

Report



END OF PROJECT EVALUATION OF testHKG CAMPAIGN

PROGRAMME UNDER THE APCOM TESTHKG2YKA PROGRAMME



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AIDS Acquired Immune Deficiency Syndrome

AC AIDS Concern

APCOM Asia Pacific Coalition on Male Sexual Health

App Application

CBO Community Based Organisation
CIP Country Implementing Partner

FGD Focus Group Discussion

GMT Gay, Men who have Sex with Men and Transgender

HIV Human immunodeficiency virus

KII Key Informant Interview KOL Key Opinion Leaders

LGBT Lesbian, Gay, Bisexual, Transgender

M&E
 Monitoring and Evaluation
 MSM
 Men Who Have Sex with Men
 PAC
 Provincial AIDS Commission
 PeP
 Post-exposure prophylaxis
 PrEP
 Pre-Exposure Prophylaxis
 RfP
 Request for Proposal

SIAAP South India AIDS Action Programme

TG Transgender

YMSM Young Men who have Sex with Men



EXECUTIVE SUMMARY

Background and introduction

MSM are considered to be one of the high-risk groups under HIV/AIDS prevention and control programmes. HIV infections among the MSM in Bangkok, Thailand and metropolitan cities in other Southeast Asian countries including Hong Kong have been on the rise and there was no HIV testing campaign exclusively directed at the MSM communities across the region. APCOM positioned itself to fill this crucial gap by initiating the testXXX campaign with outreach and advocacy on the one hand, and HIV testing drive on the other as its key components. South India AIDS Action Programme, Chennai, India, was commissioned to evaluate the campaign in terms of its effectiveness, achievements, enablers and challenges, and to highlight ways of improving the campaign components in the future.

The evaluation of testXXX and its city versions testBKK, testJKT, testMNL and testSGN run in Bangkok (Thailand), Jakarta (Indonesia), Manila (Philippines) and Ho Chi Minh (Viet Nam) in Core activities has been completed in December 2019. Present evaluation focuses on city version of testXXX in Hong Kong namely testHKG focuses on following core activities: (1) Desk review based on reports, documents, data and knowledge products from APCOM and AIDS Concern (AC); (2) Interviews/Discussions with APCOM, and and AIDS Concern (AC), and (3) Analysis of qualitative and quantitative data.



Key campaign strategies

Targeting the YMSM, the testXXX and its city versions including testHKG deployed some very successful strategies that are listed below:

- YMSM who were university students or graduates were targeted based on assessment done with the help of partner organizations. The millennial population mostly have smartphones and have easy access to social media and dating apps as well as public transport rendering lots of opportunities to connect and meet each other.
- Campaign was sensitive to occupation and privacy of the YMSM while helping them
 set boundaries in their fairly unstable and complicated relationships and also
 removing taboos, stigma and fear around multiple gay relationships with a sex
 positive approach. Campaign tagline was changed to 'Dare, Love, Test, Repeat' with
 the same motive.
- A combination of audio-visual messaging, group chats etc. on online platforms and advocacy activities during offline events such as Gay Parade, Pink Dots, small group workshops etc. and at meeting sites such as bars and Saunas was used to motivate YMSM to take HIV test.
- 4. Visual messaging and animation films about gay love stories are known to have better penetration in the market. Secondly, despite, being a modern city, Hong Kong is part of China and inherits some of its conservative features, making people shy away from openly embracing gay relationships. Hence, without explicit imagery that could be offensive to the public sensibilities, testHKG was appropriated to incorporate culture and market specific realities in Hong Kong in an edgy and creative manner. At the same time care was taken that certain continuity was maintained while evolving its own specific branding guidelines, logic and logo, celebrity engagement, to ensure better recall for population with intercity mobility and over the entire period of campaign. A professional marketing agency was engaged for designing and executing the campaign of greater effectiveness.
- 5. Besides the professional marketing agency, target community members, implementing partner organizations, key opinion leaders and peer volunteers were involved while designing the campaign and field testing the communication tools. AC jointly hosted the activities and interventions with the partner organization boosting the outreach among YMSM. Facilities and resources were pooled together to provide counselling and testing services and to organize outreach events. KOL were invited to launch videos online and promote HIV testing. AIDS Concern had a team of trained volunteers under the Peer Programme and Testing Volunteer Programme who were empowered to provide accurate information and counselling support to the community.





Activities

Specific activities were designed in line with respective objectives and indicators that had in view the overall goal of reducing the new infections among YMSM. Involvement of and ownership by the YMSM in the campaign was one of the key achievements.

Activities involved,

- producing and posting interactive content, videos, chat groups for giving information on testHKG and sexual health,
- offering water beds which could hold money, mobile phone and other valuable inside it for online purchase etc. during seasonal festivals when crime rate spikes,
- HIV testing and counselling services, at the AC clinical facilities as well as through mobile clinics at testing camps
- Referring and/or linking the YMSM tested positive to the government clinics
- conducting small group workshops and sharing sessions with other PLHIV for counselling on adherence to medication, continuing self-care, mental health, for peer support and quality living.
- pre-test counselling for PrEP users,
- building organizational capacities for AIDS Concern

Challenges and bottlenecks

- The outreach services and access to testing services are impacted by the socially inhibitive atmosphere where gay community hesitates to receive any messages on sexual health even on the social media platforms let alone in the offline public events.
- Fear and stigma hamper the footfalls to the HIV testing facilities, as well as restrains community members coming forward with their suggestion. This delayed the programme. implementation.
- Young people lose interest in the design and messaging in the content used for advocacy as the campaign progresses necessitating generating new edgy content periodically.
- Resource crunch and delays in funding from the donor to implementing organizations via APCOM and AIDS Concern largely due to frequency of reporting requirements
- Recruiting, training, retaining human resources was impacted adversely because need
 for trained human resources was not adequately budgeted and retaining experienced
 staff was hard without offering attractive remuneration and opportunities for personal
 growth. As a result, staff often had to multitask
- Gathering adequate data was hard as private clinics providing testing services didn't
 feel comfortable to share testing data. The clinics ran by the Department of Health also
 did not have a mechanism to share monthly data on HIV testing.
- During any large social movements such as Hong Kong protest or major event the campaign needed to be suspended collapsing the scheduled outreach activities.
- Costal Hong Kong YMSM who use drugs like ice, cocaine, Chemfem during sex or
 otherwise and have to fight a double stigma of being MSM and drug users, were found
 to be the most difficult to reach.
- All stakeholders did not have information on old and new campaign interventions like Condom usage or PrEP which necessitated extra time and effort to bring everyone on the same page. This also necessitated communication and coordination with a large number of partners different from each other using different dialects.
- Different stakeholders are on their own mission. While implementing the campaign, there needed to be a common shared objective and activities that were in line with testHKG campaign. The pool of their respective communication tools also had to be modified to suit a common design strategy and branding guidelines.
- It was also essential that the design and imagery of the testHKG were similar to that of similar testXXX campaigns in other cities. APCOM and AC had to spend immense time and energy to ensure that the imagery and branding are consistent with the branding guidelines;

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Evaluation

- All the three yearly project targets were achieved on schedule for each indicator.
- There was an overall increase in HIV testing, couple testing and repeat testing.
- More than 90% of the people tested positive at AC were linked to care and support.
- More than 90% of the people tested positive at the AC clinic are linked to treatment, who have also started the medication within three months or less.
- Risk reduction among YMSM has been improved mainly because of the introduction of 'undetectable fellow' concept.
- The communities of YMSM reached through online and offline campaigns often overlapped. However, the Voluntary Counselling and Testing (VCT) data shows that a large proportion of people taking HIV test have been exposed to online promotions compared to offline events. There is an increase in the awareness about testing.
- Offline events, however enabled in depth dialogue with the YMSM. These events
 also enabled the project staff to verify whether the YMSM have understood the
 information provided online.
- testHKG data and data from government clinics indicates that more than 90% of the people linked to the AIDS clinics do take the pills regularly.
- More than 90% of the YMSM know their status;
- Videos, and audio-visual content in general have more appeal than the text messages.
- Changes were incorporated in the campaign design port evaluation.

Annual campaign efficiency by indicators

- Despite the resource crunch AC has managed to keep the number of MSM reporting HIV test during the previous year and MSM tested at AC testing facility both on the rise during subsequent years thanks to the boost received through the campaign.
- Sex positive messaging and efforts put in to build a more welcome social media channel as well as to generate ever new and more appealing content for the online platform keeping the millennial in view enabled to keep the YMSM interested and increase viewership as the campaign progressed.
- Offline campaign activities and MSM reached at physical sites such as bars and clubs picked up during the second year but declined during the third year of the campaign perhaps because these activities were more man-hour intensive and AC and its partners faced financial crunch and activities had to be suspended for some time.
- Number of YMSM reached through events and number of MSM acting as ambassadors to encourage testing had declined both in the second and third year because the young people were all engaged in the Hong Cong protests.
- All the required partnerships with organizations providing testing information and services were broached during the first year of the campaign. No new partnerships were initiated during the second and the third year.



Enabling strategies

- Stakeholder participation and multi-layered testing and feedback mechanism as well as involvement and ownership by the YMSM in the campaign.
- Changes based on collective feedback were incorporated periodically.
- Consistency with testXXX enabled great recall value to the intercity mobility by the YMSM
- Out of box communication designs such as condom boxes carrying campaign logo and information had a huge draw.
- Market savvy and social media friendly messaging and good production quality and aesthetic appeal was found to be effective
- Pre-test gay friendly professional counselling and behaviour change counselling to help people who were receiving HIV test to inculcate preventive practices in order to minimize their risk of HIV infection in the coming future.
- Quality and comfort of the counselling and testing services at the AC clinics ensured that the YMSM returned for periodic repeat tests.
- Experienced staff enjoyed a good rapport with the YMSM community and were able
 to arrive at good viewership estimates and reasonable costs to be paid for online
 advertisements.
- Online campaign and online booking options helped YMSM seek information, get motivated to take the test and book a test without the inhibitive human interphase.
- Sex positive campaign help YMSM to get rid of stigma and fear about gay relationships.
- AC offered individual testing, couple testing with counselling that helped gay partners improve communication between them.
- Mobile testing facilities made it possible for YMSM living in remote areas to take the test
- There was great inter organizational learning that helped enhance quality and outreach of the campaign.



