improving project coordination, implementation and achievement of objectives, a management system for the supply of antiretroviral (ARV) drugs through the Departmental Monitoring and Reference Centres for STI, HIV and AIDS (CDVIRs) pharmacies was implemented to ensure access to antiretroviral therapy, reagents and products. The system is managed by Asociación Ibis-Hivos, as the PR of the project financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, in coordination with the National STI, HIV and AIDS Programme of the Ministry of Health.
As of 2007, processes for buying ARV drugs in Bolivia were optimized since purchases during previous periods did not predict the processing and delivery time for products. In addition, they were carried out through local representatives, which increased the cost of products and failed to guarantee continuous access to them.

The main strategy for guaranteeing timely access to ARV drugs in Bolivia was to set up a different way of managing and purchasing, which was done through direct negotiations with the suppliers of generic drugs prequalified by the Global Fund’s Expert Review Panel (ERP), most of whom were from India.

The management of purchases of other products such as drugs for STIs, opportunistic infections, reagents and products continued to be carried out through national tendering processes.

OBJECTIVE

Ensure timely access to high-quality ARV drugs.

DESCRIPTION OF ACTIVITIES

Prior to the purchase of drugs, a product-planning phase took place. During this phase, the Ministry of Health and Sports played an active role in defining national product requirements, based on real consumption information, epidemiological profiles and national treatment protocols. By implementing a consumption data monitoring and reporting system it was possible to consolidate national information and identify tendencies in the use of drugs. Epidemiological profile information was gathered through the monitoring and evaluation system.
Once the PR had information about which drugs to buy and in what quantities, the next step was **product procurement**. The possibility of buying internationally and negotiating directly with generic manufacturers made it possible to achieve ARV procurement costs that were mostly below the average reported in the Global Fund’s Price and Quality Reporting (PQR), thus guaranteeing effectiveness and efficiency in procurement management.

All manufacturers prequalified by the Global Fund’s ERP were invited through email to participate in the purchase process. Once product offers had been received, a technical and administrative committee reviewed them, in which the national STI, HIV and AIDS programme also participated. It has not been necessary for other actors, such as the drug regulating authority, to participate since they are already permitted to purchase ARV drugs provided they are included on the Global Fund list.

Once a company was awarded a contract, the PR negotiated the shipping route. While this was not an evaluation criterion, negotiation of the consignment route to Bolivia with the selected company or companies is vital since there are two international routes for transporting products from Europe or Asia to Bolivia. The first, and the most common, is via Miami, which is frequently oversubscribed meaning that consignments were often held up for two or three weeks, waiting for transhipment and flights to South America. The second is via Johannesburg and São Paulo, which is less common and offers faster transhipment and flights to Bolivia. For this reason, suppliers are asked to manage international transport logistics using the following general route: Mumbai (or city of origin) – Johannesburg – São Paulo – La Paz. By using this strategy, it has been possible to obtain drugs within a timescale of one to three weeks, from the moment of signing the contract to arrival of the products in Bolivia.
RESULTS

Access to medicines bought from generic suppliers has been achieved at below the average cost presented in the Global Fund’s Price Quality Reporting (PQR), with purchasing times that make it possible to access drugs in a timely way.13

Average delivery time and availability of products in Bolivia of between 30 and 45 days from the purchase order.

SUSTAINABILITY

It is considered to be a sustainable practice, under the following conditions:

1. The country should have the administrative, regulatory and legal possibility of purchasing drugs internationally.
2. The administration resources should be sufficiently transparent and have the technical, administrative and regulatory capacity to make international purchases.
3. There should be coordination with the national drug regulating authority for the importation of batch-recorded products.

In Bolivia, these conditions apply to the PR of civil society. In the case of government resources, international purchases require authorization by the sector’s highest executive authority (the Ministry of Health), which can delay the purchasing process. Therefore, and with an eye on sustainability, Bolivia has initiated ARV purchasing processes through the Pan American Health Organization (PAHO) Strategic Fund, as an experiment in order to

13. http://bi.theglobalfund.org/analytics/saw.dll?Dashboard&_scid=3mF0sVgwn5w
determine times, processes and characteristics of the administrative and logistical process for purchases with its own funds, while backed up by the products purchased with Global Fund resources.

The successful management of ARV purchasing can serve as an example for other organizations that may make international purchases through the PAHO Strategic Fund.

**REPLICABILITY**

Replicating the experience requires *administrative and legal feasibility*, namely that the organization, whether public or private, has the administrative tools to carry out international purchases rapidly without this process becoming restrictive. In the case of the Asociación Ibis-Hivos, the organization's administrative structure made it possible to decide to make international purchases without first having to exhaust national tendering alternatives, as is the case in public entities in Bolivia and other countries.
C. GUATEMALA. Strengthening civil society organizations in monitoring and evaluation (M&E) for decision-making and supporting the national system

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BACKGROUND

With the aim of strengthening the response to HIV in Guatemala, in 2010 the Country Coordinating Mechanism presented a six-year proposal to the Global Fund through the HIV Rolling Continuation Channel. This was approved and its implementation, planned for two three-year phases, was initiated after the signing of two grant agreements: GUA-311-G05-H with Hivos as PR (PR-Hivos) and GUA-311-G06-H with the Ministry of Public Health and Social Welfare (PR-MSPAS). The two PRs support each other and share impact indicators and are also committed to achieving a single HIV monitoring and evaluation system. During the three years of the implementation of Phase I of the ‘Intensification of prevention and comprehensive care actions in vulnerable groups and priority areas in Guatemala’ Project (the Project) the PR-Hivos has, together with the Sub-recipients (SRs), implemented a monitoring and evaluation (M&E) system, which provides crucial information to the national system. For this reason we believe this practice contributes to the objective of strengthening of national systems as well as to community systems strengthening.

This phase of the project represents significant changes for the country.
Progress has been made with Guatemala having a national HIV/STI system and a national monitoring and evaluation system. This poses an opportunity for the strengthening and implementation of the national HIV/STI subsystem and major challenges for coordination between civil society and government in establishing a comprehensive information system at national level.

During earlier phases of the project, the PR World Vision was very effective in quantitative compliance with targets. Nonetheless, a change was deemed necessary, to focus particularly on process quality and effectiveness, and linking the project’s information systems with national HIV information systems. The PR Hivos felt that an improvement in M&E design and implementation was needed for Phase I of the project.

**OBJECTIVE**

The general objective of the M&E model is to generate a results-oriented organizational culture, which allows resources to be optimized, and to demonstrate how more efficiency can be achieved with a variety of financial resources.

