Organizational Network Analysis of Organizations that Serve Men Who Have Sex with Men and Transgender People in Chiang Mai, Thailand

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This research has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement GHA-A-00-08-00003-00, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. The views expressed in this publication do not necessarily reflect the views of PEPFAR, USAID or the United States government.

July 2014 SR-14-94

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Abbreviations

CAM	The Church of Christ in Thailand AIDS Ministry
CBO	community-based organization
GHI	Global Health Initiative
IPPF	International Planned Parenthood Federation
IRB	institutional review board
MSM	men who have sex with men
NGO	nongovernmental organization
STI	sexually transmitted infection
TG	transgender
ONA	organizational network analysis
VCT	voluntary counseling and testing
USAID	U.S. Agency for International Development

Introduction

Men who have sex with men (MSM) in the Asia Pacific region are 19 times more likely than the general population to be living with HIV (Baral, Sifakis, Cleghorn & Beyrer, 2007), yet the proportion of MSM reached with HIV prevention, treatment, care and support services remains extremely low (AIDSTAR-One, 2012). In Thailand over the past decade, HIV among MSM and transgender people has emerged as a serious public health concern. HIV studies published from 2005 onward have consistently demonstrated increasing HIV prevalence rates among MSM and transgender people in the three major Thai cities of Bangkok, Pattaya, and Chiang Mai (Guadamuz et al, 2010). At the same time, anecdotal reports from community-based organizations in Thailand reveal that MSM and transgender people tend to avoid mainstream services because they fear discrimination and poor treatment. These organizations report that late-presentation to hospital with AIDS-related complications is common among their MSM and transgender clients (USAID, 2009).

Improving health outcomes by coordinating health interventions that are delivered within strong, well-functioning health systems is an essential principle of the Global Health Initiative (GHI) (USAID, 2010). Achieving this goal requires cooperation between donors, implementing partners, and organizations. Organizations must communicate, coordinate, and collaborate with other organizations engaged in similar efforts in order to effectively meet the comprehensive health needs of their clients. In many cases, an unconnected collection of individual organizations must learn to act as a cohesive network.

Within health systems, multiple organizations provide services to a population. However, these organizations may operate in an environment where they do not coordinate aspects of patient care, or even know about the existence of one another. Organizational network analysis (ONA) is a methodology that allows for the identification of organizations and the mapping of one organization's connections and relationships to others in the same network. Once these connections are known, organizations can take steps to boost these relationships to build communications channels, share information and refer clients.

Background and Study Goal

The end goal of the Chiang Mai ONA study is to facilitate the improvement of voluntary counseling and testing (VCT) and other services for MSM and transgender (TG) people through more efficient delivery of services, reducing duplication of efforts, and comprehensively addressing clients' needs. The study aims to understand the extent to which organizations and actors providing VCT and other support and services to MSM and TG people in Chiang Mai are aware of each other and the services they provide; and how these organizations coordinate, collaborate and/or share information, resources, and clients. The study was conducted in Chiang Mai given there are relatively fewer published studies on HIV among MSM and transgender people compared to the central Thai cities of Bangkok and Pattaya.

By documenting how various organizations and actors are functioning and linking this information with client needs, the results of this study can be used to evaluate prevention efforts

as well as elucidate specific opportunities to improve collaborative efforts and advance provision of health care. This study addresses the following key questions of interest:

- Which MSM service provision organizations are already working with each other and how?
- How can the organizational ties be strengthened to improve integrated MSM service provision for clients as a whole?
- What are missed opportunities for coordination of services between MSM service providers?
- How could the various organizations and actors work together better to achieve the program objectives, i.e., enhanced community-based organization capacity, quality services, and improved capacity of non-governmental organization management?

In order to achieve this goal, MEASURE Evaluation in conjunction with The HIV Foundation Thailand based in Bangkok conducted an assessment of all organizations in the metropolitan area of Chiang Mai that provide any type of service to MSM or TG people. Through dissemination and stakeholder meetings, MEASURE Evaluation worked with The HIV Foundation Thailand and partners to use the information collected during the assessment to facilitate discussions around the improvement of the delivery of services to MSM and TG in Chiang Mai. There were three specific activities:

1. assessment of VCT and other MSM and TG service providers;
2. ethnographic interviews with MSM and TG people in Chiang Mai to understand their access to services and their perceived quality of care; and
3. dissemination meeting with network members and other stakeholders to facilitate an understanding of the health care network and encourage the development of plans to better leverage resources to maximize client care.

Figure 1 provides a conceptual model for this study. This protocol covers activities related to the first two boxes on the left; assessing the network, and using the data to understand and strengthen the network.

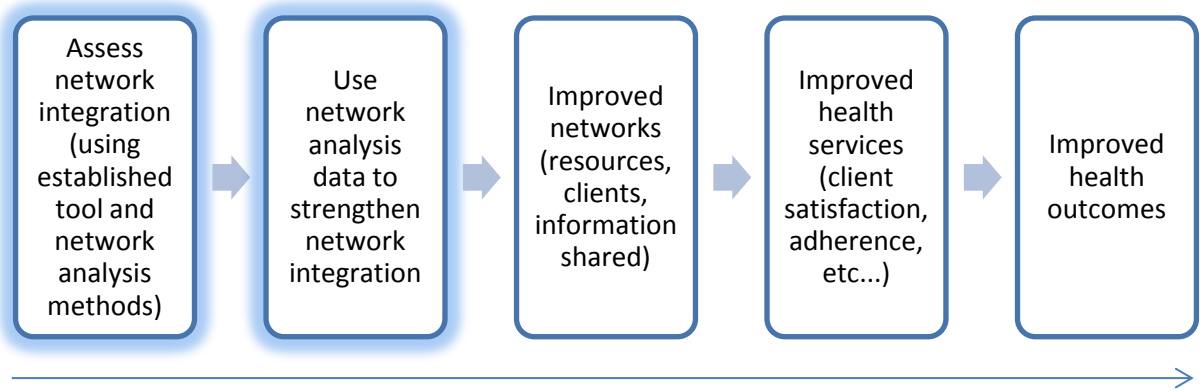

Figure 1. Theoretical model for the study.

Methods

MEASURE Evaluation worked in partnership with The HIV Foundation Thailand to conduct all data collection and to coordinate the dissemination and stakeholder meetings. The following is an outline of activities conducted by MEASURE Evaluation and The HIV Foundation Thailand:

1. **Ethical review:** Ethical approval was sought from institutions in the U.S. as well as Thailand.
2. **Defined the network:** Specific criteria were applied to define the network. The network is defined as a cluster of organizations—government entities, nongovernmental organizations (NGOs), community-based organizations (CBOs) and others—providing places for MSM and TG to meet, socialize, advocate for rights, receive HIV prevention, testing and treatment services, and other types of support. The network crosses sectors that include community-based, medical as well as private and commercial sectors engaged in supporting or servicing MSM and TG people in Chiang Mai.
3. **Target population interviews**: Ethnographic interviews were conducted with MSM and TG people accessing VCT and other services in Chiang Mai, Thailand. Semi-structured interviews were conducted to gather information on organizations that are providing services to MSM and TG, to understand clients' met or unmet needs, to understand client's perceived quality of care, and to understand their access to care, or barriers to accessing care within this network.
4. **Enumeration of network members:** Data from the target population interviews was used to generate an initial list of all network members in Chiang Mai. Service providers identified through the target population interviews were used to begin the list of network members. Each network member in the initial list was contacted and assessed for inclusion into the study. Each network member was also asked to name other service providers with whom they work.
5. **Organizational interviews**: Structured interviews were conducted with individuals representing each network member or organization to investigate: (a) their knowledge and awareness of other network members; (b) the quality and quantity of interactions between network members; and (c) their perspective on why connections do or do not exist.
6. **Data analysis**: Organizational data was analyzed using Analytic Technologies' UCINET social network analysis software. Qualitative data was analyzed using a 'content' analysis approach.
7. **Disseminate results:** A dissemination meeting was held for the participating organizations to have an opportunity to see the network they are a part of, validate the quantitative data, discuss how to improve the network and linkages, and to understand how improving the network will benefit them.