What could be changed

- AC will need sustained financial resources to be able to carry the campaign forward
- The combined service facilities among the partners will need to be enhanced to meet the demand for testing and counselling services from increased number of motivated YMSM.
- AC will also need to build its capacities to mobilize financial and technical resources for continuity and expansion of its facilities and services.
- Frequent reporting slows down the implementation process though it is good for review and response process so far as it is done for internal purpose. Hence report frequency needs to be reduced.
- It would help to have access to large amounts of funds at a time rather than piece meal funding for smoother and uninterrupted campaign implementation.
- It would be good to use existing apps and social media site for the campaign rather than designing a new one as the YMSM won't be interested in downloading and acquainting with yet another app.
- Social media intervention has been criticized for its ineffectiveness. The future campaign will need greater investment for the design and productions

Future plans

AIDS Concern has following plans for the campaign in the future.

- Gay friendly videos giving convincing messages promoting HIV testing and involvement of local communities are more enabling and scalable.
- AC will continue to provide counselling and testing services with its own resources.
- AC is going to starting its own PrEP shops which will also do monitoring and follow-up among the PLHIV taking PrEP individually for each PLHIV.





ABOUT THE PROJECT

The basis for HIV testing campaign, testXXX, was formed by the data and information on high prevalence of human immunodeficiency virus infection (HIV) in Bangkok among men who have sex with men (MSM), and the social climate where young MSM (YMSM) do not have adequate information and awareness on the importance of taking the HIV test, and on where to undertake the test without fear and stigma. Metropolitan cities like Bangkok, with a wide MSM community are the melting pots where many people from different regions in the respective countries reside in or visit for work, business and fun. The MSM community members are tech-savvy and look for casual sex partners online.

At the time when testXXX was conceptualised, there was no other testing campaign exclusively targeting the MSM, run neither by the national government nor by any other agency. APCOM Foundation (APCOM) has positioned itself fulfilling this crucial gap in advocacy and testing services targeting YMSM across the cities. The campaign testBKK, that is initiated in Bangkok in 2014, was designed to encourage YMSM to take the HIV test and to link them to a MSM friendly testing sites. After the successful pilot-run for one year, testXXX was taken to three other cities, Jakarta in Indonesia (testJKT), Manila in Philippines (testMNL), Ho Chi Minh City in Vietnam (testSGN) Hong Kong (testHKG) and Yogyakarta in Indonesia (testYKA).

Considering that the YMSM are quite tech-savvy, a combination of the online and social media platforms, and offline events with forward linkages to clinics for testing, treatment and counselling was considered the most suitable strategy to reach the MSM community. Using the testBKK model the testHKG campaigns also attempted to extend the reach of the campaign with local project partners and funding sources.

Key objectives of the testHKG campaign were to:

- Increase the number of MSM who report they have HIV test in last year
- Increase knowledge about value of and access to HIV testing among MSM
- Develop collaborations across agencies in Hong Kong for the HIV testing campaign

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ABOUT THE ASSIGNMENT

APCOM partnered with consultancy firm, South India AIDS Action Programme (SIAAP), Chennai, and conducted an evaluation of testHKG campaigns during December 2019 and SIAAP was engaged to;

- Conduct an evaluation of the Programme (testHKG) as implemented by AIDS
 Concern covering the period 2017-2019, against its stated objectives and targets,
- 2. Assess the effectiveness of the campaign in the city
- 3. Assess the relationship and responsibilities between in country stakeholder in contributing to the achievement of the Programme's stated objectives and targets
- 4. Identify and document success/ achievements of the programme and factors which contributed to these achievements,
- 5. Identify bottlenecks and challenges that affected implementing programme activities. Bottlenecks and challenges can include, but not limited to
 - legal, political and cultural context
 - developing discrete content (testHKG content)
 - organisational capacities
 - human resources
- 6. Identify and provide recommendations/suggestions on how/what could have done better in implementing project
- 7. Recommend future plan to sustain testHKG campaign
- 8. Prepare consolidated final report (for APCOM) which can include testHKG campaign's performance, effectiveness, challenges, bottlenecks, recommendations and future plans.

Evaluation was focused on the following activities that were guided by the operational framework of testHKG. (change as per contract)

- 1. Developing the key creative messages for the campaign
- 2. Developing the campaign products and touch points
- 3. Executing the online outreach
- 4. Executing offline outreach
- 5. Monitoring and evaluation of the campaign

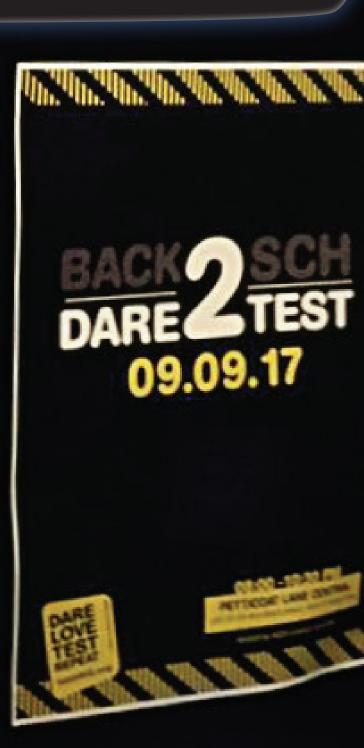
Core activities that formed the basis of the present evaluation are: (1) Desk review based on reports, documents, data and knowledge products from APCOM and AIDS Concern, (2) Interviews/Discussions with APCOM and AIDS Concern, and (3) Analysis of qualitative and quantitative data.

List of documents reviewed, list of respondents and the tool and techniques used for interviews and FGD are included in the annexures. (See Annexures 2, 3 & 4)

CHAPTER I:

CAMPAIGN DESIGN, STRATEGIES AND ACTIVITIES





1. TARGET 1.1 POPULATION educa

1.1 Demography

YMSM aged 35 or below, from all socioeconomic strata and irrespective of their educational background are targeted under the programme. However, most of the YMSM who are students at or graduates from Hong Kong university are in the age of 20 or 24.

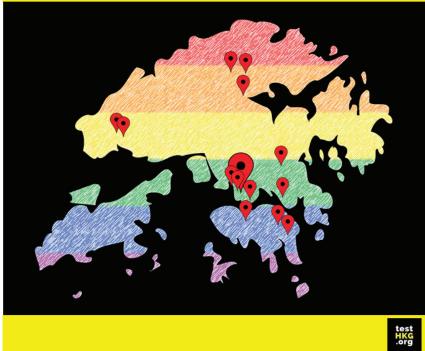
1.2 Behaviour

YMSM community in Hong Kong uses social media extensively. Each and every member has at least one mobile phone. Phones with dating apps enable them to communicate with other members. Good transport facilities in Hong Kong also help them commute to different places to meet their potential partners.

1.3 Setting Targets

Targets were set based on the assessment done with the help of partner organizations. Testing numbers from the in-house testing centre at the partner organization were considered as a baseline. Yearly increase of $10\,\%$ to $20\,\%$ was factored in while setting subsequent targets.

TestHKG の 邊度有Free Test ?





2. APPROACH

2.1 Sensitivity to the occupation and privacy of YMSM

Typically, the campaign aims to target members who are exposed to sex and HIV testing for the first time. The first video campaign from testHKG explored the BDSM, Wild sex, as well as first job in the university. The effort was to make this their campaign by being sensitive to occupation and privacy of the YMSM in Hong Kong.

2.2 Responding to the needs and concerns of YMSM

Last two videos of testHKG were uploaded in collaboration with the famous You Tuber in Hong Kong. Considering that their love relationship is pretty complicated, with the boundaries quite blurred and unstable the last two video focused on the boundary setting, their negotiation skills and on the testing behaviour, as well as on couple testing.

2.3 Sex Positive Approach

Quality sex and quality gay life in Hong Kong was the focus of testHKG. For taking the HIV test the YMSM need to recall their relationship history. Sometimes they meet some other friends at the centre. They find all this quite embarrassing. Removing taboos around relationships and sex was the primary goal of pre-test counselling.

The YMSM are almost addicted to slushing. They find getting tested bothersome as they think that it can be done only in a laboratory. They also think testing to be dirty. First four videos by AC were aimed at to normalizing testing by making it a basic procedure while engaging in relationship. The videos convinced them that testing helps one to stay safe even if one is engaged in a wild sex. One of the videos also talked about Men having Sex with Men (MSM) as a normal way to enjoy sex. It also conveyed that different people engage in different enjoyable modes of sex. The messaging naturally flowed into messages conveying that it is normal to take a test for HIV.

Hash tag of the testBKK campaign was fuck, suck, test, repeat which is more related to sex. However, FGD with the YMSM in Hong Kong revealed that the most motivational element that could get them to the testing was not sex. But it was a sense of adventure related anxiety while getting into a new relationship. Hence the Fuck Suck Test Repeat was changed to Dare, Love, Test, Repeat, if one wishes to venture into a new love relationship. Love was defined broadly to include monogamous as well as polygamous relationships to make having multiple partners normal, under the umbrella of love. Hashtag Dare to test and Dare to love were deployed to provide not just 'sex positive' but also 'test positive' messages by linking the relationship and the testing into a single theme.

2.4 Decreasing fear and stigma

The testHKG campaign was mostly similar to other testXXX campaigns with some necessary differences. In comparison to the other cities, Hong Kong is strikingly different with a very high degrees of stigma and fear about taking the test. And that's why the tagline was changed to 'Dare, Love, Test, Repeat'. AC envelops relationship and testing into a single theme in order to decrease the fear. Decreasing the fear about testing was one of the key strategies to reach out to the hard to reach YMSM. One of the reasons for fear is that the YMSM do not know about the treatment and follow up in case they test positive. testHKG provides all the required information. This also helps reducing stigma among PLHIV, and increasing willingness among the YMSM to do the HIV testing. HIV testing was shown as a positive action rather a negative action among the community.

3. PLATFORMS

3.1 Online platforms

The campaign utilised social media platforms that are popular among young MSM and capitalised on their potential to reach out to young MSM who are hard to reach through traditional outreach. The campaign was promoted on social media platforms such as Facebook and Instagram. Partner organizations also had their own site users or subscribers who attend activities and events organized by them. These users are exposed to the campaign activities and messages through the partner organizations.