In the monitoring and evaluation plan various objectives were set out. The most important ones are:

- Making the information managed by Hivos in the project nationally available; this means providing MSPAS (as PR and as the governing body for health) with the information needed to produce a single comprehensive national report on the response to HIV and AIDS.
- Providing feedback on the results of its actions to the National HIV AIDS program, with the aim of improving work, learning from
experience, maximizing resources, improving monitoring systems and making better decisions with respect to the implementation of its activities and strategies (both on a technical and administrative level), implementing the changes which are considered to be pertinent.

• Strengthening CSOs in their monitoring and evaluation capacities for implementation and decision making based on evidence.

**DESCRIPTION OF ACTIVITIES**

In order to implement the new on-line information and monitoring system, a series of processes have been undertaken which included:

1. Preparing and implementing the M&E institutional plan. Training took place to ensure that all SRs were capable of developing their own M&E plan; the PR monitored this process. Key people responsible for M&E in their organization attended workshops in which topics related to the preparation of monitoring and evaluation plans were presented.

2. Systematization of the use of monitoring tools for timely data gathering and the systematic use of information relating to the response given by each SR.

3. Collection and periodic systematization of information and its timely input into the information system: every month SRs entered the data for the activities implemented that month into the available on-line information and M&E system.

4. Defining, reporting and analysing the progress indicators for the achievement of each target set out in each SR’s Annual Operation Plan. This is one of the greatest contributions to the success of the model. Each SR received feedback, with consolidated and organizational reports, which allowed the analysis of the achievement of set targets, and how these contributed to the project.
The monitoring covered processes, outputs and results. For this it was vital to compile the data from different sources to be able to interpret the impact on the indicators and achieve effective monitoring.

The main components were: (1) Monitoring, verification and assurance of the quality of the information: constant follow-up and support to SRs in their application of programmatic monitoring procedures and administrative monitoring in order to achieve targets, as well as ensuring the quality and validity of the information provided by the SR. (2) Comprehensive (financial/programmatic) monitoring and strengthening: comprising the verification of programmatic and budget compliance with the annual operating plan and monthly plan, contributing to the strengthening of SRs and ensuring the correct use of resources, budget adjustment in accordance with targets and the efficient provision of supplies to beneficiaries. (3) Field visit monitoring: comprising monitoring the activities envisaged in the monthly plans and strengthening the SRs through conducting supportive supervision. Particular attention was also paid to monitoring the HIV prevention interventions that had been developed and adapted for key populations, with the aim of ensuring their quality and the generation and use of knowledge and skills to enable constant improvement. (4) Feedback: assessing fulfilment of proposed objectives, using conclusions to improve the development of actions and systematizing the experiences gained during the course of the actions. (5) Monitoring and general aspects: counting and general review of primary sources, evaluation of field visits carried out by the M&E coordinator and findings, verification of the achievement of targets and agreements.
RESULTS

The on-line information and M&E system has been developed to guarantee an effective level of information. It also strengthens CSOs; enabling them to provide information to the Ministry of Health and capacities of Social Welfare once the Global Fund grant agreement has come to an end.

The model presented is generating monthly information, which has made it possible to make swift decisions and guide interventions to fulfilling the commitments set out in the proposal. A different work culture has been instilled in CSOs, one that recognizes the importance of generating and using information as a basis for achieving their objectives, making an effective contribution to the response to the HIV epidemic.

In addition, MSPAS currently has this information available due to efficient information migration processes. The next step is to train SRs in the use of the official primary sources.

SUSTAINABILITY

The support that CSOs will be able to offer to the national system once the model is fully implemented may be the asset which makes it possible to guarantee the sustainability of the efforts undertaken by civil society and provide support to the national response.

The actions that have been implemented in Guatemala include the investments that have been made in strengthening CS organizations, specifically in monitoring, with the aim of guaranteeing that organizations have the technical and administrative capacities to mobilize financial resources.
In addition, a **specific M&E model** has been developed aimed at generating CSO capacity to analyse information and make decisions.

**REPLICABILITY**

To enable the model to be implemented elsewhere, it is important to ensure that an M&E plan is in place which aims not only to respond to Global Fund requirements, but which also strengthens planning and support, recognizing their vital role in monitoring.

It is important to have clearly defined processes, times and designation of responsibility. Those should respond to the organization that defines their role and should provide information, which makes it possible to make decisions; if the information is not useful, the model is unlikely to work.

This experience also demonstrates that it is possible to break with the ‘state’/society dichotomy, and find common denominators to increase the visibility of and empower populations at greatest risk of HIV. This makes the proposal to ‘know your epidemic, know your response’ viable, as part of the development of a response to HIV that has an impact and is sustainable. The CSOs become the starting point for more successfully identifying risk and vulnerability factors, and for devising successful responses.
PRACTICES TO STRENGTHEN COMMUNITY SYSTEMS

D. **MEXICO: Strengthening of civil society organisations in monitoring and evaluation**

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**BACKGROUND**

One of the main challenges faced in implementing the project ‘**Strengthening national prevention and harm reduction strategies for Men having Sex with Men (MSM) and People Who Inject Drugs (PWID)**’ was
the Sub-recipient’s (SR) and CSOs’ limited experience and knowledge of the monitoring and evaluation processes required by this type of project, as set out in the Global Fund’s guidelines. These weaknesses became evident during the initial training.

Two of the SRs had a monitoring and evaluation section, which facilitated the process; the third SR acquired experience over the course of the implementation. Although the SRs had their own M&E systems, the information generated did not fully comply with the project requirements.

This drawback became an opportunity to strengthen the processes in SRs and CSOs; recording formats were developed in collaboration and there were opportunities for feedback and training. The supervision plan, prepared by the PR’s (UGP-PR) management unit, was developed in response to input from SRs and CSOs and to observations in the field.

**OBJECTIVES**

1. To ensure that SRs have the capacity to implement processes and procedures in monitoring and evaluation in line with the project.
2. To strengthen the capacities of SRs and implementing organizations in recording, analysing and verifying information through the application of the project’s monitoring and evaluation instruments.
3. To strengthen civil society capacities, in both SRs and implementing organizations, through mechanisms for supervision, validation of records and field visits, in order to maintain a record of targets.
DESCRIPTION OF ACTIVITIES

UGP-FUNSALUD’s M&E sector developed a comprehensive and very practical training, solidly supported by theory. Efforts were always made to contextualize technical aspects of M&E in relation to the project’s specific activities. Theoretical knowledge was also developed in topics such as human rights and HIV, gender identity, sexual orientation, sexual health, and the zero prevalence survey. The opportunity was taken to present the M&E process that was totally applicable to the project activities.

CSOs – SRs and implementing organizations – were strengthened in clarifying and understanding the project’s key monitoring and evaluation concepts, describing and understanding the project performance framework indicators, and standardizing monitoring and evaluation formats and instruments so as to ensure the successful implementation of the project.

In addition, specific monitoring and evaluation processes, procedures and responsibilities within SRs and implementing organizations were established, and civil society involvement in prevention, detection and counselling intervention follow-up was fostered.

