

Partners



PROJECT DIVA

Diversity in Action

Supporting communities.
Reducing vulnerabilities.

Reducing the impact of HIV on men who have sex with men and transgender populations in South Asia

For further information

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A GFATM funded project

Phase I
2011 to 2012

Objectives

1. To improve the delivery of HIV related services for male-who-have-sex-with-male (MSM)¹ and transgender populations (TG)² in South Asia
2. To improve the policy environment with regards MSM, TG, and HIV related issues in South Asia
3. To improve strategic knowledge on MSM, TG, and HIV related issues in South Asia

The project will be implemented in seven South Asian countries: Bangladesh, India, Nepal, and Sri Lanka (where there are currently active community-led partner organisations), as well as Afghanistan and Pakistan (where partners will be developed), and Bhutan. In 2009, the South Asia multi-country HIV proposal addressing MSM and TG submitted by the Naz Foundation International was awarded Round 9 funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria.

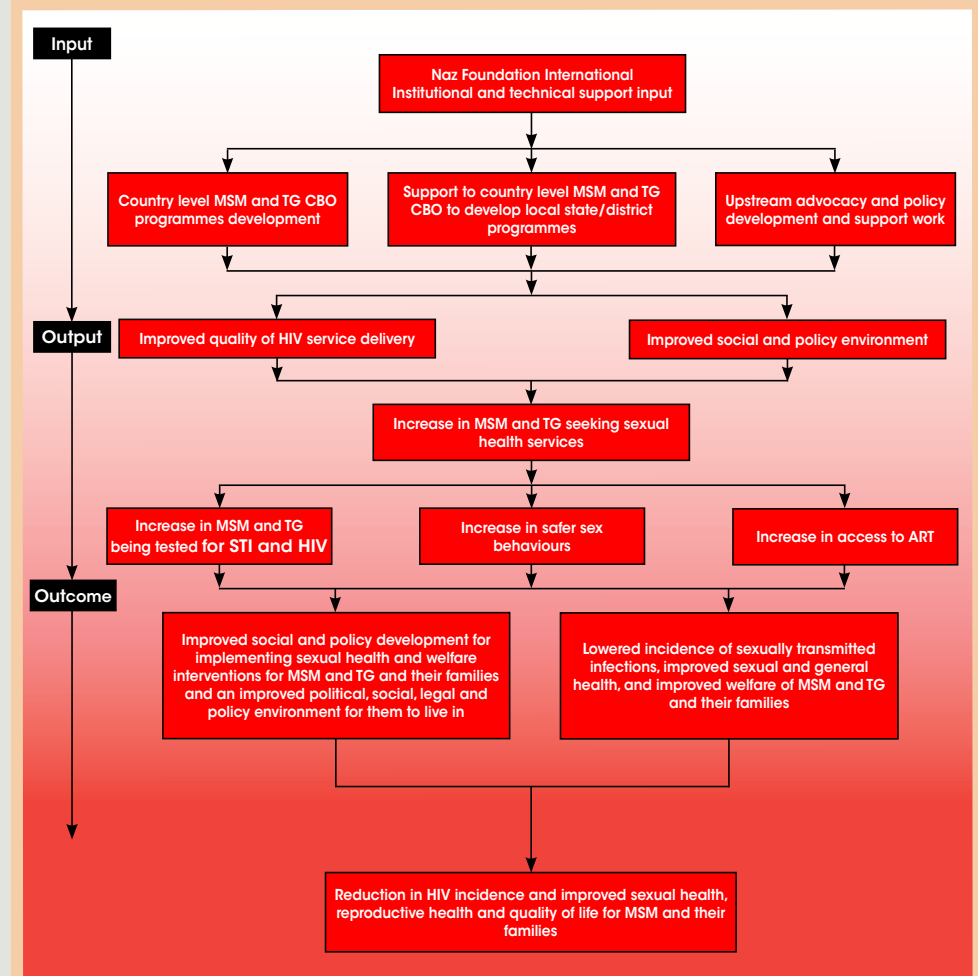
Regional grant partners include Population Services International (PSI) Nepal as the Principal Recipient, Naz Foundation International as a Sub-Recipient and lead implementing partner, and UNDP Asia Pacific Regional Center as technical assistance partner. Country partners include Bandhu Social Welfare Society (Bangladesh), National AIDS Control Programme, Ministry of Health (Bhutan), Maan AIDS Foundation (India), Blue Diamond Society (Nepal), Naz Male Health Alliance (Pakistan), and Companions on a Journey (Sri Lanka).