3.2 Offline events

Offline campaign are certainly seen to reach YMSM, though in a smaller degree when compared to online campaigns which have a far wider outreach. Annual events such as Pink Dots and Gay Parade draw a large number of YMSM. Hong Kong has several bars and saunas. In recent years, number of bars has further increased which attract lot more YMSM. AC collaborated with the old and newly launched bars and brought them in the testHKG fold. AC used the events for advocacy among the community members. Though these occasions helped AC to effectively reaching out to thousands of community members, AC could not execute its entire outreach plan during the available time. During the Hong Kong protests last year the testHKG campaign had to be suspended. In order to compensate for the lost time, besides the regular campaign activities, AC conducted small group workshops motivating participants to join the campaign.

The bars and clubs often have overlapping population. Experienced outreach campaign members are usually knowing the regular visitors. Hence, during outreach work new visitors were spoken to on priority. They needed more times to open up and speak with the outreach workers. During the outreach campaign information on safer sex was followed by handing out safer sex kits that had a condom case with information on testHKG campaign. Safer sex kit was mostly given to the newcomers. The old and familiar visitors were also engaged with. They were told about newer prevention strategies which they can promote among their peers.

testHKG staff had regular interaction with the YMSM especially in gay bars and other engagements involving gay people. Campaign's activities/events schedule was shared with them. New inventions focusing HIV prevention methods such as PrEP (Pre-Exposure Prophylaxis), self-testing kit etc. are shared with them.



4. DESIGN MESSAGING AND BRANDING

4.1 Culture appropriate messaging

Key messages aim to address the main concerns or main barriers that prevent MSM from getting tested. Hence the messaging is different for each country according to its respective context. testXXX campaign design has blue as the predominant colour. Some pictures hosted in Thailand are quite explicit. But Hong Kong is culturally different from Bangkok. Explicit pictures were not considered sex positive in Hong Kong. They would have invited flak from the community. One could not upload explicit promotional pictures and advertisements on the Facebook. The production house was hired for creating socially acceptable promotional material which can effectively penetrate the market. YMSM community members were also consulted in FGD. The discussions revealed that in China and Asia in general visual messaging and animation films about gay love stories have better penetration in the market. Hence, testXXX was appropriated to incorporate culture and market specific realities in Hong Kong in an edgy and creative manner.

4.2 Branding

- The images and the materials were standardized in order to ensure that they
 synchronized with the testBKK. Despite AC's branding guidelines, it was still
 possible for two different campaigns to use set of different images. In a departure
 from the earlier communication strategy, AC adopted following branding principles.
- 2. The testHKG branding followed from the regional branding set by testXXX which is being implemented in Bangkok, Manila, Jakarta, Yogyakarta. The uniform imagery and branding of the campaign across the cities was deployed to accommodate the intercity mobility of MSM, to increase campaign's recall among the MSM and to promote HIV testing in the city.
- testHKG was modelled after the famous campaign in Malaysia, used the same logic and logo. That added the element of familiarity among some of the community members in Hong Kong who were acquainted with testXXX. Inputs from the YMSM members were used to create appropriate tools and messages for testHKG.
- 4. The images, material, celebrity involvement also remained the same throughout the three-year campaign that helped making strong impression in the collective memory of the YMSM community. AC collaborated with the production house, a marketing agency in Hong Kong for designing and executing the campaign.
- 5. Measuring effectiveness of a social media intervention has been a challenge in the past. Campaign strategy evolved during testHKG helped us understand how to conduct the evaluations of the campaign impact.





5. PARTNERSHIPS

5.1 Stakeholder participation

AC had hired a professional marketing agency to design the campaign. Production house staff members were invited to have for an orientation on the culture of YMSM and their sexual health and purpose of video shooting. Local communities including the stakeholders were invited to seek their ideas and opinions.

5.2 Organizational partnerships

Partners were mostly selected in consultation with APCOM. Partnerships were forged to reach out to different communities for different activities and interventions at different times. For example, Pink Dots that conducts large LGBT events in October while Gay Parade that conducts events in November were partnered with for outreach in respective months. Partners had their own site users or subscribers who attended their activities and events. Partnerships with those organizations helped jointly hosting the activities and interventions boosting the outreach among maximum possible YMSM. AC provided regular outreach and also regular testing services during those times. Partnerships were useful to pool in resources and share respective facilities for provision of services. AC collaborated with BingBing gay bar to host the world AIDS Day activities. Messages such as U equals U (Undetectable equals to Un-transmittable) were given besides HIV testing. World AIDS Day was found to be the most appropriate event to promote U equals to U effectively as it has the potential to decrease the fear about HIV testing among the PLHIV who is address during WAD.

5.3 Association with key opinion leaders

KOL popular among the YMSM community are identified. Individual profiles of the Key Opinion Leaders (KOL) are scanned prior to building rapport with them. It is ensured that mutual expectations of the KOL vis-a-vis testHKG team are aligned and that the KOL indeed want to have the HIV prevention among the community. During video launch, Key Opinion Leaders (KOL) are invited to watch, introduce and post the video for their followers on Instagram or Facebook account. After playing the video for the KOL. When they can go live on the social media platform, KOL are also invited to observe testing. That provides a live demonstration of testing to further help abolishing fear of testing. Post launch, during festivals and any big events involving YMSM information about Facebook and Instagram posts is shared with the participants.

5.4 Volunteers

AC had a team of trained volunteers under the Peer Programme and Testing Volunteer Programme. Volunteers are empowered to provide accurate information to the community. With quality control in place, they are also empowered for online outreach. The purpose and method of their communication is tracked through the screenshots of their dialogues. Regular training and regular live supervision of the testing is done to be able to provide accurate information. The Peer program has an immense potential to increase the awareness and convert it to HIV testing.



6. ACTIVITIES

6.1 Indicators and activities

Specific objectives, indicators and activities under the programme were designed in line with the overall programme goal of reducing the new infections among YMSM. In the course of implementation, the indicators and outputs have not undergone changes.

6.2 Promotional activities

YMSM community was engaged in focus group discussions at every point in the campaign design process. Changes base on their feedback were incorporated periodically. Involvement of and ownership by the YMSM in the campaign was one of the key achievements.

Interactive content was posted on Facebook where the YMSM could answer the questions after they watch the videos and received gifts on giving correct answers. People also received self-test-kit after their purchases at the supermarket. There was a peer relationship program through which information on testHKG, sexual health information was communicated to 25 branches of the supermarket.

Promotional activities were tailor made to suit seasonal festivals. For example, in the month of in April people visit Thailand during the festival season. During that time there is a spike in the number of crimes. AC offered water poof beds which could hold money, mobile phone and other valuable inside it. The YMSM could purchase the beds online or offline.

6.3 HIV testing and counselling services

AC has just one permanent HIV testing facility and few mobile testing facilities. AC conducted about 16 mobile testing camps every month at the bars, saunas and clubs. YMSM tested positive were referred to the public clinic where they were escorted by an AC staff. The escorts ensured that the positive YMSM were comfortable with the treatment. The PLHIV escorted to HIV treatment clinic were also invited to workshops on importance of adherence to medication, continuing self-care, mental health and sharing sessions with other PLHIV for peer support and quality living. They were included in the list of members who regularly receive information and follow-up.

6.4 Pre-test counselling

AC offers pre-test counselling for PrEP users and since it is a self-financed project needing some resources to pick the blood samples to the laboratory. A doctor explains the test results to the members who are about to start using PrEP.



6.5 Building organisational capacities

AC had initiated several campaigns to promote HIV testing, PrEP and ART among the MSM in the past. Through these campaign AC has established rapport with young MSM community in Hong Kong. AC has also worked with several organisations, both NGO and corporate, to reach out to MSM and get them to take the test. Finally, the organisation has the experiential knowledge in developing a campaign that suits the social and cultural context of the country. Hence AC was very well equipped to implement testHKG.

APCOM has support AC to build its capacities further that includes among other things support for building and managing the website. APCOM's support was also useful in making videos, copywriting messages and designing IEC materials as well as implementing the campaign. This was followed by periodic reporting and feedback cycles and handholding through teleconferences to overcome challenges during the implementation. As a result, AC has strengthened its capacity to manage the campaign, to engage with the community and other stakeholders, build partnerships, conduct situational analysis and to evaluate. During the campaign, specifically, AC has acquired skills to engage with the KOL and get them participate in the campaign effectively. KOL were collaborated with to promote videos on social media, which has spurred the number of HIV testing. AC has also found a way to conduct structured interactions with the community members through FGD and use the insights that emerged through FGD in campaign design and implementation.

In the process APCOM too built its financial management capacity to suit the standards set by the donor. APCOM visited AC to assess their financial capacity to ensure that the systems and processes of recording and reporting expenditures meet the donor standards. Although the organisation has a strong system already put in place which APCOM complimented with technical support helping to strengthen the existing system.



7. CHALLENGES AND BOTTLENECKS

7.1 Legal, political and cultural milieu

Hong Kong neither has any ordinance in law discriminating people based on sexual orientation, nor is there any law that can protect the LGBT community from any discriminative treatment. Despite, being a modern city, Hong Kong is part of China and inherits some of its conservative features, making people shy away from openly embracing gay relationships. The outreach services and access to testing services are impacted by the socially inhibitive atmosphere where gay community hesitates to receive any messages on sexual health even on the social media platforms let alone in the offline public events.



7.2 Fear and stigma

Much as in other cities in Hong Kong too fear and stigma hampers the footfalls to the HIV testing facilities. The Campaign was designed in consultation with the YMSM and transgender community as well as APCOM. However, the community members did not easily come forward with their views, thanks to the fear factor, that resulted in delays in programme implementation.

7.3 Keeping young people interested

Intervention was carried out in phases. Initially testHKG website was designed in the lines of testBKK website that was designed a couple of years ago. In Hong Kong, however, the website designed in the earlier phase was found to be no longer attractive for the young people as time passed. Instead, they were using some other multimedia platforms such as Instagram.