The supportive action was put into practice, ensuring that SRs and CSOs were involved in the monitoring processes and that they felt part of these processes. The implementing CSOs sent their work plans to the corresponding SR, which became the basis for planning the support visit. The visit was carried out jointly between UGP, the SR and the implementing CSO. The visit was coordinated with the CSO: prior to the start there was a meeting with the CSO team and following the visit a report was sent with findings, conclusions and recommendations.
RESULTS

The work dynamic established in the M&E context made it possible to guide and strengthen the design, processes and results of the interventions. In this way, the supervision of SRs and collaborating organizations has contributed to the organisations becoming interactive and professional learning communities.

The CSOs strengthened their information systematization capacity, and gained a more comprehensive understanding of their own processes. Some CSOs prepared a short questionnaire for testing products, such as lubricating jelly, among the population prior to acquisition to facilitate the purchasing process for this product. Others institutionalized the recording formats to their needs.

Some of the CSOs implemented monitoring mechanisms (based on their own data bases), to measure their performance and systematize their actions.

SUSTAINABILITY

With respect to the sustainability of the M&E processes developed, it is clear that the CSOs have undergone a period of learning and are now absorbing these lessons so that, once the project ends, these processes will have become firmly established within the routine work of their organizations, with a focus on quality, method and their organic relationship with community systems.

Essentially, personnel who have been trained require continued support. This process made it possible to strengthen actions at the community level, that had not been previously explored.
The M&E financing should be regarded as part of the national HIV response with respect to the strengthening of community systems. In other words, public resources should be planned to ensure that CSOs have good monitoring and evaluation mechanisms.

E. **BOLIVIA: Mobile prevention: the experience of the Santa Cruz mobile unit in STI and HIV prevention**

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**BACKGROUND**

The population of men who have sex with men (MSM), gay, bisexual, and trans (GBT) people and sex workers (SWs) do not easily access health services in Bolivia, due to various barriers, which include accessibility, stigma and discrimination. Mobile Units (MU) make it possible to reach these vulnerable populations, addressing needs in meeting places and sex work locations; the interventions reach people who do not access any care and prevention service, whether public or private.

Under the Round 9 project financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Project), the Santa Cruz MU strategy
complements the interventions of the regional Departmental Monitoring and Reference Centres (CDVIR) and the civil society SR institutions, on issues of prevention, diagnosis and treatment of syphilis and HIV screening, as well as the promotion of the correct and systematic use of condoms in MSM, GBT, SW and homeless populations; aiming to increase the coverage of the Santa Cruz department’s STI/HIV/AIDS programme, and timely referral.

OBJECTIVES

To increase syphilis prevention and diagnosis and HIV screening in MSM, GBT people, SWs and homeless populations through rapid testing, including the distribution of condoms and the promotion of their correct and systematic use and referral to the CDVIR or other health facility.

DESCRIPTION OF ACTIVITIES

The mobile unit is aimed at population groups such as MSM, GBT, SWs and homeless people; its activity includes an outreach strategy through peer educators (PEs) who raise awareness and organize information activities on STI and HIV/AIDS issues.

The MU operated during 24 night shifts per month, to reach the target populations. The activity took place six nights a week with an average duration of five hours. Occasionally the MUs operated day shifts at the request of the target population and in coordination with other civil society SRs.

A referral form was used to refer people to the CDVIRs to carry out an HIV confirmatory test.
Coordination with the CDVIR was supported by an inter-institutional cooperation agreement between the departmental STI/HIV/AIDS programme of Santa Cruz and Asociación Ibis-Hivos, in which one of the activities was the referral of people identified as HIV positive by the MU to the CDVIR to confirm results and provide them with the relevant follow-up according to the care protocols for detected cases. In addition, each month an activity schedule was sent to the CDVIR, not only for information, but also to make sure that CDVIR staff could track the MU’s activity at any given time.

The MU includes a medical section, which provides medical scientific support, while the community element is provided by the PEs, who are able to reach the population and refer positive cases and those needing medical and/or psychological support to the CDVIR.

From a communication and education perspective, the MU’s intervention model has a significant foundation in interpersonal communication and peer-to-peer education, since it incorporates peer educators (PEs) to reach MSM, SW and GBT populations.

RESULTS

During the 2011–2012 period, the MU, through the PEs, reached an average of nine people per night, making a total of 4,507 people over the life of the MU. Of those reached, 3107 received screening for syphilis and HIV, 107 received HIV diagnosis only and 94 received syphilis diagnosis only. In the case of the SWs, 95 per cent of those reached were non-registered.

Focusing on the rapid HIV test, an important finding worthy of analysis was the age of those who took the test: more than seven out of every 10
GBT-MSM who took the HIV test (73 per cent) were under 25 and around three out of every 10 people (29 per cent) were under 20. Less than half of the SWs who accessed the test (46 per cent) were under 25 and around 17 per cent were under 20.

In 2011 and 2012, the MU contributed 25 per cent of the HIV diagnosis tests (rapid tests in the MU and rapid or ELISA tests in the CDVIRs) carried out within the GBT-MSM and SW population in the whole department of Santa Cruz.

Although the MU carried out more HIV tests on SWs (1,733) than on the GBT-MSM population (1,052), proportionately it only contributed 18 per cent of a total of 9,464 tests conducted on this population in the department of Santa Cruz, since a significant number of SWs regularly attended health checks at the departmental programme (CDVIR or other health facility) where the ELISA test is given every six months and a health card (‘Libreta Sanitaria’) is given to the SW, a document which qualifies them to work in the sex industry in different locations or brothels. But, due to the fact that SW also work outside the brothels and in illegal locations where a health card is not required, they remain an important target group of the MUs.

Coordinating the MU with the region’s established health system is an important element to provide comprehensive care to the population targeted through this strategy.

In selecting personnel to work at the MU, it is important to bear in mind the profile of the people. They should be sensitive, geographically and socially familiar with the environment in which they work, and conversant with the codes of potential users. The MU should also be attractive in all aspects, from the production of its materials to the presentation of the vehicle itself.
SUSTAINABILITY

The MU is a community outreach-based strategy designed to support the formal health system and reach a population, which does not easily access health system facilities. It is efficient and effective, since it breaks down both geographical and cultural barriers.

REPLICABILITY

It is worth noting that the activity was implemented by the PR Asociacion Ibis-Hivos, and therefore greatly reduced administrative costs.

The purchase of condoms should be factored into the costs, which were with a quantity earmarked and now covered by the Global Fund in line with the targets programmed for the population assigned to the MU.
**ECUADOR: Exchanging experiences between civil society actors to strengthen implementation actions and project results**

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**BACKGROUND**

This initiative was driven by the need to work in a coordinated and synergetic way in programmatic and financial areas and by the need to be informed about the strategies and positive or learning practices of other organizations (for example in their relationship with the Ministry of Public Health [MSP]), as critical elements in maximizing the results of the national HIV/AIDS prevention and control project financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 9 (the Project).

