

UNAIDS Consultant's report on the review of the men who have sex with men service package projects in Pakistan arising from the Enhance Programme on HIV/AIDS

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BACKGROUND

As a member of the mission team for the supervision of the Pakistan enhanced HIV/AIDS programme, which included representatives from the World Bank, UNAIDS Pakistan, DFID Pakistan, and the National AIDS Control Programme, Pakistan, along with the consultant on programme management issues, the original brief of the MSM consultant was to 1) conduct a technical review of the existing MSM intervention project in Lahore, 2) advocate on the importance of implementing appropriate MSM and HIV/AIDS interventions and evaluate the readiness of such projects in Peshawar and Karachi, 3) identify gaps in design and implementation of such projects while making recommendations to improve such projects, and 4) provide technical inputs to the mission team at provincial wrap-up meetings in Peshawar, Karachi and Lahore. Due to the absence of the technical expert who was to specifically address issues regarding female sex workers and HIV/AIDS in interventions in Karachi and Lahore, the MSM consultant was asked to include these issues in his brief. Further the consultant was also asked to comment on the jail inmates' programme in Karachi, and the IDU programme in Lahore.

Travel and activities

Date	City/Province	Activities
18-19 May	Peshawar, NWFP	<ul style="list-style-type: none"> • Participation in the review of the existing programme implementation meeting of the PACP. • Meetings held with two local NGOs working with MSM (AWARD and ORA). • Participation in the NGO meeting and presentations. • Participation in the wrap-up meeting and provided input
20-23 May	Karachi, Sindh	<ul style="list-style-type: none"> • Participation in the review of the existing programme implementation meeting of the SACP. • Meeting with AMAL (working with female sex workers) and site visit to one of its health centres. • Meeting with Sukkur Blood and Drugs Donating Society (working with jail inmates) and site visit to Central Jail – both juvenile and adult prisons. • Unofficial review of technical proposals received by SACP for MSM HIV/AIDS service packages • Participation in the wrap-up meeting and provided input
24-26 May	Lahore, Punjab	<ul style="list-style-type: none"> • Participation in the review of the existing programme implementation meeting of the SACP. • Meeting with CONTECH (contracted to implement HIV/AIDS programmes for female sex workers as well as MSM) • Site visit to one of CONTECH's Special Health Centre for female sex workers. • Site visit to one of CONTECH's Special Health Centre for MSM, as well as a second SPC for female sex workers. • Meeting with Nai Zindagi (contracted to implement the IDU and HIV/AIDS programme) and site visit to its service office • Participation in the wrap-up meeting and provided input

27 May	Islamabad	<ul style="list-style-type: none"> • Debriefing with Dr. Aldo Landi, UNAIDS Pakistan • Briefing of UNICEF on issues of concern in regard to male adolescents and HIV/AIDS arising from review of existing HIV/AIDS programmes.
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Additional activities

- Review of the TORs for HIV/AIDS interventions for MSM in Karachi and Lahore.
- On-going discussions during the mission trip with the World Bank, UNAIDS-Pakistan, and other members.
- Inputs provided for the reviews of the project implementation Aid Memoirs.
- Meeting with representatives from two community-based organisations working with people living with HIV/AIDS
- Meeting with Tahir Khilji of Vision, and site visit to the Nayab Health Project, Zenana Drop-in Centre

SUMMARY

There appears to be a tremendous lack of knowledge, understanding, capacity, and technical skills in regard to implementing HIV/AIDS interventions, primarily with female sex workers (FSW) and males who have sex with males (MSM) populations. This is true of both the Provincial AIDS Control Programmes (PACPs), as well as implementing non-government organisations (NGOs) in Karachi and Lahore. As a consequence, inappropriate project design and methodologies for service delivery have been implemented, which has led to top-heavy management, a top-down approach to service delivery, poor services, low coverage of the vulnerable populations, a lack of access to services by the affected populations, and a real risk that the contracted NGOs will not be able to achieve their objectives identified in their terms of reference. To a significant extent this has arisen because the vulnerable populations being focused on have themselves not been adequately consulted, nor involved in project management and implementation, along with service delivery.

