Foundation He + HIV (FHH)
Caring for HIV-positive MSM with education, counselling and other support in Paramaribo, Suriname

Overview

In October 2013, Foundation He + HIV (FHH) began using a small CVC/COIN Mini-grant of US$14,650 to scale up, strengthen and augment its offer of information, counselling and other support to HIV-positive (HIV+) MSM[1] and their families and friends in Paramaribo, the largest city (pop. 240,000) and national capital of Suriname (pop. 541,000). In October 2014, it began using a second CVC/COIN Mini-grant to carry on with these efforts for another year.

With two years of CVC/COIN financing, FHH was able to double its core clientele ─ HIV+ MSM who regularly visit the Foundation's offices, receive its home visits or participate in its events ─ from 20 to 40 and it was able to lower their age range from 25 to 18 on up. It was able to train and deploy five new peer educators to reach out to hundreds of MSM in the bars and other venues where they are known to congregate. In addition, it was able to host or participate in a range of meetings, workshops, social gatherings and other events where it reached HIV+ and other MSM, their partners, families, friends, health and social care providers, community leaders and the general public with HIV-and-MSM-related messages.

FHH is working in a small city in a small country where MSM sexual activity is not illegal but is widely disapproved and where there is little human rights protection for sexual minorities. It all adds up to many HIV+ MSM being unwilling to admit they are either HIV+ or MSM. While FHH has made good progress with its two CVC/COIN Mini-grants, it will need further commitment from partners and donors if it is to sustain, strengthen and scale up its efforts and continue making important contributions to Suriname's multi-sectoral response to HIV and AIDS.

About Foundation He + HIV (FHH)

History

Marten Colom is the founding Chair of FHH. In an interview, he said he was previously the Coordinator of the Suriname Mamio Namen Project (2007-2010) funded by a Dutch foundation called Schorer. The SMNP offered care and support to all people living with HIV (PLWH) regardless of their gender, sexual self-identity or sexual activities. Concerned that few self-identified MSM were taking up the offer, SMNP conducted a survey which found there was a wide gap between when MSM learned they were HIV-positive (HIV+) and when they first sought medical treatment and psycho-social care.

In light of the SMNP experience, Marten and four of his friends decided to found FHH on October 15th 2009. They achieved registration of FHH as a non-profit civil society organization (CSO) on April 7th 2010 and held the official launch on March 5th 2010. They now celebrate their anniversary every March 5th.

Partners and donors

In August 2011, FHH became one of three civil society organizations to found the **LGBT Platform.** The others were the country's foremost MSM organization, **Suriname Men United (SMU)**, and

[1] In this paper, the term "men who have sex with men (MSM)" refers all biological males who have sex with other males. That is it includes people who self-identify as gay, bisexual, transgender women, and transvestite and also men who do not self-identify as such and may consider themselves heterosexual but still sometimes or often have sex with other men.

the country's foremost WSW organization, **Women'S Way (WSW) Foundation**. The original three were soon joined by **Proud 2 Be**, a social media initiative with a Facebook page. The LGBT Platform's aim is to create a friendly social and human rights environment for LGBT in Suriname. It organized Suriname's first Coming Out Week, held in October 2011, and has been organizing the Coming Out Weeks held every October since.

FHH's other national partners include:

- **Suriname's Ministry of Health.** The Ministry administers the National Strategic Plan (NSP) for a multi-sectoral response to HIV and AIDS and it provides core funding for key partners, including FHH. The Ministry also supports the Foundation for Scientific Research Suriname and an associated Centre of Excellence that have supported research projects in which the LGBT Platform and FHH have participated.
- **Lobi Planned Parenthood Association.** Founded in 1968, Lobi Planned Parenthood Association is now guided by resolutions adopted by the UN's 1994 Cairo International Conference on Population and Development (ICPD). That is, it takes a comprehensive and integrated approach to sexual and reproductive health and rights (SRHR), family planning, STIs, HIV and AIDS, human sexuality, and gender relations. In their role as sub-recipient of a Global Fund grant to Suriname, Lobi provided support to the LGBT Platform and FHH when it commissioned an assessment of the health-related needs of MSM in Suriname.[2]

FHH's international and regional partners and donors include:

- **Schorer.** Jacob Schorer (1886-1957) was a pioneer in the gay liberation movement in the Netherlands. On the 10th anniversary of his death, a group of gay activists honoured him by naming a new foundation after him. In 1968, it opened the world's first health clinic for gay men, in Amsterdam. In the early 1980s, the clinic became a global pioneer in the delivery of HIV prevention, counselling, treatment and care to MSM. FHH was born out of the Schorer-financed Suriname Mamio Namen Project (2007-2010). Though the Schorer foundation ceased to exist in 2012, it remains an inspiration to the LGBT Platform and FHH.
- **PAHO.** In 2010-2011, the Pan American Health Organization (PAHO) supported a behavioural and serological survey (BSS) among MSM in Suriname and enriched the base of evidence for action by the LGBT Platform and FHH.[3]
- **amfAR.** In 2011, The Foundation for AIDS Research (amfAR) gave FHH a grant of US$9,963 to help it establish services supporting the wellness of HIV+ MSM.
- **Embassy of the Netherlands.** In 2011, the Embassy of the Netherlands provided a small grant to finance the work of the LGBT Platform, including FHH.
- **PEPFAR.** In 2012, a small grant from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) provided FHH with additional support.

