

Faith-Based Organizations and HIV Prevention with Most-at-Risk Populations in Mexico



VlHas de Vida

“Free hugs.” Community events help raise awareness of HIV in Guadalajara.

By **Heather Bergmann**
and **Aysa Saleh-Ramírez**

AIDSTAR-One

John Snow, Inc.
1616 North Ft. Myer Drive, 11th Floor
Arlington, VA 22209 USA
Tel.: +1 703-528-7474
Fax: +1 703-528-7480
www.aidstar-one.com

The pastor asks again: “What can you add to condoms to make them more exciting?”

Even though it is not their turn during this round of *La Lotería de Vida* (the Lottery of Life),¹ various members of the congregation shout out the expected response: “Lubricant!”

One man, however, leans over and tells his neighbor what he thinks is a better answer: “El contenido (the content).” Laughter and cheers fill the small church, La Iglesia de la Reconciliación (The Church of Reconciliation) in Mexico City. Eventually, as the chatter subsides, the individual selected to answer responds correctly and earns his prize: a condom. The pastor draws the next number and proceeds to the next question, keeping the engaging activity moving along as he does every week immediately following the religious service.

The congregation is small but loyal; on this day, approximately 20 men and women are attending the service, not quite filling half the church hall. The individuals range in age, and many are presumably members of the lesbian, gay, bisexual, and transgender (LGBT) community traditionally targeted by La Iglesia’s outreach efforts. By actively seeking out LGBT congregants and addressing issues important to them during religious services, La Iglesia challenges assumptions held about faith-based organizations (FBOs) and about the role FBOs can play in improving sexual health—including HIV prevention.

¹This HIV prevention activity, developed by Population Services International, is an educational tool which has proved effective in getting HIV prevention messages out to people engaging in high-risk behaviors.

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FBOs such as La Iglesia are in a position to target most-at-risk populations (MARPs) who may be missed by traditional outreach. La Iglesia and two other Mexican FBOs—VIHas de Vida (a play on words in Spanish for “Ways of life” and “HIV”) and El Mesón de la Misericordia (Inn of Mercy)—are bridging the gap between the faith community and MARPs: these organizations serve as models for engaging marginalized groups in HIV prevention activities in innovative ways.

HIV and Faith-Based Organizations in Mexico

HIV prevalence in Mexico among the general population remains low at 0.3 percent (Bastos et al. 2008; Centro Nacional para la Prevención y Control del VIH/SIDA 2010). Within MARPs, however, rates of HIV infection are much higher. Injecting drug users (IDUs) account for a growing proportion of infections, but HIV is mostly concentrated among men who have sex with men (MSM) and among sex workers. More than half of all new infections reported in Mexico each year are attributed to unprotected sex among MSM. Those people who belong to more than one MARP have increased vulnerability to HIV. For example, HIV prevalence among male sex workers in Mexico City and Guadalajara is estimated to exceed 20 percent (Bastos et al. 2008).

Until recently, HIV services for prevention of mother-to-child transmission (PMTCT)—a less controversial HIV prevention activity for a conservative national government—had been Mexico’s funding priority. But in 2006, the Mexican national government began funding civil society organizations and academic institutions to target HIV prevention effort to MARPs. HIV prevention

activities are necessary not only to address the epidemic among MARPs but also to prevent transmission (“bridging”) to the general population. For example, MSM, who often do not self-identify as gay or bisexual (Cohen 2006), frequently report having sex with female partners as well as male partners (Strathdee and Magis-Rodriguez 2008).

Although MARPs have higher rates of HIV testing when compared to the general population, many members of MARPs have not had a recent HIV test (Joint UN Programme on HIV/AIDS 2007). Mexico will soon receive approximately U.S.\$80 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to implement prevention programs targeting MARPs, including MSM, IDUs, and sex workers. One recent development has been the acknowledgment of the importance of targeting indigenous groups, who are generally not considered MARPs but who are still at elevated risk for HIV when compared to other populations in Mexico (Secretaría de Salud 2008; Centro Nacional para la Prevención y Control del VIH/SIDA 2010).