Detail about the seven activities are provided below.

1. Ethical Review

The data collection tools and protocol were submitted to a University of North Carolina Institutional Review Board (IRB) and approved. There was no viable institution to receive

approval from in Thailand at the time of the study, and so a subject-matter expert was asked to do a thorough review of the protocol and data collection tools as per the university's IRB stipulation. Dr. Parekhoa Pornthep, at faculty member of the School of Nursing at KhonKaen University with a specialty in sexuality and health, conducted the review and approved the protocol. All data collection tools were translated from English to Thai and back-translated.

2. *Define the Network:*

We developed specific inclusion criteria to identify organizations in the network. Based on the study aims, organizations may be part of a "potential" network or may not know they are part of a network. An "organization" is a person or group of people who organize to achieve a common goal, in this case, provision of services to MSM and TG people in Chiang Mai. An individual may be considered an organization in the case of a traditional healer or private doctor. Most likely, the organization will consist of two or more people providing health or counseling services under the umbrella of a community-based organization or health facility. The inclusion criteria for this study were:

> *Organizations that provide voluntary counseling and testing (VCT) services, health services, outreach, HIV prevention education, advocacy and other support services to men who have sex with men (MSM) and transgender people living in the Chiang Mai metropolitan area.*

3. *Target Population Interviews*

At the first stage of data collection interviews were conducted with men who have sex with men and transgender people aged 18 old or older in Chiang Mai. These semi-structured interviews collected information on participants' knowledge of organizations that provide services specific to the needs of MSM and TG people including VCT; whether MSM have concerns about these organizations (e.g., accessibility and acceptability of services, referrals, etc.); and whether they perceive that these organizations communicate and collaborate with one another. Four interviewers were trained during a three day training session in Chiang Mai prior to the data collection. The training included ethics training, interviewing skills, and protocol training. The data collectors were members of the MSM and/or TG community. Twenty MSM and TG people were recruited and completed the semi-structured interviews. Data collectors visited commercial venues within the city of Chiang Mai where MSM and transgender people gather. The data collectors approached other MSM and TG at sites they were familiar with, such as saunas, dance clubs, karaoke and other bars, and cafés. They discussed the study with MSM and TG and invited them to become study participants. When privacy and confidentiality could be assured, the interview took place at the venue itself. However, most often privacy and confidentiality were not assured, so appointments were made for the following days to complete the interview. For interviews that took place outside the place of recruitment, the interviewees received a nominal stipend of 500 baht (U.S. $15) for their time and transportation costs. All participants gave verbal consent to the interviewer before commencing the interview by trained interview staff. Once they received verbal consent, data collectors signed their name on the consent form. No names or contact details were obtained or recorded from the target population interviews. The qualitative interviews lasted approximately two hours each. After an interview was

completed, it was taken to the project manager and stored in a locked file cabinet until it was entered into a word document.

4. Enumeration of Network Members

We used data collected during the target population interviews to generate a list of organizations that met our inclusion criteria. Organizational representatives were contacted to screen for eligibility, and to find out if they knew of other organizations that should be included. Organizations were contacted until no new members were identified. The final organizational study population consisted of organizations that met our inclusion criteria and were willing and able to participate in the study.

The final list of participating organizations includes 10 public and private hospitals and clinics and CBOs and other non-profit organizations:

- The Anonymous Clinic Thai Red Cross
- The Church of Christ in Thailand AIDS Ministry (CAM)
- Caremat
- Chiang Mai Klaimor Hospital
- International Planned Parenthood Federation (IPPF)
- Mae Wang Hospital
- MPlus
- Sanpatong Hospital
- Sarapee Hospital
- Venereal and AIDS Control Region 10

5. Organizational Interviews

Once the organizational list was created, a second interview at the organizational level took place. The respondents were all high-level representatives, such as a manager or director, who were able to provide information on a broad array of issues concerning the organization. When possible, two or more representatives were interviewed at each organization in order to provide validity to responses. The data collectors that were hired and trained to conduct the target population interviews also completed the organizational interviews.

Questionnaires provided data on the types of linkages or relationships between organizations (e.g., shared resources, clients, information, etc.), the frequency of those linkages (e.g., regular, occasional), quality of the relationship (e.g., informal, formal), confirmation of linkages (e.g., reported relationships confirmed by partner organization, or memoranda of understanding). The questionnaire was adapted from an instrument used by Thomas and colleagues in South Africa and an instrument that was adapted from other experiences including in North Carolina, USA in the HIV care and treatment setting (Thomas, Isler, Carter & Torrone, 2007), and in a mental health setting in the USA (Morrissey et al., 1994). No names were recorded from the organizational interview, the organizational representative gave the data collector verbal consent and the data collector signed their name on the consent form acknowledging consent. All

interview forms were stored in a locked file cabinet until recorded on word documents. The organizational interviews lasted approximately one hour each.

6. *Data Analysis:*

Organizational interview data was analyzed using both a 'content analysis' approach for qualitative and attribute data, and using UCINET social network analysis software to analyze the relational data between service providers. Many different types of relational data were collected to understand the relationships between service providers: resources shared (monetary and other); information shared; joint programming; and clients referred and received. Of particular interest was the relationship between service providers referring out and receiving client referrals from the other network members. We looked at clients sent and clients received from each service provider and analyzed these relationships using measures of density and centrality to understand the density of the connections between service providers as well as to understand the service providers that served a very central role to the network. Density and centrality are discussed in the results section below.

We conducted content analysis manually on the 20 in-depth interviews in order to pull out complex themes and reveal patterns, if any. We analyzed the themes across the different demographics, including age, sex, and gender.

7. *Disseminate Results:*

Dissemination and stakeholders meetings were held in Chiang Mai July 9-10, 2013. The dissemination meeting held on July 9, 2013, included the Chiang Mai MSM and TG service provider network. The stakeholder meeting was held on July 10, 2013, and included the network members as well as other organizations in Chiang Mai that were unable to participate in the study or those that are not part of the MSM and TG service network but have a stake in the service provision of VCT and other health services in Chiang Mai. More detail on the results of these meetings in the results section below.

Results

The results of this study are two-fold. We have detailed results from the qualitative interviews with MSM and transgender people that outline their access to services, perceived quality of care at agencies providing services, and barriers to access for care and services. Additionally, organizational results have been detailed that include organizations' perceived relationships with other organizations in the network, types of services that are provided by individual agencies and as a whole in Chiang Mai, and organizations' attitudes on the importance of having a cohesive network. The results are presented below.

Ethnographic Interviews

Of the 20 participants who were interviewed for the study, 13 identified as MSM and seven identified as TG (male-to-female). Seventeen of the 20 participants said they were between 21 and 40 years old. One participant was 18 years; one participant was over 40 years and one chose

not to disclose his/her age. Seven of the 20 participants had completed only junior high school, two participants had completed senior high school, four participants had completed technical or vocational certificate training, and seven participants had completed a university degree. Thirteen received a regular salary; five were self-employed, one was casually employed, and one reported 'other'.