[2] Zäire von Ankel and Tieneke Sumter (2014). Public Awareness and Acceptance, Special Confidential (Health) Services, HIV Knowledge, Multiple Condom Distribution Points and Other Needs: Draft report of an assessment of needs of MSM and transgender in Suriname. Paramaribo: Den Bron Centrum voor Leren en Ontwikkeling.

[3] Heemskerk, M. (2011). An HIV seroprevalence and behavioural survey among Men who have Sex with Men in Suriname. Paramaribo: Pan American Health Organization.

- **CVC/COIN.** Since 2013, the two Mini-grants provided by the CVC/COIN Vulnerabilised Groups Project have been FHH's main sources of financing over and above the core financing it gets from the Ministry of Health.
- **Aides Guyana.** Suriname's neighbouring country, French Guiana, is a French Department equivalent to Departments within France's European boundaries. Aides Guyana is a chapter of AIDES, the preeminent civil society organization responding to HIV and AIDS in France. With backing from the French government and the European Union as well as from other donors, Aides Guyana is able to offer a range of services to HIV+ MSM that FHH would love to be able to offer. Meanwhile, it supports FHH by serving as an inspiration and by exchanging visits, information and advice.

The organization and its activities and services

FHH's website (www.foundationheandhiv.org) provides information about its vision, mission, goals and Board of Directors and outlines its areas of activity and services. Put in other words, FHH offers:

- **Information, advice and counselling to HIV+ MSM.** It provides these services one-on-one to people who drop into its office and its staff and volunteers also visit clients in their homes and hospitals.
- **Information, advice and guidance to partners, families, friends and other carers of HIV+ MSM.** It does this mainly through talks and discussions in small groups and during fairs and other events.
- **Capacity-building weekends for HIV+ MSM.** These provide opportunities to establish and sustain peer support networks. They aim to build self-esteem and self-confidence so HIV+ MSM are better able to take constructive approaches to their own health and well-being.
- **Training and other workshops for HIV+ MSM**, including training of peer educators.
- **Training for Health Care Workers and the wider public,** to provide them information on MSM's health and related issues.
- **Outreach to MSM in bars and other venues**, including peer education that emphasizes the importance of regular HIV counselling and testing for sexually active MSM, early diagnosis and treatment, adherence to treatment regimes, correct and consistent use of condoms and water-based lubricants, availability of counselling and other services through FHH and health care providers.
- **Recreational activities** including events associated with the Coming Out Week. These encourage HIV+ and other MSM to take pride in themselves and enjoy their sexuality but also serve as opportunities for HIV-related education.
- **Advocacy** mainly in collaboration with Suriname Men United (SMU), Women'S Way (WSW) and Proud 2 Be through the LGBT Platform. The Platform is also a vehicle for collaboration on recreational activities and outreach, including the distribution of condoms and water-based lubricants.

FHH's website outlines the national, regional and international networks through which it collaborates with many other organizations, including the Global Network of People Living with HIV (GNP+) and the Caribbean Network of People Living with HIV (CRN+).

About Suriname, its MSM and HIV

History and demography

In 1593, Spanish explorers named Suriname after the Amerindian Surinen people they found living there at the time. After several Spanish, Dutch, British and French attempts to establish colonial settlements, the British succeeded and claimed it as their colonial territory in 1651. The British ceded the territory to the Netherlands in 1667 and, under Dutch rule, it was known as Dutch Guiana. There were brief periods of British re-possession but it was mostly a Dutch colony until 1975, when it achieved full independence under its Spanish-given name, Suriname.

From 1975 to 1980, a third of all Surinamese people left the country, mostly to resettle in the Netherlands; from 1980 to 1992, Suriname experienced three military coups and guerrilla warfare until a peace accord restored civilian rule and democratic elections.

Suriname is the only Dutch speaking country in South America. It shares its boarders with Guyana, French Guiana and Brazil ─ the only English, French and Portuguese speaking countries in South America. Like Guyana, it has strong historical, cultural and political ties to the English and Dutch speaking island nations and territories of the Caribbean.

The 2012 census found Suriname had a population of 541,000 people and 240,000 (44 percent) lived in Paramaribo, the country's largest city and national capital. By ethnic heritage, the people were 27.4 percent East Indian, 21.7 percent Maroon, 15.7 percent Creole, 13.7 percent Javanese, 13.4 percent Mixed, 3.7 percent Amerindian, 1.8 percent Chinese, 0.5 White, and 8.2 percent Other or Unknown.

Suriname's Amerindians belong to several different groups (e.g., Arawak, Kalina, Tiriyó and Wayana). Its Maroons are descendants of escaped or freed African slaves (brought in by the British and Dutch before the Netherlands abolished slavery in 1863) who moved inland to get away from colonial settlements. The country's Creoles are also descendants of African slaves but ones who remained on the coast and, by now, are usually of mixed ancestry. Its East Indians and Javanese are descendants of indentured labourers from India and what is now Indonesia, brought in by the British and Dutch after slavery was abolished. Among the "Other" are many migrant workers from Brazil.

