

An Evaluation of
Participatory, Multisectoral Planning for
HIV/AIDS in Key States in Mexico

by

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An Evaluation of Participatory, Multisectoral Planning for HIV/AIDS in Key States in Mexico

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Executive Summary

The objective of POLICY's HIV/AIDS Program in Mexico is "to support the government's effort to enhance the quality and sustainability of HIV/AIDS/STI services in targeted states." The focus of the project in the three initial states of Yucatán, Guerrero and Mexico has been to promote coalition building and a participatory strategic planning process among diverse stakeholders. POLICY has worked in Mexico at the bequest of and in close collaboration with CENSIDA, the national agency responsible for oversight of HIV/AIDS services and prevention programs in Mexico.

The principal purposes of the evaluation were to understand what worked well, where POLICY's tools have been most successful, and what could be learned from mistakes. The evaluation was also an opportunity to elicit some lessons learned from the Multisectoral Citizens' Groups (MCGs) in the first three states where the project has been active and to codify some common principles from POLICY's process from the varied experiences in different states. Another area of inquiry focused on identifying other complementary processes that POLICY and CENSIDA could employ to strengthen the effectiveness of governmental and nongovernmental groups in transforming the policy process in targeted states.

There was general agreement among all of the project's stakeholders that they had made significant contributions to improvements in HIV/AIDS prevention activities and in the quality of services in Mexico by supporting local initiatives. Similarly, there was strong praise for the quality and dedication of the POLICY staff. In particular, the clients in the three states interviewed during the evaluation expressed an overwhelmingly positive experience with the project.

The project has supported the formation of active MCGs in three states (Guerrero, Mexico, and Yucatán). Project staff also tried to organize a similar group in the Federal District (D.F.) but found that it was difficult to build the same level of commitment and coordination. Instead of supporting the formation of a MCG in the D.F., POLICY helped to develop a local council for HIV/AIDS prevention (CODFSIDA). Toward the end of 2001 POLICY had expanded its work to Campeche, Chiapas, Oaxaca, Quintana Roo, and Veracruz. The MCG in Yucatán will work with the groups in Campeche and Quintana Roo. This represents a new phase in the project whereby older groups provide technical assistance for the formation of new groups. Another innovation is that local groups in the newly participating states are conducted by the members of the multisectoral groups rather than by outside consultants.

Challenges

One of the principal challenges of the project was maintaining ongoing communication and coordination with CENSIDA. This was due mostly to the rapid pace of the project and the complexity of coalition-building and advocacy activities in the different states.

The multisectoral groups have been quite effective at overcoming local conflicts and at building coalitions among advocacy groups and first-line service providers. They have not always been as successful at gaining high level political support, mostly because the type of technical assistance

provided by the project has been aimed at grassroots coalition building rather than at influencing powerful decision makers.

The MCGs from Guerrero, Yucatán, and Mexico all expressed the desire for additional training on fundraising. Some groups have had success at gaining sponsorship for specific activities but not for overall institutional support.

Recommendations and Potential for Future Developments

- CENSIDA expressed the need for a brochure or information packet for CENSIDA staff that provides an accessible description of POLICY's activities. Also, the POLICY Project could greatly improve communication with CENSIDA by providing periodic reports, such as short trip reports, on their activities on an ongoing basis. Communication would also be improved by developing more lateral ties between POLICY and CENSIDA technical staff.
- The advocacy activities of multisectoral groups would be greatly assisted by complementary strategies by the project that are aimed more specifically at top-level decision makers. POLICY should consider training the MCGs on the adaptation and use of some of the decision-making tools that have been developed by FUTURES to influence policymakers, such as those developed under the RAPID and OPTIONS projects.
- Cross-state technical assistance is an excellent innovation that should be supported with resources and additional assistance from the project. Additional support to older multisectoral groups should include support for additional coalition building across sectors, especially with education, employers, and the media. Additionally, the project should respond to MCG requests for training in resource development and fundraising. Finally, as a further development of MCG skills in strategic planning, a focus on monitoring and evaluation would enhance the groups' abilities to track changes over time and to better evaluate their own effectiveness.
- Increased focus on gender and adolescent issues is desirable. This process began at the project-wide meeting in Cuernavaca in October 2001. All MCG representatives voiced their interest in pursuing these lines of analysis to a greater extent, especially in light of the changing character of the epidemic in Mexico and the importance of looking at power relationships within the context of sexuality and HIV/AIDS/STI transmission.

Background

Although Mexico has a relatively low HIV/AIDS prevalence rate compared to other Central American and Caribbean nations, it has the third highest number of cases in the region due to its large population. In 2001, the highest prevalence rates were in states with large urban and highly mobile and poor populations, including the states of the Federal District (D.F.), Jalisco, Morelos, Puebla, Baja California, and Nayarit. The states with the lowest level of prevalence were Chihuahua, Zacatecas, Guanajuato, Tabasco, Chiapas, Hidalgo, and Durango (CENSIDA, 2001).

Men who have sex with men, commercial sex workers, and IV drug users continue to be the groups most affected by the disease. Nevertheless the profile of the epidemic is changing. Although 96 percent of the known cases are urban, rural people are increasingly vulnerable, especially in areas of high levels of migration and tourism. The percentage of women affected by the epidemic is also growing. Although women make up about 15 percent of the people living with HIV/AIDS, among the lowest percentages in the region, it has been steadily increasing over the last 15 years, particularly in some states, such as the state of Mexico where the percentage is estimated to be 20 percent.

One of the major challenges to the provision of equitable quality services for people living with HIV/AIDS is the fairly recent decentralization of the national healthcare system. The National Center for the Prevention and Control of HIV/AIDS (CENSIDA) has been charged with ensuring that national policies are applied consistently across the states in order to achieve a seamless coordination among public and private health and social services. In a few key states, the POLICY Project, under the supervision of CENSIDA, has played an important role in facilitating collaboration among different organizations in the public and private sectors that do not ordinarily coordinate their efforts.