Key Findings

> *I think about HIV when I see messages on signs, posters… in the news. That motivates me to be aware of the importance of prevention.*
>
> **MSM participant**

Ethnographic interviews sought to report the perceptions of and experiences with health seeking among MSM and TG participants in the study. Six themes emerged from the interviewing process and are reported upon in this report:

- life, health and HIV
- HIV and condom use
- perceived stigma and discrimination
- perceptions of and experiences with health services
- perceptions of and experiences with community based organizations
- what MSM and TG participants need to improve their health and wellbeing

Life, Health, and HIV

> *For me, my family is the most important thing because I have only my mother. I was [born] in to a poor family. My mother is a farmer… plants vegetables and rice. Our income is just enough for day-to-day expenses. I want to save money and share it with my mother but I tend to spend money hanging out with friends and I have no savings at all. When evening comes I always want to hang out. That's because I'm bored. I just can't stop myself.*
>
> **Transgender participant**

Each ethnographic interview began by asking respondents general questions about their lives. The interviews sought to understand what was most important in the life of each participant and whether health and HIV rated as important to them. The question, "As you go through your day-to-day life what is most important to you?" began each interview. The majority of participants said that family was the most important thing in their lives. The theme of family was strongly linked to friends who were sometimes viewed as part of a respondent's family. The themes of money, work, and a sense of one's future were strongly linked to family: respondents worked with a view to raising money for their families and their sense of future was strongly linked to the future of their families.

Two respondents raised a concern about aging with no family and especially no children to take care of them as they become frailer. Loneliness and the fear of being alone was a key theme in the stories of these two respondents, and also emerged in other respondents' interviews. Romance was a significant concern for around 50 percent of the participants (n=10), many of who feared they would not find a life partner to settle down with as they aged.

Life and Health for MSM Participants

> *Usually I play volleyball for fun. I realize that playing sports makes me strong and healthy but I'm not serious about what I eat. I have never been serious about nutrition and I don't take any supplements.*
>
> **MSM participant**

MSM participants most often associated health with exercise including going to the gym and playing sports. Health was also associated with vitamin and supplement use, going to pharmacies, and diet. Participants identified these elements of health as behaviors they should do, but often do not. Alcohol and smoking also emerged as significant themes in the lives of MSM participants. Many participants relax by drinking alcohol and smoking at gay venues in the city. Since alcohol and smoking is a significant health problem in Thailand (Assanangkornchai, Saunders & Conigrave, 1999), it is not surprising that this is reflected among MSM participants in this study. Alcohol intoxication was often associated with episodes of unprotected sex. Pharmacies emerged as important in the health of MSM participants who all reported the use pharmacies as soon as they had any symptoms of illness. One respondent explained that "when I get sick I will buy medicine at a pharmacy" and the reasons for going to pharmacies in the first instance were always about convenience and that fact that hospital and clinic waiting times made them unattractive to participants.

HIV Prevention and Condom Use

> *I think about AIDS from time to time but these thoughts pass quickly. I think I might already be HIV positive because I've never used a condom and I frequently have unsafe sex with many people.*
>
> **MSM participant**

The majority of participants in the study reported that they thought and were concerned about HIV in their daily lives. Eight participants reported that they thought about HIV "a lot" while eight reported that they thought about HIV "occasionally". Only four participants said they didn't think about HIV "much at all". Five participants said that prompts for thinking about HIV included messages on signs, posters, and information in the news (radio, television, and newspapers). Having unprotected sex or episodes of condom breakage, or having sex with a person who discloses being HIV positive were events that raised concerns about HIV. All participants had tested for HIV at least once in their lives; but in our study, two people did not return for their results.

The interviews revealed the frequency of reported condom use during anal intercourse among study participants. Four participants reported they never use condoms at all. One participant said he did not use condoms with any casual partners, and three transgender participants reported that they always use condoms with casual partners but never with their boyfriends (i.e., regular partners). Most participants reported consistent condom-use, but unprotected anal intercourse was a semi-regular or intermittent event in their lives. The presence of alcohol and alcohol intoxication was a common reason for non-use of condoms among participants.

The inaccessibility of condoms at places where MSM and TG people gather was a significant theme. One participant explained, "I have sex often, almost every time I drink. There should be condom vending machines … at pubs, bars, karaoke and at other places like public toilets, health centers." The price of condoms and the availability of free condoms and lubricant was a barrier to having safe sex every time. One respondent said, "I [want to] use condoms every time I have sex [but] I couldn't buy the condoms due to the price and amount of condom usage". Individual packs of condoms are not prohibitively expensive in Thailand. However, the frequency of sexual contacts reported by MSM and TG participants, and thus the need for many packs of condoms each week, makes purchasing them as needed prohibitively expensive.

Hospital and sexual health services distribute free condoms, but participants reported that, in most cases, these services do not provide enough condoms at one time. Some respondents requested that these services provide more condoms and make accessing condoms easier. One participant explained, "When we ask for condoms at the hospital or health care center they will give only 10 or 20, which is not enough for a week. I feel embarrassed to ask for condoms every week".

Perceived Stigma and Experiences of Discrimination in Health Services

> *Deep in the hearts of gay men we know there is [a] barrier to access[ing] health care services. For example, one health provider [has] refused [to accept] blood donations from homosexuals. In society, people treat us differently when they know we are gay. We may receive health services as we have the right to get standard services, but it is unequal.*
>
> **MSM participant**

Ethnographic interviewers asked questions about experiences with HIV and sexual health services in Chiang Mai. A direct question about problems with services over the last two years was asked. Participants' responses were most often associated with concern about the attitudes of health care providers and a perceived "sexual bias" among health care providers. There is a general belief among study participants that being sex or gender different in Thailand makes one a second-class citizen. , and that this always affects the quality of services provided to MSM and TG people in the health system. One respondent living with HIV said, "At hospitals there are staff that have a negative attitude toward people with HIV. They don't provide a good service to people with HIV." Stigma and discrimination related to living with HIV can be experienced in the family, in the workplace and in health services.

Stigma and discrimination from health providers is a barrier to MSM and TG persons seeking HIV services. By ignoring the need for health equity, government hospitals overlook the opportunity to respond to stigma and discrimination in their own staff. One transgender participant described how she attended a government service and the nurse at reception appeared judgmental of and rude toward her. Later, this same nurse called out the participant's name in front of a crowded waiting room and yelled, "You can go for your HIV now." This behavior appeared to be a deliberate attempt to embarrass her.

Additionally, the policy of government hospitals to provide services in the same way to every patient regardless of their presenting illness ignores the public health challenges posed in responding to communicable and highly stigmatized illnesses. For example, all participants cited lack of privacy in government facilities as a major barrier to access. One participant explained, "There are no private rooms for blood tests or counseling. I received HIV testing services in the presence of other patients." An overcrowded waiting room where maintaining confidentiality is difficult was a key participant concern.

Perceptions of and Experiences with Local Health Services

> *I remember the doctor… checked me without asking me anything, he didn't talk, and he didn't give me any information… then he asked for a blood test without getting my consent or giving me a reason why the test was needed. I was treated with injections and took medicines for a few days. I still wondered what exactly I had so I took the medicine to the pharmacy for checking and it was the same drug to treat gonorrhea.*
>
> **Transgender participant**

Ethnographic interviewers asked questions about the history of engagement with local health services in Chiang Mai. These services primarily include VCT services, and testing and treatment for sexually transmitted infections (STIs), although other services exist that provide support and case management services. Reports of poor service in government health facilities dominated the stories that study participants told. The lack of time that health practitioners have available to spend with patients was a key theme. One respondent said "I have many questions… but there is a long queue waiting to see [the] doctors. There should be more doctors and exam rooms. If I go to see the doctor I have to take a day's leave and this is very frustrating." Six participants spoke of the lack of privacy in government hospitals and clinics as a significant barrier to sexual health seeking. Problems with privacy included the requirement to provide one's Citizen Identification Card when seeking free HIV and sexual health diagnosis and treatment services and the lack of private consulting rooms for sexual health examination at government sites were described. One respondent explained, "I received my HIV testing service in the presence of other patients."