Economy and inequality

Suriname's main industry is mining. Gold, oil and aluminium account for 85 percent of its exports and this means its economy is highly vulnerable to fluctuations in world demand for and price of those three commodities alone. The World Bank classifies Suriname as an upper-middle income country. It estimates the country's Gross National Income (GNI) per capita to be the equivalent of US$9,950 (2014) or US$17,040 in terms of purchasing power parity.[4]

The UNDP's Human Development Report 2015 ranks Suriname 103rd of 188 countries based on its Human Development Index (HDI) score, and 23rd of 33 countries in Latin America and the Caribbean. Guyana's HDI score is 0.714 and this compares to Norway's highest ranking HDI score of 0.944. Suriname's Inequality-adjusted HDI (IHDI) score is only 0.543. Its IHCI is so much lower because it scores 0.680 on inequality of life expectancy, 0.492 on inequality of education and 0.478 on inequality of income.[5] In other words, some Surinamese are rich or comfortably well

[4] Accessed at http://data.worldbank.org/country/suriname on 29 January 2016.
[5] UNDP (2015). Human Development Report 2015. New York, United Nations Human Development Programme.

off but many are poor and do not have access to the best of health care, education, job training and employment opportunities.

Illegal activity and human rights violations

The Human Development Report 2015 estimates that 4.1 percent of Suriname's children (5 to 14 years old) are engaged in child labour. The CIA's World Factbook and the US Department of States' 2014 Suriname report on human rights violations speak of: corruption and lack of transparency in government, self-censorship by the media owing to violence and harassment directed against them, extrajudicial killings, poor prison conditions, trafficking of adults and children into labour and sex work, and transhipment of drugs. They also speak of lack of women in government and of sexual and other forms of violence, harassment and discrimination against women, girls and sexual minorities not so much due to the absence of laws as to failure to report illegal abuse and failure to enforce laws.[6] At root of these failures are prevailing social attitudes that do not favour recognition and respect for the human rights of women, girls and sexual minorities.

Of particular interest here is that Suriname has had no laws against same-sex sexual activity since 1869. While the age of consent for such activity is higher (18) than for heterosexual activity (16), there have been no known prosecutions based on that difference. Suriname forbids discrimination against the employment of transgender women in government jobs and thus, can give the impression of being comparatively progressive. However, it has no other laws that guarantee all LGBT people have equal rights in such matters as employment or access to education, health and social services.

Suriname having such a small population, Amnesty International, Human Rights Watch and other international human rights organizations have paid little attention to human rights violations against MSM and other LBTI in the country. Monitoring human rights violations against LGBT people in Suriname and advocating for official recognition and widespread respect of their human rights is left largely to the LGBT Platform and its members, including FHH.

The LGBT Platform organized the country's first Coming Out Week and during that week, on October 11th 2011, LGBT people held their first human rights march. The march was in response to a widely publicized statement by a Member of Parliament, Ronny Asabina, which called homosexuality a disease that should be eradicated. His statement echoed attitudes expressed by other prominent figures in Surinamese society.

In December 2014, Akahatá (a South American human rights organization) and the Heartland Alliance (an anti-poverty and human rights organization based in the American Midwest) joined the LGBT Platform in making a submission to the UN Human Rights Committee's Working Group on Suriname. It referred to MP Ronny Asabina's statement as an example of the hate speech commonly tolerated in Suriname. It said the country's Constitution forbids discrimination against people of any status but, despite the Constitution, "LGBTI persons still face social discrimination, violence and stigmatization in all spheres of their lives on a daily basis. The lack of specific legislation and public policies to guarantee the enjoyment of their rights and the position adopted by some members of the Government against homosexuality perpetuate homophobia, lesbophobia and transphobia in Suriname society."[7]

[6] Accessed at www.cia.gov/library/publications/the-world-factbook and www.state.gov/p/wha/ci/ns/ on 29 January 2016.
[7] LGBT Platform Suriname et al (2014). Human Rights Situation for LGBTI Persons and Sexual Rights in the Republic of Suriname.

HIV among MSM in Suriname

Suriname's 2015 country progress report to the Joint United Nations Programme on HIV/AIDS (UNAIDS) says the estimated HIV prevalence among adults 15 to 49 years old declined from1.3 percent in 1996 to 0.9 percent in 2013. The annual number of newly diagnosed cases peaked at 781 in 2006 and then declined to roughly 500 in 2013. Based on a 2012 survey, HIV prevalence was 5.8 percent among sex workers. Based on HIV-testing, HIV prevalence was 6.7 percent among MSM in 2005; based on self-reporting, it was 5.4 percent among MSM in 2014.[8] (As explained later, evidence suggests this is probably an under-estimation.)

