HIV and AIDS response program, Mongolia

Australian Red Cross began work in partnership with Mongolian Red Cross on initiatives to address the HIV and AIDS epidemic in 2000. Photo: Australian Red Cross.

Background

The impact of the HIV and AIDS pandemic in Mongolia has so far been relatively low, compared to other Asian countries. As of 2009, a total of 94 cases of HIV infection had been recorded in a population of just over 3 million. As in other countries, it is expected that the actual number of cases is considerably higher. Within Mongolian society, there are several factors which mean that the spread of the epidemic could easily escalate.

These include a low level of knowledge across the population as a whole about the means and risks of HIV transmission; significant prevalence of sexually transmitted infections (STIs); the existence of a significant commercial sex work sector, with most sex workers lacking knowledge of prevention measures, or feeling unable to ensure them; a high level of marginalisation and stigmatisation of the MSM (men who have sex with men) population, amongst whom most cases of HIV and AIDS in Mongolia have so far occurred.

Australian Red Cross began work in partnership with Mongolian Red Cross on initiatives to address the HIV and AIDS epidemic in 2000. The HIV and AIDS Response Program (HARP) was launched in June 2008, to scale up this response, within the Global Alliance Framework, and also in alignment with Mongolia’s national five-year strategic plan on HIV.

The project aimed to reduce the incidence of deaths and illness from HIV and AIDS, specifically through:

- decreasing the stigma and discrimination suffered by people living with HIV, and those belonging to high-risk groups
- increasing the incidence of safer sex practices among high-risk groups and the population as a whole.

This was to be done through strengthening the capacity of Mongolian Red Cross both at central level and through its mid-level branches to implement effective HIV and AIDS activities.

Project design

The HARP initiative built on some standard methods which have proven to be effective in other situations, particularly the use of peer educators among high-risk groups. It also made some important innovations in the Mongolian context, especially:

- Targeting journalists for education and consciousness-raising, as a key strategy to improve knowledge and decrease stigma across the community as a whole.
- Identification of single mothers as a distinct at-risk group, and development of strategies to target them specifically.
- Working through community-based organisations (CBOs) which had existing strong networks among the high-risk groups, as well as through the structure of Mongolian Red Cross itself.
Evaluation methodology

The final evaluation of the project was conducted over three months concluding in August 2011, with in-country work over two weeks from 20 June. The focus of the evaluation was on partner performance and project outcomes.

Methodology

Stages of the evaluation included:

- Document review, encompassing all regular project reports; the report of the May 2010 mid-term review; and the baseline survey conducted in 2008.
- Distribution of questionnaires to beneficiaries, measuring knowledge and behaviour change against the results of the original baseline survey.
- Through this, all pertinent quantitative information was readily available.
- Direct interviews and focus group discussions, including Mongolian Red Cross at national and branch level; other donor programmes in-country; beneficiaries; and local ‘opinion leaders’, including government figures and technical bureaus, and local police.

Interviews were conducted in the capital, Ulaanbaatar, at both central and community level; and in the two provinces (aimags) of Dornod and Arkhangai, respectively in the far-east and the centre of the country.

Only a small number of direct beneficiaries could be interviewed in the end, but as there was extensive individual and FGD discussion with peer educators, all of whom were drawn from the risk groups, and staff of the CBOs which have long and close working relationships with them, the review team felt the qualitative information obtained was sufficiently reliable. Due to time constraints, it was only possible to have the survey questionnaires completed by beneficiaries in Ulaanbaatar, so results have a possible bias towards urban respondents.

Key findings of the evaluation

Results of both document survey and interviews show real success in achievement of the project objectives; in terms of changed behaviours and attitudes among the primary target groups. In purely numeric terms, of the 39 indicators included in the design, 32 were measurable in the evaluation, and of these, 22 were rated as fully achieved, and a further five partially achieved1. Quantifying the impact on the ultimate incidence of HIV and AIDS in the target groups and the broader population was beyond the scope of this exercise; however, what is probably most important and encouraging to note is that there appeared to be real qualitative change in both behaviour and attitude among most of those who had been targeted by the project, of a kind which is likely to substantially reduce risk of HIV transmission, and ensure better treatment for people living with HIV (PLHIV).

Also important to note is that these changes were achieved in an unusually difficult operating environment, where strong stigma has been attached both to HIV and AIDS, and to most of the high-risk groups, particularly female sex workers (FSW) and MSM. Discussions with peer educators indicated notable shifts in awareness, but also in self-esteem, and the ability of MSM, FSW and single mothers to provide each other with support. This has the potential to serve as the foundation for longer-term change and decreased vulnerability to infection, as the capacity within target groups to share knowledge and reinforce safer sex practice increases.

