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# Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in Europe & Eurasia Countries

Final project report  
*Kyiv-Washington*

**Submitted: July 24, 2013**

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

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## Acknowledgements

This report has been developed on behalf of the *Men Who Have Sex with Men in Europe and Eurasia Countries Project*, managed by the AIDSTAR-Two Project, implemented by the International HIV/AIDS Alliance in Ukraine in cooperation with the Alliance Regional Technical Support Hub for Eastern Europe and Central Asia, and supported and funded by the USAID Bureau for Europe & Eurasia, Washington DC. The report was written by the Anna Dovbakh of the International HIV/AIDS Alliance in Ukraine.

We would especially like to thank consultant Elden Chamberlain, formerly of the Alliance; Kate Killberg of the Alliance; and AIDSTAR-Two Project Director Sarah Johnson of Management Sciences for Health, for their constant and valuable guidance, professional feedback and overall support in managing the project. We are grateful to all the representatives from USAID missions, UNAIDS country offices and civil society for their highly informative responses and active participation in the assessment of this project.

## Acronyms

AIDSTAR	AIDS Support and Technical Assistance Resources
ART	Antiretroviral therapy
BCC	Behavior change communications
BSS	Behavioral surveillance surveys
CBO	Community-based organization
CSO	Civil society organization
CSW	Commercial sex worker
E & E countries	Europe & Eurasia countries*
GFATM	The Global Fund to fight AIDS, Malaria and Tuberculosis
HTC	HIV testing and counseling
IR	Intermediate result
LGBT	Lesbian, gay, bisexual and transgender people
MARP	Most-at-risk population
MOH	Ministry of Health
MOU	Memorandum of understanding
MSM	Men who have sex with men
M&E	Monitoring and Evaluation
NGO	Nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
SOGI	Sexual orientation and gender identity
SOW	Scope of work
STI	Sexually transmitted infection
TB	Tuberculosis
TG	Transgender (person)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WFCE	We for Civil Equality (NGO in Armenia)
WSW	Women who have sex with women
WHO	World Health Organization

*In this report, the term "E&E countries" includes countries within USAID's Bureau for Europe and Eurasia in Washington DC: Armenia, Albania, Azerbaijan, Belarus, Georgia, Moldova, Russian Federation and Ukraine*

## Executive Summary

Programs for the health needs of men who have sex with men (MSM) exist to a certain extent in most Eastern Europe and South Caucasus countries, but there is a lack of political will and a common strategy for the development of such programs at the regional and national levels. Without a systematic approach at both levels, funding and technical support provided by USAID and the Global Fund for MSM programs will not have a significant impact on the epidemic among this key population.

To respond to this situation, USAID provided funding to AIDSTAR-Two to research the issue of MSM and HIV in the Eastern Europe and Eurasia region (E&E countries). As result of this effort, the *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in E&E Countries Project* was developed to help assess and address the challenges of responding to HIV and AIDS among MSM and transgender people (TGs). The project – the most comprehensive project to date in addressing the growing HIV epidemic in Eastern Europe – was conducted in three phases between October 2009 and May 2013:

**Phase One: Assessment (October 2009 – September 2010):** The AIDSTAR-Two project conducted an assessment of eight selected Eastern European countries – Albania, Azerbaijan, Armenia, Georgia, Russian Federation, Belarus, Moldova and Ukraine – to identify gaps in data and the needs for developing programs for MSM. The assessment included a review of existing surveillance and other data, as well as studies on HIV prevalence and risks of HIV infection in the MSM community, including political documents and best practices that are informing responses to the epidemic among this group. The Regional Assessment Report was published in November 2010 and was the first regional document published and distributed with a review of epidemic and program data on MSM in the E&E region.

**Phase Two: Development of the Package of services (September 2010 – April 2011):** As a result of recommendations from Phase One, the Regional Package of Prevention, Treatment and Care Services related to HIV for MSM was developed with two main purposes: to summarize the existing experience and best practices and to serve as an advocacy tool for improved services for MSM.

The Eastern Europe Package of Services for MSM is modeled on PEFAR 2.0, the PEPFAR Technical Guidance on Combination HIV Prevention (MSM), experiences from other regions, recommendations from the regional assessment, and additional best practice examples from all countries of the region compiled between October and December 2010. The package of services consists of three main components:

1. HIV/Sexually Transmitted Infection (STI) prevention services for MSM
2. Treatment, care and support for MSM living with HIV
3. Enabling environment and community support for prevention and care

While this package of services has been developed primarily to assist USAID missions in determining MSM programming needs, the package also has wider implications for the region, as it supports the efforts of the UNDP, WHO and UNFPA in raising the profile of MSM issues.

**Phase Three: Technical Support to NGOs (August 2012-May 2013):** The third phase, conducted from August 2012 through May 2013, focused on the introduction and testing of the package of services as a planning and advocacy tool. It consisted of four components:

1. Development of capacity plans for three select NGOs to determine what was needed to implement the package
2. Technical support to these NGOs to document models of service provision for the package of services

3. Development of a monitoring and evaluation tool to use in conjunction with the package of services
4. Development of a costing tool to assist in determining the costs associated with implementing the package of services

The key achievements that can be attributed to Phase Three of the project, which are outlined in more detail in the main report, include:

- **Increased general awareness of HIV among stakeholders and donors in each country.** For example, Azerbaijan included MSM explicitly in its national AIDS program in 2011 and Armenia made Oblast level services available to MSM.<sup>1</sup> In Georgia, the HIV epidemic among MSM was described as emerging by UNAIDS and other players.
- There were **key improvements in current services provision** as a result of the project's influence:
  - In Azerbaijan, lubricants are now being procured and supplied
  - In Armenia, MSM are now being given referrals to medical services and protection from police violence
  - In Georgia, on-line counseling has been introduced.
- All three South Caucasus countries – Armenia, Azerbaijan and Georgia – developed key documents to **legitimize the national package of services for MSM** based on the Regional Package of Services in order to move toward state funding of these services.
- A **regional network of specialists on the HIV response among MSM was developed** and regional knowledge sharing is actively conducted by NGO and governmental officials.

The overall impact of the *Men Who Have Sex with Men in E&E Countries Project* can be summarized as follows:

**Awareness of the HIV response among MSM:** The project played a key role in raising the awareness of stakeholders and donors at the regional and country levels on HIV prevention among MSM. Because of the project's influence, research in all seven countries has been conducted on MSM size estimation and behavioral surveillance surveys (BSS) with HIV and STI testing every two years, adding greatly to the evidence base of what is known about this key population. Thanks to this research, the role of MSM transmission of HIV is now recognized at the national level in these countries.

**Comprehensive programming:** The project's presentation of the three key components of the package of services in the spring of 2011 was the starting point for countries to develop methodological and legislative bases for a comprehensive HIV response to MSM.

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<sup>1</sup> Armenia's healthcare system follows national administrative levels, so services are provided at the federal, regional (oblast level) and municipal (raion level) levels. Prior to the *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in E&E Countries Project*, Armenia did not have services available for MSM at the oblast level.

## I. Project Introduction

Men having sex with men and transgender people are recognized as key vulnerable groups in the context of concentrated HIV epidemics in Eastern Europe and Asia.<sup>2</sup> Available data on MSM in low-income countries show a lifetime occurrence of men having sex with men as 6 percent to 15 percent in Eastern Europe (EE), compared with 3 percent to 5 percent in East Asian countries, 6 percent to 12 percent in South and Southeast Asia, and 6 percent to 20 percent in Latin America. Approximately half of these men had sex with another man in the previous year, and among these, 40 percent to 60 percent engaged in unprotected anal sex or commercial sex (in South Asia, these figures were higher).<sup>3</sup>

Consensus among stakeholders in Eastern Europe such as USAID, the World Health Organization (WHO) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is that there is a significant risk of HIV infection among MSM in Eastern Europe & Eurasia.

Despite the fact that MSM programs exist to a certain extent in most E&E countries, there is a lack of political will and a common strategy for the development of such programs at the regional and national levels. Without a systematic approach at both levels, funding and technical support provided by USAID and the Global Fund for MSM programs will not have a significant impact on the epidemic among MSM.