In 2010, PAHO and the Ministry of Health commissioned an exercise estimating there were 1317 MSM living in Paramaribo by taking the middle of estimates ranging from 740 to 1894.[9] They also commissioned a behavioural and serological survey (BSS) yielding an estimate that HIV prevalence among MSM was 9.2 percent. PAHO and the Ministry deemed this estimate to be unreliable due to insufficient sample size and refusal to be tested by 20 percent of the MSM asked. While that was so, they deemed the behavioural findings to be indicative. These findings included that HIV education had increased MSM's knowledge about HIV transmission and prevention but had not changed their behaviour. Despite their knowledge, they were still were not using condoms consistently or getting tested for HIV.[10]

In 2014, consultants financed by a Global Fund grant to Suriname conducted a new behavioural and serological survey (BSS) and needs assessment among MSM and transgender women. Its findings were the source of the Ministry of Health's estimate that, based on self-reporting, HIV prevalence was 5.4 percent among MSM.[11] With the help of staff and volunteers from SMU and FHH, this survey used the snowballing method (where each respondent is asked to recruit others) to cover 208 self-identified MSM in Paramaribo and nearby communities. Among the findings were:

- The 2008 respondents ranged in age from 15 to 65 but two-thirds were from 20 to 35; in order from most to least they described themselves as Mixed, Creole, East Indian, Javanese, Maroon, Brazilian, or Amerindian; 57.2% had not completed secondary school.
- Asked to describe their sexuality, 57.1% said gay, 29.1% bisexual, 8.9% transgender or transvestite, 4.4% heterosexual despite saying they sometimes engaged in same-sex sexual activity.
- Of the 208, 54.5% said they were out, 44.5% said they were closeted and 20.3% said they did not want to come out. Of those who did not want to come out, most were 40-plus years old, 54.6% were Maroon and 38.7% were Creole.
- One-third (33.6%) said they had experienced feelings of loneliness, suicidal thoughts or mental health problems over the past year. Reasons included relationship problems, rejection by their families and discrimination by society. Of those who were transgender or transvestite, 55.6% said they had experienced discrimination recently and 27.8% said they had experienced suicidal thoughts in the past year.

[8] Ministry of Health (2015). Suriname AIDS Response Progress Report 2015. Paramaribo, Ministry of Health.
[9] Heemskerk M et al (2011). A Size Estimation of Men who have Sex with Men (MSM), residing in Paramaribo.
[10] Heemskerk, M. (2011). An HIV seroprevalence and behavioural survey among Men who have Sex with Men in Suriname. Paramaribo: Pan American Health Organization.
[11] Zäire von Ankel and Tieneke Sumter (2014). Public Awareness and Acceptance, Special Confidential (Health) Services, HIV Knowledge, Multiple Condom Distribution Points and Other Needs: Draft report of an assessment of needs of MSM and transgender in Suriname. Paramaribo: Den Bron Centrum voor Leren en Ontwikkeling.

- More than one-third (36.2%) had used drugs; the vast majority had used alcohol; 54.9% used alcohol 1 to 3 times per week; 29.8% used alcohol more than three times per week.
- Of the 208, 80.8% said they had ever been tested for HIV and 18.3% said they had never been tested. Of those who had ever been tested, 39.3% said the last time they were tested was more than a year ago. While 5.4% said they said were HIV+, 10.2% said they were not sure of their HIV status and 25% said they did not know their HIV status. **This suggests that considerably more than 5.4% of the 208 respondents may have been HIV+.**
- Of the 208, 85.5% said they had been sexually active in the past six months; 40.5% said they were in a committed relationship and another 15% said they had a regular sexual partner; 37.9% said they had had sex with two or more men in the past six months; the reported number of different men with whom the 208 had had anal sex in the past six months ranged from 0 to 30 and the average was 3.2 different men.
- Of the 208, 25.2% said they had had vaginal sex with at least one woman in the past six months and 9.8% said they had had vaginal sex with two or more women.
- Only 41.6% said they had always used condoms in the past six months; 58.6% had used condoms the last time they had anal sex; 54.4% had always used lubricants during anal sex; the younger and older respondents were less likely to have used condoms and lubricants; the least likely to have used condoms were those who said they were mostly attracted to men but sometimes to women.
- Only 49.2% felt they were at risk of STIs and 45.5% felt they were at risk of HIV. Perception of risk did not correspond to their reported engagement in high-risk sexual behaviour. Many had misconceptions about how HIV is transmitted and they included some of the most highly educated.
- Only 62.5% had ever visited a service provider regarding their sexual health, sexuality or gender identity. Of those who had done so, 25.3% said they did so frequently and 42.1% said they would like to do so more frequently.
- The most common reasons given for never or infrequently visiting service providers included long waiting hours; fear of meeting people they did not know; fear of others finding out; fear of stigmatization and discrimination. Two-thirds of the 208 said that MSM and transgender and transvestite people face stigmatization and discrimination by health care providers; 38% said that health providers cannot provide them with educational material specific to their needs; 29.3% said health care providers lacked expertise specific to their needs.
- The majority (68.4%) said they wanted more information about sexuality and sexual health.

What FHH did with its first CVC/COIN Mini-grant (2013-2014)

Assessed the needs of HIV+ MSM

In their proposal for their first CVC/COIN Mini-grant of US$14,650, Foundation He + HIV (FHH) mentioned some of the key pre-2013 findings mentioned above. In addition, they described the results of a needs assessment done in association with the Suriname Mamio Namen Project (2007-2010). It surveyed 126 HIV+ men of whom 26 said they were MSM. Among the MSM, it found a wide gap between when they learned they were HIV-positive (HIV+) and when they first sought medical treatment and psycho-social care.