The project has been instrumental in helping CENSIDA to develop a five-year strategic plan and in promoting local coordination among diverse interest groups through the formation of Multisectoral Citizen Groups (MCGs), training, outreach, advocacy, and planning activities. Over the last three years, the project has received between \$300,000 and \$700,000 per year from the USAID Mission in Mexico City to support a professional staff of four persons and activities in three states and the D.F. Late last year, the project expanded into five more states with a new model whereby the project staff partners with the MCG in the three initial states (Yucatán, Guerrero, and Mexico) to provide technical assistance in five additional states (Campeche, Chiapas, Oaxaca, Quintana Roo, and Veracruz) with the objective of forming regional coalitions and support systems.

Objectives of the Evaluation

The objectives of the current evaluation are to:

1. Better understand when the support phase to multisectoral committees is over;
2. Elicit lessons learned and to try to codify some common principles of the POLICY process from the varied experiences in different states;

3. Understand what has worked well, where POLICY's tools have been most successful, and what can be learned from mistakes; and
4. Assess whether there are other complementary processes that POLICY and CENSIDA could employ to strengthen activities.

Major Issues Addressed by the Evaluation

A central issue of the evaluation is whether the program is meeting its targets. The question was intended to have both quantitative and qualitative components in order to better understand the extent to which the project is employing the appropriate mix of activities in states that already have gone through the process. Both USAID and CENSIDA expressed interest in finding out if it was likely that the MCGs established over the last two years would continue to engage in strategic planning and implementation without a push and support from the project. They were also interested in documenting improvements in MCGs' problem-solving abilities over the course of their participation in the project, as well as gauging which of the POLICY tools and methods had been most useful in different circumstances. As the project expands into new states, it was also important to ascertain the appropriate level of continued support in states that had gone through the initial steps of forming multisectoral committees and strategic planning and to understand when outside technical support would no longer be necessary.

CENSIDA's role is now one of supporting decentralization of health care services. Both USAID and CENSIDA are interested in documenting how POLICY has assisted in this process. The evaluation focused on how the interface of CENSIDA and the POLICY Project could be improved and assessed what might be the most appropriate and complementary division of labor to enhance support to decentralized public and private HIV/AIDS support services. The evaluation focused, in particular, on how to improve communication, collaboration, and joint planning.

POLICY in Mexico

Description of the Program

The objective of POLICY's HIV/AIDS Program in Mexico is "to support the government's effort to enhance the quality and sustainability of HIV/AIDS/STI services in targeted states." The focus of the project in the three initial states of Guerrero, Mexico, and Yucatán has been to promote coalition building and a participatory strategic planning process among diverse stakeholders. POLICY has worked in Mexico at the bequest of and in close collaboration with CENSIDA, the national agency responsible for oversight of HIV/AIDS services and prevention programs in Mexico.

The major objectives of the project in each state are to influence public policy; improve public and private administration of services; and to increase and improve social participation through the engagement of a wide variety of local and national actors.

POLICY Process in Mexico

The process: The primary focus of the POLICY Project in Mexico is to work on behalf of CENSIDA at the state level on organizational development, advocacy, and strategic planning with NGO and governmental groups. In addition, the project has collaborated with CENSIDA on developing CENSIDA's national strategic plan. While initially there was a lack of articulation between CENSIDA's national plans and POLICY's activities in states, more recently there has been a closer fit between the processes at the state and national levels. The process followed by the project in each state has been slightly different, but there has been a fairly standard sequence of steps that characterizes the project process.

The first step consists of a situational analysis that includes an AIDS Policy Environment Score (APES) assessment. The situational analysis entails:

- Identification of key local actors;
- An overview of the HIV/AIDS epidemiological status in the state;
- An assessment of the local and national response to the epidemic in the state;
- An assessment of the responsiveness of services to people living with HIV/AIDS; and
- Identification of current and future needs.

In the first states where the project worked, POLICY Project staff and consultants conducted the situational analyses. In more recent interventions, the groups that are working on HIV/AIDS issues or with the people affected by HIV/AIDS (those that are likely to make up the MCG) have participated directly in collecting and analyzing information for the situational analysis.

The second step is a workshop that brings together different interest groups working on and/or affected by HIV/AIDS in the state. The objective of the workshop is to forge a multisectoral citizens group that will serve as the principal coordinating and planning body for addressing HIV/AIDS issues in the state. The project strives to bring together public (local state, and federal) and private sector groups (nongovernmental organizations [NGOs], community groups, and private industry). POLICY encourages participation by a wide array of groups, such as universities, school groups, healthcare organizations, coalitions of people living with HIV/AIDS, advocacy groups, healthcare authorities, and legislators. It is up to local groups to actually determine who participates.

Theoretically, the third step is to develop a strategic plan for the MCG that identifies objectives, activities, and indicators to track progress. In the three initial experiences in the states of Guerrero, Mexico, and Yucatán, the plan was developed rather late in the process. In all three cases, after the initial workshop, the groups engaged in a series of activities prior to developing a strategic plan. In the more recent experiences of Oaxaca and Chiapas, strategic planning at the state level has more closely followed the CENSIDA guidelines and taken place earlier in the process with the direct involvement of state health authorities.

The fourth step in the process consists of training in advocacy and communications. Sequentially, this step has often preceded strategic planning because of demand for immediate action from the groups that comprise the multisectoral groups. POLICY has offered a number of

workshops and technical assistance activities to support advocacy and outreach activities (see below for examples).