To respond to this situation, USAID provided funding to AIDSTAR-Two to research the issue of MSM and HIV in the Eastern Europe and Eurasia region. As result of this effort, the *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in E&E Countries Project* was developed to help assess and address the challenges of responding to HIV and AIDS among MSM and transgender people (TGs). The project – the most comprehensive project to date in addressing the growing HIV epidemic in Eastern Europe – was conducted in three phases between October 2009 and May 2013:

**Phase One: Assessment (October 2009 – September 2010):** The AIDSTAR-Two project conducted an assessment of eight selected Eastern European countries – Albania, Azerbaijan, Armenia, Georgia, Russian Federation, Belarus, Moldova and Ukraine – to identify gaps in data and the needs for developing programs for MSM. These countries have active support from USAID missions for public health programs in order to support networking and collaboration in the development of a regional strategy. The assessment had four main objectives:

1. To provide detailed information on the HIV epidemics and responses among MSM in the selected countries to support further country-level planning of the response. The supplied information will also be instrumental in the development of country funding proposals to the Global Fund and other bilateral and international donor agencies.
2. To analyze the existing effective practices and approaches in HIV prevention and care for MSM in the region. Identified best practices can be utilized for scale-up and dissemination of promising approaches across the region.
3. To identify and recognize gaps in the existing epidemiological data and programs. These will form the basis for advocacy activities aimed at overcoming data gaps and political barriers, and strengthening and improving national AIDS programs and strategies.
4. To identify needs in capacity building and networking which could be addressed during Phase Two of the project.

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<sup>2</sup> UNAIDS Action Framework “Universal Access for the Men who have Sex with Men and Transgender People.” UNAIDS/09.22E/JC1720E

<sup>3</sup> C Careres, et al. ‘Estimating the number of men who have sex with men in low and middle income countries.’ Sexually Transmitted Infections 2006; 82 (Supplement 3): iii3-iii9.

The assessment was performed in three main steps:

1. Development of methodology during a workshop with local experts and International HIV/AIDS Alliance (Secretariat) staff, in September 2009.
2. Country data collection by consultants with coordination from ICF “International HIV/AIDS Alliance in Ukraine,” from February through April 2010. This included a review of existing surveillance and other data, as well as studies on HIV prevalence and risks of HIV infection in the MSM community, including political documents and best practices that are informing responses to the epidemic among this group. It also included interviews with key stakeholders. In Ukraine, existing documents and information sources from the International HIV/AIDS Alliance were used, and no further interviews were conducted.
3. Assessment team meeting for finalization of key findings and recommendations, in May 2010.

The Regional Assessment Report was published in November 2010 and was the first regional document published and distributed with a review of epidemic and program data on MSM in the EE region.

**Phase Two: Development of the Package of Services (September 2010 – April 2011):** The Regional Package of Prevention, Treatment and Care Services related to HIV for MSM/TG was developed with two main purposes: to summarize the existing experience and best practices and to serve as an advocacy tool for improved services for MSM. Based on official requirements for service protocols and standards in post-Soviet countries, the comprehensive Regional Package consists of:

- A description of each service including explanations on providing quality services
- Quality assessment approaches and indicators for each service
- Program and impact indicators for measuring each service
- Instruments to calculate the unit cost for each service or combination of services

The Eastern Europe package of services for MSM is modeled on PEFAR 2.0, the PEPFAR Technical Guidance on Combination HIV Prevention (MSM), experiences from other regions, recommendations from the regional assessment, and a collection of best practices from the region compiled between October and December 2010. In addition, key findings and recommendations from the UNDP-led Eastern Europe and Central Asia MSM consultation meeting held in Kiev in November 2010 are part of the package of services. The Regional Package of Services for MSM in Eastern Europe consists of three main components:

1. HIV/STI Prevention Services for MSM
2. Treatment, care and support for MSM living with HIV
3. Enabling environment and community support for prevention and care (see Annex A for the complete package of services)

A series of country stakeholder meetings were held in seven of the eight countries (no meeting was held in Ukraine) in April and May of 2011 to introduce the package of services to stakeholders and governments. This process was designed to garner support for the package and to advocate for its inclusion in the countries’ national HIV strategies or plans. Participating stakeholders concluded that the package of services and its components were a strong, important tool for planning and advocating for comprehensive services for MSM at the country and regional levels. Countries used the package to map existing services at the national level as well as to hold further discussion on what additional services should be developed and how the package could be implemented.

During this series of country stakeholder meetings, participants – including service providers – highlighted the need to develop two additional tools to support the implementation of the package of services: a tool for **effective monitoring and evaluation** of package components at the country level and a tool for **costing**

**package implementation** with identification of key components and defining unit costs and cost for client at the country level. Both of these tools were developed as part of Phase Three and they can be found in Annex C and D of this report.

While the Regional Package of Services was developed primarily to assist USAID missions in determining MSM programming needs, it also has wider implications for the region. The package supports the efforts of the UNDP, WHO and UNFPA in raising the profile of MSM issues. WHO and UNDP regional offices have expressed interest in collaborating to further develop and implement the package and this interest should be pursued.

**Phase Three: Technical Support to NGOs (August 2012-May 2013):** The third phase of the activity was conducted from August 2012 until May 2013 and focused on the introduction and testing of the package of services as a planning and advocacy tool. Phase Three consisted of four components:

1. Development of capacity plans for three select NGOs to determine what was needed to implement the package
2. Technical support to three select NGOs to document models of service provision for the package of services
3. Development of a monitoring and evaluation tool to use in conjunction with the package of services (a continuation of the work begun in Phase Two)
4. Development of a Costing Tool to assist in determining the costs associated with implementing the package of services (a continuation of the work begun in Phase Two)

The results of Phase Three included:

- Costing and monitoring and evaluation tools are now available that specifically correspond to the package of services.
- Three NGOs with demonstrated improved capacity to deliver high quality services as prescribed in the package of services
- Final report that uses the NGOs' experience as a best practice model able to be replicated throughout the region

Throughout Phase Three, the project used a monitoring and evaluation framework for systematically measuring results. This framework included participant feedback after training sessions; analysis of technical support provision in the context of specific indicators; evaluation interviews with the NGO directors from the three NGOs that received technical support; semi-structured interviews with other stakeholders; and feedback solicited at a final project meeting. This process is described in greater detail in Section IV of this report. Sections II and III include direct testimonies from the NGO directors' evaluation interviews that relate to the development of the tools and the provision of technical support.

## II. Development of the Monitoring and Evaluation Tool and the Costing Tool

### Development and Implementation of the ME&QA Tool

The Monitoring, Evaluation and Quality Assessment tool and manual was developed to track activities on HIV prevention, care and support, as well as community mobilization among MSM/TG. The M&E tool is designed to monitor the programs that are based on the Regional package for MSM/TG in Eastern Europe and Central Asia. The tool is based on internationally accepted indicators and techniques from sources such as PEPFAR, the Global Fund, UNAIDS, and WHO guidelines, with heavy reliance on the performance indicators offered by PEPFAR. The manual provides explanations of components of the M&E tool and offers techniques to collect and count all relevant indicators.

The use of a unified system of monitoring and evaluation of programs designed for MSM/TG is essential for a coordinated and synergetic response to the HIV epidemic among MSM/TG. The indicators chosen were modified and adapted to the needs of the Regional Package of Services for MSM/TG. For example, usually care and support indicators are not disaggregated by key population. However, if there is a goal to strengthen care and support services for MSM/TG, such disaggregation is crucial to evaluate progress of activities designed for MSM/TG. In addition, some indicators have been developed from the ground up to evaluate such aspects of programmatic activities as quality and comprehensiveness of services.

To achieve the goal of an effective response to the HIV epidemic, coordinated collaboration is important at all levels, including local, national, and international, as well as collaboration between civil society, national institutions, and international donors and policy makers. A universal system of monitoring and evaluation ensures sound planning of interventions. Consequently, it is also the basis of budgeting. Such a system enables progress monitoring at all levels, and, therefore, contributes to the controlled and more effective management of resources.

Prior to the development of the Regional Package and the MEQA tool, two sets of indicators were used to assess the current situation of and the response to HIV among MSM and other vulnerable groups:

- UNGASS country report indicators: These include MSM condom usage with irregular and commercial partners, and prevention program coverage based on self-reporting.
- Global Fund recommendations on program reporting: These indicators include minimal package of services coverage for MSM.

The tool was developed through the analysis of all available M&E and Quality Assessment tools for prevention, treatment and care activities among vulnerable groups, including tools and recommendations from PEPFAR, the Global Fund, UNAIDS, and WHO. Based on this analysis, monitoring and evaluation plans were developed for each component of the Regional Package, and include process, outcome, and impact indicators and quality assessment approaches. The resulting tool summarizes all existing tools and indicators, listed according to suggested services and specific to MSM service delivery points and data collection systems. The tool is organized according to the Regional Package components, and consists of methodological recommendations for a general M&E system for prevention, care and treatment services. The tool also contains specific recommendations for gathering and verifying data for each specific indicator.