Twenty of the 26 HIV+ MSM covered by the survey became FHH's first clients and, on average, they had low levels of income and literacy. FHH provided them with education, counselling and psycho-social support in such matters as:

- the importance of adhering to treatment
- how to deal with the side effects of treatment
- how to get the most out of treatment with healthy eating
- how to buy healthy food with a small budget.

An estimation exercise (described earlier in this paper) had found there were roughly 1300 MSM (and maybe more than 1800) living in Paramaribo and nearby communities and a BSS had indicated their HIV prevalence could be as high as 9.2 percent but was probably closer to 6 or 7 percent. This meant there were many more HIV+ MSM who would benefit if FHH could reach out and identify them, get them to take up its offer of services and augment and strengthen those services.

Established objectives and targets

FHH's proposal said there were three target groups for their project:

- Group 1, their current clients, all of whom would need sustained support to improve and conserve their health and well-being. The proposal explained that FHH's current clients are mostly from the most marginalized of MSM including sex workers, transgender women and transvestites. In an interview, Marten Colom elaborated by saying many of them are poor and have low levels of literacy and some have come into Paramaribo from small towns, villages and rural areas.
- Group 2, their potential clients (MSM who may not know they are HIV+ and may be unaware of what FHH has to offer) and also their partners, families and friends.
- Group 3, the general public including youth who may or may not self-identify as belonging to any of the usual at-risk groups (e.g., MSM, sex workers, drug users) and may never have been tested for HIV.

The proposal set the following objectives and more specific targets:

1. To maintain the FHH's office as a safe space where HIV+ MSM feel comfortable dropping in, having a coffee, chatting, using a computer and also receiving HIV-related education, counselling and other support; to offer similar support through home and hospital visits.
    - To keep supporting Group 1, the 20 HIV+ MSM who are already regular clients.
    - To reach out into Group 2 and have increased the number of regular clients to 35 HIV+ MSM by the end of the 12-month grant period.
    - To have 2 professional social workers trained and ready to receive referrals from FHH. They would provide the more in-depth counselling often needed by HIV+ MSM. This would include counselling that addressed issues surrounding their sexuality, their HIV status, their use of alcohol and drugs, their engagement in sex work, and so on; mental health issues including low self-esteem, depression, suicidal thoughts, propensity to take risks, lack of an optimistic outlook and lack of motivation to take care of themselves; difficulties in their domestic and other relations (e.g., in their workplace, with their health care providers, with potential employers).

2. To promote mutual support and healthy lifestyles for the HIV+ MSM who have become FHH's regular clients.
    - To host a healthy lifestyles weekend for at least 20 of FHH's regular clients.
    - In collaboration with Aides Guyane, to have 10 HIV+ MSM from French Guiana participate in the healthy lifestyles weekends and provide opportunities to share experiences and ideas.
3. To provide outreach making people aware of FHH and its services and delivering HIV-related information, education, preventive supplies, and advocacy not only to HIV+ MSM but to other men who may not self-identify as MSM or know their HIV-status; to the wider community of LGBT people and their partners, families and friends; to the general public.
    - To recruit 5 HIV+ MSM to undergo training and deliver peer education.
    - To reach 200 MSM and sex workers with peer education, condoms and lubricants, going to bars and other venues where they are known to hang out and also to special events. (Many MSM, including transgender women and transvestites, are sex workers and they often work in the streets and other places alongside female sex workers.)
    - To encourage MSM and sex workers to go for HIV counselling and testing and to have at least 50 do so.
    - To have information stands on such occasions as Coming Out Week, World AIDS Day (1st of December), International AIDS Candlelight Memorial Day (1st of May) and youth fairs.
    - To organize social get-togethers in private homes and small clubs in order to inform people about MSM and the challenges they face in Suriname.
    - To organize a two day workshop bringing LGBT and youth organizations together in order to inform youth about LGBT and the challenges they face in Suriname; by the end of the 12-month grant period to have established a broader and stronger network connecting LGBT organizations with youth organizations.

Achieved good results while falling short of some targets

Working in a small city in a small country with a small sub-population of MSM who are ethnically and socio-economically diverse, FHH does its best to reach those who find it most difficult to find acceptance and to access services that meet their needs. To do this, it has established partnerships with other civil society organizations and with a range of public agencies. For example, the Ministry of Health and hospitals and clinics refer HIV+ MSM to FHH. They also collaborate on activities and events, including training workshops for health care providers, counsellors and peer educators.

Working with its partners, FHH was able to achieve all of its general objectives and to surpass, reach or make significant progress towards reaching most of its targets. Among its achievements over the year (October 2013-September 2014) of implementing its first CVC/COIN Mini-grant project were:

- Retaining FHH's Chair as its only full-time staff member (financed by the Ministry of Health) but expanding his team with part-time personnel. These included a Project Coordinator, a Project Assistant, a Monitoring & Evaluation Consultant, a Social Worker and five peer educators. The modest budget meant most of these were paid only small

amounts of money for whatever time they gave to the project and received little more than some additional training over-and-above the prior training and experience they brought to the project. Most were HIV+ MSM.