This lack of participatory approaches to programme design, implementation and delivery, has been a key factor in the inappropriate service delivery strategies, which is further weakened by the significant lack of social development strategies that would increase access to services by potential users, increase the likelihood of sustained risk reduction in sexual practices (and thus reduce the rate of increase of HIV/STI prevalence), improve social inclusion and empowerment among FSWS and MSM, and develop a community-mobilising framework among these highly vulnerable populations towards risk reduction sustainability. (See page 27 of the World Bank document – Project Appraisal Document, Report No: 25109-PAK, May 13, 2003).

These major weaknesses have been exacerbated by the relatively inadequate quality and content of the terms of reference (TOR) for the implementing NGOs. These TORs are exactly the same for different populations, with only the substitution of IDUs, or FSW, or MSM, regarding which focused population the TOR is referring to. The objectives do not take into account the differing dynamics of these populations, defining each population in exclusivist terms, thus ignoring cross-cutting issues. Further, these objectives refer to specific changes in behaviour in percentages without reference to any baseline quantitative data, along with confused terminology and inappropriate language, particularly in regard to MSM/Hijra/MSW (male sex workers), with no inclusion of process and output indicators, and no evaluation of management/service delivery costing ratios. While contracted NGOs are supposed to do their own baseline assessments, the lack of independent verification can be problematic in developing appropriate outputs and outcomes. This is also weakened further without any inclusion for the need of strengthened involvement of affected populations in

project management and delivery, along with the necessity to conduct a social and needs assessment of these populations.

In addition, while the TORs specifically mention a number of supposed key staff towards enhancing the capacity of the NGO to delivery appropriate services, they do not include specific job specifications that refer to their qualifications, knowledge, or understanding to work with such vulnerable and stigmatised populations, thus leading to inappropriate recruitment.

There also appears to be a lack of understanding of multiple risk issues in regard to the populations being focused on by the implementing NGOs. Thus, jail inmates who inject drugs and/or have male-to-male sex, MSM who inject drugs, or IDUs who sell sex to either males and/or females, and so on. It was not apparent whether the PACPs developed supportive mechanisms for ensuring information exchange, skills sharing, and cross-referrals between the various implementing agencies and projects.

Evaluation of the submitted Technical and Financial Proposals appears to weak because of a lack of knowledge and understanding of the issues, needs, risks, vulnerabilities and stigmatisation of the highly affected populations. This has led to the acceptance of NGOs who do not have the skills, knowledge, and understanding of the issues, needs and concerns of these populations, and in once case, significant stigmatising attitudes towards its targeted population in its HIV/AIDS project. Insufficient verification of the capacity of the contracted NGO to deliver appropriate services has not been done, and this has been further exacerbated by the lack of provision of appropriate technical support and capacity building for these NGOs prior to implementing their projects.

Other gaps in both current and future implementation include ensuring access to sufficient number of condoms along with appropriately packaged water-based lubricant, skilling up doctors and clinical staff providing STI syndromic management to ensure they include health concerns arising from anal sex (whether between males and females, or males with males) along with addressing stigma and social exclusion, key advocacy strategies working with local police and judiciary, provision of legal support for service beneficiaries, and strategies to address any legal, socio-cultural and socio-economic factors that impede sexual health promotion among highly vulnerable and stigmatised populations.

In reviewing the strategy for implementing access to anti-retrovirals (ARVs), significant concerns were expressed in terms of treatment adherence, access to treatment in terms of those HIV positive clients living outside of the implementing cities, involvement of people living with HIV/AIDS (PLHAs) in ensuring support and care systems existed, and skilling up current self-help organisations working with PLHAs, along with the lack of a national network of PLHAs in Pakistan.

In addition, none of the contracted projects have included (nor for that matter do the TORs) voluntary counselling and testing services (VCT) as part of their service development, nor it seems, development of support and care frameworks for those from their targeted populations who may be living with HIV/AIDS (or indeed become infected in the future). This is particularly alarming since we already know that significant levels of HIV infection exist within these populations already.