Four participants spoke of long waiting times as a significant barrier to sexual health seeking. "All day waiting" and "crowded and slow" services were often reported. One respondent said, "If you are not there when your number in the queue comes up you will lose your chance and you will have to start all over again" which can result in having to return on another day to receive health services. The time required to seek health services and the difficulties associated

with the services received results in participants only using these services when absolutely necessary — when symptoms are so severe that participants cannot wait any longer.

The significant difficulties associated with using government hospitals and clinics result in health seeking at local pharmacies for early presenting symptoms that don't appear to be severe or dangerous. A key problem with this strategy is that pharmacists are not trained or resourced to deal with sexual health issues. Pharmacists are not represented in the HIV or sexual health service networks that function in the Chiang Mai area so are not aware of or supported by these professional networks. During the enumeration period, no pharmacies were named by any participants and thus did not make it into the list of service providers. However, pharmacies are important service providers to MSM and TG in Chiang Mai. In future studies, the inclusion criteria and enumeration of service providers will be broadened to encourage the naming of pharmacies.

However, not all participants felt this way about government health services. Three participants reported satisfaction with their experiences of HIV and sexual health services in Chiang Mai. One respondent explained, "The health care services available nowadays are very good and I am satisfied with them all, especially those services that are free of charge."

Perceptions of and Experiences with Community-based Organizations

> *I got VCT by attending [a CBO] and they took us together to the clinic … the staff were there to greet us and then [the CBO] returned us back to the city.*
>
> **Transgender participant**

Ethnographic interviewers asked questions of participants about their perception and experiences with MSM and TG people's community-based organizations in Chiang Mai. Participants most often reported positive experiences with MSM and TG people's community based services where one-to-one was provided. This included accompanying clients to VTC or accompanying clients to HIV treatment clinics and hospitals. In one-to-one situations the privacy and quality of service can be more easily guaranteed. One participant explained, "My partner and I went to get VCT from [a CBO]. They were really friendly. They drove us to the clinic and stayed with us until the end which was reassuring."

Participants most often reported negative experiences with community-based services when these services were delivered as group-based events. CBOs need to rethink how they structure and deliver group events so that they maintain confidentiality and high quality health services. One participant explained, "I visited [a CBO] three months ago. I didn't like it at all. Most of the staff and clients know each other so they talk among themselves. I wasn't known and was like a stranger. It took almost half an hour before one staff member started to talk to me." This respondent then explained how she attended another community-based group in the city and "it was the total opposite. There is a crowd of people who want to talk to me like I am a flood victim. But there is no privacy."

What MSM and TG Participants Need to Improve their Health

Ethnographic interviewers asked participants about the kind of care, services or support they felt they needed but weren't sufficiently receiving. Study participants' responses highlight the need to improve the quality and responsiveness of sexual health services. Respondents want specialized service centers for health and education on sexual diversity, including sexual health. There was a call for increased distribution of free and low-cost condoms and lubricant. Finally respondents sought telephone and online support related to sexual diversity and sexual health and HIV.

Improved quality and responsiveness of sexual health services: Eleven participants requested specific improvements to the delivery of HIV and sexual health services to MSM and TG people in Chiang Mai. These included

- free rapid HIV testing (n=7)
- improved counseling facilities for MSM and TG people, and also increased counseling support for MSM and TG people living with HIV (n=5)
- private clinics for VCT and sexual health diagnosis and treatment (n=3)
- medical staff sensitive to the issues affecting MSM and TG people (n=3)

Specialist service centers for health and education on sexual diversity: Nine participants want specialist service centers for sexual diversity, sexual health education, or similar support for transgender people in Chiang Mai. These specialized service centers would provide advice on best sites for hormone and other treatments, surgery for transgender people, and rights.

Increased distribution of free and low-cost condoms and lubricant: Five participants requested increased distribution of free or low-cost condoms and lubricant. Sites mentioned included public parks, public toilets, gas stations, mobile VCT sites, gyms and fitness centers, pubs, saunas and karaoke bars. This would need to include a communication strategy to promote condom and lubricant access points through the media, online social networking, and word-of-mouth.

Telephone hotline/online support: Five participants requested increased support through telephone and online services. In particular, there was a request that clinical teams providing HIV and sexual health services engage more actively with the Internet. Some participants said that when they have symptoms that worry them they seek information first using Internet. "Chat" functions that would allow individual MSM and TG people to talk directly to doctors and nurses in the local area, with the capacity to make online appointments to then meet with the individual doctor or nurse at the clinical site, was an idea raised by most participants (n=18).

Organizational Interviews

The organizations in Chiang Mai that provide services to MSM and TG are a mixture of hospitals, clinics (public, private, and religiously affiliated), and CBOs. Most of the organizations in Chiang Mai are well established and are familiar with the work of the all of the other organizations within the network. Most of the services that are provided by these

organizations are health related; VCT, STI testing and treatment, treatment for opportunistic infections, antiretroviral therapy provision, and case management.

We included a number of different network measures, including relational and attribute data. Relational data tell us about the ways in which organizations interact (share data, resources, information, programming, funds, or refer/receive clients from one another). Attribute data include information on the types of services they provide, how many clients they serve, and their funding sources.

We asked organizational representatives to comment on their thoughts around networks, quality of care, and how working with other organizations could positively affect their clients. Results of this are shown below.

Attribute Data

Most of the organizations in our network provided some sort of health or health-related service. Six organizations in our network were either a hospital or clinic (including one STI clinic) and three organizations were a NGO/CBO, and one organization identified as a faith-based organization. Five network members are government-run and funded facilities, while the other five identified as NGOs receiving funding from bi-lateral donors (such as USAID), governments, foundations, or other NGOs.

Most organizations within this network have been operating in the community for many years and consider themselves to be well established. The oldest organization has been operating in Chiang Mai since 1972, and the newest organization in the network was established in 2006. The volume of clients varies among the organizations and is likely due to the types of services that they provide; many of the hospitals are district hospitals and provide many types of services, including sexual and reproductive health among others. Most of the hospitals have monthly patient loads of 150 to 600 clients, while many of the NGOs and CBOs have about 40 clients per month. One CBO reported that on average it receives 227 clients per month.

Organizational representatives were asked to provide information on the types of services to MSM and TG people that they provide to the community. Figure 2 outlines the network members, the types of services they either provide or refer clients to other organizations for the services, or whether neither provision nor referrals occur.