- Surpassing the target of reaching of 200 and reaching 266 MSM and sex workers with peer education and also with condoms and lubricants. The peer educators emphasized how important it was for people to know their HIV status and urged them go for HIV counselling and testing. They sometimes accompanied them to test sites but they were unable to do sufficient monitoring to determine whether or not they achieved the target of having at least 50 get tested.
- Increasing the number of regular clients from 20 to 30, thus falling short of the target of 35 but still achieving a 50 percent increase.
- Providing better counselling to regular clients to help them with all of the many issues that make their lives difficult.
- Providing some degree of training in peer education, monitoring and evaluation, production of brochures and so on to 22 HIV+ MSM including the new peer educators.
- Organizing or participating in most of the events mentioned in their proposal, often doing so in conjunction with other members of the LGBT Platform; putting off some events until the following year.
- Falling short of hoped-for turn-out at some events but drawing lessons from the experience that informed their proposal for a second CVC/COIN Mini-grant.

Enriched knowledge of MSM, their needs and the challenge of meeting those needs

Marten Colom and the other founders of FHH have lifetimes of experience growing up in Suriname, realizing they are “different” and eventually coming out, learning they are HIV+, and living with all of that. They were already activists when they founded FHH and when it co-founded the LGBT Platform. Some of them had been active in the Suriname Mamio Namen Project (2007-2010). In short, when they started implementing their first CVC/COIN-financed project, they already had considerable first-hand knowledge about the project’s target population.

They knew that Suriname’s MSM mirror Suriname society in general in that they are similarly divided by class and ethnic pride and prejudice and similarly prone to disapproving of certain kinds of behaviour. Those divisions are reflected in divisions unique to the MSM sub-population. For example, middle class MSM may get away with being discretely MSM as long as they publicly fit into middle class society but this may stop them from participating in anything that might lead their families, friends, co-workers and others to suspect they are MSM. Similarly, young East Indian MSM may get away with being secretly MSM in the context of the close male friendship that is common in their society but may be strongly averse to risk of exposure outside of that context. Many out gay men disapprove of what they regard as predators, older men (often married with children and respected members of society) who seek out younger men for sex. Many “straight-appearing” gay men disapprove of effeminate behaviour, including cross-dressing, and don’t like to associate with people they feel confirm common misconceptions about what it means to be gay. Such things all add to the difficulty of meeting MSM’s needs for HIV-related prevention, counselling, testing, treatment, care and psycho-social support.

The field work for the 2014 BSS, described at length earlier, took place in February and March 2014. It was not among the activities specifically covered by FHH’s CVC/COIN Mini-grant but FHH’s capacity to contribute to it (by participating in design of the survey questionnaire and

helping to recruit respondents and administer the questionnaire) was enhanced by the capacity-building financed by the grant. The results have significantly enriched the body of serological and behavioural evidence now informing action by the LGBT Platform and its members, including FHH.

Enriched knowledge of the possibilities for action

Marten Colom reports that exchanges of information and visits between FHH and Aides Guyane have added to FHH's understanding of why so many HIV+ MSM from Suriname go to the French Guianese capital, Cayenne, looking for the treatment and care offered by Aides Guyane. It includes, for example, subsidized housing of high quality for PLWH.

FHH's engagement with CVC/COIN also gave it opportunities to observe what other Caribbean civil society organizations have been doing with their CVC/COIN grants. For example, in Guyana's capital, Georgetown, HIV+ MSM are among the beneficiaries of the Volunteer Youth Corps' CVC/COIN-financed Marginalized Youth Project which offers all marginalized youth opportunities for life skills and job training and helps them find jobs.

What FHH did with its second CVC/COIN Mini-grant (2014-2015)

CVC/COIN awarded FHH a larger Mini-grant of US$23,050 to carry on with building its capacity and scaling up its services for another year, from October 2014 through September 2015. In addition, the Ministry of Health agreed to support a second staff member who joined the FHH team in January 2015. Some highlights of FHH's second year of CVC/COIN-financed activity were:

- In November 2014, a Healthy Lifestyles/Capacity Building Weekend attracted only 5 of an anticipated 15 participants despite the fact that most of the 15 had participated in the planning. This illustrated the difficulty of getting members of Paramaribo's highly diverse population of HIV+ MSM to spend an extended period of time in each other's company but it also illustrated the importance of promising good accommodations for events. In the end-of-Weekend evaluations, the 5 participants praised the Weekend's programme but felt the accommodations were no more than adequate. Notwithstanding the small turnout and unsatisfactory accommodations, they said the Weekend had successfully taught them how to manage small personal budgets in order to sustain healthy life styles and the importance of treating sensitive information in strictest confidence. They included some of FHH's most active volunteers and it gave them an opportunity to start planning for FHH's social get-together in January.
- In December 2014, FHH's participation in World AIDS Day celebrations included a speech by FHH's Chair which received the media's attention. As a member of the LGBT Platform, FHH was part of an advocacy campaign against the anti-LGBT message carried by a Surinamese singer's latest recording.
- In January 2015, FHH hosted a social event attended by some of its regular clients and members of their families. The event was deemed a success but turn-out was less than expected and the FHH team decided they had been remiss in extending invitations mainly by telephone instead of face-to-face and providing them with more information about the event. The team also noted that their new clients were often younger and more enthusiastic about participating in activities and volunteering to do things, so they would be able to reach out to people with more information about such events in future.
- On March 5th 2015, FHH celebrated its fifth anniversary. Related events included launch of their website (www.foundationheandhiv.org), publication of their first newsletter and a