In spite of the fact that project performance was assessed regularly, it was felt that practices needed to be improved. Therefore, exchange of both successful and negative experiences was needed and improvement of the quality of the intervention strategies.

In order to support the development of organizations’ weakest aspects, the various actors/SRs needed to be aware of the activities of others in order to complement each other, learn, and add to or avoid duplicating efforts and resources at both a strategic, tactical and operational level.
OBJECTIVES

The aim of the periodic meetings was to help achieve an outstanding implementation of activities, in order to continue with the second phase of the project. Specific objectives included:

- Exchanging information; evaluating progress; comparing points of view with regard to project mechanisms and methodologies and combining efforts to achieve the envisaged results and targets, bearing in mind the difficulty of communicating with the central level of the MSP, since the various local Ministry offices were unfamiliar with the project; hindering the flow of supplies, referrals and information toward the key population.
- Deepening understanding of the project’s objectives, working method and results, in order to increase effectiveness and to allow actors to analyse their own results better and improve activity performance.
- Promoting the participation of all SR organizations and their programmatic and financial teams, to ensure greater efficiency in their use of technical and financial resources.
- Getting to know personally the implementing team that was behind the quantitative results of programmatic and financial indicators better, enabling everyone to become involved in initiatives aimed at improving project management. This provided a direct line of communication to share processes, procedures and experiences from their day-to-day activity.

DESCRIPTION OF ACTIVITIES

The bimonthly meetings, chaired by the PR Kimirina, took place over the course of a day, in a previously specified city. At these meetings, the project’s
various implementing actors met to be informed about the progress of efforts in each organization, with a review of good practices and lessons learned in order to determine their feasibility or applicability in another organization.

These meetings also aimed to discuss the crosscutting issues necessary for improving the quality of interventions, such as monitoring and evaluation, outreach methodologies for peer education in prevention, and financial aspects for reports and communication.

Managers, finance officers, those responsible for programmatic monitoring, and technical consultants from the organizations were also invited to the meetings in order to achieve a comprehensive picture of the projects, with a focus on programmatic planning, intervention techniques and budgeting.

This practice has also encompassed the implementation of activities such as internships, joint training - between SRs -, support between organizations and direct communication between organizations, either because they work with the same population or because of referrals of specific cases identified in those reached.

These meetings continue during phase two of the project. Workshops are organized where results are presented and group work takes place, followed by plenary discussion.

RESULTS

This practice has been effective in creating interrelationships between SR organizations, promoting discussion of key programmatic issues, and providing feedback on, and guiding intervention in key populations in terms of quality and effective results.
In fact, the positive results of the joint learning process contributed greatly to a favourable civil society performance rating. This increased the likelihood of getting approval for the second phase of the project, with extended coverage of key populations, altering the scale of the project and enriching its strategies.

**SUSTAINABILITY**

This practice is financed and envisaged as part of the project’s civil society operational planning. Its implementation will depend on the funding or support for convening the meeting and for the other logistical requirements for bringing the organizations together. However, the future sustainability of this practice is feasible, in that civil society is an active participant in responding to the HIV/AIDS epidemic. The Multisectoral AIDS Committee (CEMSIDA), a semi-public body created by the health authority to tackle public HIV policy, is the ideal forum for this participation and will continue to be available.

**REPLICABILITY**

The replicability of this practice hinges on its inclusion in the operational planning envisaged for the development of a project, allowing its implementation to be planned beforehand and a variety of more technical content to be offered (innovative methodologies, joint prevention, LGBTI rights, updating programmatic monitoring, updating legal framework, etc.) in order to enrich the quality of interventions so that they go beyond simply reporting on actions or progress.
G. **URUGUAY. Seed funds to strengthen community based organizations**

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**BACKGROUND**

The seed funds project replaced a sensitization activity aimed at the general population. This had initially been programmed as part of the ‘**Toward social inclusion and universal access to HIV/AIDS prevention and comprehensive care for Uruguay’s most vulnerable populations**’ project, which was financed by the Global Fund. Following a rapid evaluation of the capacities of CSOs at the start of the project, and with a focus on the sustainability of activities, the National Research and Innovation Agency (ANII) negotiated with the Global Fund to use resources for small projects of limited duration to be implemented by community-based organizations from the gay, trans and PLHIV populations.

**OBJECTIVES**

To provide the opportunity for CSOs and groups from the target population of the project financed by the Global Fund (gay men, trans people, and people living with HIV/AIDS) to implement various activities to strengthen their organizations and to raise the awareness of HIV in the general population.
DESCRIPTION OF ACTIVITIES

As an innovative way of strengthening CBOs from the project’s beneficiary populations, the ‘Seed Fund Project’ was set up. Seed funds consisted of small sums – of between 1000 and 2500 dollars – which were awarded through a competitive selection process to allow the CBOs to implement awareness and prevention activities, including giving talks to teachers to reduce discrimination, holding rallies, specific training, prevention talks and activities to celebrate World AIDS Day.

During the initial stage, prior to inviting them to bid for seed funds, the PR and ANII offered training to the CBOs in formulating and managing projects, as well as in basic aspects of budget preparation, presenting accounts and verifying accounting documents (invoices, valid per diem and travel expense formats). The training included assistance in filling out a typical grant application form.

The PR published the call for projects and, following an assessment, the best projects were selected and the PR and the CBOs entered into formal agreements, if the latter had legal entity status, or if this was lacking, with a representative.

At an initial meeting between the PR and the selected organizations, a plan of action and the tasks to be implemented was defined.

Throughout the implementation of the activity, which generally lasted around three months, the PR constantly supported the organization. A person hired specifically for this task met regularly with the organizations in both the capital and the rest of the country.

The seed funds supported the direct involvement of civil society in the
project financed by the Global Fund and also strengthened collectives from the target populations.

It is important to note that while the training was important, in some cases it was not sufficient to guarantee the success of the seed funds; in these cases, the deciding factor in their success was constant support.

RESULTS

Eight projects were financed with seed funds in the first stage, opened to bidders in May 2013, and six in the second stage, for which the call was announced in October of the same year.

The allocation of funds to these organizations resulted in excellent implementation and good accounting for expenditure; it strengthened the implementation of innovative activities in many parts of the country and helped to significantly increase the presence of organizations from the rest of the country in public rallies held in the capital.

Generally, the involvement from and response of the beneficiary population was very good and there was a high level of participation.