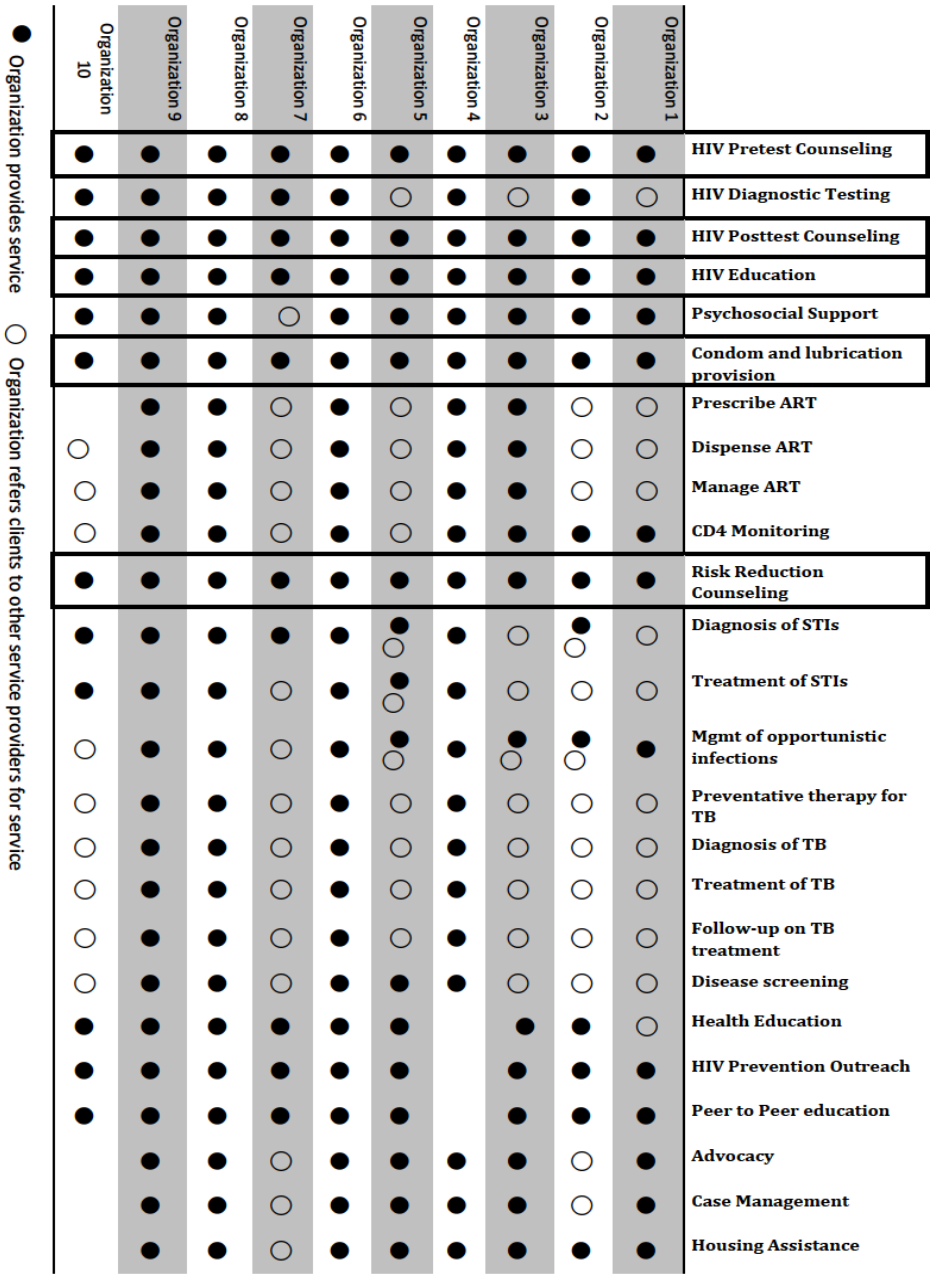

Figure 2. **Directory of services provided, by organization.**
Note: Rows with blocked borders indicate all organizations are either providing or referring clients for this service.

Relational Data

Relational data consist of responses around how different service providers interact with each other and view their overall relationships with each other. They were also asked to comment on how they felt working with each other in a more consistent and effective manner could affect client outcomes.

Question: Do you feel that doing activities in collaboration with other organizations will positively affect service outcomes for your clients?

Some responses to this question include the following:

> *Yes, because we are trying to help and support clients as much as we can. Therefore, we will refer them to receive the service they need, and help them to achieve every aspects of life if we could.*
>
> *Working as network helps organizations to provide better quality of care to clients. Clients are able to improve their quality of life; both health and social life. And then, they are able to remain their human dignity, and survive in the society.*
>
> *They should collaborate activities among MSM organizations, at least they should support each other, in order to create some effective work and reduce the cost and work load.*
>
> *The positive outcome of working as a network is being able to provide quality services to MSM, and cover all aspects of their need.*
>
> *There are benefits from working as a network. There is a space to exchange information, plan the activities, solve the problems, manage target group together. This will benefit people at a country level, not only individual organization.*
>
> *The clients will receive the appropriate service because health provider will know well about services of each organization, and be able to refer the client to the right places.*
>
> *Yes, by working together, their skills and specialties will be used to fulfill other's weak points, such as referral system is suiting some small organizations to be able to refer their clients to receive better health care services.*
>
> *Yes, so clients will receive the right service from the right health providers.*
>
> *Yes, the clients will be followed up from the experts because every organization will have the specialist on the different issues.*

Question: What factors have hindered the development of effective partnerships?

Among the responses were the following comments:

There is no coordinating organization to link all the organizations together.

The communication between organizations…nobody knows about the activities of others, and they can't collaborate with other organizations to do the effective activities together.

Donors are the ones who drive the direction of the organization. Some donors have rules or objectives which determine…collaboration between organizations.

No budget for the referral service (or personnel to manage)… .

With the limitation of organization and the framework designed by donors determined organizations to focus on their own objectives, and can't help other organizations.

Each organization is working on its own agenda and activities.

Organizational Networks

Results of the organizational network analysis were entered into the network analysis software, UCINET, in order to assess and quantify network connections. Two indicators that outline client referrals were chosen, 'clients sent' and 'clients received'. This is a relationship between network members, highlighting measure of centrality and density.

Clients sent: Density is calculated by dividing the number of connections (or ties) that are present in a given network by the total number of potential connections (or ties) within that network. This measure shows us how connected the network is with a measure of 1.0 meaning that all organizations connect (or send clients) to other organization within a network, while a measure of 0.0 means that no organization sends clients to any other organization within the network. The sociogram in figure 3 shows the connections and flow of clients between organizations in the network. With a density of 0.711, this network is highly connected in terms of referrals. While we generally assume that a higher density (closer to 1.0) is desirable, it is important to look at the importance and appropriateness of these connections (client referrals) depending on the context of the network.

Figure 3 also shows the service providers with different sized nodes. Each node, or blue square, represents an organization in the network. The size of the nodes represents the organizations' relative degree of centrality. This is essentially telling us that the larger the size of the node (organization) the more connections (ties) that organization has with other network members. The level of centrality can illuminate those organizations that have a higher level of importance or influence in a network. This also highlights organizations that are heavily relied upon, which could have potential negative effects on the network if that organization were to run out of funding for services, or close for other reasons, leaving a potentially severe service gap in its absence. In the sociogram we see two larger nodes representing 'central' organizations within the network for 'clients sent' from one organization to another; Caremat, and the Anonymous Clinic of the Thai Red Cross.