symposium followed by a social gathering. Attended by representatives of the Ministry of Health and SMU, among others, the symposium looked at the Ministry-lead response to HIV in Suriname and the latest serological and behaviour evidence including the findings of the 2014 BSS. It looked back over the first five years of FHH's experience and also back over the nine years of SMU's experience since it was launched on the 1st of November 2005.

- In May 2015, FHH staff and volunteers including peer educators attended two training workshops. The first workshop focussed on sex work and the law in Suriname and included presentations by lawyers and police officers. The second workshop focussed on advocacy for the human rights and fair treatment of sex workers and forged a new FHH alliance with the Caribbean Sex Work Collective (previously known as the Caribbean Sex Worker Coalition). Since many of Suriname's HIV+ MSM are male, transgender and transvestite sex workers and since resources available to HIV+ MSM and sex workers are very limited in Suriname, collaboration on advocacy makes good sense.
- In July 2015, FHH's held it second training workshop for health care workers and it brought them together with FHH's HIV+ MSM staff, volunteers and clients. Evaluating their experience afterwards, the health care workers said they had learned a lot about the broader range of issues surrounding being both HIV+ and MSM. They said they and their colleagues and their HIV+ patients would benefit from more events that lead to greater understanding between health care providers and health care recipients.
- In August 2015, a presentation about FHH and its work at a social gathering in a private home confirmed that perception of risk remains low among MSM and that, while they may have enough superficial knowledge to think they know about HIV transmission, prevention and treatment, their knowledge is shallow and is not doing enough to change their behaviour. That month, too, a member of FHH's staff participated in a trainer of trainer's workshop (focusing on LGBT diversity and the promotion of tolerance and non-discrimination) hosted by the LGBT Platform and financed by a grant from the American Embassy. Other participants included representatives of Anton de Kom University of Suriname, Suriname Trade and Industry Association, labour unions, and the Foundation for Communications, Culture and Development (COCON).
- In September 2015, FHH participated in a fair in Suriname's Nickerie District, which borders on Guyana. It was evident that, in general, the District's people were not comfortable talking about sex and HIV and did not think they were at risk but the fair gave FHH an opportunity to provide some basic education and hand out condoms and water-based lubricants.
- September the last month of the year of activities financed by FHH's second CVC/COIN. During that year, in addition to the achievements described above, FHH:
    - Surpassed its target of reaching 360 and reached 452 MSM and sex workers with peer education, condoms and lubricants. Over the two years of CVC/COIN financed work it reached a total of 266 + 452 = 718 MSM and sex workers.
    - Increased the number of its regular clients from 30 to 40. Over the two years it doubled the number of its regular clients from 20 and 40. The original 20 were all 25 or more years old. The added 20 were as young as 18.
    - Provided additional training to 7 staff and volunteers and thus strengthened FHH's capacity to deliver peer education and counselling and to do advocacy and monitoring and evaluation.

- Added to its network of contacts and potential partners.

Lessons learned

Lessons drawn from interviews and from FHH's monthly and end-of-project reports to CVC/COIN include:

1. Most HIV+ MSM prefer one-on-one interventions to group interventions. Members of Suriname's small but diverse sub-population of HIV+ MSM often discriminate against MSM who differ from themselves. Also, many of them are not out and do not wish to come out as MSM. These things add up to their frequent reluctance to participate in group activities with other MSM, whether HIV+ or not.
2. Notwithstanding the above, it is essential to reach out to all MSM and all youth, to urge those who are sexually active, but do not know their HIV-status, to take up offers of confidential counselling and testing, and to offer care and support to those who test positive. FHH needs to strengthen its capacity to reach out to all MSM in the wide variety of real and virtual (social media) spaces where different groups of them are most likely to be found.
3. While the 2014 BSS made significant contributions to knowledge about MSM and their HIV-related needs, there remains need to continue enriching that knowledge. One possibility would be to design a questionnaire to be administered not only during a short survey period but whenever opportunities arise to interview MSM.
4. Many MSM are still not taking up offers of health care due to fear they will be treated badly by insensitive and unsympathetic health care workers and some report experiences that justify this fear. There is clear need for more training that brings health care workers and MSM together and leads to mutual understanding.
5. Many MSM also fear that health care workers may not treat personal information in strictest confidence and, again, some report experiences that justify this fear. They need for privacy and confidential should be covered in the training mentioned above.
6. Adherence to treatment remains a major problem among HIV+ MSM and there is need for recruitment and training of more "buddies" who can deliver appropriate support.
7. Perception of risk remains alarmingly low and there is urgent need for campaigns to increase people's scientific knowledge about HIV transmission, how to prevent it and how to treat it.
8. There is need to focus more attention on empowering all MSM with knowledge about sexual health and rights (SHR) and with life skills and job training. The most urgent need is to empower those who now engage in sex work or petty crime because they can find no better, less risky ways of making their livings.
9. While the above is so, many Surinamese males ─ especially adolescents and young adults marginalized by poverty and low levels of education ─ need similar empowerment and the same is true of many Surinamese females. Programmes that serve all of them, regardless of gender or sexuality, could remove the obstacles that stand in the way of MSM participating in programmes that target only them.
10. In recent years, the police and courts have become more active enforcing laws against sex work. This makes outreach to sex workers (including male, transgender and transvestite ones) even more difficult. FHH needs to focus more attention on educating police and prosecutors about basic human rights and about how things look from the sex