To insure feasibility of the ME&QA, the monitoring and evaluation indicators and plans were reviewed by project management to ensure that they were realistic given the limitations of service delivery organizations. In addition, the tool was piloted with the three selected NGOs. Each indicator was analyzed by each organization using the following criteria:

1. *Does the organization have data or is it able to develop a system for collecting data on this indicator?*  
To evaluate indicators on these criteria, consultants reviewed the organizations' existing client databases to establish baseline data and collect information on coverage. Consultants also assessed if the countries of the pilot organizations had established outcome and impact indicators as part of their behavior surveillance protocol or national surveys.
2. *Is implementing the ME&QA tool at the organizational level realistic given limited resources?*

The results of the piloting of the tool among the selected service delivery organizations were positive and showed that the tool is detailed enough to use even without a trained M&E specialist within the organization. The pilot test also revealed several important steps at the country level that need to take place in order for the organizations to be able to collect the necessary data:

- Develop and approve the service quality protocol at the national level. Key components of this protocol are already listed as quality assessment indicators in the tool, but they need to be recognized at the regulatory level and be regularly monitored for quality. As a representative from the organization Gender and Develop in Azerbaijan commented, "We need to have clearly stated minimal standards of service quality as described in the tool, but in the Azerbaijan language and with a state stamp on it to use for service points accreditation."
- Establish state responsibility for the data collection and analysis on MSM. As a representative from the organization TANADGOMA stated, "Currently, the National CDC is formally responsible for data collection. But for each question they are calling or coming to our NGO. Unfortunately they are not taking full responsibility for program monitoring and impact evaluation. Having no state resources allocated for MSM services in the country, we have only donor-driven approaches for quality assessment, which is of course not comprehensive enough."

## **Development and Implementation of the Costing Toolkit**

The development of a costing tool was recommended during key HIV stakeholder meetings in 2011 in order to provide country decision makers with a practical tool to determine costing and to facilitate planning resources for the comprehensive package of services. Client cost is playing an increasingly essential role for service budgeting and planning at both the international donor and technical support agencies, as well as at the state and municipal level.

In order to develop the unit cost planning tool, the project developed a detailed costing analysis toolkit for each service provision point. The toolkit consists of two tools: (1) A detailed analysis tool for each service provision point; and (2) Unit cost planning tool for the package of services.

The first component is designed to collect and analyze data on actual expenditures. If there were no prevention services provided in a particular country or territory, then a regional estimation collected from South Caucasian countries could be used.

The second tool is a table constructed using estimations from the first tool, and shows possible costs per one client unit. The tool can model different structures of the package of services depending on needs. The tool was piloted among three organizations in Armenia, Azerbaijan, and Georgia, which also served as the basis for the unit cost calculations.

During the piloting state, the project provided technical support specific to expense analysis and costing to each of the three NGOs. For TANADGOMA, the results of the costing analysis were not surprising, as the organization had undergone a similar costing calculation exercise led by the Global Fund in Georgia in 2012. The preliminary results of that exercise were used during the assessment state for estimating each specific service delivery point.

In Azerbaijan, the NGO Gender and Development had never previously calculated the unit cost for one client based on the comprehensive package of services and client needs. Previously, their service delivery budget was provided to them by the National Program Implementation Unit of the Global Fund as a ceiling budget, and was crucial for planning service components. Kamran Rzaev, Director of Gender and Development, stated that the AIDSTAR-Two project was important in building the skills of their accountant, and was beneficial in terms of organizational management, as it guided them to think about budgets not for each project, but for each client.

After conducting the initial assessment, We for Civil Equality (WFCE) in Armenia discovered that under the existing financial structure, the majority of services provided by the organization were paid for by state medical services (where NGOs would refer clients to doctors whose salaries were paid by the municipal budget) or were provided by community volunteers without payments or incentives. Pilot work shows that existing resources available for service provision within organizations are not enough to be sustainable. A WFCE representative observed, "We provided calculations to determine the budget required for the services to be both sustainable and professional, but it is not always a case of limited resources for MSM services in Armenia."

From the evaluation of the project implementation in Armenia, one participant stated, "The implementation of the Costing Tool with WFCE provides an example of how the Costing Tool can be implemented in an organization. Consultants assisted WFCE in obtaining financial and costing data on HIV prevention activities carried out by WFCE in the last year. These data were then analyzed using quantitative and statistical methods (taking into account the reliability indexes). The data was double-entered to ensure the quality. The Excel sheets and software developed by the International HIV/AIDS Alliance Ukraine team were used to process and analyze the data. In the future, this tool will be used by WFCE in any activity planning and implementation, as well as monitoring and evaluation. The financial and costing analysis of all of the MSM and TG subgroups involved in WFCE activities helps WFCE measure its financial capacities and needs. The detailed costing of the package components allows for drawing comparative analyses of different service areas, which can help the organization to develop a fundraising strategy. "

The development of the costing toolkit yielded the following results:

- Tools for costing and budgeting of services for MSM for regional set of services.
- Technical support for selected NGOs in conducting expenditure analysis and costing.

### III. Phase Three: Implementation process of technical support for NGOs

The implementation and structuring of HIV prevention and care services during the last five years has been largely influenced by international technical support agencies and donors without any global or regional guidance. WHO recommendations on the prevention and treatment of HIV and other sexually transmitted infections among MSM and transgender people were only developed in 2011, and a set of indicators are still in development. Therefore, NGOs implementing services were unguided and developed their approaches on their own. Outreach services and counseling approaches were locally formed and were specific and innovative, but in the regional context, standardization is needed for technical support in order to make it more appropriate and qualitative.

Technical support to all NGOs providing prevention and care services for MSM and TG was needed to:

- Establish comprehensive approaches and understand connections between existing services, including those provided by state medical and social agencies as well as specific services for MSM and TG
- Increase the number of services provided for each target group in order to make the provided package as comprehensive as possible
- Build the capacity of organizations in monitoring, quality assurance and costing of the package of services.

#### Selection of target NGOs

##### **Selection of the three MSM/HIV NGOs with specific and solid experience of implementing the Package of Services to receive technical support in documenting models of service provision and implementation**

Because of financial limitations, technical support could only be provided to three NGOs in selected countries of the region where even limited capacity building could have a substantial impact on service provision and quality. Eligibility criteria for selection included the following:

1. Organizations needed to be legally registered to operate in Armenia, Azerbaijan, or Georgia and, in addition, provide the following information:
2. Demonstrate that they had been implementing HIV-prevention and care services for MSM for at least two years in one of the three countries mentioned above.
3. Demonstrate that they had a system to track the numbers of MSM reached, a system of monitoring and documenting of program activities, and dedicated staff working with MSM.

After careful consideration by AIDSTAR Two and USAID's E&E Bureau, three organizations that met the criteria were selected to receive technical support from the *Men Who Have Sex with Men in E&E Countries Project*. The three organizations were: We for Civil Equality (WFCE) in Armenia; Gender and Development, in Azerbaijan; and TANADGOMA in Georgia.

The three selected NGOs received dedicated capacity-building support from AIDSTAR-Two and Alliance Ukraine. Technical support aimed to help the NGOs review their current services with respect to the package of services, identify one or more additional/enhanced services that they would like to provide (either directly or through effective referral networks), and develop and implement a cost plan with specific objectives, action steps, and benchmarks/indicators for expanded or strengthened services over the following seven months. The Alliance Ukraine technical support helped the NGOs collect baseline data and select targets for appropriate service delivery indicators. AIDSTAR-Two and Alliance Ukraine ensured that the technical assistance provided was consistent with PEPFAR's MSM program guidelines. AIDSTAR-Two's technical assistance to the selected NGOs was consistent and synergistic with other capacity building efforts for MSM

in the region, avoiding duplication and collaborating where appropriate. The project also provided the necessary support required for quality assurance (QA) and the financial sustainability of service delivery.

### **Analyses of gaps and development of Technical Support plans for selected NGOs**

The NGOs were encouraged to analyze gaps in their countries' package of service provision at the national level. During planning, the gaps were described and discussed with the technical support coordinator from the Alliance Ukraine and the resulting technical support activities were designed to:

- Address gaps in capacity within the NGOs by building skills to equip them to effectively provide the comprehensive package of services through improved training, outreach, and referrals
- Improve the quality of services provided to TG and cross-dressing subpopulations of MSM, who were previously underserved.
- Support the provision of services by local community based organizations and groups using volunteers and support from the target community. Community mobilization training was planned to fulfill the gap in community involvement as well as empowerment.
- Overcome critical barriers to implementing the comprehensive package of services. Among these barriers was the legal environment, which required trainings and adapting informational materials to create supportive relationships with the Armenian police.
- Allow NGOs to move toward effective measures, document services, obtain support from international donors and state budgets, improve documentation, M&E and costing tool piloting, and fundraising trainings in Azerbaijan.