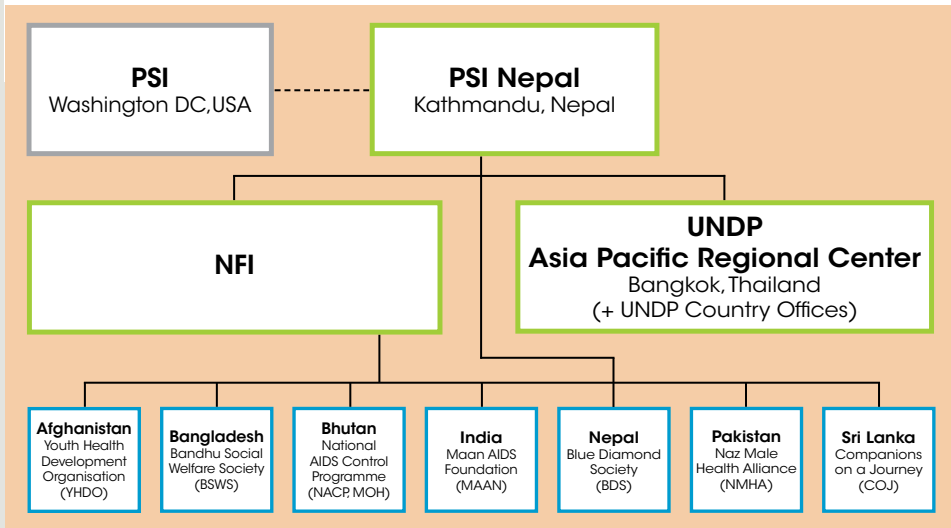
¹ This term encompasses men and boys, and those who may have an identity which recognises same-sex behaviour or not.

² This term describes those whose original given identity was male, but now exhibit a range of what are traditionally thought of as female characteristics and may identify as female.

NFI technical support process



Project DIVA organisational chart



Principles

Why we must work with male-to-male sex and HIV prevention, care and support?

Because:

- It is the right thing to do on humanitarian grounds.
- It is the right thing to do epidemiologically.
- It is the right thing to do from a public health perspective.

Males who have sex with males (MSM), whether their self-identity is linked to their same sex behaviour or not, have:

- The right to be free from violence and harassment;
- The right to be treated with dignity and respect;
- The right to be treated as full citizens in their country;
- The right to be free from HIV and AIDS;

MSM who are already infected with HIV have an equal right to access appropriate care and treatment with everyone else, regardless of how they were infected.



Sexual health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. *World Health Organisation*

Community System Strengthening

The main focus of Project DIVA activities will be supporting and building the capacity of in-country organisations to deliver high quality HIV-related services for males who have sex with males (MSM) and transgender (TG), engage in policy development and advocacy initiatives, and take part in research on HIV-related issues affecting MSM and transgender populations. The project aims to strengthen community systems to support and sustain this work. In order for interventions carried out by CBOs to be both effective and sustainable, it is necessary to build their capacity, create stronger linkages and networks between community organisations and community-led interventions, and provide longer-term support to these groups.

In the case where MSM and HIV country partners have their own local MSM and HIV organisational networks, the project strengthens their capacity to enhance and share skills, capacity and knowledge. Where such country partners do not exist, the project will develop the necessary capacity to strengthen national AIDS programmes to respond effectively and appropriately to the sexual health needs of MSM and TG in their countries, whilst establishing new country partners. Such organisations will be developed and supported to undertake necessary policy and advocacy work, generate knowledge, and strengthen service provision so that MSM and TGs can access and use appropriate HIV-related services. In addition, these organisations will further support the development and operation of local MSM and TG organisations providing HIV-related services to MSM and TG populations at a local level.

Regionality: Along with national level CBO strengthening, regionally, the project will enable sharing of knowledge, good practice, advocacy and skills across the various countries, and address cross-country issues through regional coordination and supporting regional initiatives. Cross-country learning will provide added value to country-level research, advocacy and capacity development, and improve the ability to address regional issues in a strategic way.

A multi-country approach

1. It is more **effective** because of the many similarities across the countries in the region that affect the risks and vulnerability of MSM and TG to HIV, including sexual and gender identities, social norms, stigma and discrimination, and restrictive legislation and law enforcement, which will enable the knowledge, skills and resources developed in one country to improve the outcome of activities in other countries in the region. For advocacy and policy development targeting sensitive issues and utilising regional platforms can help overcome barriers that would exist if these issues were just addressed at a country level, and which can create more effective dialogues, and encourage necessary change. Finally, the creation of a regional body of strategic knowledge covering a range of issues, including behaviour and other HIV risk factors for MSM and TG, community-led “good practice” models, and policy and advocacy initiatives addressing MSM, TG, and HIV-related issues, will be invaluable to help and improve community-led efforts to address these issues across the region.
2. It is a more **efficient** because human, financial and other resources will be shared across a number of countries, and the learning, skills and resources required in each country can be more easily accessed from these shared resources, without having to duplicate the effort of producing these from scratch. For example, training to support country-level MSM and TG CBOs in developing, and scaling-up of HIV services for MSM and TG in their countries, will be done by holding joint multi-country trainings while BCC resource templates will be developed that can be adapted to each locale and the knowledge and expertise gained in one locale will be used and adapted to inform work in another.
3. It is more **economic** because of the need for fewer resources, as resources will be shared across countries, rather than duplicating efforts.