Given the influence of religious groups in Latin America, churches and other FBOs are well positioned to reach both MARPs and the general population. In Mexico and elsewhere, FBOs have traditionally been involved in providing palliative care to people living with HIV (PLHIV). But few funding opportunities from the Mexican government exist for FBOs that implement HIV prevention activities with MARPs, thus forcing FBOs to rely on donations from private organizations or individuals. Despite limited resources for HIV prevention, FBOs can leverage their leadership in the community to reach MARPs with information about healthy sexuality, including prevention of HIV and other sexually transmitted infections (STIs), and can expand access to HIV testing, care, and treatment.

Faith-Based Organizations That Implement HIV Prevention Activities

La Iglesia de la Reconciliación: La Iglesia was founded in Mexico City in 1981 with the mission of providing spiritual support to the LGBT community. It was initially affiliated with the Metropolitan Community Church, an international Protestant Christian denomination with a tradition of reaching out to LGBT individuals and communities, but later became a separate entity. In response to the HIV epidemic in Mexico, in 1986 La Iglesia began implementing activities, such as workshops that disseminate information on HIV transmission and prevention and that focus on safer sex, condom distribution, and human rights advocacy. The church continues to focus on HIV prevention today by sharing information during Sunday services, by leading discussions in self-support groups, and by providing counseling for individuals and couples. La Iglesia also promotes adherence to antiretroviral therapy (ART), self-care, and patient education among PLHIV. An important part of La Iglesia's mission is to encourage reflection on the link between sexuality and spirituality and—as the FBO's own name indicates—on the reconciliation of both aspects.

VIHas de Vida: Jesuit priests working in Guadalajaran shelters in the 1990s observed the stigma and discrimination experienced by PLHIV. In 1999, VIHas de Vida was founded in Guadalajara to provide 1) integrated care for those living with HIV and 2) prevention services for those at risk. By filling gaps in HIV services in the Guadalajara area, VIHas de Vida has expanded its scope to include HIV testing and counseling, as well as training of community health promoters. Part of a network

of FBOs offering HIV services, VIHas de Vida conducts important outreach to remote indigenous populations—not a traditional MARP, but still an at-risk, vulnerable, and underserved population—in Jalisco state. VIHas de Vida maintains an association with the Instituto Tecnológico y de Estudios Superiores del Occidente (ITESO; the Western Institute of Technology and Higher Education), which is the Jesuit university in Guadalajara. ITESO and the Catholic Overseas Development Agency are two of VIHas de Vida's major donors.

El Mesón de la Misericordia: El Mesón was founded as a collaborative effort between the civil hospitals in Guadalajara and Jesuits in 1996 as an alternative health care option for PLHIV. At that time, patients in Jalisco state (where the city of Guadalajara is located) had no access to ART. PLHIV experienced high levels of mistreatment, stigma, and discrimination within the health care system. Staff members at El Mesón sought to demonstrate that it is possible for PLHIV to live longer and healthier lives; the El Mesón staff then set out to improve the quality of life for PLHIV and to provide them with hospice services. With the advent of ART and other advances in managing HIV, El Mesón has moved toward a more comprehensive health care model. By incorporating spirituality into its services, El Mesón provides physical, psychological, and social services to PLHIV and their caregivers.

Integrating Spirituality and a Holistic Vision

MARPs and other vulnerable populations often engage in behaviors that are at odds with traditional religious teachings. Instead of using religious

doctrine as justification to avoid or to shun MARPs and other vulnerable populations, the three FBOs mentioned use their faith as a motivation and means to reach marginalized populations. Sexuality is approached from a holistic perspective, integrated with faith, and interwoven with messages on HIV prevention and care.

At La Iglesia, themes of human sexuality are interwoven into more traditional church activities such as prayer circles, homilies, and Bible study. Messages include not only information on prevention of HIV and other STIs, but also how to demonstrate respect for others and lessen discrimination. La Iglesia's staff members view sexuality as but one aspect of a person. Different activities—Sunday sermons, *charlas* (talks), and prayer circles—address sexuality and spirituality in different ways. The sermons borrow from the field of psychology to help explain behavior and to provide models for a more constructive sense of self, thereby emphasizing self-respect and respect for others.