AC had a contractual obligation to build the website and contribute content there. However, AC had to build a more welcome social media channel and generate ever new and more appealing content for the online platform keeping the millennial in view. It was also challenging to fulfil some of performance indicators related to website such as 'No. of MSM visiting web portal' set out in the grant agreement, were no longer valid and worthwhile to implement. Additional efforts in order to make sure that quality content to reach the target population has incurred additional financial costs.



7.4 Resource crunch and delays in funding

APCOM had not budgeted for the cost for human resources to conduct background research into YMSM behaviour their communication needs, as well as, for designing communication campaign and its implementation. Nor did AC have organizational capacity to raise funds on its own.

Unlike for the social media campaign, human resources for pre-campaign research couldn't have been from the YMSM community. AC had to terminate the research activity because of inadequacy of the human/financial resources, which was later taken up by Mahidol university in Thailand. The University too had to suspend the activity midway because of unclear and insufficient funding arrangements.

Later the campaign itself was suspended for few months under similar conditions. Delay in provision of funds by the funding organization to APCOM, and subsequent delay in AC getting the funds from APCOM being the main reason. AC could resume some activities again with the help of its local partner organisations.

The fund transfer from donor to APCOM, and from APCOM to partners required satisfying donor requirements consumed significant amount of time. Approvals of work plans and some fund transfers were behind schedule, and impacted the implementation of the campaign.

There appeared to be some miscommunication between partners AC and APCOM. There were delay in submitting report from APCOM to the donor affecting the fund flow from donor to APCOM and its further distribution to AC and its partners. This has resulted in suspension of activities nearly for six months. Apparently, this was not communicated by AC to testHKG partners on time. This however happened only once and never ever after that as subsequently adequate precaution was taken by all stakeholders.

7.5 Recruiting, training, retaining human resources

APCOM had not adequately budgeted the cost for human resources nor did the funding organization approved increased budget for human resources. As a result testHKG campaign operations were short-staffed, and the shortfall in human resources increased every year. There were a number of staff who exercised oversight for this project. There was no official project manager designated for this project because of insufficient human resources cost allocated to APCOM.

The project staff members had to carry out duties in the departments of administration, accounts, monitoring and evaluation departments, turning in periodic progress reports, financial statements and do project supervision. Alternately, AC had to utilize services of its existing staff for the testHKG campaign with only part of their salary covered in the testHKG budget. To be able to retain that staff, AC had to raise funds from other sources, to cover part of their salary. Need for supplementary fund raising also put an additional burden on the already short-staffed and overworked campaign team. With inadequate human resources, it was difficult to maintain pace of the campaign with the same amount of workload.

The project staff look forward to their career development. They need different challenges and opportunities to gain exciting experiences and without doubt need higher salaries. The project needed experienced staff which was difficult to retain without sufficient budgetary provision for their salary. AC hired younger staff, who can easily reach out to and effectively communicate with the target population. Staff turnover was higher among the younger team member. Staff members in key position left without adequate knowledge transfer to the new recruits slowed down the processes. There were time-lapses between a staff member leaving and a new member being recruited for the respective positions. That left AC with very little or no time for orientation and induction training of the new recruit. They had to be educated at a public event while on job.

7.6 Gathering adequate data

Data on testing services was extremely important for assessing the impact of the campaign. Private clinics providing testing services didn't feel comfortable to share testing data. The clinics ran by the Department of Health also did not have a mechanism to share monthly data on HIV testing. However, the government released quarterly data on new cases tested positive. But there is no way of knowing how many people took the test. Increasingly more people seem interested in the story of 'He and He' and getting tested as well as repeating the test in AC testing facilities compared to the pre-campaign period. There is, however, no data available on YMSM repeating the test.





7.7 Keeping the schedule amidst social movements

During any large social movements such as Hong Kong protest or major event the campaign needed to be suspended collapsing the scheduled outreach activities. A strategy to compensate for the lost time smaller group workshops, celebrating World AIDS Day in a coffee shops, promotional events for new video launch, etc. were conducted besides regular advocacy activities.

Pink Dots and also the gay parade events were cancelled during the current year because of the Hong Kong protest for the safety reason. However, most of the interventions were executed in the first two years the risk caused by social movement was minimal.

7.8 Hard to reach YMSM

Costal Hong Kong YMSM who use drugs like ice, cocaine, Chemfem during sex or otherwise were found to be the most difficult to reach. They have to fight a double stigma of being MSM and drug users. AC provided information like U equals U (Undetectable equals to un-transmutable) in order to decrease the stigma and also in order to decrease the fear of taking the test.

7.9 Partner coordination

During proposal writing AC had focussed mostly on the social media campaign. The proposal did not focus much on partnerships though as a matter of fact AC was working with lot of partners for offline events. There are altogether 16 gay bars and gay saunas. All stakeholders did not have information on old and new campaign interventions like Condom usage or PrEP. One needed extra time and effort to explain PrEP and the need to get health check-up done. To communicate and coordinate with a large number of partners different from each other was a huge challenge. The people at Pink Dots were professionals while members of Ping Ping and Gay Harmony were coming from the local YMSM community speaking Cantonese. Need for another language to speak is another challenge in communicating with partners.

7.10 Ensuring that the partners shared aims and objectives

Different stakeholders are on their own mission. While implementing the campaign, there needed to be a common shared objective and activities that were in line with testHKG campaign. To communicate and merge a wide range of visions in the same campaign mode was a challenge. Some partners have their own videos on their channels and don't want communication tools with imagery about sex very obvious. Hence there was a need to generate content that was not very direct, yet gave a very clear and precise message.

7.11 Maintaining continuity in the campaign design and imagery

The testHKG is a city-based implementation of a campaign modelled after testXXX, a regional scale intervention. Hence it was essential that the design and imagery of the testHKG were similar to that of similar campaigns in other cities. APCOM and AC had to spend immense time and energy to ensure that the imagery and branding are consistent with the branding guidelines.

EVALUATION 8.1 PERFORMANCE ON KEY PERFORMANCE 8. **INDICATOR**

TABLE 1

			0047			0040			0040			3 Years	
Indicator Number.	Indicator Name	Annual Target	2017 Achieved	%	Annual Target	2018 Achieved	%	Annual Target	2019 Achieved	%	3 Years Target	Total	%
1.1.1	# SMM reporting HIV testing in last year	NA	2262		NA	2,395	6%#	NA	2,395	18%#	NA		
1.1.2	# MSM tested in AIDS Concern	NA	1,146		NA	3,538		NA	4,100		7000	8,784	125%
1.1.3	# positive case diagnosed and linked to treatment, care and services	90%	88%	88%	90%	89%	89%	90%	95%	95%	90%	91%	
1.2.1	# MSM visiting web portal	15000	10,460	70%	15000	7,076	47%	15000	27,650	184%	45000	45,186	100%
1.2.2	# MSM visit the testing campaign	NA	1,443	NA	NA	2,351	NA	NA	1,437	NA	2000	5,231	262%
1.2.3	# safer kits materials prepared and reached	NA	1,373	NA	NA	2,307	NA	NA	1,417	NA	5000	5,097	102%
1.2.4	# MSM reached in physical venue	NA	1,990	NA	NA	2,758	NA	NA	1,303	NA	5000	6,051	121%
2.1.1	# view rate of the video	20000	42,143	211%	20000	58,934	295%	20000	90,362	452%	60000	91,439	319%
2.2.1	# MSM reached through events per year	NA	777	NA	NA	400	NA	NA	306	NA	600	1,483	247%
2.2.2	# referals done by Campaign Ambassadors	NA		NA	NA		NA	NA		NA	-		
2.2.3	# MSM act as a ambassador and encourage friends to test	NA	4	NA	NA	1	NA	NA	2	NA	5	7	140%
3.1.1	# MSM being tested being among involved organization.	10%		0%	10%		0%	10%		0%	10%		
3.1.2	# organizations involved for providing their testing information to MSM community	NA	3	NA	NA		NA	NA		NA	3	3	100%



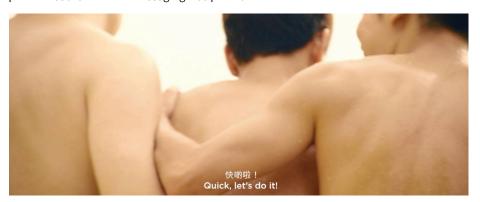
All the three yearly project targets were achieved for each indicator.

Indicator	Outcome
Illuicator	
1.1.1	No. of MSM reporting HIV Testing in last year: During 2018 there was 6 % increase in the MSM reporting to have taken the HIV test during the previous year where as the increase was 18% during year 2019.
1.1.2	No. of MSM tested in AIDS Concern: The target of MSM being tested in AC has also been achieved (125%)
1.1.3	No. of Positive cases diagnosed and linked to treatment and care services: while during the year 2017 and 2018, the percentage of positive MSM linked to treatment and care was little below the target 90% (88% and 89 % respectively), during the last year of the campaign the target was achieved (95%) making the overall linkage to 91%.
1.2.1	No. of MSM visiting web portal: Number of visitor to the web portal was 70 % of the target number during the initial year, which dipped to less than half the target (47%) during the second year, with a spurt in the visitors far beyond the annual target of 15000 (187%) in the closing year, helping it to achieve the target of 145000 by 100%.
1.2.2	No. of MSM visit the testing campaign: MSM visited the online booking sites in large numbers beyond the expected 2000 by 262% at the end of three years.
1.2.3	No. of Safer kits materials prepared and reached: However, safer kits and materials could be reached only to the estimated number of little more than 5000 people.
1.2.4	No. of MSM reached in physical venue: such as bars and saunas was in large numbers (6051) compared to online booking sites (5231) though the respective target was achieved by 121%.
2.1.1	No. of view rate of the video: was fairly high compared to the target number to begin with (211 %), and skyrocketed in the subsequent years compared to respective yearly targets. (295 %, 452 %).
2.2.1	No. of MSM reached through events per year: Though the number of MSM reached during annual events such as Rainbow parade, Bing Bing, World AIDS Day exceeded the targets (247%), because of the Hong Kong Protest their overall number reduced with each passing year. (777, 400, 306)
2.2.2	No. of Referrals done by Campaign Ambassadors: No data available
2.2.3	No. of MSM act as a ambassador and encourage friends to test: Overall 7 MSM have acted as ambassadors, 4 of the initiated during the first year.
3.1.1	No. of MSM being tested being among involved organization: No data available
3.1.2	No. of MSM reporting HIV Testing in last year: During 2018 there was 6 % increase in the MSM reporting to have taken the HIV test during the previous year whereas the increase was 18% during year 2019. organizations involved for providing their testing information to MSM community: During the entire campaign there were only 3 such organizations involved in providing testing information to MSM. While, the engagement with these organisations took place during the first year, whereas, no new organizations were neither identified nor partnered with during the second and third year.