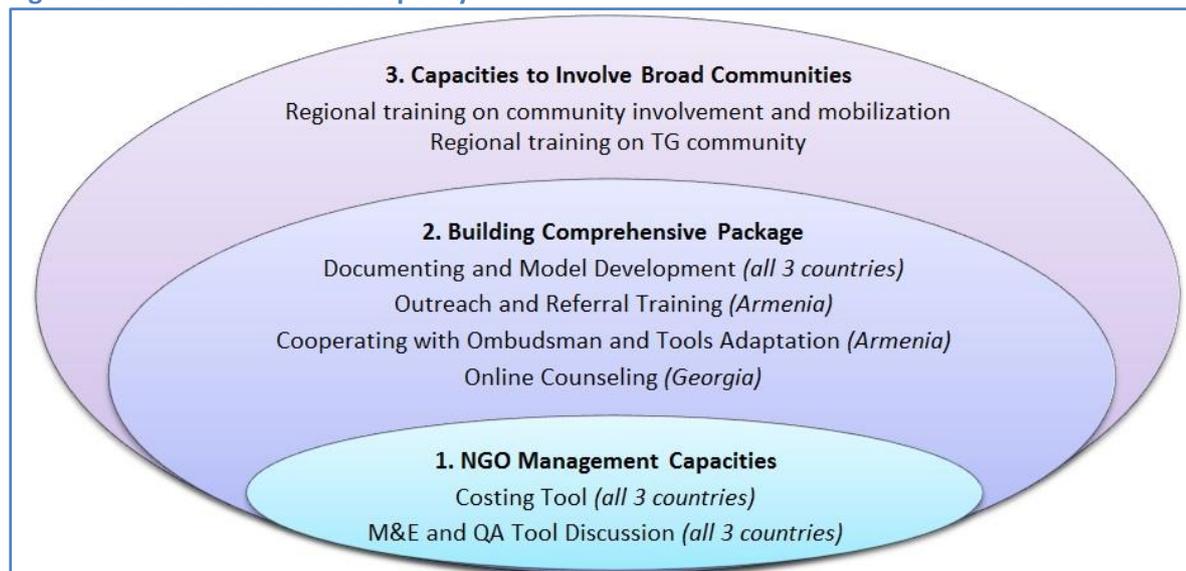
All Phase Three activities covered areas where there was no technical support provided during the last two to three years by any other technical support providers.

The technical support plans covered three dimensions of NGO capacity; all three were essential to make the Regional Package of Services well-managed, comprehensive (including referral networks and cooperation) and sustainable, and also involve all sub-population and communities. Specifically, the three dimensions of NGO capacity that the technical support focused on included:

1. **NGO internal management capacity**, monitoring, costing and operating the Package of Services.
2. **Capacity of selected NGOs to cooperate with other partners**, to build model of comprehensive service provision at the country and local levels, to build referral chains and cooperative relations with other medical, legal and social care providers within the country.
3. **Capacities to involve broad communities** and subpopulations into the planning and provision of the package of services and ensure that the package was designed to cover all necessary sub-populations in need.

Figure 1 on the following page illustrates the dimensions of NGO capacity.

Figure 1. Dimensions of NGO Capacity



The project used three cost effective approaches to build these levels of capacity. Activities common for all three organizations were conducted using common methodology and approaches, such as piloting of developed tools and documentation of practical service implementation models. Regional training activities were held for capacity needs that were common to all three NGOs. When necessary, targeted technical support was provided for individual NGOs in specific technical areas.

### Documenting of service provision models

There was no comprehensive list of service provision models in any of the three countries, and all NGOs agreed that documenting these models was a priority. TANADGOMA was the only NGO that had documented one model, a training for social workers, but this was available only in the Georgian language and had not been shared outside the NGO.

Attempts to describe best practices for HIV prevention among MSM in Armenia, Azerbaijan, and Georgia have not yet been undertaken. This is, first of all, because of the traditional “donor – implementer” relationship, which implies that organizational activities in organizations are funded and dictated by the donor. The most common package is aimed mainly at primary HIV prevention among MSM, which includes outreach and informational materials, condoms, lubricants, training and counseling (mainly on safe sex) and voluntary counseling and training (VCT). These packages are always implemented by NGOs, which is reflected in the proposals to the Global Fund (the primary donor for many NGOs) and to other large donors such as USAID. The existing monitoring system involves establishing and supporting an NGO database, where services provided to clients (clients are coded) are recorded. An example of an indicator is the number of services provided (e.g., number of condoms). This approach does not imply or require quality information on the services provided (a description of efficiency, customer satisfaction scores, identification of best practices and lessons learned).

Taking into consideration the fact that NGOs working with MSM implement the same type of activity on a limited scale based on donors’ requirements, it is rather difficult to identify which best practices could be unique and innovative in the context of a local epidemic. That is, which donor-funded activities go beyond the basic prevention approach? This task is even more difficult to achieve when the following set of criteria for documenting best practices is taken into account: overall effectiveness, cost-effectiveness, relevance, ethical soundness, replicability, innovativeness, and sustainability.

Analyzing the Regional Comprehensive Package of Services, all three countries reported that the first component (HIV/STI prevention services for MSM) is most completely and efficiently implemented and the third component (enabling environment and community support for prevention and care) is partially addressed. In all three countries, though, the NGOs met with difficulties implementing the second component (treatment, care and support for MSM living with HIV). Medical care for HIV infection is provided by government organizations (ART, treatment of opportunistic infections, VCT). Only the NGO TANADGOMA has the capacity to provide counseling and HIV testing with rapid tests in the organization's office. The NGO Gender and Development collaborates with the local AIDS Center in Baku, which has a mobile laboratory. The second component involves not only medical care but also psycho-social support for HIV positive MSM through individual counseling and group work (self-help groups), which fits into the concept of "positive prevention." Today, two years after the initial study on the Comprehensive Package of Services was conducted, the psycho-social support situation remains unchanged. Despite access to MSM populations, NGO workers are not able to motivate HIV positive MSM to establish and maintain self-help groups, which is associated with stigma from society in general and from the LGBT community in particular (fear of rejection and isolation).

The most challenging criteria for assessing best practices as well as other activities of NGOs in the EE region is sustainability. Sustainability of programs depends on existing funding opportunities, which unfortunately, are currently limited by the world financial crisis and the lack of interest from donors in the region as a whole. HIV prevention among MSM, funded by the Global Fund, is extremely limited (due to the lack of recognition of the epidemic in this population at the country level). There is a huge risk (and only a matter of time) that funding for the prevention from the Global Fund will end; this will result in the end of all prevention activities for vulnerable groups, including MSM. Governmental services have no funding, and capacities and the "moral" willingness to take a job is currently being implemented exclusively by NGOs. This will entail the loss of years of work experience with MSM, lessons learned and best practices. In this regard, it is important that the workers of the organizations be able to document their experiences and use this documentation as a tool to get public funding for such important social and medical work.

Commenting on the process of documenting the development of a service model, the director of Gender and Development noted in the Phase Three evaluation:

*"After this documenting work, we have a framework and a comprehensive picture of all activities conducted by our organization. This picture will help us to plan new services as well as in our NGO strategic planning. For our country level stakeholders, this documented service delivery model will be a clear demonstration of all conducted services and of cooperation with state services for the benefit of MSM and TF in Azerbaijan."*

## **Regional Training activities**

After analyzing the capacity building needs and individual technical support plans, the project team found two areas of technical support prioritized by at least two of the three NGOs. The first area was the development of services for transgender people and cross-dressers who provide sexual services and are not covered by MSM prevention projects in Armenia and Georgia. The Azerbaijan NGO Gender and Development has more experience in targeting this group. Regional trainings are good opportunities to share experiences between service providers and community leaders from all three countries as well as planning the development of services for migrating TG within the sub region. The second area was under component three of the package, community mobilization activities, which was not developed in any of the three targeted NGOs and therefore required a regional training to build capacity in this area.

Two trainings were developed to address these needs. For both trainings, flash cards with informational materials and resource materials were distributed, structured by the following components:

1. Method guidance on comprehensive service provision among MSM/LGBT (5 method guidance).
2. Technical resources on community mobilization and organizational development and measurement (13 tools and guidance).
3. Technical guidance and tools for providing services for vulnerable groups and management of community based organizations (19 tools and guidance).

These trainings are described in further detail below:

***Transgendered Persons: Myths and Reality Training “Developing services for the transgendered people in each of Caucasus countries in accordance to needs,” March 11-12, 2013***

Key objectives of the training included: Developing a Package of Services for the vulnerable TG community for each of Caucasus countries; an analysis of existing information on HIV vulnerability of TG persons/ community and their needs in key services from the recommended package; and discussing the coordination of prevention and care projects and services implemented in countries in the region to support service coordination and coverage of migrating community.