VIHas de Vida provides HIV prevention services through sharing information and providing training. While it conducts periodic outreach to the community, VIHas de Vida also trains community leaders—who are well positioned to serve as trusted sources of HIV information—so those leaders can give talks on HIV prevention. Because it is faith-based, VIHas de Vida works to help its clients strengthen their faith and relationship with God, which is the basis for a spiritual support group for PLHIV. VIHas de Vida and El Mesón, both located in Guadalajara, provide complementary services, referring and counter-referring clients: VIHas de Vida focuses more on prevention information and training, while El Mesón places a greater emphasis on care and support.

VIHas de Vida coordinates spirituality support with El Mesón. As part of its integrated response to HIV prevention and treatment, El Mesón goes

beyond providing health care services for physical or biological needs to address all aspects of an individual and his or her social environment. Family members may also gain access to services and support at El Mesón, both for their own health and, because the family members are often the caregivers, for the health of the family member with HIV. El Mesón also attends to its clients' spirituality beyond a Catholic—or religious—context. A functioning chapel is located on the same premises as El Mesón's health clinic. Yet because the Catholic Church does not officially recognize El Mesón, the chapel is used more often as a space for personal reflection and prayer than for official Church services.

HIV Prevention with Most-at-Risk Populations

Information sharing: The three FBOs use different approaches to reach MARPs and other vulnerable populations with information about HIV and related services. La Iglesia uses an innovative approach by recognizing sexuality and spirituality as integrated within an individual, not as conflicting components. During services, La Iglesia uses gender-neutral language so the messages work for both men and women. The primary focus of the information from La Iglesia is religious or spiritual; HIV is integrated into the services, but HIV is not the main message. HIV is addressed as one of many cross-cutting issues that affect individuals and the community. In addition to providing information during its Sunday services, La Iglesia hosts talks and workshops after each service. Every Thursday, La Iglesia staff members produce a weekly publication that covers a range of topics, including HIV, other STIs, and other issues affecting the LGBT community. La Iglesia also maintains a library that is open to the public and features reading materials about human sexuality. The library's hours coincide with the counseling

schedule, thus increasing opportunities for information sharing.

VIHas de Vida takes a more direct approach to information dissemination. Trained facilitators and community health promoters bring information to the communities via informational talks. VIHas de Vida provides supportive supervision visits to those health promoters where possible, but given the remote location of many communities, this supervision may be carried out by email or telephone. Using manuals developed by VIHas de Vida, the community health promoters are sensitized to sexual diversity and how it relates to HIV risk behaviors. In collaboration with other groups, VIHas de Vida also develops the informational materials used in the talks and targets the materials for different topics and audiences. The manuals used in the talks cover workshops on sexuality and human rights for PLHIV, with a special focus on both women living with HIV and indigenous populations.

El Mesón links directly with other health facilities in Guadalajara through a referral system that gives clients information about HIV and about services that are available through El Mesón. In addition, El Mesón plays an active role on World AIDS Day, both distributing informational materials and



VIHas de Vida

Community members at an informational talk in Guadalajara.

inviting local families to participate in arts projects to encourage reflection and conversation about HIV. El Mesón also holds informational events at local universities to raise awareness.

Referrals: La Iglesia and VIHas de Vida provide referrals to other organizations and government-run clinics for HIV-related services which they do not provide. VIHas de Vida is one of several institutions in Guadalajara that refers clients to El Mesón for HIV-related services.