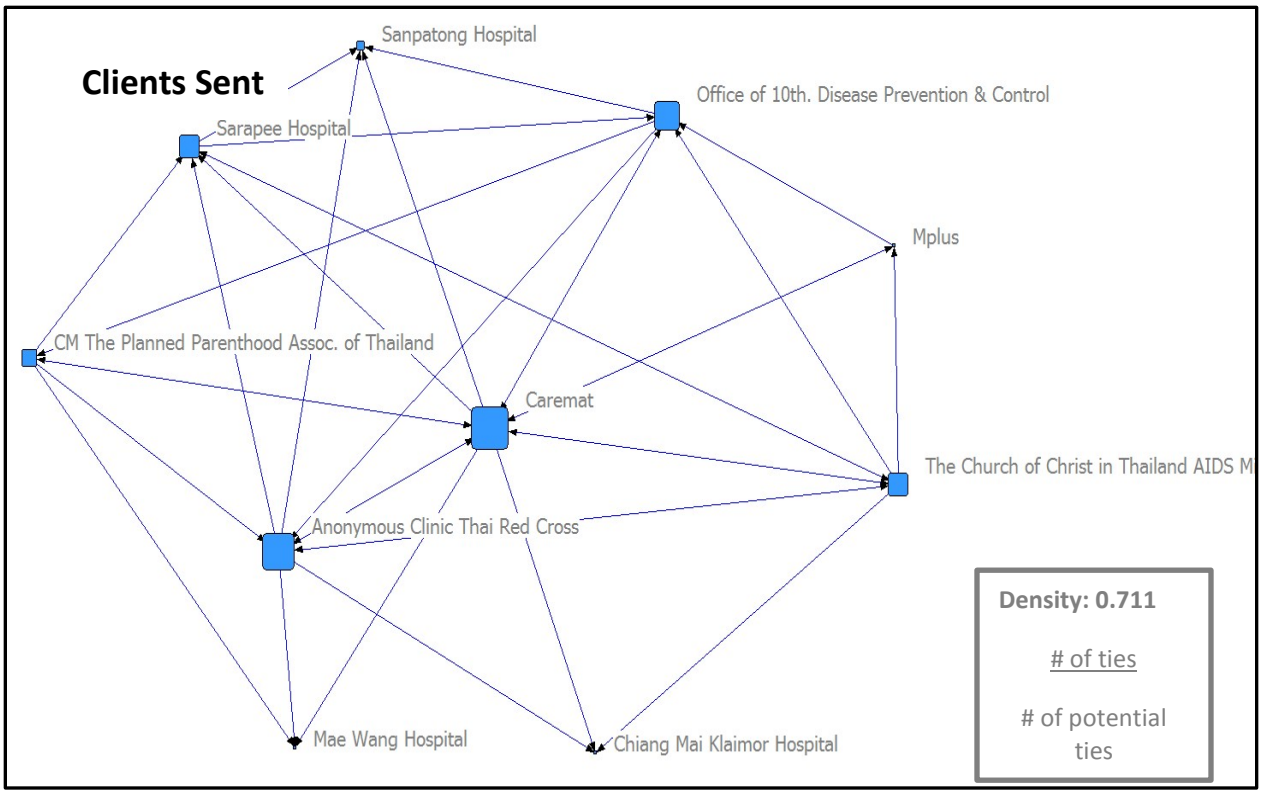

Figure 3. Sociogram showing clients sent between organizations. The sizes of the nodes represent the relative measure of centrality. This information is based upon interviews with knowledgeable organizational representatives.

Figure 4 shows the same sociogram used in figure 3. Here, the arrows represent the connections (ties) between organizations with the arrow direction representing the flow of clients from one organization to another. In this sociogram, the size of the arrows have been changed to represent the strength of that connection; in this case that represents the number of times per month one organization sends clients to another organization, or frequency of that exchange. The lighter colored arrows indicate that clients are sent to other organizations one time per month. The darkest and thickest arrows indicate organizations that send clients four times or more per month. This sociogram helps to understand strong connections between organizations, which can be a result of strong personal, professional and organizational connections.

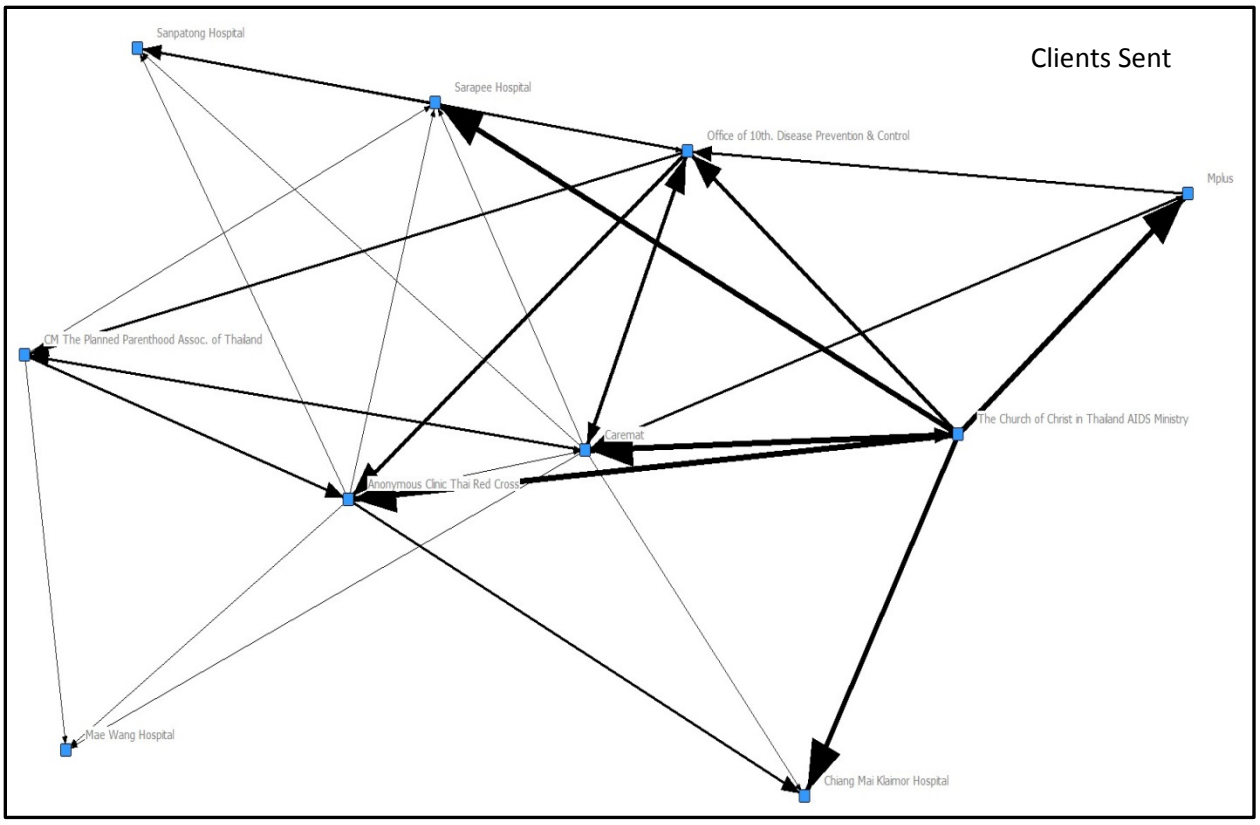

Figure 4. Sociogram showing clients sent between organizations. The size of the arrow represents strength of the tie (how many times clients are sent in one month). This information is based upon interviews with knowledgeable organizational representatives.

Clients received: Organizations were also asked about the organizations from which they received clients on a regular basis. These results are outlined using the same sociograms as above.

Figure 5 shows the centrality measure of each organization in the network pertaining to clients received. Two organizations are not in this network since they are not receiving clients from any other organization within the network shown above. The size of the nodes here is representative of the relative centrality of the organizations. The Office of 10th Disease Prevention and Control (Venereal & AIDS Control Region 10) has the highest level of centrality, making it is very central and important to the MSM and TG client referral network. The other two organizations that are close in measure of centrality include Sanpathong Hospital and MPlus. During the dissemination and stakeholder meetings these results were discussed along with the pros and cons of having a very centralized network.