Key findings on provincial programmes

NWFP, Peshawar

Currently the Provincial AIDS Control Programme has not funded any MSM HIV/AIDS intervention in NWFP, but a call for Technical Proposals has been issued.

NGOs who were a part of the NWFP AIDS Consortium, appeared to be focusing only on AIDS awareness and sensitisation, without any social development programmes (apart perhaps from DOST, which works with injecting drug users). These NGOs do not appear to be inclusive in terms of involving members of the affected populations in their programme management and design (except perhaps, to some extent, by DOST). There is also an issue of concern regarding the historical development of the NWFP AIDS Consortium, which has led to some NGOs being excluded from the process of evaluation and proposal submission.

There was also a lack of understanding by the NGOs of highly stigmatised and vulnerable populations in regard to advocacy and social development, as well as community-building and mobilising. In terms of the range of MSM sub-populations, there was no real knowledge or skills to address their vulnerability and risk to HIV/AIDS/STIs.

There are two NGOs based in Peshawar who are currently providing a very limited peer education programme for different sub-populations in the Province. ORA is conducting a small scale limited peer education programme with *zenana/murat* populations in Peshawar and other districts in the Province through socialising activities and group education, while AWARD is conducting a similarly limited peer education programme with *zenana/murat* also and middle-class “gay”-identified populations in Peshawar itself. AWARD is not a part of the current NWFP AIDS Consortium. Clinical referrals from both agencies are to government hospitals. No social development or advocacy strategies are being implemented, or self-help organising. There is limited condom distribution.

Sindh, Karachi

Female sex workers in Karachi: AMAL

Jail Inmates in Sindh: Sukkur Blood and Drugs Donating Society (SBDDS)

Currently the Sindh AIDS Control Programme has one contract with the Sukkur Blood and Drugs Donating Society (SBDDS) for a intervention amongst jail inmates in eight main prisons in Sindh, and a contract with AMAL for implementing a project for female sex workers in Karachi, where the majority of FSWs are street-based, with lesser numbers involved in brothel-based and *kotikhanna*-based sex work.

A call for technical proposals for MSM HIV/AIDS interventions has been made, but an unofficial review of these proposals, indicated a very poor understanding of the issues, low technical skills, poor project design and implementation methodologies, along with no involvement of the targeted population in management, implementation or delivery, as well as a lack of social development frameworks.

In regard to AMAL’s work with females sex workers in Karachi, there are significant weaknesses, including a low level of knowledge of the issues, needs and concerns of this population, along with a lack of technical skills, inappropriate methodologies for service delivery, and a current focus only on easily accessible female sex workers, i.e. brothel-based, at the expense of the much larger population of street and *kotikhana* based female sex workers. Outreach is not really effective and has a low coverage.

Apart from a basic confusion in regard to differences between an outreach worker and a peer educator, there was also poor record keeping and monitoring systems. The project appears to have excessive management staff and to be male dominated, lacking a clear methodology and processes to achieve sustained risk reduction amongst its target population. Delayed reports to the SACP are creating financial problems, along with an inability (as yet) to achieve its targets. Clinical support is inadequate and over-costed, and there is no clear advocacy strategies, along with no drop-in centres for social development, community-building and mobilising, where current “health centres”, are inadequate, too small, poorly furnished and equipped, over crowded, and lack basic amenities. There is no involvement of service beneficiaries in design, implementation, and delivery, apart from a few “peer educators” (or is it “outreach workers”?), which has produced a totally inadequate coverage in its field activities.

Management and programme costs appear to be disproportionate to each other, where at times inappropriate salaries are being paid, while beneficiary input into service design, and their direct involvement in programme management, implementation, and service delivery is minimised, if existent at all. A top-down approach is used. Such an approach leads to a lack of ownership of the issues by members of the target population that further leads to a lack of sustainability in risk reduction, and ineffective empowerment strategies, where building an effective enabling environment is poorly understood and inadequately addressed.