One key result from the training was the establishment of a common understanding of TG needs among participants. There was also a special planning session among the three NGOs on coordinating prevention activities for the TG community. Among the three NGOs, Gender and Development had the most experience in preventing HIV among the TG community, and for that reason they were trainers during this session. The two other NGOs were able to obtain important information and skills in planning and conducting services for TG people including sex tourists. From the evaluation results, it was evident that trainings were the first attempt to systematize approaches for providing social services for TG in the sub-region. Georgian NGO TANADGOMA Director Nino Tseretely noted:

*“Well, the training conducted by Azerbaijan colleagues was very useful and needed. As we needed a chance to enlarge our understanding of the phenomenon itself and to realize the ways of responding to general needs or some particular needs. It also gave us a chance to collect the necessary information to put it into the National Plan this year. If we don’t do it then it will be the information for the next year. ”*

Karen Badalyan, the director of WFCE in Armenia said:

*“The training helped provide a description of some risky behaviors that are common for the South Caucasus TG community and sex tourism. In particular, important indicators such as consistent condom use during t sex with casual partners and as well as the current HIV knowledge of the TG were discussed. As it was described by training participants, all the indicators were low. Also, the exposure to HIV prevention programs of the TG is rather low. Thus, there was a need to enhance TG accessibility to HIV counseling and testing services. Based on this and considering the risk behaviors practiced by the TG and TG sex tourism within South Caucasus border (from Yerevan to Tbilisi, from Baku to Tbilisi, from Tbilisi to Yerevan, from Tbilisi to Baku, and any other possible variants), there is a need to enlarge HIV preventive interventions and conduct prevention programs among TG, and deliver the comprehensive package for HIV prevention. One of the main outcomes for WFCE was that we need to strengthen our activities not only at the national level but also cooperate with regional partners and develop a regional strategy on the response to HIV among TG and those involved in commercial sex tourism.”*

***“Mobilisation and Development of MSM/LGBT Community for Providing Comprehensive Package of Services” Training for NGO Leaders March 13-15, 2013***

The aim of this training was to increase the knowledge and skills on mobilizing vulnerable communities of MSM/LGBT to participate in advocating for access to the Package of Services and obtaining HIV prevention services. Specific objectives included:

- Increase the knowledge and understanding of national leaders' on the issues of models and mobilization technologies and the capacity development of vulnerable communities;
- Analyze difficulties in mobilizing vulnerable MSM/LGBT communities in the South Caucasus region and develop a strategy for further action on mobilization and capacity development.
- Assist with the process of forming practical skills of motivation of the representatives from vulnerable communities to participate in advocating for access to the Package of Services as well as to HIV prevention services.

A total of nine MSM service providers and LGBT community leaders participated in this training (three from Armenia, three from Azerbaijan, and three from Georgia) where they learned different systematic approaches for each of the four phases of the community mobilization process, and were given skills to cope with key tensions, problems and conflicts at each stage. Practical skills building was done for areas such as motivating community representatives and leaders to take part in planning, conducting comprehensive services on HIV prevention, treatment and care. An additional session was conducted to discuss work plans and realistic and SMART target setting for national and regional networks in the context of ensuring sustainability of services for MSM at the country level.

Among the key results of this training was participants' identification and analysis of the main problems for MSM/LGBT community mobilization efforts in their countries. These included:

- process of forming initiative groups;
- process of registering organizations;
- process of advocacy/providing services;
- process of forming national regions and coalitions.

For most of participants, this training provided them with the first opportunity to develop systematic approaches to networking development at the national and regional levels as well as understanding technical support and capacity building needs of community networks. Nino Tseretely, Director of TANADGOMA provided the following feedback:

*"Thanks to this training I finally have a comprehensive picture of the community development process from activists to community dialog, initiative group, young CBO and national and regional networks. Having a lot of practical experience of personal tries and mistakes, I understand how important it is to increase community involvement in service provision and the most effective way to use best practices."*

He also stated:

*"As for me it was the very first training on mobilization... No one from our organization has ever been present at a training on mobilization before. This training provided the basis for better understanding of the following facts: where we are going. We realize that there is such a direction and we support the development of the services for the community. It was one of our priorities. On the one hand I hope that it will remain a priority for the organization but on the other hand we have already planned training on mobilization for prisoners in one of our*

projects.”

Three months after the training, Karen Badalyan, Director of WFCE, stated during her evaluation interview:

*“The training underlined the needs to respond to the social needs during networking and partnership building. WFCE has gained considerable capacities on resource mobilization by using community social needs driven approaches, such as reducing stigma at healthcare systems in order to create more “attractive” HIV preventive services for the MSM and TG.”*

Kamran Rzaev, of Gender and development, stated during the evaluation interview:

*“Training on community mobilization conducted by Anna Dovbakh was very useful for our organization. Our staff obtained much needed skills on the practical involvement of our beneficiaries to work as well as understanding steps needed for development new initiative groups and supporting service delivery in new territories. For our regional offices support this helps us a lot.”*

## Specific technical support for Armenia

### Country context

The Local Principal Recipient (Mission East) of the Global Fund provides grants to local NGOs working with MSM sub-population. Since 2006, the funding provided covers the standardized package of services including primary HIV prevention services. STI diagnostics and treatment are offered free of charge to MSM as well as to other vulnerable groups. Their innovative approach is training on STI (symptoms) for MSM that is conducted by medical doctor (since January 2013). Currently, three NGOs receive money from the Global Fund to provide HIV prevention services in Erevan and outside Erevan. Eighty percent of all budgets related to HIV and AIDS are covered by the Global Fund. Unfortunately, other donor organizations lack interest in HIV prevention due to the Global Fund presence. According to Mission East representatives, the AIDS center has established good relationships with local non-governmental organizations. Funding for HIV prevention services is critical as the government will not be able to fund the work with vulnerable HIV groups.

### NGO We for Civil Equality profile

Established in 2003, We for Civil Equality is a community based, non-profit NGO and is the oldest community based organization working on these issues. WFCE was started to facilitate work with individuals and institutions committed to positive social changes. The WFCE mission is to ensure full integration and involvement of LGBTQ people into society by building their capacity, providing a complex package of services (preventive-medical, social-psychological, informational, educational, cultural, legal, etc.) by collaborating with governmental institutions and civil society. WFCE is currently working in five areas:

1. STI/HIV/AIDS prevention among MSM/WSW/Men who have sex with men and women/Women who have sex with women and men/transgender (Female to Male, Male to Female) communities
2. Capacity building and empowering LGBTQ communities
3. Gender equality lobby and advocacy
4. Social and psychological assistance and support to MSM/WSW/TG and PLHIV
5. Raising public awareness on SOGIE (sexual orientation and gender identity/expression) and SBP (sexual behavior and practices).

WFCE is actively cooperating with government institutions, civil society and mass media at the national, regional and international levels. This NGO consists of community representatives and plays three important roles in the country context:

1. Developing comprehensive services for MSM on country level. With an increasing number of organizations being formed in Armenia to provide services for MSM with support from the Global Fund, WFCE has become a resource center for innovative services development.
2. Advocacy and watch dogs on LGBT community access to services.
3. Community mobilization for volunteer work and advocating for human rights protection.

WFCE has implemented a range of projects from various donors including the Dutch Ministry of Foreign Affairs, ILGA-Europe, Norwegian Ministry of Foreign Affairs, HIV Collaborative Fund, Canadian International Development Agency, amFAR and AIDS Foundation East West.

WFCE's key strengths, as identified during the documentation exercise and analysis, include the following:

1. It is one of the oldest MSM NGOs in service in the country.
2. It has a good reputation among donors, government agencies and NGOs and community members.
3. The organization is willing to introduce new services and activities to meet community's expectations and needs in case of available funding.
4. It has a quality website: <http://www.wfce.am/>
5. Feedback from beneficiaries is collected and analyzed for advocacy and effectiveness improvement purposes.

However, the organization also has several weaknesses in their organizational sustainability including:

1. International donor dependence: There no activities to attract money beyond grants provided by known donor agencies.
2. Currently, there is no funding of HIV prevention services provided by the major donor (Global Fund). Effective cooperation skills and development of a referral system is needed.
3. There is a lack of internal guidelines on staff training and employment procedures.
4. There is a need to develop more effective cooperation with NGOs working with LGBT populations.

With respect to technical support planning, the available Regional Package of Services was analyzed, and several urgent needs in technical support were stated corresponding to the package of services components:

#### **Component 1**

1. Sensitization and special trainings for VCT AIDS Center doctors and other doctors on MSM issues need to be done as soon as possible. Ideas on the creation network of friendly medical specialists were accepted as possible for development.
2. Providing prevention services for cross dressing and TG MSM.
3. Strong need to develop counseling programs implemented by NGOs in more regions of Armenia.
4. Need for better quality informational materials. Currently, censorship of these materials renders them irrelevant to the MSM community.
5. Referral for Hepatitis B testing and vaccination need to be considered as soon as there is new BSS and STI surveillance data available. There is strong need to conduct research on Hepatitis B/C and STI prevalence among MSM.
6. Situation with alcohol/drugs use among MSM needs to be assessed and addressed.

#### **Component 2**

7. There is need for trainings for medical staff on MSM specific issues and tolerance.
8. There is need to motivate HIV positive MSM for attending groups on treatment adherence and self-support for HIV positive MSM.

### **Component 3**

9. Development of legal support system and cooperation with the Ombudsman's office as well as police at the country level.
10. Need to initiate support groups in small cities and other regions.