As a provider of comprehensive care and support services, El Mesón receives referrals. Public hospitals and clinics will refer clients to El Mesón for management of ART, opportunistic infections, or STIs, and will send stabilized patients to El Mesón for continuing and follow-up care. Although El Mesón does not prescribe antiretroviral drugs, client medications received from hospitals and clinics may be stored at El Mesón's on-site pharmacy. El Mesón staff members monitor client adherence to treatment and provide over-the-counter drugs, such as aspirin and acetaminophen. El Mesón also receives referrals from outside clinics and hospitals for self-help and support groups (see Positive health, dignity, and prevention section). Although El Mesón provides many care and support services on an in-house basis, it refers clients outside for confirmatory HIV testing.

The three FBOs make referrals for prevention and treatment of intimate partner violence, but their staff members say that their screenings rarely identify cases of partner violence. The FBOs' various referrals are made on an informal basis and, because of resource limitations, little follow-up occurs.

Condom promotion and distribution:

Because some religious institutions are openly opposed to condom use, condom distribution can be a difficult issue for FBOs to navigate. As a part of its counseling and testing program, El Mesón distributes

condoms supplied at no cost by the State Council for AIDS Prevention (COESIDA, its acronym in Spanish, provides condoms to HIV prevention groups targeting MSM). Condoms are also distributed to PLHIV as part of El Mesón's secondary HIV prevention efforts. El Mesón reports to COESIDA on condom distribution, including how many condoms are distributed and to which populations. VIHas de Vida does not receive condoms from COESIDA because VIHas de Vida does not officially target MSM, although it does promote use of condoms as an HIV prevention method. During Sunday services, La Iglesia distributes condoms, which are supplied by Population Services International, as prizes. Condom distribution has been a component of La Iglesia's HIV programming since its activities began in 1986. In addition to its condom distribution, La Iglesia also provides demonstrations on correct use of condoms.

Service through counseling and testing: El Mesón began its HIV testing program as an outreach service to staff members at private companies in Guadalajara in 2008—at the companies' request. Such testing is done confidentially in private spaces on company premises, along with group pre-test counseling, individual risk assessment, and individual post-test counseling. In an effort to offer counseling and testing to more workers, some companies have recently asked for such services for their employees who work the night shift. Lately, El Mesón has struggled to meet the demand for HIV testing on-site at local companies because it has been hampered by a shortage of trained staff members who can provide counseling and testing services. El Mesón also provides testing at its own facility, as well as drop-in testing and counseling at universities and other public spaces, including community events.

Staff members at both El Mesón and VIHas de Vida received training from the AIDS Healthcare Foundation about use of the rapid HIV test. VIHas de Vida began providing HIV counseling and rapid testing in 2009. VIHas de Vida views counseling

and testing as a prevention strategy and places strong emphasis on pre-test counseling for general HIV information and post-test counseling for personalized risk reduction. Staff members are trained to identify risk factors when clients seek non-HIV-related services so that staff members can appropriately offer HIV testing and counseling.

Although it does not offer HIV testing, La Iglesia does provide HIV counseling for both individuals and couples. Information imparted in the counseling sessions includes facts about different STIs—including HIV—and methods of prevention. Again, La Iglesia adopts a holistic approach to STI prevention within the context of relationships. Emphasis is placed on interpersonal communications, affection, and pleasure. La Iglesia makes referrals for HIV testing and encourages clients to use existing health care systems.

Prevention of mother-to-child transmission services: In 2004, in response to the clear need for services, El Mesón began the “Salva a tu Bebé del SIDA” (Save your Baby from AIDS) program to provide pregnant women with information about HIV, about preventing mother-to-child transmission of HIV, and about caring for babies. Salva a tu Bebé del SIDA, which identifies women living with HIV early in their pregnancies by using rapid testing, is coordinated with hospitals, public health institutions, COESIDA, and other organizations. The El Mesón program provides support to the mother throughout the pre-, peri-, and postpartum periods, including counseling and support related to diagnosis, birth, and infant feeding.

Women are encouraged to bring their partners in for testing so that both parents may access services at El Mesón. The mother-baby pair is followed for up to two years, during which time the mother receives counseling on infant feeding and the baby is tested for HIV. A two-year follow-up period is considered a best practice in PMTCT programs, but few programs carry out this activity for the full

two years, and even fewer programs have the high retention rates achieved by El Mesón, which also provides counseling on family planning (for more information on El Mesón's retention rates, see Program Results). Small gifts are provided to the mothers as incentives to stay with the program. VIHAs de Vida forms part of a network that refers clients to PMTCT services in Guadalajara.