SBDDS, while implementing a reasonably framed intervention among jail inmates, has not apparently conducted any studies on the specific needs, issues and concerns regarding the population they are focusing on, particularly among differing categories of inmates, i.e. juveniles, under-trials, general adult prison population, and foreign populations, in regard to drug use (particularly injecting drug use) and sex within prison environments (where this would most likely be male-to-male sex). Each of these populations may well require differing approaches. The lack of this information would make it very difficult to measure any impact that the intervention may have in HIV/STI prevalence rates among jail inmates. Further, strategies for follow-up work towards sustained risk reduction behaviours once jail inmates are released have not been thought through.

Despite these weaknesses, overall the SBDDS intervention is providing reasonable services and education programmes, where peer educators did indicate reasonable levels of knowledge. Further SBDDS is developing collaboration with other NGOs working with jail inmates, particularly those working on social development issues, legal support and other areas of concern.

Punjab, Lahore

Female sex workers in Lahore: CONTECH

Males who have sex with males in Lahore: CONTECH

Injecting Drug Users: Nai Zindagi

CONTECH has been contracted to provide two separate comprehensive service packages, one for female sex workers in Lahore, and the other for males who have sex with males also in Lahore. Significant and similar problems in service delivery and coverage were indicated in both projects, along with concerns that with both managed from the same head office, resultant potential savings in management costings was not evidenced. It was clear that the agency has (and will have) significant problems in achieving its contracted objectives and outputs with its current methodology of service management, implementation, and delivery. It had a rather obdurate attitude towards its own self-perception as a qualified agency.

There appears to be a poor relationship between management, service providers, and service users in both projects, where ethical issues of concern regarding confidentiality, accessibility,

low levels of achievement, inappropriate “outreach workers” (along with a lack of understanding in regard to differences between “outreach workers” and “peer educators”), weak project designs, and poor implementation methodologies. There has been no user participation in service design and delivery, while the both projects appear to be much too cautious in delivering their services because of what seemed to be a heightened fear of local community reactions to the agency itself. As a consequence, for both projects, CONTECH is really implementing a service for the local general populations. For example in the service provision of one of the health centres for MSM, the majority of patients were not MSM, with a substantial number being women. Out of a total of 400 or so patients recorded in their OPD, only 16 were identified as MSM (circled by red) giving name and address, clearly identifying them. Further, in the generalistic approach to service delivery, rather than focusing on the target populations, CONTECH was also developing its own resource centre as well as BCC materials for the general population. This consultant believes that such diversion of funds was inappropriate to the state goals and objectives of their TORs.

In both the projects, CONTECH appeared to be unclear in terms of specific target populations and their sub-populations. Of particular concern were the stigmatising attitudes of some of the MSM health project staff towards MSM themselves, where also none of the “outreach workers” were MSM themselves. Beyond this, there was poor data recording and a weak management information system. No needs assessment regarding different sub-populations of MSM have been done, with very few condoms being distributed along with a lack of available lubricant. Service take-up is very low for both projects. STI service delivery appeared to be weak with a lack of knowledge in regard to anal STIs and other rectal concerns. Another concern during the visit was the visibility of several ‘pimps’ inside one of the FSW health centres.

Nai Zindagi in Lahore has historically focused on drug use and harm reduction strategies, which also included de-toxification and abstinence programmes. In the context of STIs/HIV/AIDS, the programme will need to focus on two main routes of transmission - that of sharing needles, and unprotected anal/vaginal sex, both significant behaviours, not only in Lahore, but also elsewhere in Pakistan. It was very noticeable that the organisation does incorporate beneficiaries into service delivery, does have a component on social development issues, and is evolving a strong peer-based approach to education and awareness, outreach, and support, albeit at this current time, under-resourced.