8.2 KEY OUTCOMES

8.2.1 Changes in the campaign design post evaluation

Responses to AC's promotion on social media, as well as, You Tube were analysed and changes were made in the campaign's communication design. Evaluation revealed that people were not very receptive to text messages on Facebook, in the post evaluation period visual and video messaging was prioritized.



8.2.2 Setback to evaluation plan

Parameters to measure the efficiency of the campaign were drawn with thorough research. To gauge how the campaign has penetrated in the cities, a survey was planned for collecting data simultaneously as the campaign unfolds. However, the technical partner who was hired to do the evaluation was not able conduct the survey as scheduled. And the partnership was called off.

8.2.3 Increase in HIV testing and couple testing

Increase in HIV testing was the key achievement of the testHKG campaign. Couple testing number was much higher than the previous years. This was possible because it was impressed upon the YMSM that testing was a routine part of a relationship irrespective of sex history. This has motivated them to get tested while starting a new relationship. AC testing facility became a talk of the town for the quality and comfort it offered. During enquiries and discussions among the general population as well as KOL indicated that impactful education and effective market penetration were achieved through the campaign.

Data pertaining to YMSM approaching other clinics for testing after exposure to testHKG online campaign is not available. However, presence of such people would be a good indication of success of the social media campaign. It's possibly also preferred that way because AC does not have sufficient human resources to provide testing services. Specifically, before or after a long holiday the demand for testing facility is very high. Everyone cannot get a booking for testing at an AC facilities. Other clinics too are approached for testing.

The testHKG partners have in-house testing centres resulting in a very good outreach. One of the oldest LGBT organization working for concerns of the MSM and transgender population in Hong Kong is also one of the partners of testHKG. Targets were realistic and reasonable, and they were achieved because of the ever-enhancing good performance during the first one year. Towards the end of implementation, the campaign faced challenges. During the last year the yearly contract that should have been signed during January 2019 was signed in the month of June or July. This had happened due to delays in submitting reports from APCOM to AIDS FONDS. Subsequently there were delays in funding allocations. There was however lack of communication between APCOM and AC and between AC and its implementing partners. Lack of clear communication among the stakeholder slowed down running of the campaign towards the end of the project.



8.2.4 Repeat Test

VCT data reveals that about 50 to 60% of the VCT YMSM clients have taken a repeat test. The proportion of YMSM taking repeat tests has been on the rise for past four years. The practice of taking repeat tests can be given further boost by sending reminders through SMS every six months. This is not being done at the moment because of lack of resources. A set of messages can be devised to suit people with different risk levels.

8.2.5 Care and Support

More than 90% of the people tested positive at AC were linked to care and support. AC had the support team, which could provide immediate support to the people tested positive through the rapid tests. The procedure and benefits of seeing a doctor and taking HIV medication is explained to ensure that the positive people are motivated to visit the clinic for treatment.

8.2.6 Targets achieved on schedule

The overall project goals and most of the outputs were achieved on schedule. Some targets were rescheduled because of changes in the resource's allocation timeline as well as local scenario in Hong Kong. Video production was rescheduled because of resource crunch for some time. However, after launching the video the impact and feedback was very good and the project targets were back on track.

8.2.7 Online exposure

The communities of YMSM reached through online and offline campaigns often overlapped. However, the Voluntary Counselling and Testing (VCT) data shows that a large proportion of people taking HIV test have been exposed to online promotions compared to offline events. There is an increase in the awareness about testing. The internet outreach, screening of members on the online groups, chat group, forums show that the community has initiated the undetectable follow, i.e. an HIV positive person whose viral load is at the undetectable level, to seek information on internet by themselves. This has helped convince the YMSM about the importance of the testing. Importantly this is taking place without intervention efforts by AC. This has also lead to increased awareness and testing behaviour within last three years.

8.2.8 offline outreach

Offline events, however enabled in depth dialogue with the YMSM. These events also enabled the project staff to verify whether the YMSM have understood the information provided online. Conversion into testing numbers happened quicker through offline campaigns than the online ones. The reason being that during offline campaigns the YMSM are provided with condoms, given a booking number of testing or given self-test kit. Availability of the mobile van also maked it possible to provide testing at their doorstep. That was found to be far more convenient for the YMSM than having to take a booking number and going to the testing centre.

8.2.9 Treatment adherence

Hong Kong government provides Highly Active Antiretroviral Therapy (HAART) for the positive YMSM. Most of the positive YMSM including the newly diagnosed positive YMSM in Hong Kong need to take just 1 to 2 pills a day, which is an easy regimen to follow. testHKG data and data from government clinics indicates that more than 90% of the people linked to the AIDS clinics do take the pills regularly.

PROGRAMME UNDER THE APCOM TESTHKG2YKA PROGRAMME



Risk reduction among YMSM has been improved mainly because of the introduction of 'undetectable follow concept. Some community members can explain the concept undetectable fellows who are also less likely transmit the disease to others, yet they are at potential risk of receiving higher degree infection if they don't take preventive care. In case of YMSM facing some risks, they can actually ask any question online which are answered by AC staff or any other volunteers instantly.

leakage in campaign exposure to treatment cascade

The extent of people exposed to testHKG taking the test varied from season to season. The project progress reports show that, in March and April there were more people coming for HIV testing and among them many tested positive for HIV, whereas in August and September lesser number of people came for HIV testing and lesser proportion of people were tested positive. The reason for higher numbers in March and April was found to be that prior to these months there happens to be the Christmas vacation season, when people freely engage in sex. After 90 days of window period, more people who gone out during Christmas vacation came for testing in the month of March. More than 90% of the people tested positive at the AC clinic are linked to treatment, who have also started the medication within three months or less.

8.2.12 Peer group for case by case management

All the three numbers are aligned with the 90-90-90 campaign. That means 90% of the YMSM know their status; 90% of the YMSM tested positive are linked to care and suppression of the virus in their system.

Past three years the number of YMSM tested HIV positive has sharply increased indicating that YMSM are increasingly taking the test and also that tests are quite conclusive. It is however alarming that the YMSM are catching the infection at a young age. Early detection is extremely important in the AIDS epidemic management. A core peer HIV team was formed for case management case by case. Over 95% of the YMSM tested positive at AC testing enter were guided to access the public medical treatment service. The test to treatment cascade of 90 90 90 has been the greatest achievement.

8.2.13 Video viewership

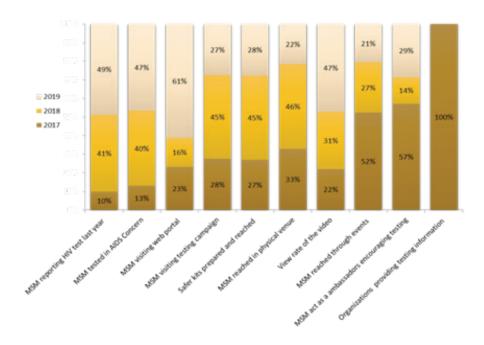
The videos, the audio-visual messaging rather than the slogans have made the campaign more visible among the target community. Videos produced in collaboration with local KOL had the greatest number of viewers. Celebrity KOL made the story about the relationship between YMSM most attractive to the viewers. Not just the viewers enjoyed watching the video but they also shared their appreciation and acceptance of the underlying message about testing and prevention.

During the early days of campaign there was a video about the therapy, the threesome sex and wild sex. This video was the least viewed video. Young men with muscled bodies, thin and fat bodies were part of the videos on threesome sex. However, despite depicting relations among young men with different body types, the video was not as appreciated as some other video. The viewership to the particular video is only comparatively low, and not low in absolute terms. The campaign staff feels that the messages given in that video would have reached the audience on dot. Videos, and audio-visual content in general have more appeal than the text messages.



8.3 ANNUAL CAMPAIGN EFFICIENCY BY INDICATORS

FIGURE 1: ANNUAL CAMPAIGN EFFICIENCY BY INDICATORS



- AC has been conducting HIV testing prior to the campaign as well as during the
 campaign using its financial as well as human resources. Hence, despite the resource
 crunch faced during the campaign the number of MSM reporting HIV test in the last
 year and MSM tested at AC testing facility are both on the rise during subsequent
 years (2018 and 2019) thanks to the boost received through the campaign.
- A large proportion of people taking HIV test were exposed to online promotions compared to offline events. The internet outreach, screening of members on the online groups, chat group, forums has attracted the internet user to visit the AC's web page and in turn they are convinced to get tested for HIV. With increasing number of visitors, the viewership for the videos has increased in the subsequent campaign years. Sex positive messaging and efforts put in to build a more welcome social media channel as well as to generate ever new and more appealing content for the online platform keeping the millennial in view enabled to keep the YMSM interested and increase viewership as the campaign progressed.
- Offline campaign activities such as mobilizing MSM to visit testing campaign, safer
 testing kits prepared and distributed among them and MSM reached at physical
 sites such as bars and clubs picked up during the second year but declined
 during the third year of the campaign perhaps these activities were more man-hour
 intensive and AC and its partners faced financial crunch and activities had to be
 suspended for some time.
- Number of YMSM reached through events and number of MSM acting as ambassadors to encourage testing had declined both in the second and third year because the young people were all engaged in the Hong Cong protests making it difficult to organize regular events such as Pink Dots and Gay Parade.
- All the required partnerships with organizations providing testing information and services were broached during the first year of the campaign. No new partnerships were initiated during the second and the third year.







9. ENABLING STRATEGIES

9.1 Stakeholder participation and Multi-layered testing and feedback mechanism

The campaign, testHKG, mainly targeted young MSM. Hence it was not possible to succeed without the participation from the community, especially the young. It was equally important to be receptive to the young community to be able to pick up gist of their responses and their concerns which can become the fulcrum points for good messaging and strategy. Good rapport with the community made it easier to recruit the YMSM as part of the campaign team as well. Involvement of and ownership by the YMSM in the campaign was one of the key achievements. This has ensured that the communication strategy has been successful.