The projects financed by the seed funds not only strengthened organizations but also gave them a higher profile in their region and in the media and helped to boost the link with different groups, the relationship between them, with the SRs and with the whole project management team.
SUSTAINABILITY

The practice of seed fund competitions may be implemented in public entities. There is evidence that the Uruguayan Ministry for Social Development (MIDES) has already begun work with trans organizations; however, a larger budget is needed to incorporate sexually diverse populations and people living with HIV into MIDES’s target populations for its work.

REPLICABILITY

The project’s characteristics imply that its replicability is subject to the availability of resources. It is important to bear in mind that the training phases should be extensive and sustained throughout the project implementation.

Due to the weakness of some community-based organizations, technical assistance must be available to provide regular support to the process.
H. **EL SALVADOR. Strengthening REDCA+ through participation in regional decision-making**

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**BACKGROUND**

REDCA+, a regional network for people with HIV/AIDS in Central America, presented its first proposal to the Global Fund in 2006, anticipating approval by the Regional Coordinating Mechanism (RCM), which at that time was implementing a programme for mobile populations. However, after being informed that the RCM had turned down its proposal for the Global Fund Round 6, REDCA+ decided to present itself separately as a regional organization, backed by the World Bank’s regional HIV project which was being implemented through SISCA. However, the project was not approved by the Global Fund, who observed that ‘there is no clear coordination with regional political structures – such as the RCM and SISCA – which would provide the sustainability of the response to HIV’ and that ‘the structure of REDCA+ was weak and, in addition, the proposal encompassed activities that fell under the remit of governments and country proposals’. 
OBJECTIVES

To actively participate in regional decision-making bodies which impact the AIDS response in Central America.

To strengthen REDCA+ as a regional entity which would contribute to the strengthening of community systems. An important element was to gain the support of political authorities at the highest level.

DESCRIPTION OF ACTIVITIES

REDCA+ took advantage of its contact with the Coordinator of the World Bank’s regional HIV project, who introduced the organization to the legal representative of the Central American Social Integration Secretariat (SISCA). From that point, direct communication was established with SISCA’S general secretary who had been recently appointed in April 2007. SISCA was informed of the need for a PR which, in addition to executing the proposal in REDCA+‘s name, would act as an intermediary with decision-makers at the highest level in the Central American regions, meaning the presidents and ministers who belonged to the Centro American Integration System (SICA). SISCA paved the way for REDCA+ to enter into dialogue with the Social Integration Council (CIS), which is made up of ministers for or representatives of social issues from the countries of Central America, as well as with the health ministers who belong to COMISCA, where major health decisions are made.

The process of dialogue and negotiation with SISCA for it to take on the role of PR began with the network’s secretary. Even though the relationship between REDCA+ and SISCA has opened up opportunities for participation
in the RCM and in other Central American organizational bodies, project management remains in the hands of people living with HIV.

Over the last six years REDCA+ has achieved visibility in existing forums and has been invited to present information at various forums and has strengthened its participation as a full member in representing people with HIV to the RCM.

It is currently negotiating incorporation into SICA’s Advisory Council (CC-SICA), a structure that formally brings together all entities representing various aspects of civil society, in which REDCA+ would be the first participant with significant HIV experience.

RESULTS

REDCA+ currently participates directly in:

- The CCMs (Country Coordinating Mechanisms) of Guatemala, El Salvador, Honduras, Panama, Belize and Costa Rica through a national focal point. It is important to note that the focal points represent people living with HIV in the respective countries.
- The RCM as a full member representing people with HIV at the Central American level.
- COMISCA, which has renewed its agreement to act as REDCA+’s political body, where it has a voice but no vote.
- The CIS, through SISCA, contributing to the Strategic Approach to Social Integration of all countries that belong to the system, in which they participate as observers.

As a result of participating in these forums, it has been possible to strengthen the network’s political position. In addition, the network
works with PLHIV in each of the countries, helping develop their technical capacities (advocacy work, management).

REDCA+ is a referent organization in Honduras, Belize, El Salvador and Costa Rica. Whenever activities take place, the organization is invited by the national AIDS programme to the decision-making forums. They also offer technical advice to make interventions more effective.

REDCA+’s participation in these forums has been vital in introducing the issue of HIV into CIS’s regional plan for Central America, principally with respect to prevention, and into the strategic health plan for Central America and the Dominican Republic.

SUSTAINABILITY

It is hoped that future sustainability will be achieved through CC-SICA, since this entity receives direct support from extra-regional partners such as the European Union and China/Taiwan. By becoming part of SICA, REDCA+ would have access to the system’s funds.

REPLICABILITY

For this experience to be replicable, it is important that CSOs are aware of, and interact with, the organizations established in their countries and regions outside the health context, and for the HIV issue to be seen as a social issue and not solely a health issue.

The opening up of decision-making forums, though dependent on the political will of those who manage them, can be achieved through the intervention of an associate who can introduce the network to the forum.
PRACTICES TO ENHANCE COLLABORATION BETWEEN GOVERNMENT AND CIVIL SOCIETY

I. ECUADOR. Beyond complementarities in prevention: links between civil society and local government

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BACKGROUND

Within the civil society component of the National HIV prevention and Control Project, the ongoing efforts of Kimirina, PR of civil society, stand out. The organization’s efforts have focused on effective coordination with the Ecuadorian Ministry of Public Health (MSP in Spanish) in its role as Principal Recipient 1 (PR), in order to achieve complementary implementation of the project between prevention and access to services, at both central and local levels.14

Under the project, the PR was to provide the necessary supplies for educating people about prevention activities and to ensure sufficient stock of rapid tests for HIV screening. The tests would be purchased with funds allocated in the project procurement management plan. However, due to management problems within the Ministry, resulting from a change in the management model, supplies were not purchased and tests were not given, and the momentum of activities that needed to be implemented fell short of what was required by civil society.

This practice was established without previous planning, as an alternative strategy to national and central PR management. It is a result of the need for SR organizations to respond to the epidemic in their locality with the resources from the Global Fund cooperation agreement, and also to comply efficiently with the programmatic and budget commitments set out in the project agreements.

14. Corporación Kimirina is the Principal Recipient of the civil society component of the Ecuadorian National HIV Control and Prevention Project, with responsibility for specific objectives: reducing the levels of vulnerability of the key populations and improving the quality of life of PLHIV. A performance framework was established for this purpose by the Global Fund which comprises scope indicators through peer HIV prevention education methodologies in MSM, SWs and trans people and rapid testing to screen these populations.
Kimirina has supported coordination between SRs and the health unit in each locality, since the institutional complexity of the official MSP slowed down the transmission of arrangements from the central agency to the provincial and cantonal levels. This situation and processes still apply to the second phase of the project.

OBJECTIVES

To respond to the epidemic at local level (cantons) in accordance with the targets established by the project, establishing effective relationships with the local health units who could provide products (condoms and lubricants) for implementing promotion and prevention activities.