Results by group

Men who have sex with men

MSM are currently the single most at-risk group in Mongolia. Of HIV infections recorded in 2008, 68 percent had occurred through male-to-male sexual transmission. Both the group themselves, and government and other stakeholders stated that the MSM population was highly invisible, and consistently subject to discrimination and stigma; and that this is even more so outside of the capital city.

Notes:

1. Noting that the indicators were a mixture of outcome and output and included qualitative measures around knowledge and behavior change.

Photos: Australian Red Cross/ Tanya Cugura.
Outreach to the MSM community was conducted mainly by Youth for Health, a CBO which also targeted female sex workers. Peer educators were trained, and a drop-in centre established. 600 MSM made use of the centre over the project’s lifetime. Interestingly, reported rates of condom use among MSM surveyed by questionnaire had not risen from the 2008 baseline of 80 percent; though it should be noted that this is a higher rate than among MSM populations elsewhere in Asia. Respondents also expressed strong appreciation for the drop-in centre as a safe space, which facilitated passing on of safer sex messages.

Female sex workers
This group was also targeted through peer education programs, with all educators having themselves worked as sex workers in the past, and through drop-in centres run directly by Mongolian Red Cross and CBOs. The education model used focussed not only on safer sex practices, but also on how women could protect themselves in violent or threatening situations, and tactics to negotiate condom use with clients.

As well as reporting increased levels of safer sex practice, the peer educators said there was a change in women’s confidence and assertion, particularly in accessing health testing services, and in relations with their families. Reducing alcohol consumption was one strategy taught for reducing vulnerability; and positive changes in the behaviour of women attending the drop-in centre were observed in this area over the project’s lifetime.

Single mothers
Inclusion of this population was because of their perceived higher vulnerability, as being more likely to have a number of different sex partners, and particularly, undertake either occasional paid sex work, or other transactional sex as a necessity for survival. They were more likely than average to be unemployed, and to have little or no knowledge about HIV transmission. Single mothers were also targeted through a peer educator program, and peer support groups established. Education around HIV and AIDS was complemented with livelihoods skills training, and a key function of the groups was to ensure better peer social support than the women had previously had access to.

Women interviewed reported strong satisfaction with the knowledge and skills they had acquired, and particularly that they had gained the confidence to talk openly to their sex partners and to other women about safer sex practices. Rates of increased knowledge about HIV transmission and safer sex practice varied according to location, but between 70 and 95 per cent of those targeted showing increased knowledge by the end of the program.

For example, one peer educator’s story recorded clearly demonstrates the effect of the program in breaking down isolation and raising confidence.

Young people
Results among young people were more difficult to track, given the size and diversity of the target population, ranging from 17 to 30 years of age. There were difficulties of attribution, as it seemed young people were exposed to a larger variety of information sources on HIV and AIDS, including electronic media; information
through schools; educational institutions; and elsewhere. Peer educators also reported a greater degree of difficulty in getting participation in HIV information activities.

Peer educators’ experience with this group also showed up some of the deficiencies in message targeting. Counselling for abstinence was not considered useful; also, when talking about exercising greater caution outside of ‘long term faithful relationships’, they found that young people might well consider a six-month relationship as ‘long-term’. Central messages need to be fine-tuned to decrease risk.

As with the three other target groups, young people who were recruited as peer educators reported high satisfaction with their work and its effectiveness, and the knowledge and skills they had gained.

Reducing stigma through working with journalists

A total of 246 journalists working in print media, television and internet were successfully targeted by the program, specifically to improve media coverage by reducing sensationalist stories likely to increase discrimination and maintain confusion about the causes of AIDS and transmission of HIV. Final results in media stories run during the project lifetime were mixed, partly due to one high-profile case in Mongolia of a blood donor being found to be HIV-positive. However, focus group discussions among journalists who had participated showed significant change in knowledge and attitude for the better, and a greater preparedness to present stories based on fact, and to include the voices of people living with HIV, and of those in high-risk groups.

Conclusion

HARP’s most important achievement has been in laying a basic foundation for the on-going response to HIV in Mongolia. The program has broken important new ground in not only demonstrably increasing the capacity of Mongolian Red Cross and its branches, but in establishing a peer education model which can effectively reach high-risk groups and effect real knowledge and behaviour change there. Mongolian Red Cross’ own knowledge and capacity to implement promotional and educational activities around HIV has increased, as has its ability to work through CBO partners and to use non-traditional models of community education. The community development which has taken place within high-risk groups is a very distinctive and important achievement, and it is hoped that this can be built on further.