Every message was field tested to confirm if they are suitable for a public launch. The communication tools and the text were designed in consultation with local communities and partner organizations. Communication tools were also shared with the funding agency for feedback and approval. Changes based on collective feedback were incorporated periodically.

9.2 Consistency with testXXX

testHKG is modelled after one of the famous campaigns testBKK in Bangkok. Some community members who visited Bankgok often recognize campaign, its logo and the initiatives. That made it very easy for the people to recognize the programme locally in Hong Kong.

9.3 Out of the box communication design

It was very difficult to hand out a pamphlet especially to the youngsters who are likely to throw it away. Hence the preventive messages were printed on attractive condom cases which were distributed freely to everybody. Hence the messages reached, stayed and were read by the target population. Campaign logo was also printed there with further information to taking the test. This was found to be very successful.

9.4 Good production quality and aesthetic appeal

Traditional way of the message delivery was no longer effective. The communication tool needed to be aesthetically appealing with good production quality which however came at a higher cost. The messaging also needs to be market savvy and social media friendly for it to be effective.

9.5 Pre-test counselling

Unlike some other testing facilities in Hong Kong, testing facilities at AC provided pre-test gay friendly professional counselling and behaviour change counselling to help people who were receiving HIV test to inculcate preventive practices in order to minimize their risk of HIV infection in coming future. AC clinics also prepared the clients emotionally to receive the HIV test results

9.6 Repeat tests

Once the YMSM get the HIV testing done at the AC facility, they are impressed by the quality of service and feel comfortable to ask any question to the professional counsellor at the centre who satisfactorily clear all their doubts related to sexual health. Most of them do access the AC testing centre for repeat tests.

9.7 Estimation techniques by experienced staff

AC has been engaged in the community promotion via social media platform with a successful track record year after year. AC staff had a rich experience in terms of handling the public education as well as managing the program. Hence there was a mutual familiarity and comfort among the campaign staff and the target community.

Response to the social media platform was assessed based on official data shown by different platforms. AC's Facebook page launched before the test HKG has helped estimating number of people that can reached by uploading messages, audio-visual content on Facebook or other media platforms. That also gave AC an indication of how much should one pay for an advertisement on social media.

9.8 Online campaign

YMSM are hooked up to the internet more often than the times when they visit bars and clubs. The offline events also planned and organized through online groups, online chatting rooms etc. As a first contact online campaign has more potential to reach YMSM and motivate them to take services provided under testHKG. Unlike offline campaign, where the communication material can be used just once, online content can be shared and can be watched again and again. Widely shared by the viewers the messages have a ripple effect.

9.9 Online booking option

The lack of human interphase, during the booking, which is a first step towards taking the test emboldens the YMSM to do the booking.

9.10 Sex positive online campaign to suit the YMSM community

Online workshops were organized to promote sex positivity among YMSM and promotional videos were posted online. YMSM were expected to participate in those workshops online or watch the video and be introduced to the concept of sex positivity



discretely without anyone else getting to know about it. Famous and powerful celebrity KOL were also invited to engage with the community members, especially the youngsters. KOL were found to be more persuasive in their message delivery. Youngsters were more receptive to a healthy way of perceiving sex and readily drop their inhibitions towards taking HIV test. Past three years the YMSM are increasingly accessing AC's testing services.

9.11 Comfortable testing options

Besides individual testing, there was an option of couple testing. Couples were encouraged to visit the testing centres. The counsellors play important role in improving communication between the sex-partners or lovers leading to improvement in their testing behaviour and preventive behaviour. Mobile testing facility was also provided where the individuals as well as couples could get a test done at their doorstep. The mobile testing service provided by AC has the most extensive geographical coverage reaching the most remote areas.

9.12 Learning from partnerships

- Some of the campaign partners from Indonesia (testYKA), had interesting style of
 the handling social media content. They produced long videos with the stories that
 could entertain as well as engage with the viewer providing messages subtly rather
 than directly. This style of messaging was discussed with the production house.
 However, AC decided not to borrow these methods because Honk Kong has a very
 different cultural milieu than Indonesia. However, it helped AC evolving its own
 specific style of messaging which includes sex positivity, relationships and body
 image.
- 2. AC was able to learn from other test XXX city campaigns and evolve its own culture specific campaign strategy and design. Produced two sequences of interesting sex positive videos. As a result, HIV testing has been normalized and different testing options such as couple counselling and testing, mobile testing service have helped achieve testing targets.
- Sex positivity encourages YMSM to see their sexual orientation and behaviour in
 positive way. AC promoted HIV testing in a positive way that YMSM do not need to
 afraid. AC also promoted couple testing so that YMSM in relationships seek testing
 together.
- 4. Body image is important for YMSM community in Hong Kong. Hence AC included a wide range of different body images suggesting that people with different body types can also enjoy sex.
- 5. AC has also observed and imbibed the campaign management style, efficient administration and effective communication that is at work in APCOM, a known name in Asia.
- testHKG gave AC an opportunity for cross region collaborations with a different country and learn from an organization there, particularly, how it overcomes its specific challenges.
- 7. Campaign design of testHKG has made it possible to understand Social Return on Investment. It has demonstrated a systematic technical way to evaluate the output, outcome and impact against input activities and investment.

10. WHAT COULD BE CHANGED

10.1 Financial sustainability

It is difficult to sustain this campaign in its entirety beyond the project period. In fact, it has dented AC's existing financial positions leading to a cash crunch and over dues. AC needs to submit all the documents and reports on time before the money could be released by APCOM/Donor, which did not take place. Financial resources are needed to staff salaries in all departments, for production of campaign material and for the monitoring and evaluation component. Hong Kong is an extremely expensive place. Producing and promoting quality advocacy material for a large-scale social media campaign will need resources that are not available at the moment.

10.2 Scaling up testing facilities

YMSM approach other clinics for testing after exposure to testHKG online campaign. AC does not have sufficient human resources to provide testing services to all those who are exposed to the testHKG campaign. Specifically, before or after a long holiday the demand for testing facility is very high. Everyone cannot get a booking for testing at an AC facility. Other clinics too are approached for testing. Testing facilities need to be scaled up, which will need additional resources.

10.3 Building resource mobilization capacities

It is expected that the implementing organization mobilizes at least 10% to 20% financial as well as technical resources apart from the funds received from APCOM by strengthening partnerships. In the future, while choosing campaign partners there needs to be a definite indicator pertaining to fundraising and partnerships while setting targets and making budgetary allocations. AC needs to enhance its capacity to reaching out to stakeholders to raise funds and mobilize other resources to enable it to replicate and scale up the well-established campaign model in the future.

10.4 Scale down frequency and depth of reporting

One needs to scale down the frequency and level of reporting. Quarterly reports were useful to understand the concerns at the ground level on time but one needs to let some time pass before one can see the impact. With the existing reporting schedule sometimes the project team was left with time just enough for a bullet to fly in order to see the impact. Six monthly reporting would be more desirable. That would enable the project management team to strike a balance between activities, monitoring and feedback system as well as efficiency.

10.5 Greater control over financial transaction

Greater control over financial resources would be helpful for the campaign managers. Quarterly funding schedule could be changed to half yearly funding so that AC would have adequate on hand for allocation under different components and activity heads.

10.6 app could be dropped testHKG

YMSM often use platforms/apps such as Facebook, Instagram, Gridner, Jacked. Any new app will have to keep up with the existing apps and would need to be periodically upgraded. The app specifically developed for testHKG campaign could be taken off as in Hong Kong not many people use the app. Since, there is an already established online tracking system, not many people have the motivation to download one more app for the information about testing or for online booking.

10.7 Redesigning online campaign

The experience of designing and running the campaign has been invaluable. However, the social media intervention has been criticized for its ineffectiveness. The future campaign will need greater investment for the design and productions. Behavioural data pertaining to testing behaviour or social media watching behaviour among the community could be improved to enable more comprehensive research. That can help redesign the social media campaign.



11. FUTURE PLANS 11.1 Gay friendly videos

Gay friendly videos giving convincing messages promoting HIV testing and involvement of local communities are more enabling and scalable.

11.2 Testing services

Testing services provided by AC complimenting the testHKG campaign are not sponsored by APCOM under the testHKG campaign. AC used its own resources to provide the testing services, including the centre testing, the mobile testing and as well as the couple testing. Hence this will continue beyond the testHKG campaign.

11.3 PrEP services

Most of the YMSM in Hong Kong feel need to buy the branded medicines which are very expensive and unaffordable for most of the PLHIV. Some PLHIV have received the medicines from a platform called Poppers. Some YMSM do buy generic drugs from Thailand. However, there has been neither any routine medical examination nor any HIV testing.

However, AC considers it very important to let the community know about Pre-Exposure Prophylaxis (PrEP) as an additional prevention. A dedicated advocacy project is being run to promote PrEP use as well as the health checking among the MSM and YMSM in Hong Kong.

In Hong Kong PrEP service has been very limited and there is no data available on PrEP users as the proportion of YMSM in Hong Kong who are taking PrEP is small compared to India or the Thailand because of low accessibility.

AC is going to starting its own PrEP shops which will also do monitoring and follow-up among the PLHIV taking PrEP individually for each PLHIV. They are asked if they take prep, how they take and whether they have the information. Every month our intellect outreach workers have the Screenshot in dating app to check the portfolio of people taking PrEP in Hong Kong. Most of the people taking PrEP in Hong Kong are in the age bracket of over 28 and above. So, it is not the scope of YMSM having PrEP, A lot of MSM purchase PrEP online from Thailand or take it from their sexual partner without any information on need to have a full body medical examination.