Providing services and referrals is not the only way by which El Mesón and VIHAs de Vida contribute to PMTCT programming in Guadalajara. Both organizations participate on a PMTCT advisory board for the state of Jalisco. This advisory board oversees the quality of PMTCT services throughout the state and coordinates services.

Positive health, dignity, and prevention:

PMTCT programs are not the only way that El Mesón targets women with HIV programming. El Mesón operates support groups for women living with or affected by HIV. The women involved have identified their own needs, leading to the formation of groups for mutual support among PLHIV or for serodiscordant couples. La Iglesia also hosts support groups for PLHIV.

Program Results

La Iglesia has a small but loyal following. In addition to weekly attendance at religious services, between 25 to 50 people attend La Iglesia's periodic charlas about HIV, safe sex, and condom use. VIHAs de Vida provides HIV testing and counseling to as many as 15 individuals each month. According to its most recent evaluation (covering 2007 to 2009), VIHAs de Vida met its goals for the number of people trained and training workshops conducted. VIHAs de Vida has been successful in positively changing the attitudes of community leaders, volunteers, and other people undergoing training to become facilitators who work with MARPs.

Because of its better monitoring practices, El Mesón has more detailed information on the results of its activities. In 2008 and 2009, El Mesón provided on-site HIV testing and counseling to more than 300 employees of private companies, reaching a total of 40 to 100 people at a time. During those two years, El Mesón provided nearly 1,000 rapid HIV tests at other group events. Since 2004, a total of 98 women have participated in *Salva a tu Bebé del SIDA*, giving birth to 91 babies—and all 44 babies who have been followed to the age of two remain HIV-negative. Although the numbers for the three FBOs may seem low compared to the numbers in larger programs, the small groups demonstrate success for small populations served by FBOs operating with limited resources.

What Works Well

Despite limited formal monitoring and evaluation activities, the innovative approaches used by the three FBOs demonstrate success in HIV prevention activities for MARPs and other vulnerable populations.

Adherence to plans and objectives:

Clear acknowledgment of organizational goals helps to focus both staff and activities. La Iglesia is unambiguous in its mandate: attending to the spirituality of its clients is its top priority. Important secondary efforts focus on addressing HIV, substance abuse and addiction, and cancer. La Iglesia does not see proselytizing as a goal. Its goal is to fight for human rights and to contribute to the holistic wellness of individuals.

When conducting outreach in rural communities, VIHAs de Vida identifies a specific purpose for the workshops or talks to be given by its staff or health promoters. While acknowledging that its resources and services are of limited helpfulness in rural communities, VIHAs de Vida remains realistic about what referrals it can offer to such remote populations.

VIHas de Vida is currently refining its organizational goals and objectives to make them more practical, so that staff members can use the goals and objectives in their daily work, thereby connecting routine activities with the broader aims of the organization.

El Mesón has four coordinators who oversee their different programmatic areas: 1) counseling and testing, 2) PMTCT, 3) social work, and 4) business development. The majority of the organization's funding comes from donations. The coordinators conduct strategic planning every four years, which helps El Mesón respond to the needs of its target populations, manage a range of activities, and coordinate with other groups such as VIHas de Vida. To maintain staff capacities in their designated areas, El Mesón staff members attend an annual three-day training course.

Coordination with complementary services: Since its inception in the mid-1990s, El Mesón has developed a diverse network with other organizations, both governmental and nongovernmental, including FBOs and community-based organizations, public health facilities, and educational institutions. El Mesón works to create linkages between medical staff members in local institutions and its own clinic, thus increasing the cadre of health care providers who are sensitized to HIV issues and are trained in HIV care. PLHIV



El Mesón

Educational session on HIV in the world.

may gain access to care and support services at El Mesón's on-site clinic, which is staffed 24 hours a day by doctors and nurses. Because clients may travel from remote areas in Jalisco state or beyond to take advantage of HIV-related services in Guadalajara, El Mesón also operates an on-site hostel where clients may stay while they undergo diagnostic testing or treatment, including PMTCT services.