During the regional training, it was decided to prioritize a technical support plan to address the needs in developing prevention activities for transgender MSM using the existing experience in Azerbaijan. Specific technical support for Armenia included two main activities:

1. **Adaptation of method guidance and conducting a local training in collaboration with local police offices, ombudsman and law enforcement to ensure the protection of MSM, TG and thus the quality of HIV services.** The advocacy and rights protection guide was translated into Armenian from Russian and adopted for country legislation. There was a specific local working group meeting with key responsible police officers, ombudsman and law enforcement specialists where a cooperative framework was developed to protect the MSM and TG communities from stigmatization. As a result of this, technical support organizations have signed MOU with the ombudsmen office and are developing a document to sign with other law enforcement agencies. In her evaluation interview, Karen Badalian of WFCE stated:

*"The use of police involvement in HIV prevention within the framework of HIV activities targeting MSM and TG has allowed WFCE to be more successful in its activities, especially those implemented in public and cruising areas. Taking into account the role of police and law enforcement in evaluating the success of implemented preventive activities, in developing and introducing effective preventive programs, the WFCE needs to continue working with police and Law enforcement representatives to continue to build and strengthen their capacities. Thus, it needs to be conducted repeatedly. The obtained skills, knowledge and capacities would be used for evaluating the success of implemented preventive activities, for advocacy and policy-making, and, in case of need, for additional studies on how to involve police in HIV preventive activities and the overall role of police on comprehensive package development."*

2. **A training, "A functioning peer outreach model with system of referrals" for WFCE and all organizations working with MSM.** This was conducted in two parts: first, a cooperation meeting to sensitize attendees to MSM issues and to support development of comprehensive referral system between NGO and doctors of the AIDS center, the Hepatitis B and C treatment center, and other medical facilities (to address support need numbers 1, 5, and 7); and second, training on outreach and referral skills for Yerevan and local service providers volunteers and social workers.

Results from the evaluation showed that the training created more favorable conditions to ensure openness in the delivery of prevention activities. The training participants understood that the data obtained from the several workshops and group discussions would be analyzed in the context of the whole target MSM and TG and would not be linked back to persons or outreach work. The participants were informed on the importance of their responses and were encouraged to provide accurate responses on their activities and daily work within their organization (several MSM targeted NGO representatives were invited to participate in the training). These approaches, training rules and gained skills and knowledge help WFCE to create a favorable and trusted platform to start the dialogue on building and strengthening referral systems.

## Specific technical support for Azerbaijan

### Country context

Azerbaijan recently adopted a new Strategic HIV/AIDS plan (2013-2017), in which MSM are mentioned among other vulnerable groups, and the coverage of interventions aimed at MSM has been geographically increased. Thanks to the results of country stakeholders' presentation of the Regional Package of Services, the Global Fund decided procuring and supplying lubricants for MSM in country was essential, and in 2011, they purchased them for the first time. As there is a risk that the Global Fund will discontinue funding by 2015, a local principal recipient has developed a sustainability plan. Treatment is a priority. The government is not ready to provide services to vulnerable groups, thus making it difficult for NGOs to survive. However, the good news is that the Committee on Public Organizations started to provide small grants. This year, four NGOs working in the HIV and AIDS field received funding for the first time.

There is awareness of HIV-related and health care needs among MSM. The Global Fund has conducted trainings for AIDS center specialists to sensitize them and decrease stigmatization and discrimination in clinical settings, and AIDS center works in close collaboration with non-governmental organizations. It has three mobile laboratories which are also used by MSM when located at the community center for MSM or at gay bars. However, AIDS center does not have positions for social workers.

**NGO Gender and Development profile:** The NGO Gender and Development is the only NGO in Azerbaijan representing the rights of LGBT communities at the national and international levels. During three years of work within the PRECIS project, funded by the government of the Netherlands, it has become a full-grown organization with a democratic structure, professional staff and volunteers. Currently, the organization is successfully working in the sphere of informing LGBT communities about events taking place in the country and abroad, providing legal, socio-psychological and medical support to beneficiaries and developing women's program as there is an initiative group of women within the organization.

Gender and Development has been actively collaborating with other NGOs and governmental structures. Its mission is a voluntary consolidation of gays, lesbians, bisexuals, transgendered persons and heterosexuals that aims to integrate the LGBT community into Azerbaijan society through lobbying, providing informational, legal, psychological and medical services in the partnership with other NGOs and governmental structures at the national and international levels.

Currently, Gender and Development are implementing the following programs: an organizational and legal program; an informational program; a health program; and a women's program.

Recently, the NGO has developed two regional branches for service provision in Sumgait and Gandja and is legally registered as a charitable foundation.

Gender and Development's key strengths, as identified during the documentation exercise and analysis, include the following:

- It is the leading MSM NGO in country
- It has a good reputation among donors, government, NGOs and community members
- It is willing to introduce new services and activities to meet community's expectations and needs in case of available funding
- It has a friendly and motivated team
- It has well-established collaboration with AIDS center and STI-clinic
- It also has good experience in outreach work with cross-dressing population of MSM

Some examples of key areas for organizational development include:

- Donor dependence: There are currently no activities to attract money beyond grants provided by known donor agencies. There are no fundraising skills among regional branches that would help make them sustainable.
- They have several good trained outreach workers, but without a capacity development system for other community members, there is no on-going educational mechanism to train new outreach workers.
- It offers a limited number of services due to financial restrictions (basic HIV prevention activities supported by the Global Fund).
- Its office space is small, with no capacity to conduct group discussions with community members
- It has Poor PR and advocacy activities due to country-specific traditions (Muslim country)
- There is no feedback mechanism to assess quality of services for and/or justification of beneficiaries
- There are no internal guidelines on staff training and employment procedures
- It lacks a web site or web-page
- It lacks a documentation process aimed at collecting best practices, feedback from clients
- Community mobilization skills to support regional branches are also lacking.

With respect to technical support planning, the available Regional Package of Services was analyzed, and several urgent needs in technical support were stated corresponding to the package of services components:

#### **Component 1**

1. There is a strong need for additional trainings for medical and social personnel of VCT centers, which need to include MSM sensitization and specific trainings for medical doctors.
2. There is a strong need to develop counseling programs implemented by NGOs in more regions of Azerbaijan. It is important to develop the institute of peer educators and peer consultants as well as a social institute of social workers (as there is dedicated faculty in the state university there should be an invitation for vulnerable groups as peer educators get professional education as social workers).
3. There is an urgent need to include HIV prevention issues in the university curriculum for social workers.
4. It would be beneficial to support one or two consultants who could provide telephone counseling of MSM on an existing HIV Hotline, and referrals to MSM-service organizations.
5. There is a need to procure single use lubricants for outreach programs within the Global Fund program in coming years.
6. It is also important to advocate for the availability of single use lubricants in the pharmacies.

#### **Component 2**

1. There is a need for medical staff trainings on MSM specific issues and tolerance.
2. Officially 22 HIV-positive MSM live in Azerbaijan. Only one proposal to Open Society Institute for care and support services to PLHA included a MSM component. There is a need for trainings and capacity building in providing support to HIV positive MSM, as PLHA stigmatization is very strong.
3. There is a need for external technical support on the development of care and support services for MSM.
4. There is a need for palliative services planning for PLHA in the upcoming national HIV strategy to ensure the sustainability of the piloted programs funded by the Global Fund.
5. In order to plan activities related to the Hepatitis B vaccination, prevalence data among vulnerable groups is needed. There are now several requests from local NGOs for this, and there is an idea to develop these services within mobile clinics.
6. Finally, there is a strong need for external technical and financial support for drug treatment services for all dependent patients.

### **Component 3**

1. There is a strong need to develop legal support services in regional projects outside Baku.
2. In addition, there is a need for community centers support in other regions as no psychologists are available outside of Baku to work with MSM.
3. Finally, there is a need to support initiative groups to have services for MSM available in smaller cities and at the regional level.

Because of the lack of financial possibilities, national level technical support in developing prevention services (component 1) and care services (component 2) will be addressed in the new phase of Global Fund support. It was important to provide necessary technical support for Component 3 of the package in developing community mobilization skills for leaders at the national and regional levels, which was done through the regional training described on page 18.

Specific technical support in Azerbaijan was designed to address gaps in organizational capacity which could not be addressed with other support. Gender and Development received training on local fundraising and financial sustainability. The training was conducted by a local expert based on local legislation to develop skills of proposal development for available local funds including the President of Azerbaijan Fund.

## **Specific Technical Support for Georgia**

### **Country context**

In Georgia, the level of knowledge on MSM among health care providers is quite high, and health care providers are aware of the health care needs among MSM. HIV prevalence in this population is growing rapidly. The cumulative number of HIV-positive MSM (1989-2012) is 152, and there are currently 63 persons receiving ARV treatment.