ANNEXURES





ANNEXURES 1: Documents reviewed

- 1. testXXX Concept Note
- 2. testHKG Contract
- 3. testHKG2YKA Sungrant Agreement

Progress Report by AIDS Concern to APCOM

- 4. Progress Report (Jan 17 to March 17)
- 5. Progress Report (Apr 17 to Jun 17)
- 6. Progress Report (July 17 to Sep 17)
- 7. Progress Report (Oct 17 to Dec 17)
- 8. Progress Report (Jan 18 to March 18)
- 9. Progress Report (Apr 18 to Jun 18)
- 10. Progress Report (July 18 to Sep 18)
- 11. Progress Report (Oct 18 to Dec 18)
- 12. Progress Report (Jan 19 to March 19)
- 13. Progress Report (Apr 19 to Jun 19)
- 14. Progress Report (July 19 to Sep 19)
- 15. Progress Report (Oct 19 to Dec 19)

ANNEXURES 2: List of respondents

SI	Name of the Respondents	Organization	Position	Tool Used
1	Lau Tsz Chun, Jason	AIDS CONCERN	Program Director	KII
2	KB Lee	AIDS CONCERN	Programme Manager	KII
3	Ben Leung	AIDS CONCERN	Programme Manager	KII
4	Selvan Punidha	APCOM	Monitoring and Evaluation Officer	KII
5	Inad Rendon	APCOM	Senior Programme	KII

Annexure 3:

Study methodology, tools and techniques

END OF PROJECT EVALUATION OF TESTHKG CAMPAIGN

PROGRAMME UNDER THE APCOM TESTHKG2YKA PROGRAMME

OBJECTIVES OF THE EVALUATION STUDY

The overall objective of the End of Project Evaluation of TestHKG Campaign Programme is to develop detailed study paper on the testHKG programme, including but not limited to success stories, challenges and failures as well as to identify and document the evidence-based best practices related to efficiency, effectiveness, relationship and responsibilities between AIDS Concern and in country stakeholders, impact and scalability of testHKG campaign. Similarly, the end project evaluation study will collect information of the "testHKG" project by application of qualitative data collection tools and methodologies and by reviewing the project key documents.

The end of project evaluation will examine the specific areas i.e. project development, planning, design, implementation, effectiveness, challenges, sustainability and impact. The project evaluation will allow APCOM to identify key achievements and bottlenecks in implementation to determine adjustments to programme strategies that will help in ameliorating project outcomes in future and/or to build on the achievements of the programme to date.

Evaluation Objectives

- Conduct an evaluation of the Programme (testHKG) as implemented by AIDS Concern covering the period 2018-2019, against its stated objectives and targets,
- Assess the effectiveness of the campaign and relationship and responsibilities between in country stakeholder in contributing to the achievement of the Programme's stated objectives and targets
- 3. Identify and document notable achievements of the Programme and factors which contributed to these achievements,
- 4. Identify bottlenecks and challenges that affected implementing programme activities and providing specific recommendations.
- 5. Recommend future plan to sustain testHKG campaign
- Prepare consolidated final report for the project donor including identification of problems, causes of potential bottlenecks in implementation, and providing specific recommendations.

DESK REVIEW

The SIAAP consulting team carried out an extensive desk review of the project key documents. The main purpose of desk review was to understand the project goal, its context and objectives. Likewise, the desk review helped the team in developing appropriate methodology and study instruments/tools which include KIIs and the Most Significant Change Story (MSCS).

The following documents were shared with SIAAP by APCOM:

- testHKG contract between APCOM and AIDS Concern with Programme Description
- Quarterly narrative reports submitted by AIDS Concern to APCOM



METHODOLOGY

The methodology used to conduct this evaluation study is combination of desktop review of the project documents and review of qualitative data collected through Key Informant Interviews (KIIs) among identified members of implementation team as well as senior management of testHKG campaign. In compliance with the RfP and the study objectives and guided by findings of desk review, the end-of-project evaluation study of testHKG campaign employed qualitative data collection methodology.

This methodology will be used in order to draw the strength from qualitative methods to gather rich, process oriented, descriptive data which facilitates validation of programme and data through cross verification. This method and approach will help us to ensure that we will be able to collect high quality data that is both in-depth and comprehensive, conduct meaningful analysis and ultimately render the study to greater use for undertaking similar interventions in the future.

Decisions related to conception, development, planning, partnerships, implementation and sustainability are largely dealt by management of APCOM and AIDS Concern and the first hand knowledge related to implementation is available with implementation team, implementation team members are grouped into two categories namely senior management team and implementation team. As a result, 4-5 KKIs will conducted.

The qualitative data will be collected using semi-structured questionnaires through KIIs. As there are two groups of respondents - senior management team and implementation team - going to be covered in the study, two types of tools are developed to collect information from two groups of respondents. On an average, each KII will run for 75-90 minutes and audio taped for transcription. Dr. Shyamala Nataraj and Dr. K. Swaminathan will facilitate the discussion and interviews with stakeholders.

KIIs with AIDS Concern and APCOM team will be conducted remotely through Skype calls. It is envisaged that SIAAP consultants will re-run the audio tapes at the end of the day and seek the assistance of AIDS Concern and APCOM team members to get clarity on accent, slang, idiom, phrase, colloquialism, dialect, used by the different country team members.

DEVELOPMENT OF STUDY TOOLS

As a result of the desk review of the available project documents, initial drafts of the entire study instruments were prepared in line with the purpose of consultancy highlighted in RfP. The study instruments consist of prompting and probing questions related to 5 purposes of the RfP and key chapters of the evaluation report format. Since first purpose of the consultancy will largely be covered through desk review of project documents, perceptions of implementation team members relating to this specific purpose will alone be elicited along with set of questions related to remaining 4 purposes of the consultancy assignment. These draft tools will be shared with the concerned APCOM team members at Bangkok to solicit their views on the practicality and validity of questions contained therein. Based on the feedback received from the concerned APCOM team, the Consulting team will review and incorporate valuable suggestions of APCOM team. The outcomes of these deliberations will be incorporated in the final drafts of all the study instruments, used for the data collection.

TOOLS AND TECHNIQUES

A comprehensive In-depth tool was prepared and used in the qualitative aspect of the study. This tool was designed keeping in view the project indicators and objectives of the evaluation. Based on the project key documents review and guided by the aims and purpose of the consultancy assignment defined in the RfP, the study used the following tools and techniques for the End Project Evaluation study. The drafts of these tools will be shared with APCOM for review and will be finalized according to the study objectives.

The Primary objective of the qualitative questionnaire was to gather quantitative information about the following 7 aspects in each of the target locations,

- 1. Conduct an evaluation of the Programme (testHKG) as implemented by AIDS Concern covering the period 2018-2019, against its stated objectives and targets,
- 2. Assess the effectiveness of the testHKG campaign
- 3. Relationship and responsibilities between in country stakeholder in contributing to the achievement of the Programme's stated objectives and targets
- 4. Identify and document notable achievements of the Programme and factors which contributed to these achievements,
- 5. Identify bottlenecks and challenges that affected implementing programme activities and providing specific recommendations.
- 6. Recommend future plan to sustain testHKG campaign
- Prepare consolidated final report for the project donor including identification of problems, causes of potential bottlenecks in implementation, and providing specific recommendations.

Since the purpose 2 of the consultancy deals with efficiency and effectiveness of the programme, more number of questions covering all the activities are included in the tool to measure effectiveness and efficiency of program activities. Responses to these questions will also contribute to remaining 3 purposes of the assignment such as identifying achievements, ongoing opportunities, and problems and bottlenecks. Therefore, minimal number of direct questions related to achievements, and problems are included so as to minimize respondent fatigue.

The flow of the in-depth interview will be based on the nature of probes and questions that we would actually use, however in the opposed methodology for the development of the in-depth interviews we have taken the five issues raised in the RFA. In the following tables, we have illustrated kinds of questions come under each purpose of the assignment. However, in application of the in-depth interview we will be following a particular flow and therefore the questions under each of the items will be interspersed in such a way that we are able to elicit suitable responses.



* Tool for Implementation Team

Purpose of Consultancy		Question no. in the tool			
1.	Conduct an evaluation of the Programme (testHKG) as implemented by AIDS Concern covering the period 2018-2019, against its stated objectives and targets,	1,2356			
2.	Assess the effectiveness of the testHKG campaign	3 4 5 6 7 8 9 10 11 12 13 14 15 16 18 18 19 20 21 22 23 24 25 26 27 28 29 35 37			
3.	Relationship and responsibilities between in country stakeholder in contributing to the achievement of the Programme's stated objectives and targets	4 5 16 25 27 30 35 36 37			
4.	Identify and document notable achievements of the Programme and factors which contributed to these achievements	9 16 18 19 23 26 27 28 29 30 34 35 36 38			
5.	Identify bottlenecks and challenges that affected implementing programme activities and providing specific recommendations.	7 13 16 20 21 29 30 31 32 33 37			
6.	Recommend future plan to sustain testHKG campaign	20 21 23 29 30 32 33 36			
7.	Prepare consolidated final report for the project donor including identification of problems, causes of potential bottlenecks in implementation, and providing specific recommendations.	38			
	*				

For cross reference in the tool that is available, the above mentioned 7 purposes are identified under each of the questions.

**Tool for Senior Management

	Purpose of Consultancy	Question no. in the tool
1.	Conduct an evaluation of the Programme (testHKG) as implemented by AIDS Concern covering the period 2018-2019, against its stated objectives and targets,	2678
2.	Assess the effectiveness of the testHKG campaign	123456891013 14152324
3.	Relationship and responsibilities between in country stakeholder in contributing to the achievement of the Programme's stated objectives and targets	5 10 11 13 14 23
4.	Identify and document notable achievements of the Programme and factors which contributed to these achievements	1 5 8 12 13 14 15 16 19 20
5.	Identify bottlenecks and challenges that affected implementing programme activities and providing specific recommendations.	3 5 8 11 13 15 18 18 21 22
6.	Recommend future plan to sustain testHKG campaign	3 13 15 20 21 22 24
7.	Prepare consolidated final report for the project donor including identification of problems, causes of potential bottlenecks in implementation, and providing specific recommendations.	16

For cross reference in the tool that is available, the above mentioned 7 purposes are identified under each of the questions.