The staff. POLICY staff members in Mexico each bring particular areas of specialization and a set of skills to the different stages of the advocacy and planning process that is part of the program in Mexico. Edgar González, the Resident Advisor for the Mexico program, and Francisco Hernandez have extensive experience in public policy and strategic planning. They have been critical in moving the MCGs from being advocacy groups to developing strategic plans that identify clear objectives and related activities. Hugo Benitez's background in human rights has been instrumental in analyzing local laws and regulations and helping the MCG to identify, prioritize, and lobby for the elimination of discriminatory legal codes. Marta Alfaro has been key in documenting POLICY experiences in Mexico as well as ensuring the smooth operation of the administrative aspects of the project. As the project has expanded into additional states beyond the initial three of Guerrero, Mexico, and Yucatán, the staff has also begun to have specific regional responsibilities in order to provide continuity to the MCG throughout the process. In addition, the project has benefited from the long-term collaboration of Sandra Aliaga, POLICY's Latin American Regional Advisor, who has provided training and technical assistance to the MCG on gender, relations with the press, and advocacy. Mary Kincaid, the POLICY Mexico Country Manager, has supported the program by being an effective liaison between the Mexico project staff, the government of Mexico, FUTURES, and USAID.

Major Findings

This section presents answers to the key questions posed by CENSIDA and USAID that served as the guiding principals of the evaluation.

Research Question No. 1: Is the program meeting its targets?

There was an overall consensus on the part of project staff, USAID, CENSIDA, and the participants that the project was achieving its objectives. The project reports on several indicators to USAID. Based on the information collected from project reports and interviews with MCG representatives, the project is meeting most of its quantitative targets. The table below presents a summary of the findings obtained by the evaluation. The findings do not address how significant these achievements are in terms of their ultimate impact on reducing HIV transmission or providing adequate care to people living with HIV/AIDS.

In the future, USAID, CENSIDA, POLICY, and the MCG should consider whether they want to attempt to test attribution and impact more precisely by developing some indicators linked to access and quality of services. Alternatively, USAID, CENSIDA, and POLICY might find it beneficial to conduct more in-depth case studies at the state level that evaluate and attempt to correlate POLICY-supported interventions with improvements in access and quality of services and social support for people who are living with HIV/AIDS and their families.

1.1 Table of objectives, indicators, and results

Description of Result	Indicator	Data Sources	Year 1 Targets	Results identified by the evaluation
POLICY SO: Improved HIV/AIDS/STI policy environment at the national level and in target states	<ol style="list-style-type: none"> 1. Change in AIDS Policy Environment Score (APES) at national level and in targeted states 2. Number of approved policies, plans, and norms improving access to HIV/AIDS/STI services 3. Increased amount of state, local, and civil society human/financial resources, by state, allocated to implementation of HIV/AIDS/STI multisectoral strategic plan activities 4. Inclusion of HIV/AIDS/STI in the federal basic health package 	<ol style="list-style-type: none"> 1. Project reports 2. Project and CONASIDA reports 3. CONASIDA annual survey and reports; POLICY annual survey of MCG member organizations 4. CONASIDA reports 	<ol style="list-style-type: none"> 1. Five point increase in APES over baseline results (1998) 2. Two state-level strategic plans; no states adopting new/revised norms; new or revised norms for HIV/AIDS/STI issued by CONASIDA (joint indicator with IMPACT Project) 3. 3% increase 4. (nothing in Year 1) 	<ol style="list-style-type: none"> 1. (1/01) APES % increase: Yucatán: (3.6%) Guerrero (14%) DF (13.6%) Mexico (decline) 2. Strategic plans developed for Guerrero and Yucatán (developed but not adopted) (2001) 3. In both Yucatán and Guerrero the MCGs have had some success in raising funds for activities from private sources and by charging for some workshops
IR1: Popular support for HIV/AIDS/STI policies broadened and strengthened	<ol style="list-style-type: none"> 5. Increased number of civil society organizations represented on inter-institutional policy and planning commissions for HIV/AIDS/STI at the national level and in target states 6. Increased number of civil society organizations that have conducted advocacy activities or campaigns related to HIV/AIDS policy at the national level and in target states 	<ol style="list-style-type: none"> 5. POLICY annual survey of MCG member organizations 6. CONASIDA reports; POLICY annual survey of MCG member organizations 	<ol style="list-style-type: none"> 5. Two new organizations per state 6. One new organization per state 	<ol style="list-style-type: none"> 5. (2001) three MCGs are operating in the states of Yucatán, Mexico, and Guerrero. 6. (2001) <u>Yucatán</u>: Injuvy and Ayuntamiento de Merida <u>Guerrero</u>: ASHOLES is a new participant and hotels have sought training from MCG for their employees <u>Mexico</u>: formation by the MCG of the youth focus group

Description of Result	Indicator	Data Sources	Year 1 Targets	Results identified by the evaluation
IR2: Planning and finance for HIV/AIDS/STI improved	7. Existence of a line item for HIV/AIDS /STI programs in annual budgets of target states 8. Number of policies, plans, and norms improving access to HIV/AIDS/STI services drafted and submitted for approval	7. CENSIDA reports 8. CENSIDA reports; POLICY annual survey of MCG member organizations	7. CENSIDA reports 8. CENSIDA reports; POLICY annual survey of MCG member organizations	No data from evaluation
IR3: Accurate, up-to-date, relevant information informs policy decisions	9. Number of state and national policies/plans that use information produced with support from POLICY 10. Number of organizations that use information produced with support from POLICY for advocacy, policy dialogue, or planning at the state or national level	9. POLICY annual survey of MCG member organizations; project reports 10. POLICY annual survey of MCG member organizations; project reports	9. Three 10. Three	(1999–2001) 9. <u>Yucatán</u> : MCG proposal to the State Congress for changes in the language of the Human Rights law; suggested changes to 4 laws that regulate blood testing and studies of papiloma virus <u>Guerrero</u> : the MCG participated in the revision of the COESIDA program plan <u>Mexico</u> : MCG contributed to revision of Faculty of Medicine curriculum to include updated protocols on HIV/AIDS 10. All 3 MCG-sponsored advocacy activities using project information. Their membership includes the following number of organizations: Yucatán - 4 orgs. Guerrero - 19 orgs. Mexico - 17 orgs.