Like El Mesón, VIHas de Vida also seeks to sensitize health care personnel to HIV issues. VIHas de Vida staff members collaborate with El Mesón's staff to fill in personnel gaps and to create a more balanced interdisciplinary team. The multidisciplinary team at VIHas de Vida focuses on human rights, education, and follow-up. Team members conduct trainings and workshops on different themes related to HIV, such as rapid testing, and on HIV risk, such as that from injecting drug use. The topics and venues vary and are tailored to the specific participants and audiences.

La Iglesia promotes adherence to medically prescribed treatment (including antiretroviral drugs) and health education while encouraging clients to use existing health care systems. Clinics run by Mexico's social security and public health systems have protocols and informational materials on HIV, but clients often have to specifically request this information. La Iglesia urges its clients to keep using the government-run clinics, but encourages them to ask questions of the clinic staff and use all the services available at the clinics. La Iglesia's staff members attend meetings of other groups, such as Alcoholics Anonymous, to give charlas about sexuality and HIV, thus linking diverse clientele to the church services and further encouraging clients' use of health care systems.

Challenges

Reaching most-at-risk populations and other vulnerable populations: MARPs are difficult to reach, but the three FBOs target both MARPs and the general population. La Iglesia has

traditionally reached out to LGBT populations in Mexico City, but is seeking to broaden its audience by inviting more members of the general public to its church.

Indigenous groups often live in remote areas with limited access to health services. Since 2005, VIHas de Vida has conducted near-annual visits to rural communities to bring services and to give informational talks. Because local leaders often request specific topics for such community presentations, deviating from the scope of the visit may be difficult. Given the limited resources in many rural communities, VIHas de Vida is reluctant to promote services that are not available in those areas. However, wherever possible, VIHas de Vida provides contact information for other organizations that are closer to home and accessible to such remote populations.

In many places worldwide, MARPs are hidden populations, and Mexico is no exception. By targeting the general population through its workplace HIV testing and counseling campaigns, El Mesón hopes to reach MARPs who do not seek HIV-related services on their own. Partners and children of PLHIV often come to El Mesón for HIV testing; many women clients know or suspect that their husband or partner is HIV-positive. Testing partners is another strategy to indirectly reach MARPs. El Mesón also hopes to increase HIV testing among pregnant women to reach MARPs from a more general population approach.

Challenging assumptions about faith-

based organizations: The public often assumes that organizations with a religious affiliation have a missionary agenda, which can impede the activities FBOs try to implement. One assumption is that FBOs—uncomfortable with activities such as the promotion of condom use—offer only palliative care, if the FBOs deal with HIV at all.

Indeed, for some FBOs, just working with MARPs may conflict with certain religious tenets. Many

HIV risk behaviors are condemned by Judeo-Christian teachings, so MARPs may be wary of approaching a religious institution for fear of stigma and discrimination. Thus, FBOs working in HIV prevention must work to establish rapport with the communities they seek to serve. La Iglesia has built trust with its community; word of mouth spreads awareness about a church that embraces sexual diversity instead of denouncing it.

Although it is managed by secular staff members, VIHas de Vida is affiliated with and supported by the Jesuits and receives funding from other religious organizations. Program coordinators sit alongside Jesuit priests on the board, and pastors of small churches help spread information about VIHas de Vida and its services in their communities. This mix of secular and religious board members provides a balance to the VIHas de Vida approach and maintains credibility in different groups.

Also following the Jesuits' approach, El Mesón allows more traditional Catholic services to be conducted in its chapel, but because El Mesón is not officially sanctioned as a Catholic church, its clients may also use the space for broader purposes. Instead of depicting images of suffering, guilt, and punishment, El Mesón's space is furnished with images of hope to create a more open space for worship. El Mesón works with community organizations to promote its public perception and work in the community.