PRACTICE DESCRIPTION

In order to achieve the targets and objectives of the project financed by the Global Fund, and given the difficulty in purchasing supplies brought about by the Ministry of Health, Kimirina designed a local level working strategy.

This strategy was based on the strengths of the SR organizations, taking into account their relationships and links with the local offices of the MSP, since their work in the cantons and recognition of their prevention and political advocacy efforts, and defence of LGBT people prior to the project, would allow them to collaborate with the health bodies. It should be pointed out that community-based organizations have the necessary clarity of process and workflows to implement the project from the locality, and in addition they maintain professional and personal links with health personnel, which is vital to working in coordination.
Through coordination and advocacy efforts, the organizations managed to ensure that some of the supplies, at least those related to tests and reagents, and some condoms and lubricants, were available to the highest risk populations, and that the information generated within civil society (tests carried out and results) was communicated to the health unit to be recorded in the national information system.

Close coordination with local offices of the MSP led to oversight of local management by civil society. Local organizations constantly report on the supply level of reagents and rapid tests, as well as on supply records, which facilitates the timely and adequate delivery of condoms. This monitoring also makes it possible to communicate information problems which affect the health system, which does not have a system for comprehensively and officially gathering the data generated by the various bodies of the Ministry of Health. The information is received by Kimirina’s technical team and is reported to the central level of the MSP in order to continue with the project coordination process.

The Ministry of Public Health is in the process of changing its management model, which has led to a delay in the implementation of a health information system that can be used by civil society to strengthen or guide its prevention work. In fact, the contrary has occurred, with civil society reporting to the national HIV/AIDS programme on supply levels and other data production issues, which are necessary to access up-to-date and reliable information on the national epidemic.

RESULTS

The SRs who implement prevention activities with the key population,
achieved the targets for referrals to health units for screening and obtaining condoms and lubricants, provided at local level.

With respect to the reporting of data to the Global Fund on screening tests carried out, this relationship between organizations and the local health authority – which had not been based on formal agreements or arrangements, but on a close link developed through previous work or personal understanding between local leaders – made it possible for the civil society component to have enough data, adequate means of verification and quality information for the programmatic indicators set out in their performance framework.

It should be mentioned that in Ecuador the Council of Citizen Participation and Social Control regulates oversight activities, and that in order to implement citizen oversight it is necessary to undergo accreditation and authorization with this body. The oversight process set up for the project emerged spontaneously, without any of the setting-up formalities required by government. Nonetheless, it enabled civil society to manage key information, albeit informally, in order to develop the project with respect to the availability of reagents and rapid tests, as well as with respect to the delivery of condoms and lubricants. It should also be pointed out that on occasion this information has not been entirely accurate or has been delayed.

SUSTAINABILITY

The coordination between the Ministry of Health’s local offices and CSOs does not require financing since it is based on the management and daily work of the SR organizations, as a complementary element for developing HIV prevention efforts adequately.
There are no ‘additional’ costs for transport and communication, since the information gathered by organizations in the context of this oversight is part of the project’s flow of information and communication. The interaction between CSOs and local offices of the MSP contributes significantly to the success and sustainability of the response to HIV since they are an important information channel and foster local level participation in the response.

**REPLICABILITY**

The application of this practice in other countries should be based on an analysis of the institutional capacities developed by the project’s implementing organizations. In addition, it is necessary to identify the problems that arise at the central level of the public sector/civil society relationship in order to, eventually, embark on a plan of action based on the specific strengths of each organization and local context.
J. URUGUAY: Coordination committee with the Ministry of Public Health for monitoring implementation of the two sections of the national project

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**BACKGROUND**

The National Research and Innovation Agency (ANII) is a semi-public organization which administers resources from various sources, including funds from the Inter-American Development Bank, the World Bank, the European Union, and national counterpart funds. Since ANII’s operation is more streamlined than that of the MSP (Ministry of Public Health in Spanish), it was responsible for implementing all activities for the project ‘**Toward social inclusion and universal access to HIV/AIDS prevention and comprehensive care for Uruguay’s most vulnerable populations**’ (the Project) which were to be implemented by and for CSOs.

Since the project was divided into two, with one section being administered by the MSP and the other by ANII, it was necessary to hold coordinating meetings between both parties, to ensure that close monitoring of the project’s progress could take place in an integrated way.
OBJECTIVES

The main objective was to ensure the success of the project financed by the Global Fund through close coordination between representatives from both PRs.

The specific objective was to link the activities to be implemented under the project by the two actors: the Ministry of Public Health and ANII, to prevent activities becoming fragmented and to ensure both entities were provided with up-to-date information on that project’s progress.

DESCRIPTION OF ACTIVITIES

Anticipating the need for coordination, at the start of the project, ANII and the MSP agreed to form the ‘Technical Committee’ in order to exchange information on the progress of the project. Those in charge of implementing activities in each of the entities met once a month to share detailed information on project progress. Additionally, the four members of the group maintained regular contact via email so that both parties were kept informed and joint work could be strengthened.

The Technical Committee was formed through the signing of an agreement between MSP and ANII, which was previously approved by the Minister for Public Health and ANII’s chairman.

One of the activities, which took place under the auspices of the technical committee, and with the support of three SRs, was the public presentation of the project, an event organized by the two entities. From then on, activities were organized in accordance with the terms of the
project and its division of labour between the PRs. Close coordination was however always maintained.

The regular exchange of information enabled the PRs to save time in various ways. For example, when the Ministry of Public Health wanted to identify referents and a target population, ANII responded by providing the ministry with a database of referents and population that it had previously dealt with.

RESULTS

Monthly meetings were established which contributed to the successful implementation of the project financed by the Global Fund. Without this coordinating mechanism, the national project was at risk of becoming two separate projects without a common purpose.

The efforts made in relation to the project feed into public policy and support the sustainability of activities beyond the financial scope and duration of this project.

SUSTAINABILITY

The most important and decisive factor in this coordination activity is human capital. Financing is not a first priority; what is needed is responsible staff committed to implementing the activity in each institution that assumes the role of PR.

Coordination between government and civil society actor is also key to the sustainability of the response to AIDS, above all in countries in which international cooperation resources are limited.
REPLICABILITY

Since these are coordination meetings, it is entirely feasible to replicate this practice.

Stakeholders must, however, have the same objective with respect to the target population, framed within the context of public policy. In the specific case of Uruguay, the Technical Committee was set up through a cooperation framework agreement decided in meetings at the highest level between the Minister of Public Health and the chairman of ANII.
ATTITUDES AND SOCIAL CHANGE

K. MÉXICO. Inventory and analysis of successful interventions for developing methodological guides to be implemented within the national project

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BACKGROUND

The project ‘Strengthening national prevention and harm reduction strategies aimed at MSM, MSM/SWs and PWIDs’ (Mexico-HIV Round 9), financed by the Global Fund, aimed to address prevention gaps in Mexico. Though a major HIV infection prevention effort has taken place over the last 20 years, there was no tradition in Mexico of documenting and evaluating interventions and, apart from some evidence-based exceptions documented in the international scientific literature, they have not been adapted, evaluated or conducted in the country.
In order to respond appropriately to prevention challenges, Mexico needed to strengthen the form and quality of its prevention efforts and initiate interventions with documented evidence of their impact, while generating scientific evidence of their application within the Mexican population.