1.2 Major activities by region

The quantitative results do not reveal the richness of the local experiences and their many variations. While POLICY has followed a fairly similar process in the three states where MCGs have been formed, local factors demanded that the process be applied somewhat differently in each instance. One of the great strengths of the project has been its ability to respond to local needs without losing sight of its ultimate objectives. The evaluators interviewed representatives of the MCGs from the Yucatán and Guerrero and spoke informally with a few participants from the state of Mexico.² The major findings from these interviews are summarized in this section of the report along with an overview of key activities implemented by the MCG with the support of the POLICY Project. More extended analysis of specific experiences can be found in the case studies of Yucatán and Guerrero presented in an appendix of the report.

Yucatán: Before the POLICY Project, there were four NGOs in Yucatán, operating fairly independently. The first cases of AIDS were identified in 1982. During the 1980s there was a general atmosphere of stigma and discrimination against people with HIV/AIDS and their families in Yucatán. By 1985, both NGOs and the university began to address the epidemic more openly. The university began an HIV/AIDS research program and several local artists formed an NGO to develop a food bank and other support for people living with HIV/AIDS. The university established different protocols for detecting HIV in the commercial sex worker and homosexual communities. There was considerable conflict during this time among NGOs and with the church, which was exacerbated by the arrival in 1990 of a conservative archbishop who influenced the governor to deny funding for HIV/AIDS prevention and care by the newly decentralized department of health. The university provided services with private funds and the IMSS (the social security agency) channeled funds and medicines to NGOs to compensate for their inability to provide direct services.

POLICY entered the politically rarified context of Yucatán in 1998 in conjunction with CENSIDA (then called CONASIDA). They convened all the public and private sector health, education, and advocacy groups. Twenty-five people participated in the MCG, but none of them felt comfortable participating as official representatives of their organizations. Unlike the groups in Mexico and Guerrero that coalesced around sponsorship of community outreach and advocacy activities, the MCG in Yucatán began by trying to develop a strategic plan. They were hampered by not being able to identify common objectives and by the fact that the membership was not empowered by their home organizations to be official representatives who could negotiate a plan. They brought in additional outsiders to help them without success, and one group dropped out of the MCG. Some members of the group decided to sponsor a march for life. The march provoked additional conflict with the church because the organizers received help from an order of religious brothers who publicly disregarded the archbishop's mandate against any recognition of

² Deborah Caro and Patricia Ponce conducted the interviews during a project-wide conference in Cuernavaca from October 17–19, 2001. Each group was asked to: 1) describe the situation with regard to HIV/AIDS prior to the project; 2) describe the process they followed with the support of the project; 3) describe the situation today; 4) comment on the most notable changes and successes; and 5) describe their expectations for the future. They were asked to respond to these questions from different perspectives of individuals living with HIV/AIDS, NGOs, and governmental organizations.

HIV/AIDS as a public problem. At the same time, there were disagreements within the MCG over the brochures that promoted the use of condoms. Another NGO left the group and the State Secretary of Health also withdrew from any official role, although the HIV/AIDS program director remained as a participant. The project continued to support the MCG through workshops and technical assistance in strategic planning. The MCG was able to raise money from private sources, including Coca Cola for the support of workshops and they continued their work on the strategic plan. After two years, they had finalized a strategic plan, successfully lobbied the Department of Health to include HIV/AIDS care in the package of basic services, and the governor participated in the second march for life. A compromise was struck on the approval of the plan whereby the Secretary of Health approved each individual element of the plan rather than the plan in its entirety.

Other public and private sector groups that joined the MCG have broadened MCG concerns to include a focus on youth and have facilitated outreach to schools, representation of young people and their perspectives in the MCG, and training of youth promoters.

POLICY was instrumental in steering the MCG through the rough political waters by keeping them focused on the long-term objectives and by responding sensitively to the particular characteristics of the group. The result is the same; the plan is functioning. Some of the key activities sponsored by the MCG are:

- July 1998 – Creation of the MCG under the joint auspices of CENSIDA, POLICY, and Health Services of Yucatán.
- 1998 – 5-day training course for healthcare personnel on human rights, gender, recommended medical protocols and welfare issues (140 participants who paid a small fee and additional contributions from 22 companies).
- 1999 – Support to MCG composed of 25 members for advocacy and dialogue activities, including media coverage and coordination between health sector and civic groups.
- 2000 – Development and presentation of 5-year Strategic Plan to candidates for governor of the state and training course for young adults on sexual and reproductive health and HIV/AIDS.
- 2000–2001 – Massive prevention campaign for the urban transport sector.
- 2001 – Proposal to the Yucatán Human Rights Commission to make changes in the existing law to better protect the rights of people living with HIV/AIDS.
- 1998–2001 – Overall support to the MCG to organize, develop effective advocacy activities, and in strategic planning.

Guerrero: HIV/AIDS prevention activities began in Guerrero in the mid-1980s with a first prevention campaign in 1985 aimed chiefly at commercial sex workers who were the first to contract HIV in the state. For the next 10 years, there were some isolated efforts by individual organizations and limited collection of case statistics but with no analysis of the impact of the epidemic in the state. In 1995, a local NGO, A Group of Friends with HIV (GAVIH) began to coordinate its work with CENSIDA to ascertain how many people were infected with HIV/AIDS and to begin to coordinate efforts at the state level. At about the same time, the State Secretary of Health formed a municipal council to convene meetings on HIV/AIDS. There was virtually no participation from people outside of the state department of health and no real benefits from the

meetings accrued to people living with HIV/AIDS. During 1996 and 1997, a local NGO, ACASIDA, took the lead in coordinating efforts among NGOs working with people afflicted by HIV/AIDS to deter their open attacks on the Department of Health and to channel their efforts in a more positive direction.