Reaching sustainability: Many community-based organizations depend on a single leader to organize and promote their work. Reverend Jorge Sosa, founder and religious leader of La Iglesia, was charismatic and visionary; his unexpected passing in late 2009 left La Iglesia without his energy and passion. Today, the two remaining part-time staff members keep the church's activities going but acknowledge they are struggling to maintain Sosa's momentum and have been forced to reduce

services. An additional staff person was receiving training in 2010 to help distribute the workload. Until La Iglesia completes the registration process as a nongovernmental organization (NGO), thus making it eligible to receive government funding, La Iglesia's operations must depend on donations from the congregation and volunteers. The small but loyal congregation helps keep the church going, and the different backgrounds and approaches of the two main staff members—one is a university professor, the other is a psychologist—lend balance to the church structure. La Iglesia recognizes its sustainability challenge and strives to build for the future while maintaining routine activities. An additional challenge is the legal status of the organization—limited until La Iglesia becomes a registered NGO—along with the resultant increased access to resources.

Although the situations of VIHas de Vida and El Mesón are less precarious, neither is immune to the challenges of sustainability. Both FBOs operate with a small cadre of staff members and volunteers and a mix of funding sources. To ease transitions between leaders, VIHas de Vida is developing a process to manage coordination of its governing body; there is already a six-month overlap between incoming and outgoing staff members for orientation and training. Ensuring continuity in human resources minimizes disruption of activities, thereby allowing both staff and management to focus on overall program operations and to secure regular funding.

However, the small size of the FBOs may be a benefit because it allows for more flexibility in programming. Specific churches or individuals often conduct work—such as HIV prevention—that may not fall under the mandate of a larger religious organization. The energy and dedication of the staff are perhaps the greatest assets of the three FBOs. Once an area of need is identified, the staff can choose to adapt activities at a rate faster than a larger organization might, provided the resources are available.

Recommendations

Focus on staff technical capacity: Equipping staff members with appropriate technical knowledge and supportive supervision will improve the quality of services and may help diminish staff turnover. Staff members of the three organizations are eager to improve their ability to provide the best services possible to their clients. Staff members identified improving specific activities as a priority. La Iglesia uses La Loteria de Vida in its Sunday services to promote HIV education. Although the Loteria activity is entertaining as well as educational and imparts important information, La Iglesia's staff would like external assistance to expand the game or to establish different educational activities that are also entertaining, to keep both the content current and the participants engaged in learning.

Staff members at both El Mesón and VIHas de Vida have received training to provide HIV testing, but their training so far has been focused on the administration of the test itself. To better serve their clients, staff members at El Mesón and VIHas de Vida could benefit from further training in HIV risk assessment and in risk reduction counseling.

Maintain linkages and strengthen outreach: As small organizations with limited budgets, the three FBOs recognize their own strengths as well as the areas where they need to refer to other service providers. The FBOs conduct outreach in communities of MARPs and other vulnerable populations, thereby linking the populations to the services they need. La Iglesia is keen to expand its congregation beyond the LGBT community. La Iglesia fills a unique niche in Mexico City, and expanding its reach to more women and youth—two priority groups—would help attract more people to its services. Groundwork for collaboration with other groups has been laid, with the La Iglesia staff attending meetings of other local community-based organizations to strengthen ties and referrals.

VIHas de Vida is ready to expand its network to include more groups. VIHas de Vida does not have a contact in many indigenous communities to help facilitate entry, but it hopes that word of mouth in the region about its work will continue to expand its reach into new groups with educational sessions and HIV testing.

Invest resources in program monitoring:

Maintaining a monitoring system is essential to track progress toward goals, demonstrate achievements, and identify opportunities for expansion when seeking funding. Given current resource limitations and staff size and training, it is not surprising that the three organizations have minimal program monitoring in place. Of the three, VIHas de Vida has the strongest monitoring system. Evaluations take place every six months to monitor progress, but the methods change annually, making it difficult to compare indicators from year to year. VIHas de Vida is working to systematize its program evaluations to reduce inconsistencies. The model selected is intended first to establish a baseline and then to track data to look for evidence documenting the effects of its HIV prevention work.