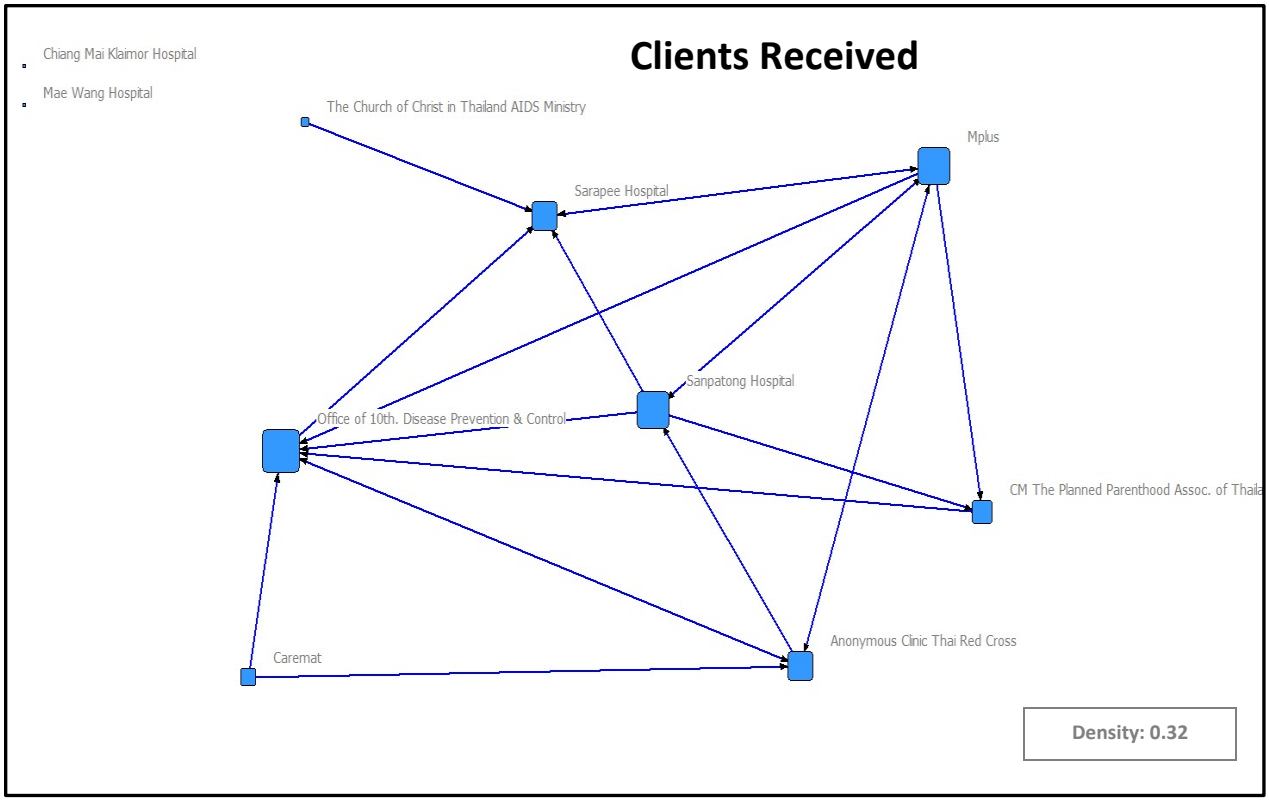

Figure 5. Sociogram showing clients received from organizations. The sizes of the nodes are representative of the relative centrality of each organization in the network.

Dissemination Meetings

The dissemination and stakeholder meetings were held July 9-10, 2013, in Chiang Mai, Thailand. Attending were representatives from The Anonymous Clinic Thai Red Cross, CAM, Caremat, IPPF, Chiang Mai Klaimor Hopsital, MPlus, Sanpatong Hospital, Sarapee Hospital, The Venereal & AIDS Control Region 10, The HIV Foundation Thailand, and MEASURE Evaluation. The stakeholder meeting included representatives from Sanpatong Hospital, Sankampang Hospital, Piman Center, Caremat, CAM, Sarapee Hospital, MPlus, The HIV Foundation Thailand, USAID RDMA, and MEASURE Evaluation. The first part of the meetings involved presenting the study design, the data collection process, and the results of the ethnographic and organizational interviews. The network participants discussed the results that were presented, as well as held discussions on how to improve provision of services to MSM and transgender people in Chiang Mai.

Discussions

Two questions during discussions included: What are the problems or obstacles in the referral system? And do you have any ideas about how to solve these problems? A summary of some of the comments follows:

- Confidentiality for clients is a significant concern. Clients had mentioned on more than one occasion that they were given test results in the company of other clients.
- Stigmatization was a significant concern for clients and a barrier to ongoing sexual health seeking among MSM and transgender people. Participants reported that there are many patients who come to receive VCT and receive an HIV positive result who are then lost to follow-up.
- Clients come to test for VCT but don't come back to receive the result.
- MPlus is going to work on care and support because the clients do not want to be referred to other health providers.
- Accompanying clients to a service provider to receive health care services is the most successful method to ensure services are obtained. This gives the client a sense of assurance and allows the service provider to see that the referral has been completed.
- Hospitals should have 'referral form' and send the 'receiving patient form' back to the organization to confirm that a hospital has received the patient.
- Many patients come to hospital when they have symptoms of opportunistic infections. Or when they get better, they just disappear, and do not return to continuously receive treatment and care. A key question is how MPlus and Caremat can ensure better case monitoring.
- People with HIV who start antiretroviral treatment need support and counseling for adherence to antiretroviral therapy and to solve problems that emerge in their lives.
- The Family Planning Association is developing a service system. But the issue is how to promote early testing and treatment, before a person with HIV gets sick. That's why collaboration with partners is important.
- How to help clients who don't want to disclose their health status? They also don't want to go to receive service at multiple sites.
- A condom and lubricant distribution project is needed, especially at meeting points for MSM and transgender people such as gyms and Internet cafés.
- Due to stigma many MSM and transgender people don't want hospitals to provide separate STI Clinic for MSM and TG. Instead, they should improve their services instead.
- The service provision network should work with pharmacies and pharmacy guilds and associations.

Comprehensiveness of the Network

A criticism from stakeholders in the dissemination meeting was that the study did not include all the hospitals, clinics, and research sites responding to HIV among MSM and transgender people in the Chiang Mai. This omission included Piman Research Centre, Lanna Hospital, McCormick Hospital, Siamraj Hospital, and Suandok Hospital. The reason for the lack of comprehensiveness of participating organizations was (a) private hospitals refused to participate because they perceived the HIV services they provided were insignificant compared to other service providers whose main mandate is to provide sexual health; (b) one site's administrator was on extended leave and was not be available to approve participation within the study timeframe; and (c) other sites required an internal ethical review process by their own ethical review boards (in addition to the ethical review process already undertaken for this study). These additional ethical reviews

could have taken at least six months to complete with no guarantee that these sites would then agree to participate without significant modifications to the ethical protocols established. The decision was therefore made not to include these sites because this would delay the study. McCormick Hospital, one of the five listed above that were not part of this study, was considered an important provider.

Referrals Sent and Received

Significant disagreement occurred in terms of the findings on referrals made versus referrals received. The density of clients sent is very different between clients received. More clients are being referred out from service providers than are being 'received' from those service providers. In general, CBOs were sending clients to hospitals and clinics, though those hospitals and clinics were generally not sending clients to CBOs. The hospitals in the network did not generally refer clients back to NGOs or CBOs after providing clinical care or intervention; therefore this was seen as one of the weak links in the network. There was some discussion on what it meant to 'send' or 'receive' a client from another service provider. The issue discussed was whether just giving a patient contact information for a CBO/NGO is sufficient to ensure that this patient actually gets to the CBO and accesses community services. In general, hospitals are not mandated to follow through on patient referral to other sites and this is a particular weakness in the network.