Tool for Interview with Implementation Team

- 1. To what extent are the objectives of the testHKG campaign still valid/relevant to YMSM of your city? (Purpose:1)
- 2. Are the activities and outputs of the programme consistent with the intended impacts and effects? Yes/No, explain? (Purpose:1)
- 3. Were targets achieved on time? If yes, how? If no, why? (Purpose:1 & 2)
- 4. Do you think adequate resources were available to you to achieve the objectives? If not explain? (Purpose:2 & 3)
- 5. How did you pitch the testHKG campaign strategies and activities to suit the unique demography and life styles of YMSM in your country? Occupation, mobile usage, access to social media, access to print media? (Purpose:1, 2 & 3)
- 6. How did you make sex positive online campaign to match the traits and lifestyles of YMSM in your country? If yes, what are they? Outcomes? (Purpose:1&2)
- 7. Have you faced any issue with regard to misrepresentation of integrity of campaign purpose due to online and off line materials developed for testXXX campaign? If yes, what are they? How mitigated it? (Purpose:2&5)
- 8. Do you think that online campaigns can reach more YMSM? If yes, explain why? (Purpose:2)
- 9. Of the different social media campaign, what types of messages were viewed by most YMSM? What types of messages were viewed least?
 What was your action to improve the same? (Purpose: 2 & 4)
 - Lowest viewed and liked messages Duration of observation
 - Highest viewed and liked messages Duration of observation
- 10. Do you think that offline campaigns can reach more YMSM? If yes, explain why? (Purpose:2)
- 11. Do you think online booking option for HIV/STI testing motivates YMSM to access services? (Purpose:2)
- 12. Do you think that health seeking behaviour of YMSM improved? If yes explain? If not, why? (Purpose:2)
- 13. Do you think risk reduction among YMSM improved? If yes explain? If not, why? (Purpose:2&5)
- 14. Do you think buddy system improved access to HIV testing? Why and how? (Purpose:2)
- 15. Are there any difference in the rate of 'actual tests taken' among YMSM who booked online for testing' and those who reached out through signature events? Why? (Purpose:2) Why? Is there any difference in test uptake at AIDS Concern clinic and other clinics? Why? (Purpose:2)
- 16. Is there any difference in the rate of treatment enrolment among YMSMs who had tested at premium testing service and those who tested at pop-up clinic? Why? (Purpose:2, 3, 4 & 5)
- 17. Is there any difference in the rate of treatment enrolment among YMSM who had tested at AIDS Concern clinics and those who tested at other clinics? Why? (Purpose:2)
- 18. Did you have peer and volunteer mechanism to promote HIV testing as part of testHKG? (Purpose:2&4)
- 19. Repeat audiences are common in signature events. How did you reach out to new YMSMs? (Purpose:2&4)
- 20. Is there any scope for leaks in treatment cascade? Eg. From booking for testing to enrolment. At which stage? What are the reasons? How can it be improved? (Purpose:2, 5 & 6)
- 21. What do you think of the treatment adherence among cohort of YMSM?

 Are they followed-up? If no, is there need for follow-up? Why? (Purpose:2, 5 & 6)
- 22. According to you, when YMSM were exposed to 'awareness', 'due consideration of messages' and 'to take action', how do you rate the effort in a 5 point scale?(Purpose:2)



- 23. According to you, what proportion of YMSM appear for repeat testing? How often? Do you think there is scope for improvement for repeat test? How? (Purpose: 2, 4 & 6)
- 24. Have you tracked YMSM accessing PrEP services? If yes what proportion? How long do they take PrEP? Adherence? Where do they get PrEP medicines? (Purpose:2)
- 25. Have you ever accessed services at the clinic partners? Are you satisfied with the services? (Purpose:2, 3)
- 26. What are the significant changes made in your online based on analysis of online campaign data?
 - eg Google analytics, YouTube analytics, Facebook Insights, and so on? (Purpose:2, 4)
 - In content development
 - Making service facility more accessible
- 27. How does your pre-test survey helped to redesign your campaign or course corrections. What are recommendations adopted and what are outcomes? (Purpose:2, 3, &4)
- 28. Have you assessed campaign penetration and HIV testing outcomes of testHKG? What are recommendations adopted and what are outcomes? (Purpose:2, 4)
- 29. What is your experience in gaining attention/engaging with the media/journalists to maximise participation in HIV/gay related activation events in the conservative context? (Purpose: 2, 4, 5 & 6)
- 30. What are key strategies, skills and perspectives you used to (Purpose:3, 4, 5, &6)
 - Reach out to hard to reach YMSM
 - Consensus and commitment building among stakeholders
 - Media.
 - Political stability,
 - Financial stability
- 31. Did you face any challenges in consensus and commitment building among stakeholders? What are they? How it affected campaign implementation? Can you share any success stories in partnership building? How? Outcomes? (Purpose:5)
- 32. What are the key risks that you faced in testHKG campaign? How did you mitigate it? (Purpose:5, 6)
- 33. Are there any challenges in implementation of testHKG campaign? If yes, explain? What are the key challenges? (Purpose:5, 6)
- 34. What are the key achievements of testHKG with regard to each of the following (Purpose:4)
 - YMSM exposed to campaign message
 - Reaching out YMSM
 - YMSM testing
 - YMSM+ enrolled in treatment cascade
 - Partnerships for sustainability
 - Partnership for expanding testHKG campaign
- 35. To what extent have the benefits of the programme or project continued after donor funding was over? had ceased? (Purpose:2, 3, 4)
- 36. What are the key areas in which capacities of in country partners of testBKK were developed? Outcomes? Any other area that needs focus? What are they? How and who? (Purpose: 3,4)
- 37. Do you think your organizational capacity is adequately built to develop, implement and sustain testxx campaign? If yes, specify? If no, what needs to be improved? (Purpose:2, 3, 5 &6)
- 38. Most significant change stories on (Purpose:4, 7)
 - YMSM Sex positive, awareness to action,
 - Testing overcoming stigma and anxiety of testing, MSM friendly services,
 - Treatment Cascade
 - Online messages and products
 - Partnerships

Guide for Interview with Senior Management Team of AIDS Concern and APCOM

- 1. How testHKG campaign is different from existing and previous testing campaigns? (Purpose:2, 4)
- 2. Are the activities and outputs of the programme consistent with the intended impacts and effects? If yes, explain? (Purpose:1, 2)
 - 2.1 Is/are there any changes in the activities and/or outputs during the implementation of the campaign? What are they? What are factors that prompted these changes?
- 3. Were the objectives and targets achieved on time? (Purpose:2) Are there any challenges? What are they? Action taken against challenges? (Purpose:2, 5 & 6)
- 4. Do you think the testHKG campaign implemented in the most efficient way? (Purpose:2)How do you say so?
- 5. What are the implications of laws of the country on testHKG campaign in your city? Explain the mitigation strategies? (Purpose:2,3,4&5)
- 6. What are the criteria and process/es of selecting Country Implementing Partner, AIDS Concern? (Purpose:1&2) Only for APCOM Team

Suggested additional questions:

- a. Criteria for the selection of CIP in the proposal
- b. Processes in entering into contract with CIP (Formalisation of partnership)
- c. What can you recommend to improve (c.1) criteria for selection and (c.2) processes in finalising the partnership?
- 7. On what basis the target for testing and media campaigns were arrived? (Purpose:1) Only for APCOM Team
- 8. How do you rate yourself against achieving the targets and results? (Purpose: 1, 2 & 4, 5)
 - a. List the areas you think you scored well, how/why?
 (Camping penetration, HIV/STI testing, condom usage, harm reduction)
 - b. List the areas you think you underperformed/scored less, why?
- 9. How did you pitch the testHKG campaign strategies and activities to suit the unique demography and life styles of YMSM in your city? Occupation, mobile usage, access to social media, access to print media? (Purpose:2)
- 10. Can you explain the perspectives that made sex positive online campaign match the traits and lifestyles of YMSM in your city? (Purpose:2,3)
- 11. Have you faced any issues with regards to misrepresentation of integrity of dicrete message of testHKG campaign? If yes, what are they? (Purpose:3,5)
- 12. Pre-test assessments was carried out periodically. What are the key recommendations from assessment studies that were adopted? Can you enumerate the outcomes? (Purpose:4)
- 13. Do you think your organizational capacity was adequately built to develop, implement and sustain testHKG campaign? If yes, specify? If no, what are your recommendations for improvement? (Purpose:2, 3,4,5,6)
 - a. Has testHKG campaign built the capacity of your organisation over time?
 (Capacity in terms of reaching out to YMSM, using social media platforms)
 (Capacity in terms of project and finance management)
 - b. What expertise did your (b.1) staff and (b.2) organisation develop from implementing the campaign?



- 14. Do you think adequate resources were available to you to achieve the objectives? Yes/no, can you explain? (Purpose:2, 3)
- 15. What are the key strategies, skills and perspectives you used to achieve (Purpose:2, 4, 5, & 6)
 - i. Partnerships
 - ii. Political stability within CIP
 - iii. Financial sustainability
- 16. What opportunities did the campaign provide the organisation in terms of :

(Purpose: 4 & 7)

Partnerships?

Financial sustainability?

- 17. What are the key risks that you faced in development, implementation and transfer of testHKG campaign? How did you mitigate it? (Purpose:5) Only for APCOM team
- 18. Are there challenges in conceptualisation, development, planning, and implementation of testHKG campaign? If yes, explain what are the key challenges? (Purpose:5)
- 19. What are your key achievements in terms of each of the following? (Purpose:4)
 - i. YMSM exposed to campaign message
 - ii. Reaching YMSM through online campaign
 - iii. YMSM testing
 - iv. YMSM+ enrolled in treatment cascade
 - v. Partnerships with service delivery facilities
 - vi. Partnerships for sustainability
 - vii. Partnership with CBOS for expanding testHKG
- 20. According to you, what are the two key successes of the textHKG campaign that can be scaled nationally and/or internationally? (Purpose:4, &6) BY any organization
- 21. According to you, what are the two aspects in the testHKG campaign that could have been improved in order to replicate the campaign? (Purpose:5, 6)
- 22. According to you, what is the one chief thing that needs to be dropped if the campaign is scaled up elsewhere? (Purpose:5,6)
- 23. In the current political scenario of your country, how safe are MSM? Will it help to sustain the testHKG campaign? Explain? (Purpose:2,3)
- 24. To what extent did the benefits of a programme or project continue after donor funding ceased? (Purpose:2,6)



We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.



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