La Iglesia carries out informal surveys to monitor condom use among clients; an initial survey is followed up one month and six months later. However, tracking of client visits or referrals is not documented. Similarly, El Mesón collects only basic statistics on the number of people accessing services. For data on overall effects, El Mesón depends on special studies by universities or other groups. It is currently reviewing its monitoring strategy. Both organizations currently lack the capacity in both human and financial resources to design and implement additional monitoring activities.

Future Programming

Mexico was selected for eligibility for funding in 2011 by GFATM. The focus of Round 10 funding is on

MSM and IDU, but no special provisions have been made to support FBOs or reach other vulnerable populations, including women. Moreover, as reported by the International HIV/AIDS Alliance (2009), community-based organizations have had difficulty in accessing GFATM grants. Other donors, such as the U.S. Agency for International Development (USAID), may be approached to cover the gaps in coverage left by GFATM.

La Iglesia hopes to complete the registration process for official NGO recognition by early 2011. Gaining NGO status will open opportunities for La Iglesia's funding from the Mexican government and other donor organizations. (VIHas de Vida and El Mesón are both registered NGOs.)

Working with FBOs may be difficult at times because of the challenges involved in identifying organizations with the staff capacity and operational ability to reach large numbers of people. However, La Iglesia, VIHas de Vida, and El Mesón demonstrate the potential for success. Through their work with the general population and by providing outreach and HIV-related services such as counseling and testing, VIHas de Vida and El Mesón have the potential to reach MARPs with critically important services. Additional support for the three FBOs and their efforts to improve operations could increase the reach of prevention services among MARPs in Mexico. ■

REFERENCES

- Bastos, F. I., C. Cáceres, J. Galvão, M. A. Veras, and E. A. Castilho. 2008. AIDS in Latin America: Assessing the Current Status of the Epidemic and the Ongoing Response. *International Journal of Epidemiology* 37(4):729–737.
- Centro Nacional para la Prevención y Control del VIH/SIDA. 2010. *Mexico 2010 Country Progress Report*. Available at http://data.unaids.org/pub/Report/2010/mexico_2010_country_progress_report_es.pdf (accessed June 2010)
- Cohen, J. 2006. Land of Extremes: Prevention and Care Range from Bold to Bleak. *Science* 313(5786):477–479.

International HIV/AIDS Alliance. 2009. *Report on Access to Global Fund Resources by HIV/AIDS Key Populations in Latin America and the Caribbean*. Available at www.aidsalliance.org/includes/Publication/Report_on_Key_Populations_access_to_resources_ENG.pdf (accessed August 2010)

Joint U.N. Programme for HIV/AIDS. 2007. *Mexico Country Fact Sheet*. Available at http://cfs.unaids.org/country_factsheet.aspx?ISO=MEX (accessed June 2010)

Secretaría de Salud. 2008. *Programa de Acción Específico 2007-2012: En respuesta al VIH/SIDA e ITS*. Available at www.censida.salud.gob.mx/descargas/biblioteca/ProgAc2007-2012.pdf (accessed February 2011)

Strathdee, S. A., and C. Magis-Rodriguez. 2008. Mexico's Evolving HIV Epidemic. *Journal of the American Medical Association* 300(5):571–573.

RESOURCES

Centro Nacional para la Prevención y el Control del VIH/SIDA. Spanish website available at www.censida.salud.gob.mx.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. English website available at www.theglobalfund.org/en. Spanish website available at www.theglobalfund.org/es.

El Mesón de la Misericordia. Spanish website available at <http://mesondelamisericordia.org/>.

Population Services International. English website available at www.psi.org.

Joint U.N. Programme on HIV/AIDS. English website available at www.unaids.org/en. Spanish website available at www.unaids.org/es/default.asp.

VIHas de Vida. Spanish website available at www.vihasdevida.org.mx/.

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