POLICY began a series of interviews in Guerrero in 1998. The project conducted a situational analysis that was complemented by information provided by participants in the first organizational workshop. From the beginning of the process, the participants in POLICY-sponsored activities did so in the capacity of representatives of their organizations rather than as independent actors. While this was important in building institutional commitments to the process, it often prevented the MCG from reaching consensus on important issues like a strategic plan. Nevertheless, the MCG in Guerrero was characterized by continuity in institutional membership and a core of particular individuals who served as their representatives. In order to forge a common purpose without melding the identities of the individual groups that comprised the group, the MCG envisioned themselves as a coalition of coordinated efforts and activities with the State Secretary of Health playing a critical coordinating role, especially at the beginning.

One of the most important results of applying the analytical tools provided by the POLICY Project was to marshal information to help justify the Secretary of Health's expenditures on HIV/AIDS prevention and care when the program director wanted to cut funds. The MCG participants stated that the POLICY Project helped them to be much more productive and strategic than they would have been without the project's help. They are now convinced that they would continue to function as a group even without the help of the project, but that they would benefit from the project's support in the future, especially to focus more on changing public policy, laws, and regulations. The major activities of the MCG in Guerrero are:

- A workshop on decentralized and multisectoral strategic planning.
- Organization of the MCGs (CEMPRAVIH) that includes 12 public sector groups, five NGOs, and two media organizations.
- CEMPRAVIH, with support from POLICY, sponsored training and public information sessions for teachers, students, and parents and the media.
- CEMPRAVIH also organized training for medical personnel on HIV/AIDS prevention, updated protocols for detection and recommended treatments.
- Fundraising from the local tourist industry for HIV/AIDS prevention activities and publicity.
- Began work on development of a plan for a statewide HIV/AIDS Program.

State of Mexico: The MCG in the State of Mexico is the only group that was convened originally by the State Secretary of Health with his full support. The group has supported many different activities that range from technical training and update courses for medical personnel to youth activities. Their public outreach and dissemination activities have included a weekly radio program, as well as articles in university publications. The Mexico MCG has included a large number of public and private sector organizations from the beginning. The university medical faculty has been quite active in the group and has provided a credentialing process for people who are trained in HIV/AIDS protocols. A major focus of recent activities has been on involving youth in MCG activities. They formed a youth commission that has been active in sponsoring

concerts and other youth-oriented events. The MCG members interviewed attributed a new dynamism to adolescent involvement in the MCG. The MCG is currently organized in four other commissions, including (1) education; (2) prevention, training, and services; (3) human rights; and (4) management. The major problem encountered in the process was the dominance of people from the medical community in the group. The MCG membership has gradually broadened to include greater representation from other social sectors, advocacy organizations, and other community groups. The other challenge has been centralization of the process in Toluca that has made it difficult for representatives from other parts of the state to participate regularly in the group. The group is experimenting with rotating monthly meetings throughout the state, as well as trying to make the process more dynamic by incorporating additional organizations. The Mexico MCG has not yet developed a strategic plan. The activities that the MCG realized while working with the project:

- Organized the MCG in February–March 2000, composed of 30 people representing 12 public sector organizations and 6 NGOs.
- Since their formation, the MCG has held monthly sessions meeting in different parts of the state in order to permit interested stakeholders from different areas of the state to participate.
- Training activities included courses on human rights and psychological support for people living with HIV/AIDS.
- Condom mobile unit that travels widely throughout the state.
- Development of a group of young adults and supporting activities such as concerts, workshops, and supporting messages aimed at adolescents.
- Updating of curricula on HIV/AIDS for the medical faculty at the university.
- Weekly radio program on sexuality.

Research Question No. 2: What is the appropriate mix of continuing to work in states that have gone through the initial process of workshops, strategic planning, advocacy, and lobbying and initiating activities in new states?

The particular mix of organizational development, advocacy training, strategic planning, and outreach activities appeared to offer all three MCGs the appropriate skills to work effectively as an organization as well as to achieve specific results, as illustrated in the case descriptions above. Despite similarity in the inputs, the process played out differently in each state depending on the local political dynamics, the mix of participant organizations, and local social, economic, and cultural variations. The strength of the project was its capacity to adapt its set of tools and processes to these local differences. The POLICY staff was able to keep focused on its objectives of strengthening the participation and effectiveness of civil society organizations in the face of the challenges of very fluid local contexts. Decentralization of health service delivery and changes in the national political leadership added to the uncertainty of the policy environment.

2.1 What was the level of their problem solving abilities and have they improved over the course of their participation in the project?

The MCGs greatly improved their problem-solving abilities over time. The POLICY Project was able to assist the groups to negotiate conflict, find acceptable processes through which to solidify

common interests, and find the appropriate balance between adopting common goals and maintaining their separate institutional identities. Some groups moved from a stance of direct confrontation to skilled negotiation and political pragmatism. Others, that were loathe to dealing with direct conflict, focused first on activities that enjoyed wide consensus on the part of participating organizations. They have slowly moved toward contending with more controversial issues within the group.

2.2 Where and how were the POLICY tools most useful?

All three MCGs expressed appreciation for training on how to interface with the press. They cited their communications and relations with members of the press corps as very important in building community support and understanding of the issues surrounding HIV/AIDS and for people living with the disease. The press also played an important role in publicizing activities.

Strategic planning was another area that received high praise from all three groups despite different levels of accomplishment in developing and implementing plans. They found that the process itself was applicable to a wide set of activities they engaged in. The project put a lot of emphasis on the planning part of the strategic planning process and less on the monitoring and evaluation functions.

There was also general consensus on the value of the human rights training that the MCGs received. Several groups were able to parlay the training into analyses of the legal and regulatory frameworks that affect their work, as well as to develop and lobby for changes in laws. All three groups stated the need for additional training on how to affect policy change through the legislative process. This is an area where the project could serve as more effective liaison between the MCG, CENSIDA, Departments of Health, and local and national legislative decision makers.

Research Question No. 3: What is the appropriate level of continued support in states that have gone through the initial steps of forming multisectoral committees and strategic planning and when does the support phase end?