In 2012, the National Protocols on HIV/AIDS treatment were adopted, but protocols on HIV prevention are not available. The National HIV/AIDS strategy for 2011-2016 was enacted. Dr. Khetaguri suggests including representatives from the LGBT community into the Country Coordinating Mechanism as this would give them a chance to be heard when it comes to HIV prevention services budgeting. Nowadays, there is the only one NGO (TANADGOMA) which directly works with MSM on HIV prevention, but new LGBT community-based organizations with a focus on LGBT rights are emerging.

### **TANADGOMA profile**

In October 2000, the Center "TANADGOMA" was established on the basis of the MSF Center - Information Counseling Service, founded by the international humanitarian organization "Doctors without Borders." Its mission is to improve the physical and psychological health of the Georgian population. It implements prevention, educational and diagnostic programs as well as provides organizations and communities with technical and expert support. Strategic priorities for 2011-2013 include:

1. The organization remains the leader in the sphere of HIV/AIDS prevention.
2. The organization is recognized as an expert in the sphere of prevention programs and gender issues at the regional level.
3. Support and develop target communities (technical support, consultations, and services in the sphere of health care).
4. Create additional financing for the organizational development.
5. Geographically expand services - coverage of one more region of Georgia.

The organization has been implementing reproductive health and psychological rehabilitation programs. Its main accomplishment is that the organization is recognized as the leader in HIV prevention among high risk groups (MSM, female sex workers and prisoners) in Georgia. It is a member of the Country Coordination Committee and the Southern Caucasian HIV Network among MSM/TG.

This organization is a leader in providing prevention services among MSM, sex workers and imprisoned populations in Georgia and works not only in the capital city but in all major cities of the country. Services for MSM are provided in Tbilisi, Batumi, and Zugdidi. Some of TANADGOMA's key strengths include:

- It is the leading NGO in the field of HIV prevention
- It has a long and very positive grant history
- It has a good reputation among donors, governmental agencies, NGOs and community members
- It is willing to introduce new services and activities to meet community's expectations and needs when funding is available
- Its team is highly professional and motivated
- It has well-established collaboration with AIDS center, STI-clinic and other NGOs
- It owns its office space, which is comfortable; this is a positive in terms of sustainability
- The NGO is a member of Country Coordination Mechanism on HIV, TB and Malaria, as well as STI/HIV Prevention Task Force – forum of NGOs working in the field of HIV and STIs. It is also well represented at various important events related to HIV prevention.
- It has established its own guidelines on training for new outreach workers
- It has a high quality web page: <http://new.tanadgomaweb.ge/>
- It has strong PR and networking activities
- It has strong research capacities. The findings of research are used to develop tailored interventions.

Some key weaknesses from the analysis include:

- Attract money beyond grants provided by known donor agencies.
- Limited number of services due to financial restrictions (basic HIV prevention activities)
- Lack of feedback-receiving tool to assess quality of services for and/or justification of beneficiaries
- It was created as an NGO and not an LGBT organization, there are no LGBT community members on the staff

Most of the technical support needs related to the provision of the comprehensive package of services in 2012-2013 were addressed with Global Fund and USAID support. There were only three areas of unmet needs, and all three were fully addressed by the AIDSTAR-Two Project:

1. Development of specific services for TG subpopulation in Georgia – addressed through regional training.
2. Community mobilization skills for third component of the Package implementation. This need was addressed through regional training.
3. Need for development and usage of effective systems of internet communication in prevention work targeted at vulnerable groups. More specifically, the need to provide low cost on-line counseling for MSM in big cities of Georgia. Employees are skilled in the development and usage of effective systems of internet communications in the prevention work targeted at vulnerable groups.

A specific training by a regional consultant for on-line counselors improved counseling services and knowledge about using social networks and dating systems for homosexual people.

## IV. Evaluation of Phase Three and the Evaluation Findings

### Methodology

The project used a Monitoring and Evaluation (M&E) framework for systematically measuring results. The following sources of information corresponding to each area of evaluation were used:

1. Participant feedback after each training session was used to monitor participants' satisfaction rates.
2. Analysis of the technical support provision results in accordance to monitoring framework indicators
3. Additional feedback was gathered three months later on the impact of the service provision technical support from the NGO directors. This feedback was collected through individual interviews with sets of questions on the outcome and impact of each technical support area (organizational development; national processes ensuring referral and coordination of services at the local and country levels; and possibility of broader stakeholder support for a comprehensive package of services for MSM).
4. In April 2013, semi-structured interviews with stakeholders were conducted in order to evaluate the impact the project made on the comprehensiveness and national prioritization of services for MSM. Stakeholders included representatives from the following organizations: USAID Missions; governmental authorities and service provision entities; Ministries of Health, AIDS Centers; Global implementation units or PRs; UN agencies specialists; and representatives of international NGOs and technical support agencies. As there was no baseline measurement of stakeholders' awareness and knowledge, program evaluators relied on self-reporting for this part of evaluation. The interviews were structured into two parts:

#### ***Measuring knowledge and awareness about the epidemic among MSM and service needs:***

- Awareness of stakeholders about HIV prevalence and HIV epidemic among MSM in their country
- Awareness of stakeholders about existing programs and projects working at the regional and country levels.

#### ***Understanding key needs and components of the package of services:***

- Understanding of key health and social needs of MSM as a vulnerable group to HIV and STIs;
  - Understanding structural and key components of Package of Services for MSM;
5. During the final project meeting in April 2013, stakeholders' feedback was obtained through an assessment on the ability to implement a package of services at the national level by state service providers and NGOs on the following:
- Strategy and/or work plan on how to implement the Package of Services for MSM in countries
  - Strategy for sustaining the implementation of the Package of Services implemented by NGOs
  - Next steps to be taken in order to ensure state financing and sustainability.

### Summary of Results of Technical Support Provision

As noted in the feedback forms from all technical support assignments and trainings, participants were satisfied with the capacity building provided, rating it with an average score of 5 out of 5. The evaluation also looked at whether or not participants felt the information presented was new and innovative for their practice and used appropriate methods of work during the training. This indicator was scored as 4.9 out of 5 for all capacity building activities conducted under the project.

The project process evaluation looked at the quantitative results on capacity building areas developed under the project's M&E framework.

### **Area 1 - Capacities in service provision in accordance to the Package of Services**

Three trainings were conducted in Georgia and Armenia, giving 43 social workers support in different aspects on the Package of Service provision. One training in Armenia for social and outreach workers had 17 participants and provided comprehensive approaches to service provision at the outreach work and referral levels. Two other trainings, one on developing a comprehensive package of services for transgender women and the other on increasing the coverage of services/involving community groups and activists, were conducted in Georgia for participants from all three organizations. Both of these trainings capacitated 13 specialists.

All 43 staff members are newly trained, as the baseline for this indicator was zero.

### **Area 2 - Capacities in monitoring, quality assurance and documenting of services provision in accordance to the Package of Services.**

Two staff members from each NGO were trained through practical exercises and working with a consultant on monitoring, quality assurance and documentation of service provision through the following activities:

1. Piloting the monitoring of services for MSM guidance and quality assurance through discussions on the reliability of approaches to measure prevention, treatment and care services for MSM.
2. Documentation of methods, models and approaches of services provision and/or service provision results and its communication together with the consultant and presenting models to stakeholders.

The baseline for this indicator was 2 as only two people (one from TANADGOMA and one from WFCE were previously trained). As a result, six people were trained (four for the first time and two who were refreshing their existing skills and knowledge).

### **Area 3 - Capacities in building integration in services for MSM**

Qualitative indicators were used to assess positive changes in the full service package available for MSM in every site including those that are implemented by state and private medical, social and legal service providers:

- Services provided by NGO for MSM by trained staff
- Services provided by other organizations (governmental or NGO);
- Services available for all citizens but specifically provided to MSM within the social and medical care system by trained doctors.

A service mapping comparison of 2011 and 2013 was developed by NGO staff with support from the documentation consultant. Unfortunately there were no positive changes measured in the expansion of the package as the number of services provided remained the same. However, service availability is growing in Azerbaijani cities. Previously, service delivery points existed only in the capital city of Baku, but now two regional sites in Gandja and Sumgait have also been established. However, the package of services provided is limited in both to support from Global Fund condom and information distribution, VCT and basic social counseling.

The main hindrance in developing the comprehensive package of services is the loss of international donor support for MSM services in E&E countries.

### **Area 4 - Capacities in budgeting and costing of service provision**

Each of the three NGOs had experience in budgeting at the baseline evaluation, but none had experience with unit costing. To address this gap, the financial director/accountant and executive director at each NGO

obtained unique, practical experience of budgeting comprehensive service package at each service delivery point. The number of people participating in this capacity building training was six (two from each country).

Because of lack of funding for local services, the Azerbaijan NGO Gender and Development requested specific technical support in fundraising, developing proposals and budgets. Twenty participants from this NGO were trained.