workers' perspectives. Driving sex work deeper into the shadows could be harmful not only to sex workers but to their clients and their clients' other sexual partners.

11. Actions to improve Suriname's human rights and social environment and make it less hostile to MSM remain an essential part of the national response to HIV. Until there is a friendlier environment, many MSM will remain closeted and continue to engage in risky sexual behaviour (including having unprotected sex with both males and females) without telling all of their sexual partners they are doing so. Many will continue to fear exposure so much that they do not dare take up offers of HIV counselling, testing, treatment and care.

Looking ahead

The Ministry of Health continues to support FHH's two full-time staff and has begun implementing a new US$4 million Global Fund grant which provides for continuing support of some of FHH's main activities. To sustain, strengthen and scale up some of its other activities, FHH will need new support from donors. Because the World Bank classifies Suriname as an upper-middle-income country, it has a harder time attracting donors than the Caribbean's lower-middle-income and low-income countries. In that, it has much in common with other upper-middle-income and high-income Caribbean countries where per capita Gross National Income hides extreme socio-economic inequality and many people do not have access to education, health and social services of good quality.

With its population of 541,000 people, Suriname is the least populous of the six countries covered by the CVC/COIN Vulnerablised Groups Project. However, it is the 8th most populous of the 30 independent nations and dependent territories generally considered to be part of the Caribbean Region. In the remaining 22, populations range from 468,000 (Guadeloupe) down to 5,000 (Monserrat) and often have the characteristics (e.g., ethnic and socio-economic divisions, socially conservative attitudes, lack of adequate human rights protections) that make it difficult for men to admit they are either MSM or HIV-positive and to find health and social services that meet their needs.

FHH's two CVC/COIN Mini-grants have helped it become a model of good and promising practice from which smaller Caribbean countries can learn as they, too, struggle with the problem of how to deliver HIV-related services to all MSM and especially those who are HIV+ positive, whether or not they know their HIV-status. Meanwhile, it has made significant contributions to evidence for action in Suriname and will continue to do so as it applies the lessons it has learned from its two years of experience putting its Mini-grants to work.

The CVC/COIN Profiles of Good Practice Collection

All projects covered in this series of CVC/COIN Profiles of Good Practice were supported by the CVC/COIN Vulnerabilised Groups Project, a component of the PANCAP Round 9 Global Fund Project (January 2011-March 2016). They include a variety of projects from the six countries covered by the CVC/COIN Project and at least one demonstrating an effective approach to sexual and reproductive health and rights (SRHR) among each of the Project's six target populations: men who have sex with men (MSM), transgender women, sex workers, drug users, prisoners, and marginalized youth. A project's exclusion from coverage in this series in no way implies it was not good practice.

Stuart Adams, the consultant who did the final evaluation of Phase One of the CVC/COIN Project (January 2011-March 2013), participated in the selection and then researched and wrote each Profile. To be approved for selection, a project had to meet or come close to meeting all five of the criteria for good practice recommended by the OECD's Development Assistance Committee (DAC) plus three additional criteria used by the German Federal Ministry for Economic Cooperation and Development (BMZ) when it selects projects worthy of being covered by publications in the German Health Practices Collection. The eight criteria are:

- **Relevant:** For example, based on sound behavioural, serological or other evidence of need for the intervention.
- **Effective:** For example, indicated by reliable evidence of results measured against objectives and targets established at the outset.
- **Efficient:** For example, makes good use of whatever human, financial and other resources may be available, including collaboration with partners that add value.
- **Impactful:** For example, reaches or demonstrates potential to reach large numbers of target populations with effective HIV prevention, treatment and care; creates safe environments where human rights are recognized and respected.
- **Sustainable:** For example, is sufficiently relevant, effective and efficient to merit continuing support from existing partners and to merit support from potential new partners.
- **Empowering:** For example, provides people from at-risk groups with knowledge, skills and tools to engage in responsible sexual behaviour or to assert their right to essential health care.
- **Transferable:** For example, develops and demonstrates the use of methods and tools that can be adapted for use by other organizations in other locales.
- **Well monitored:** Regularly gathers, analyses and reports data to measure results against objectives and targets and to identify any problems that may require corrective action; records events and personal stories to preserve qualitative information that may enrich knowledge and be useful for educational or advocacy purposes.

Collectively, the projects and programmes profiled in this series have made significant contributions to knowledge about HIV and how to respond to it among vulnerabilised groups in the Caribbean.