The project is in a strong position to provide guidance on the mentoring role of MCGs in other states. The MCGs also expressed their interest in improving their fundraising and development skills. By drawing on and adapting the tools developed by its predecessor projects (RAPID and OPTIONS), POLICY could strengthen the MCGs' capacity to negotiate with and influence high-level decision makers. The MCG would benefit by receiving training on the use of these tools.

Finally, the MCG and the state departments of health would benefit from training and technical support on monitoring and evaluation, with a particular focus on how well the MCGs are achieving their objectives and to what extent their policy objectives affect improvements in prevention, access to and quality of services, address the economic and social needs of people living with HIV/AIDS and their families, and reduce discrimination. The project can provide most of the continued support through regional or national workshops, with some periodic supervision visits to the states. As the program moves into other states, the project staff can limit

its visits to older groups to virtual communication and a few supervisory visits. More hands-on interventions might be required for MCG members that serve as mentors for new groups.

Research Question No. 4. CENSIDA's role is now one of supporting decentralization of health care services. How has POLICY assisted in this process?

Officials at CENSIDA were particularly concerned about increasing transparency and communication with the POLICY Project. Although they praised the accomplishments of the project, they cited numerous instances where lack of routine communication about project activities and occasional problems provoked larger misunderstandings and misconceptions of the project, especially among CENSIDA field staff. POLICY Project staff recognized that sometimes in the flurry of activities they have not kept CENSIDA staff briefed on what they are doing or what is going on at the state level with the MCG. Communication has also been very centralized and informal. The POLICY Director often communicated through informal conversations with the Director of CENSIDA but did not inform other CENSIDA staff members of issues that would have improved collaboration between the project and CENSIDA.

POLICY staff have agreed to routinely provide CENSIDA with a travel schedule, routine short trip reports, and with a monthly summary of their activities. Both CENSIDA and POLICY staff agreed that regular periodic meetings between the project and CENSIDA would also improve communication. CENSIDA requested that POLICY develop a brochure that explains the objectives and services offered by the project so that CENSIDA staff can distribute it to their counterparts in the states. Additionally, POLICY can play a more active role in assisting CENSIDA with presentations to health and other governmental officials. By having a presence in these fora, POLICY will be perceived as less of an exclusive alley of the nongovernmental sector, and more of a partner and bridge builder between civil society organizations and governmental institutions.

Conclusion

Accomplishments

There was general agreement among all of the project's stakeholders that they had made significant contributions to improvements in HIV/AIDS prevention activities and in the quality of services in Mexico by supporting local initiatives. Similarly there was strong praise for the quality and dedication of the POLICY staff. In particular, the clients in the three states interviewed during the evaluation expressed an overwhelmingly positive experience with the project.

The project has support the formation of active MCGs in three states (Guerrero, Mexico, and Yucatán). Project staff also tried to organize a similar group in the D.F. but found that it was difficult to build the same level of commitment and coordination. Instead of supporting the formation of a MCG in the D.F., POLICY helped to develop a local council for HIV/AIDS prevention (CODFSIDA). Toward the end of 2001 POLICY had expanded its work to Campeche, Chiapas, Oaxaca, Quintana Roo, and Veracruz. The MCG in Yucatán will work with

Campeche and Quintana Roo. This represents a new phase in the project whereby older groups provide technical assistance for the formation of new groups. Another innovation is that local groups in the newly participating states are performed by the members of the multisectoral groups rather than by outside consultants.

Challenges

One of the principal challenges of the project was maintaining ongoing communication and coordination with CENSIDA. This was due mostly to the rapid pace of the project and the complexity of coalition-building and advocacy activities in the different states. While the Director of the POLICY Project in Mexico and the Executive Director of CENSIDA maintained fairly constant communication, there was little flow of information between the technical staff of both organizations. Everyone has recognized this as a problem and has agreed to develop communication mechanisms that keep CENSIDA staff apprised of POLICY's work schedule, activities, and results.

The MCGs have been quite effective at overcoming local conflicts and at building coalitions among advocacy groups and first-line service providers. They have not always been as successful at gaining high-level political support, mostly because the type of technical assistance provided by the project has been aimed at grassroots coalition building rather than at influencing powerful decision makers. The notable results of this approach have been: (1) strengthened civil society groups with enhanced advocacy and organizing skills; (2) a better informed public about HIV/AIDS; and (3) improved care and treatment for people living with HIV/AIDS through better use of resources and better coordination of services. What is missing is solid support from state departments of health and from the governors and state legislators. Therefore, the multisectoral plans developed by the MCG and supported by POLICY have not been adopted in any of the three states.

The MCGs from Guerrero, Mexico, and Yucatán all expressed the desire for additional training on fundraising. Some groups have had success at gaining sponsorship for specific activities but not for overall institutional support.

Lessons Learned

- Transparency and communication are key issues. There should be more emphasis on conflict resolution and negotiation skills.
- The project's response to local variation was critical to being able to work in a collegial fashion under a variety of different conditions, but its continued focus on the end goals was important for moving the MCG through periodic conflict and disillusionment.
- Support to civil society organizations should not be in lieu of other support to public sector partners. Parallel strengthening of public sector strategic planning and negotiation skills would make them more collaborative partners.

- Further development of cross-state mentoring must keep in mind time and budgetary constraints, as well as sensitivity to the local circumstances in the newer states that may not be the same as the state from which the mentors come.