Thus, in order to guarantee the success of the prevention efforts implemented during the project financed by the Global Fund, FUNSALUD, as PR, commissioned an external organization with research experience to collate HIV prevention interventions, which had demonstrated a significant impact.

The Inventory of Past Prevention Interventions was to respond to two fundamental questions: 1) what prevention interventions have been implemented in Mexico and other regions? and 2) which prevention interventions have shown greatest evidence of effectiveness and can be replicated in Mexico? Based on the interventions identified, methodological guides were developed to provide guidelines for their implementation during the project.

While training activities were initiated, the inventory was prepared for the subsequent implementation of interventions.

**OBJECTIVES**

Systematize scientific evidence on the efficacy of interventions in reducing the incidence of HIV in key populations, with the aim of developing methodological guides for a group of interventions, which could feasibly be implemented under Mexico-HIV Round 9.
DESCRIPTION OF ACTIVITIES

The first stage of the project financed by the Global Fund entailed a search for and bibliographic review of interventions in scientific publication databases and in the Register of Mexican HIV/AIDS Research and Interventions (RIMSIDa) and a search for works by Mexican authors at national, Latin American and international conferences, as well as those recommended by the Centre for Disease Control and Prevention (CDC).

A pre-selection was made of interventions, which focused on the project’s key populations: PWID, MSM, trans people and SW. A total of 126 interventions in the United States, Canada, Mexico and other Latin American countries were selected, analysed and categorized in a database. After assessing the impact of the intervention, seven additional criteria were applied to those who had been chosen: effectiveness, evaluation design, follow-up time, follow-up losses, acceptability, target country/population and content. Finally, the feasibility of the intervention was assessed.

Another important criterion that was taken into account at the time of selecting practices was their required capacity in terms of infrastructure and resources, since they would be implemented by CSOs, and the possibility of adapting them to the urban Mexican context.

After considering the recommendations of an expert committee, 12 interventions were selected, of which five were considered for Mexico-HIV Round 9, aimed at improving access to education and health services to prevent HIV, promoting healthy behaviour, reducing drug injection injuries, and building leaderships, which foster a favourable environment.

In order to implement these interventions, methodological guides were
developed, during the first phase of the project, in conjunction with the initial implementation of activities. The interventions were replicated in 44 cities during phase one of the project and in 20 cities in the transition phase. Even when implementation was suspended due to the interruption of the project, work on the guides continued.

The Inventory itself is systematized as a report on findings and has a database of all the interventions analysed. The interventions selected are systematized in printed and electronic documents titled Methodological Guides. The process and documents which support it can be widely shared, not only within Mexico but also throughout the Latin American region.

It is important to note that during the transition period, the National Centre for the Prevention and Control of HIV and AIDS (CENSIDA), which had already been inviting CSOs to bid for federal resources to implement HIV prevention for some years, encouraged, in its 2012 tender, the submission of projects based on the interventions identified in the Inventory. These were meant to serve the key populations of the 20 cities who were eliminated as a result of the cuts to the Mexico’s HIV/AIDS Round 9 project during the transition year.

RESULTS

The inventory conducted 126 interventions, which were analysed.

There is a publication with 12 thematic guides to the interventions and the methodological guides for replicating the 5 interventions adapted to the urban Mexican context.
Both the inventory of interventions and its analysis and the methodological guides are resources which CSOs and government can refer to in order to select those which have shown greatest impact.

The task of collecting and analysing interventions engendered an awareness of the need to question our prevention interventions.

**SUSTAINABILITY**

CENSIDA has incorporated the Inventory of Past Prevention Interventions into its public prevention policy, resulting in greater coverage and leading to a commitment to direct a portion of resources to these initiatives.

In the 2013 call, the interventions financed by the Global Fund played an even more significant part in the CENSIDA tendering process. All those categories of the tender which were aimed at benefitting key populations included the possibility of presenting proposals to reach the populations of cities in which the project financed by the Global Fund has not been implemented, and in the 20 cities excluded during the transition phase.

CENSIDA is planning to prepare a new, national, version of the inventory of interventions. A call has been in place since last year to document some of the interventions that are taking place in the HIV field.

Others have continued the work initiated by the Inventory. In 2013 a complementary investigation was carried out by UNFPA\(^1\) and the results of the two inventories have been a key component in developing the

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15. United Nations Population Fund
National Prevention Guide prepared in 2013, which will enter into use following its publication by CENSIDA in 2014.

ARGENTINA. Awareness workshops to combat stigma and discrimination against the gay population, transvestites and sex workers

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**BACKGROUND**

Discrimination has a major psychological and social effect on individuals’ freedom of action, their real prospects of integrating themselves adequately in the working world, and on their social and family relationships. Discrimination is exacerbated when individuals take part in marginalized activities, practices which are subject to stigma – which functions as a form of social branding –, and that fall outside the norms or the generalized criteria which define society’s perception of ‘normality’.

In addition, there are also real challenges in accessing the institutional spaces of government, which are historically resistant to gender and sexual health training interventions. According to the Survey of Living Conditions and Behaviour conducted by UBAFEC-CENEP in 2013, two out of every 10
people had suffered discrimination in public hospitals and three out of 10 at police stations.

This context led to the development of two types of intervention: training for health system staff, and awareness workshops for public security organizations, specifically the armed forces, police and gendarmerie.

The intervention proposal was linked to raising awareness, providing information about and instilling respect for the rights of the population generally affected by discrimination due to sexual orientation or health status, such as being HIV positive.

OBJECTIVES

The establishment of forums, which contribute to reducing and eradicating discriminatory practices toward the homosexual and travestry population, SWs and PWDI, who use the services of the security forces and health care systems.

SPECIFIC OBJECTIVES

- Equip male and female security force agents with the necessary conceptual tools on gender construction and gender perspective, to be incorporated into their day-to-day practices. Stimulate a space for discussing the need to encourage practices, which guarantee the protection and the rights of the population.
- Manage, organize and implement awareness activities for health system staff (clinicians, gynaecologists, proctologists, infectious disease specialists, biochemists, nursing staff, social workers,
psychologists and others) in the provision of stigma-free care to the target population. In other words, those that are most vulnerable in the HIV/AIDS context (people with HIV/AIDS and their families, trans feminine people, MSM, SWs). Strengthen existing test centres and create new centres with trained staff. Integrate testing and counselling into the primary health care centres and CSOs. Include primary health care staff in awareness and training activities in order to extend the comprehensive care offer with prevention components.