From the three-month follow-up feedback forms from all three NGO leaders, it is clear that the most valuable impact on sustainability and effective service provision was from the following activities:

1. Documenting practices and summarizing them for state governmental authorities on the situation of international funding being cut in order to highlight existing systems at the local and national levels. According to NGO leaders, it was important to provide stakeholders with a comprehensive picture of services available for MSM on the ground.
2. New systematic approach to working with transgender women, which is useful for developing components of services specific for this group and for raising the needs of this group to national and international donors, especially in South Caucasian context.
3. Systematization of knowledge and experience and developing new skills for community involvement, motivation and mobilization for service provision provides NGO leaders with a vision of alternative ways to make services more sustainable.

## Overall impact of the project

The key achievements that can be attributed to the project in all three countries include:

- Increased general awareness of HIV among stakeholders and donors in each of country. For example, Azerbaijan included MSM explicitly into its national AIDS program in 2011 and Armenia made Oblast level services available. In Georgia the HIV epidemic among MSM was described as emerging by UNAIDS and other players;
- There were key improvements in current services provision implemented because of the project's influence:
  - In Azerbaijan, lubricants are now being procured and supplied
  - In Armenia, MSM are now being given referrals to medical services and protection from police violence
  - In Georgia, on-line counseling has been introduced.
- All three South Caucasus countries – Armenia, Azerbaijan and Georgia – developed key documents to **legitimize the national package of services for MSM** based on the Regional Package of Services in order to move toward state funding of these services.
- A **regional network of specialists on the HIV response among MSM was developed** and regional knowledge sharing is actively conducted by NGO and governmental officials.

## V. Conclusions

*The Men who Have Sex with Men in Europe & Eurasia Countries Project* was launched to overcome the lack of recognition of the transmission of HIV via MSM as an important factor in the HIV epidemic in E&E countries. Initially, it was projected that **raising awareness** of the role of MSM in the HIV epidemic in countries and understanding the importance of having **comprehensive approaches** to HIV prevention, care and support to MSM and LGBT with clear tools for program planning and knowledge about regional best practices supported by **technical service provision** would lead to the **sustainable services** for MSM from international and domestic sources.

**Awareness of the HIV response among MSM:** The project played a key role in raising the awareness of stakeholders and donors at the regional and country levels on HIV prevention among MSM. Because of the project's influence, research in seven countries has been conducted on MSM size estimation and BSS with HIV and STI testing every two years. Thanks to this research, the role of MSM transmission of HIV has become recognized at the national level. For example, this increased the awareness was evidenced by a quote from a UNAIDS representative from Georgia at the stakeholders meeting in April 2013: "We are now seeing an emerging epidemic among MSM in the country and need to prioritize programs for this group at the highest level." Other changes in prioritization since the start of the project in 2009 can be seen in Moldova, Armenia, Ukraine and other countries of the region. For example the Ukraine Roadmap for HIV Response for 2014-2018 was developed based on project data as well as other data sources available.

**Comprehensive programming:** The project brought ideas and tools on comprehensive programming in the countries where it was implemented. The presentation of these three key components of Package of Services in the spring of 2011 was the starting point for countries to develop methodological and legislative bases for a comprehensive HIV response to MSM. The Russian Federation on national consultation decided to develop a Package. Georgia has developed packages for all vulnerable groups with unit cost calculations specific for the country. Thanks to the project each of South Caucasus countries has a documented model of comprehensive service provision.

**Technical support for package provision in South Caucasus:** Mapping access to the comprehensive packages of services was conducted in order to show key areas of technical support needed for implementation. NGOs in South Caucasus countries were chosen to provide influential technical support in order to improve the provided package of services. During the spring of 2013, there was an intense process of developing practical skills and in developing comprehensive services for TG in all three countries, organizing online counseling in Georgia, and improving the outreach and referral systems for MSM in Armenia. In addition to service delivery technical support, support on financial sustainability and effective management was provided to select NGOs. The technical support provided by this project led to the sustainability of organizations providing services for MSM – despite the challenges of changing political and economic contexts – by the following:

- Supporting most cost-effective services for MSM based on or using resources of existing medical and social services in the country (online counseling, outreach and referral to existing medical and social services, developing effective service provision for TG);
- Developing models of using volunteer resources from vulnerable communities through mobilization and involvement of community members;
- Building capacities in working with governmental and international funding and local fundraising.

**Sustainability of programs for MSM:** Several areas of technical support and capacity building on the sustainability of MSM targeted services were identified from three stakeholder meetings in the South Caucasus region (Azerbaijan, Georgia and Armenia). The first area identified was ensuring effective institutionalization of key components of prevention and treatment services for MSM in national health systems and social services provision. There is a great need to include support for health system strengthening in MSM friendly key services such as ART, VCT, STI testing and treatment, Hepatitis B and C prevention and testing, among others. This requires a structural adjustment in the current health service provision system as well as relevant training for medical doctors. In addition, there is a large need to develop or adjust existing social support systems that exist in countries to enable social services support, such as outreach and counseling, provided by NGOs from national or local state budgets. Advocating for using this system of social ordering/contracting of NGOs for certain social services can be used for targeted HIV prevention activities among the most vulnerable populations.

The second area identified during the stakeholder meetings was the importance of providing capacity building for community based and non-governmental organizations providing services to MSM/LGBT. Some key areas of capacity building in the region are:

- Building cooperation with health and social municipal service providers and developing NGO social workers' skills in outreach and referral of MSM clients to existing facilities;
- Developing effective advocacy skills for promoting access to health care and social protection;
- Developing financial and program management skills for state funded programs implemented by NGOs (social contracting);
- Developing community mobilization and networking skills at the national level.

Finally, the third area identified was building the capacity of local LGBT leaders on community mobilization and establishing a system for documenting rights violation cases. This would also create social and legal support system for victims.

## **Country specific recommendations on sustaining HIV services and advocacy**

### **Azerbaijan**

Several key steps were recommended by national stakeholders on sustaining services in Azerbaijan. Due to the strong need for capacity building for health care providers on MSM friendly services, especially regarding confidentiality, advocacy at the national level is needed for the development of MSM friendly services, similar to the mobile clinic services already being implemented with support from the Global Fund. Additional advocacy at the national level is needed to secure state funding for prevention programs and services among vulnerable groups. Although the National Strategic Plan includes targets for MSM coverage, there are no concrete financial guarantees for these services.

It is also important to develop the capacity of local NGOs in building cooperative relationships with existing medical, social, and legal services to improve referrals and outreach to MSM clients in order to address their broad range of health and social issues such as TB testing, STI testing and treatment, etc. Additionally, these referrals must be bidirectional to work successfully. Finally, there is a great need to develop linkages of HIV prevention services and social protection systems. Currently there are no NGOs involved in the social work system, and it is important to prioritize those most vulnerable to HIV for support within existing state social services.

### **Georgia**

Several key steps were recommended to sustain prevention and care services for MSM in Georgia. Research and data collection on the MSM population's size (nationwide) and data on the estimation of the role of MSM transmission of HIV in the epidemic is required in order to fully analyze the epidemic. Gathering such data is also important to effectively advocate for state funding for HIV prevention.

Strong advocacy from service providers, community organizations, and representatives is also needed in order to start seeing state supported grants for MSM services for NGOs, specifically for social support.

Additionally, integrating a comprehensive package of services for MSM at the national level is needed so that the current health system includes HIV testing and counseling and develops MSM friendly services for providers at the primary health care level.

Lastly, capacity building is needed for LGBT community based organizations on strategic planning and advocacy related to health and HIV. Organizations provide social and legal support with respect to discrimination and violence based on sexual orientation, but health issues are not currently a priority for

LGBT leaders. Capacity building and organizational support is also needed for NGOs to strengthen their community mobilization efforts and to develop self-sustaining systems of services within communities.

### **Armenia**

The Armenia stakeholder meeting came up with several key steps to ensure the sustainability and development of comprehensive prevention and care services for MSM. First, advocacy for a national sustainability plan and recognition of the need to support prevention for vulnerable groups in the national HIV response is sorely needed. The National AIDS Program does have a component that includes MSM services, but it is all planned and coordinated through the Global Fund. There is a need to develop a strategy on how NGOs that are providing outreach services to vulnerable groups could be supported using state funding after Global Fund support ends in 2015.

At the organizational level, NGOs providing services for MSM lack the capacity in outreach service provision, client coding and reporting, as well as control of outreach work in different regions of the country.

Other priorities for capacity building at the organizational level are to advocate for health services, community mobilization, and legal support skills (in advocacy and discrimination law and protecting the rights of LGBT for health).

Finally, there is a strong need to build relationships and networking between MSM service and LGBT organizations in order to be stronger advocates and improve the access of services.

## **VI. Annexes**

**Annex A. Package of services**

**Annex B. M& E tool**

**Annex C. Costing tool**