Recommendations

- **Better communication with CENSIDA:** CENSIDA expressed the need for a brochure or information packet for CENSIDA staff that provides an accessible description of POLICY's activities. Also, the POLICY Project could greatly improve communication with CENSIDA by providing periodic reports, such as short trip reports, on their activities on an ongoing basis. Communication would also be improved by developing more lateral ties between POLICY and CENSIDA technical staff.
- **Improved incorporation of key policy makers and program implementers:** The multisectoral groups' advocacy activities would be greatly assisted by complementary strategies by the project that are aimed more specifically at top-level decision makers. POLICY should consider training the MCGs on the adaptation and use of some of the decision-making tools that have been developed by FUTURES to influence policymakers, such as those developed under the RAPID and OPTIONS projects.
- **Strengthened strategic planning and follow through:** Cross-state technical assistance is an excellent innovation that should be supported with resources and additional assistance from the project. Additional support to older MCGs should include support for additional coalition building across sectors, especially with education, employers, and with the media. Additionally, the project should respond to MCG requests for training in resource development and fundraising. Finally, as a further development of MCG skills in strategic planning, a focus on monitoring and evaluation would enhance the groups' abilities to track changes over time and to better evaluate their own effectiveness.
- **Better measurement of program impact:** In the future, the Mission might think about supporting a comparative assessment of states where CENSIDA has worked with the policy Project and those that have worked independently, such as Jalisco, to assess the impact of the program. The program, in conjunction with CENSIDA and the MCGs should agree on a set of indicators that link the processes of advocacy, coalition building, strategic planning, and information dissemination to improvements in access to and the quality of services.
- **Strengthening of state departments of health:** In collaboration with CENSIDA, POLICY could strengthen the participation of state departments of health as an active partner in the MCGs by working with them separately, but in a coordinated fashion, on strategic planning, development of self-assessment tools, and community outreach.
- **Increased focus on gender and adolescent issues:** This process began at the project-wide meeting in Cuernavaca in October 2001. All MCG representatives voiced their interest in pursuing these lines of analysis to a greater extent, especially in light of the changing character of the epidemic in Mexico and the importance of looking at power relationships within the context of sexuality and HIV/AIDS/STI transmission.

Appendix 1. Description of Work

The consultant will provide technical assistance to the POLICY II Project as follows:

Evaluate POLICY's multisectoral participatory strategic planning program in Mexico, covering the period from 1998–2001. Specifically, the consultant will:

- Design an evaluation plan, working in consultation with the Mexico country manager and Mexico-based staff, and the Mexican consultant who will form the other half of the evaluation team.
- Review existing background materials about POLICY's activities in Mexico, including the project's internal evaluation of its participation component, conducted in 2000.
- Conduct a series of focus group discussions with representatives from the three current multisectoral groups in Mexico, during a workshop in Mexico City on October 18–19, as well as interviews with USAID and CENSIDA leadership in Mexico City.
- Develop interview protocols, in conjunction with the local consultant, to guide the key informant interviews (which will be conducted by the local consultant).
- Lead the analysis of the interview and focus group data.
- Prepare a report that evaluates the results of POLICY's activities in Mexico compared to its objectives and makes recommendations about modifications to the methodology and program for application in future states.

Appendix 2. Summary of Interviews from Yucatán and Guerrero

2.1 Yucatán Case Study

History prior to project: Before the POLICY Project, there were four NGOs in Yucatán, operating fairly independently. The first cases of AIDS were identified in 1982. During the 1980s there was a general atmosphere of stigma and discrimination against people with HIV/AIDS and their families in Yucatán.

By 1985, both NGOs and the university began to address the epidemic more openly. The university began an HIV/AIDS research program and several local artists formed an NGO to develop a food bank and other support for people living with HIV/AIDS. The university developed different protocols for detecting HIV in the commercial sex worker and homosexual communities.

There was considerable conflict during this time among NGOs and with the church which was exacerbated by the arrival of a conservative archbishop who influenced the governor to deny funding for HIV/AIDS prevention and care by the newly decentralized department of health. The university provided services with private funds and the IMSS (the social security agency) channeled funds and medicines to NGOs to compensate for their inability to provide direct services.

POLICY's involvement and MCG activities: The POLICY Project entered the politically rarified context of Yucatán in July 1998, in conjunction with CENSIDA (then called CONASIDA). They convened all the public and private sector health, education, and advocacy groups. Twenty-five people participated in the MCG, but none of them felt comfortable participating as official representatives of their organizations.

Unlike the groups in Mexico and Guerrero that coalesced around sponsorship of community outreach and advocacy activities, the MCG in Yucatán began by trying to develop a strategic plan. They were hampered by not being able to identify common objectives and by the fact that the membership was not empowered by their home organizations to be representatives who could negotiate a plan. They brought in additional outsiders to help them without success, and one group dropped out of the MCG. Some members of the group decided to sponsor a march for life. The march provoked additional conflict with the church because the organizers received help from an order of religious brothers who publicly disregarded the archbishop's mandate against any recognition of HIV/AIDS as a public problem. At the same time, there were disagreements within the MCG over the brochures that promoted the use of condoms. Another NGO left the group and the State Secretary of Health also withdrew from any official role, although the HIV/AIDS program director remained as a participant.

In addition, the University of California at Los Angeles conducted a technical update workshop for health workers. Although there were no official services at the time, the training supported specialized services. The project continued to support the MCG through workshops and technical assistance in strategic planning offered through NGOs.

By December 1999 the MCG, with the help of POLICY, had developed a strategic plan, but political resistance to the plan led the MCG to seek other ways to implement the actions covered under the plan. By March 2000, they had won approval by the Secretary of Health to establish a clinic to provide specialized HIV/AIDS services. The Secretary of Health also approved inclusion of HIV/AIDS prevention and treatment in the basic package of health services. In October 2000 the Secretary of Health presented the governor with the strategic plan developed by the MCG and recommended its adoption. Although the plan was not officially adopted, the Secretary of Health was able to implement the elements of the plan. The need for technical input into both basic and specialized services and for an entity to act as an intermediary between the state government and the MCG convinced the governor to reestablish a COESIDA in Yucatán. COESIDA now acts as the official convener of the MCG, which allows for official government participation.