DESCRIPTION OF ACTIVITIES

For the activities with the security forces, workshop-style awareness events were developed, aimed at the staff of the Federal Penitentiary Service, under the jurisdiction of the Ministry of Justice and Human Rights. The Federal Penitentiary Complex No. 1 and the National Penitentiary School ‘Dr Juan José O’Connor’ were chosen. Both institutions are located in Ezeiza, in the province of Buenos Aires.

Workshop-style awareness events, aimed at the staff of the security forces staff controlled by the Ministry of Security, through the National Directorate of Human Rights, headed by Dr. Natalia Federman.

In pursuit of the objective mentioned, work was carried out focused on the core workshops themes: sex/gender and sexuality; the binary system/gender construction; basic concepts of gender and diversity; sexual orientation; equality, equity and diversity; cultural changes and the sexual diversity perspective in the world of work; some concepts relating to current legislation such as the Gender Identity Law (Law no. 26743) and the Equal Marriage Law (Law no. 26618). The workshops took place in September and October of 2013.
For the health system awareness activities, six training activities were implemented: two in the municipality of José C. Paz; one in the city of Bahía Blanca and one in the municipality of Tigre (all in the province of Buenos Aires), one in the municipality of Guaymallén, in the province of Mendoza; and one in the city of Rosario, in the province of Santa Fe. Each one had a different dynamic and format informed by the audience it was aimed at. In all training sessions PowerPoint presentations were used and there was an effort to promote dialogue with participants.

Updating seminars were implemented with the health team for HIV/AIDS and vulnerable populations. The activity was organized in conjunction with the nursing department of Maimónides University, which organized free, open access updating seminars aimed at students and former students, as well as other members of the community.

The first seminar focused on the subject of particularly vulnerable groups from a more general perspective and, as a result of interventions by participants, it was decided to focus on the same subject for the second seminar but with more emphasis on the role of the nurse in the various health activities related to HIV prevention and care.

Among the participants were also representatives from two CSOs: one from the trans community Argentine Transvestite, Transsexual and Transgender Association [ATTTA] and the other representing people with HIV.

RESULTS

The participation of higher-ranking staff at both armed forces events strengthened the project’s objective of helping to create a space for
raising awareness of the core themes. This was reflected in the active participation of students of both sexes in the workshops and confirmed in writing in anonymous surveys.

Information was obtained with respect to stereotypes and beliefs, which obstruct the possibility of eliminating the discriminatory practices which exist in educational communities (students and teachers of both sexes).

A commitment was obtained from the Penitentiary Service authorities to encourage their teaching staff to come up with strategies for incorporating a human rights-focused approach to inclusive concepts of gender and diversity into the service’s personnel training.

**SUSTAINABILITY**

The support of the National Council of Women’s technical team, who gave presentations on discrimination against women at each workshop, strengthens the sustainability of these awareness-raising talks and events. In addition, the activities are supported by the Ministry of Health, which provides information material on health and sexual health.

Finally, incorporation into the training subjects of the Gendarmerie and National Penitentiary cadets and the inclusion of pedagogical material aimed at training new recruits to the security forces also contribute to sustainability.

**REPLICABILITY**

In the Argentinean context, there are two predominant factors which have
made it possible for this type of experience to be replicated throughout the country. First, the strong presence of HIV/AIDS community-based organizations and their capacity to introduce themes which go beyond epidemiological demands, such as the fight against stigma and discrimination, the generation of laws to extend rights, inclusive campaigns for marginal social groups, etc.

In addition, the ambition of the public administration, which favours the extending of rights and the national alignment of international conventions, aimed at greater legal equality for the population has been a key factor to the success of these actions.
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How can we sustain achievements in the response to HIV? Template for Good Practices from civil society HIV Principal Recipients in LAC. Mexico Regional meeting. 22-24 May 2013


### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ANII</td>
<td>National Agency on Investigation and Innovation (Acronyms in Spanish)</td>
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<tr>
<td>AOP</td>
<td>Annual Operational Plan</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>ATTTA</td>
<td>Argentine Transvestite, Transsexual and Transgender Association – ATTTA</td>
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<tr>
<td>CBO</td>
<td>Community based organization</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CDC</td>
<td>Centre for Disease Control and Prevention</td>
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<tr>
<td>CENSIDA</td>
<td>National Centre for the Prevention and Control of HIV and AIDS (acronyms in Spanish)</td>
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<td>CIS</td>
<td>Social Integration Council (acronyms in Spanish)</td>
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<td>COMISCA</td>
<td>Council of Ministries of Health from Central America and Dominican Republic</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CDVIRs</td>
<td>Departmental Monitoring and Reference Centres for STI, HIV and AIDS (Acronyms in Spanish)</td>
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<td>CS</td>
<td>Civil Society</td>
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<td>CSO</td>
<td>Civil Society Organizations</td>
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<td>Community System Strengthening</td>
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<td>ERP</td>
<td>Expert Review Panel</td>
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<td>FBO</td>
<td>Faith-based organization</td>
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<tr>
<td>FUNSALUD</td>
<td>Mexican Foundation for Health (Acronyms in Spanish)</td>
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<tr>
<td>GBT</td>
<td>Gay, bisexual, and trans</td>
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<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>GLBTI</td>
<td>Gay, lesbian, bisexual, transgender and intersex</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HSS</td>
<td>Health System Strengthening</td>
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<td>HIVOS</td>
<td>Humanistic Institute for Co-operation with Developing Countries</td>
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<td>IDCP</td>
<td>‘Dr Huberto Bogaert Díaz’ Dominican Institute of Dermatology and Skin Surgery (in Dominican Republic)</td>
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<td>LAC</td>
<td>Latin America and the Caribbean</td>
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<td>Acronym</td>
<td>Definition</td>
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<td>MIDES</td>
<td>Uruguayan Ministry for Social Development (acronyms in Spanish)</td>
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<td>MPH</td>
<td>Ministry of Public Health (in Ecuador and Uruguay)</td>
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<td>MSM</td>
<td>Men having Sex with Men</td>
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<td>MSP /MPH</td>
<td>Ministry of Public Health (acronyms in Spanish)</td>
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<td>Ministry of Public Health and Social Welfare (acronyms in Spanish)</td>
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<td>M&amp;E</td>
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<td>PR</td>
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<td>PWID</td>
<td>People Who Inject Drugs</td>
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<td>RCM</td>
<td>Regional Coordinating Mechanism</td>
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<td>REDCA+</td>
<td>Central America Network of people living with HIV (acronyms in Spanish)</td>
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<td>SISCA</td>
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<td>Sexual Transmitted Infection</td>
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<td>Sex workers</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNAPS</td>
<td>Primary Health Care Units</td>
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