Another criticism was that the referral pathways described did not appear to include referrals occurring between hospitals. Clinical participants cited personal experiences referring patients to other clinical sites but this they felt was not represented in the findings of the network analysis.

This led to consensus that the professionals interviewed at particular sites may not have fully understood the referral systems of their own organizations or how the Chiang Mai MSM and transgender HIV network is connected. Since there is no formal means of conducting a referral within this network of providers, strengthening the knowledge of other service providers within the network and the services they provide is important for service providers to provide quality care.

Target Population Results

Target population interview results appeared to make the greatest impression on the participants of the dissemination meeting. They learned things they did not previously know or consider, including the important role that pharmacies have in the lives of MSM and transgender people. They acknowledged this was a missed sector that should be included in the network henceforth, including integrating key pharmacies into the stakeholder group for any future network strengthening activities.

The organizational interview results seemed to be less influential on the participants of the dissemination meeting. There are likely a few reasons for this: many organizations have been operating in Chiang Mai for many years and many organizational representatives know each other well and many seem to have professional working relationships with each other. The services that are provided in the Chiang Mai area are also well known; service providers in the

room knew where to send clients if other services were needed. There is currently no formal referral system in Chiang Mai, though referrals are happening between various organizations that provide services to MSM and transgender; and amongst all sectors. Service providers stated the organizational results underrepresented the actual relationships between service providers. They all agreed they were well connected within the network.

Recommendations

The study team makes the following recommendations to improve the service provider network and the service provision for MSM and transgender people in Chiang Mai, based upon the ethnographic interviews, the organizational interviews, and the dissemination meetings.

Recommendations for the Chiang Mai HIV MSM and Transgender Network

- Incorporate pharmacies as representatives in the Chiang Mai MSM and transgender HIV and sexual health service network.
- Consider the incorporation of certain members of the informal service provision sector providing hormone injections and other treatments for transgender people in to the Chiang Mai MSM and transgender HIV and sexual health service network.
- Government hospitals and clinics in Chiang Mai should work with the Chiang Mai HIV MSM and TGr network to develop policy to ensure equity in HIV and sexual health services to MSM and TG people.
- A formal referral system should be set up in the MSM and TG service provision sector. This would include standardized forms and client registers.

Recommendations for Government HIV and Sexual Health Services

- The development of separate, stand-alone HIV and sexual health centers within hospitals and clinics for MSM and TG patients should be discussed or pilot-tested. This would allow for providing streamlined confidential services to those community members seeking targeted sexual health services.
- The network should consider collaborative service provision between clinical and CBO members at government facilities for 'task shifting' and increasing the capacity to provide personalized service to patients.

Recommendations for HIV Prevention and Provision of Condoms and Lubricant

- The Chiang Mai MSM and TG HIV and sexual health service network needs to re-prioritize the distribution of condoms and lubricant to local MSM and TG people in the city by finding key locations where condoms are needed (hot spots) but are not yet available (such as at bars, saunas, etc.).
- Sites that distribute free condoms and lubricant should increase the number of condom and lubricant packs they distribute at any one time. They should consider strategies that make access easier — including self-service systems for condom and lubricant access at hospitals and clinics.

- HIV prevention messaging from CBOs and other health facilities whose mandates are education and prevention needs to emphasize condom use with regular as well as casual partners.

Recommendations for Community-Based Organizations and Groups

- MSM and transgender community-based organizations and groups should improve events and group-based service delivery to ensure consistency and high quality service.
- MSM and transgender community-based organizations should consider developing a 'relationships workshops' program in which HIV and STI health can be emphasized along with the building of communication skills for sustaining relationships.
- MSM and transgender community-based organizations should consider developing health promotion campaigns aimed to raise awareness of and to reduce alcohol intoxication leading to unprotected sex.

Conclusion

This ONA of organizations that serve MSM and TG in Chiang Mai, Thailand aimed to assess the strength and quality of the HIV service network for MSM and TG people in Chiang Mai, Thailand. Phase one of the research project involved qualitative target population interviews aimed to collect information on health and HIV and to record experiences with city health services in Chiang Mai. While the phase one sample was small (n=20), the themes that emerged from the ethnographic interviews and the results from the organization interviews highlight areas for potential strengthening of the Chiang Mai HIV MSM and TG service delivery network. This section provides an overview of the key conclusions from ethnographic and organizational interviewing and recommendations for improving the Chiang Mai HIV MSM and transgender network.

MSM and transgender participants use pharmacies in the first instance to manage symptoms of illness. Transgender participants use practitioners in the informal sector regularly for hormone and other treatments. The Chiang Mai HIV MSM and transgender network could benefit by extending membership to pharmacies and to select member of the informal service provision sector and by supporting these services with information and training on HIV and sexual health. As often pharmacies and informal service providers are first-line treatment and information centers for MSM and TG in Chiang Mai, including them in the network could help create cohesive and consistent care for sexual health concerns. A key barrier to accessing hospitals is the lack of an equity strategy for MSM and TG people within those settings. The Chiang Mai HIV MSM and Transgender network should work with local hospital administrations to support the development of such a strategy.

MSM and transgender participants themselves highlight the need for improvement of government hospital and clinic services for HIV and sexual health among MSM and TG people. Study participants request improved speed, convenience and privacy in these government sites as well as free rapid testing for HIV. This report also recommends that the Chiang Mai HIV MSM and transgender network prioritize the development of collaborative service delivery between

clinic and the community sector to increase personalized services to MSM and TG people at government clinical sites.

MSM and transgender participants report that free or low-cost condoms and lubricant packs are hard to find at the places they meet for sexual and social contact. The network should prioritize condom and lubricant distribution and increase the sites at which free and low-cost condoms and lubricants are available. A key finding of this research is the amount of inconsistent condom-use during anal intercourse that was reported by participants. A health promotion campaign to promote the consistent use of condoms and lubricant, with both casual and regular partners, is crucial to maximizing consistent condom and lubricant use.

MSM and transgender participants were concerned about romance and the difficulties of finding a life partner, with impacts upon them as they aged. CBOs and other groups should consider relationships workshops and other programs to encourage increased communications skills for maintaining long-term relationships. These programs provide the opportunity to emphasize HIV and sexual health skills and the need for protected sex between regular partners. A health promotion campaign to raise awareness and decrease the levels of unprotected sex when intoxicated is needed. CBOs and similar groups should develop a strategy to improve the experience of MSM and transgender people's engagement with community event and group-based activities.

Organizations in the MSM and transgender service network currently have long-standing relationships with each other as can be seen by the discussions and organizational analysis. Many of these are positive and strong relationships, though there are currently no formal relationships such as memoranda of understandings in place to ensure effective collaboration between key stakeholders. As can also be seen by the sociograms of client referrals; client referrals are currently happening across the network and between service sectors and providers, however, there are few organizations that are capturing this data in order to report, understand unmet need and to be able to track clients in need of case management or follow-up. Without a formal referral system that includes referral forms or referral registers, this critical information is lost.

The information collected, analyzed, disseminated and discussed regarding the assessment of the organizational network of the organizations that provide services to MSM and TG in Chiang Mai has revealed many different opportunities for collaboration, commitment and improvement. By collecting valuable information from our target population through qualitative in-depth interviews, important service provision gaps have been found and discussed with the network of providers. Recommendations on how to improve the functionality of the network, the cohesiveness of the network and how to improve the provision of services to MSM and TG in particular, but to the broader community needed sexual health services in general are outlined in this report.

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