Impact: The major accomplishments of the MCG were to establish and fund with state and federal funds an HIV/AIDS clinic; to integrate HIV/AIDS prevention and treatment into the basic package of health services; to implement the objectives of the strategic plan; and to establish COESIDA as the liaison between the MCG and the government. In addition, the MCG was able to raise money from private sources, including Coca Cola for the support of workshops and they continued their work on the strategic plan. POLICY was instrumental in steering the MCG through the rough political waters by keeping them focused on the long-term objectives and by responding sensitively to the particular characteristics of the group.

According to a self-assessment by the Yucatán MCG, their major accomplishments have been:

- Development of clear objectives and a shared identity, vision, and mission by a committed group of diverse participants.
- Increased knowledge and sensitivity about HIV/AIDS among the general population and greater knowledge and training of health and social services personnel.
- An increased and more informed media coverage of HIV/AIDS issues and an ongoing commitment to air radio programs and public service announcements.
- Better coordination between private and public sector organizations that work on HIV/AIDS prevention and care, as well as better integration across social services.
- Establishment of a COESIDA and the willingness of the State Secretary of Health to coordinate activities with COESIDA.
- Appointment by the governor of the State of Yucatán of a human rights ombudsman.
- Incorporation of groups that focus on youth into the MCG.
- Private sector financing for some MCG outreach activities.

The challenges that lie ahead include the need to address persistent negative attitudes and active stigmatization of people living with HIV/AIDS, as well as to improve the quality of services through training and supervision of healthcare personnel.

2.2 Guerrero Case Study

History prior to project: HIV/AIDS prevention activities began in Guerrero in the mid-1980s with a first prevention campaign in 1985 aimed chiefly at commercial sex workers who were the first to contract HIV in the state. This gave the wider public the impression that HIV/AIDS was principally a problem of commercial sex workers and therefore not of significant concern. A local NGO provided a hostel for people who were afflicted with AIDS. For the next 10 years, there were some isolated efforts by individual organizations and limited collection of case statistics but no analysis of the impact of the epidemic in the state.

In 1995, a local NGO, GAVIH (A Group of Friends with HIV) began to coordinate its work with CONASIDA to ascertain how many people were infected with HIV/AIDS and to begin to coordinate efforts at the state level. At about the same time, the State Secretary of Health formed a municipal council in Acapulco to convene meetings on HIV/AIDS. There was virtually no participation from people outside of the state department of health, and no real benefits accrued to people living with HIV/AIDS from the meetings. During 1996 and 1997, a local NGO, ACASIDA, took the lead in coordinating efforts among NGOS working with people afflicted by HIV/AIDS to deter their open attacks on the Department of Health and to channel their efforts in a more positive direction.

POLICY's involvement and MCG activities: POLICY began a series of interviews in Guerrero in 1998. The project conducted a situational analysis that was complemented by information provided by participants in the first organizational workshop. They collaborated with a representative from the State Secretariat of Health to coordinate with other organizations to conduct a situational analysis of the state. Up until that point, there was very little local awareness of the magnitude of the problem. They conducted a survey as part of the situational analysis and presented the results to the newly formed MCG (CEMPRAVIH), but the real analysis took place when the group examined the implications of the findings. They realized the critical importance of obtaining appropriate drugs, the need for outreach, and for attention to human rights concerns.

From the beginning of the process, the participants in POLICY-sponsored activities did so in the capacity of representatives of their organizations rather than as independent actors. This was very important in building institutional commitments to the process but often prevented the MCG from reaching consensus on important issues like a strategic plan. Nevertheless, the MCG in Guerrero was characterized by continuity in institutional membership and particular individuals who served as their representatives. In order to forge a common purpose without melding the identities of the individual groups that comprised the group, the MCG envisioned themselves as a coalition of coordinated efforts and activities with the State Secretary of Health playing a critical coordinating role, especially at the beginning.

Impact: One of the most important results of applying the analytical tools provided by the POLICY Project was to marshal information to help justify the Secretary of Health's expenditures on HIV/AIDS prevention and care when the program director wanted to cut funds. POLICY-sponsored studies demonstrated the impact of investment in training of personnel both in terms of increased knowledge and improvements in quality of care for clients. The MCG

participants stated that the POLICY Project helped them to be much more productive and strategic than they would have been without the project's help. They are now convinced that they would continue to function as a group even without the help of the project, but that would benefit from the project's support in the future, especially to focus more on changing public policy, laws, and regulations.

Some of the principal achievements of the MCG include financing for the HIV/AIDS in the municipal health services; a strong and productive relationship with CENSIDA; and excellent outreach to schools and educators. In addition, CEMPRAVIH was able to:

- Form internal working committees.
- Engage NGO and governmental organizations in an expanded dialogue about HIV/AIDS and to strengthen coordination of their different actions.
- Sponsor and participate in coordinated activities on sexual education, HIV/AIDS prevention, technical training, and mass media campaigns.
- Incorporate representatives of the Secretariats of Women and of Youth into the MCG.

The challenges include finishing the strategic plan; expanding participation in the MCG and publicizing its activities; expanding access to drugs to people with limited resources; and including legislators in the MCG.

Appendix 3. List of Contacts

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Mary Kincaid, Mexico Program Country Manager, POLICY, FUTURES
Carlos Mendez Benevides, Presidente de Oasis de San Juan de Dios, A.C.
Dra. Maria Luisa Mendez Sanchez, Responsable Estatal del Programa de Prevención y Control de VIH/SIDA e ITS de Guerrero
Lic. T.S. Rosa Santiago Paloalto, Presidente de GAVIH (Grupo de Amigos Con VIH, A.C.), Guerrero
Patricia Ponce, Anthropologist/Evaluation Consultant, FUTURES
Dr. Jorge Saavedra, Director General Adjunto de Innovación de Sistemas (de la Dirección General de Equidad y Desarrollo en Salud de la Secretaría de Salud)
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Dr. Hideyo Noguch, Universidad Autónoma de Yucatán
Dra. Patricia Uribe, Directora Ejecutiva, CENSIDA

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