This agency is a good example of community-based involvement in management and service delivery along with good working relationships between management, programme staff, and service users. It has a well-integrated and wholistic approach to service delivery in terms of a harm reduction, but its sexual health strategy requires strengthening, where the intersection between needle use and unsafe sexual practices (particularly in regard to male-to-male sex) need elaborating. Nai Zindagi does have a significant problem in addressing the specific needs of hijra/zenana IDUs. This will require an improved data recording and monitoring systems, as well as a clear strategy of linking with other partners to access this population. Additional needs are being identified, for example night shelters for child drug users, but a stronger focus on HIV/AIDS issues, both in terms of needle use and sexual behaviours may be required. Harm reduction should include both IDU issues.

While Nai Zindagi does have appropriate methodological approaches to reduce risks in regard to needle sharing, more thought needs to be given to address the risks from unprotected anal/vaginal sex of drug users, particularly drug users who sell sex (both male and female), adolescent males (primarily those who live on the streets and can be sexually abused, or sell sex for survival). Further Nai Zindagi does appear to have a significant weakness in that it appears to be unable to address the health needs (arising from drug use and sexual practices) of *hijras* and *zenanas*. However, it should also be pointed out that the organisation has not developed a strategy to do so.

During the visit to Lahore, the consultant did take the opportunity to conduct a site visit to Nayab Health Project, a small community-based programme for *zenanas* and *murat*. This project has a drop-in centre, STI clinical services, socialising activities, peer-led outreach, sexual health education programmes, along with psychosexual counselling, and provides a reasonable example of a good HIV/AIDS intervention, which incorporates service users as service providers. From discussions with project staff and management it appears that both CONTECH and Nai Zindagi have not accessed the expertise and knowledge of this project which has been running for three years in Lahore.

RECOMMENDATIONS

Peshawar, NWFP

- Generate a dialogue between AWARD and the PACP, and AWARD and ORA, and enable both AWARD and ORA to map out their respective working sites to avoid duplication both in Peshawar and districts in NWFP. Perhaps ORA can be assisted in developing district level responses, while AWARD can focus on Peshawar and a couple of other cities. Or, perhaps ORA could work with *hijras* and their clients, while AWARD works with other frameworks of MSM, including male sex workers and their clients (i.e. massage boys, etc.). However, both agencies will need to re-frame their current strategies and methodologies.
- Provide intensive technical assistance and capacity building for ORA and AWARD (and others interested in implementing an MSM HIV/AIDS intervention) towards developing appropriate responses and service methodologies responding to the specific issues, needs and concerns of the various sub-populations of MSM in Peshawar and elsewhere in NWFP. This should be seen as a priority before any technical proposals are submitted. If this is not possible, then the NGO/Private Firm contracted to deliver such services should accessed such technical expertise to a view of amending its project implementation methodology, if necessary.

Karachi, Sindh

- Current technical proposals for MSM HIV/AIDS interventions submitted for review are extremely weak. Options that are available are to reject all proposals and call for new proposals, or, perhaps, select the best proposals, and require the selected NGO to go through a rigorous capacity building programme to reformulate its implementation methodologies and develop its skills and knowledge.

AMAL

- Provide the AMAL FSW HIV/AIDS project with an intensive capacity building training programme including knowledge enhancement and skills building, which would also review and amend its intervention methodologies and organisational structures.
- Ensure that the project also includes community-building and mobilising strategies such as drop-in centres, vocational training, and active participation of FSW in decision-making.
- Rapidly expand its outreach services, particularly amongst street-based FSW.
- Conduct a proper social and needs assessment amongst the all sub-populations of FSWs, brothel, street and kotikhana, in the target areas, identifying strategies to address these issues, and implement them.
- Improve quality and accessibility of STI treatment services. Perhaps AMAL should consider developing in-house treatment and counselling services with specialised skills rather than contracting them out to local GPs who are inadequately

knowledgeable about these issues, particularly around anal sex and other related concerns.

- Along with this should be a much more enhanced programme on advocacy, particularly with local stakeholders, including local police.
- AMAL should also provide legal literacy training, and legal support where necessary to its service users.

SBDDS

- Conduct a baseline study, along with a qualitative needs assessment of jail inmates, taking into account the various categories, such as under-trials, juveniles, short-term prisoners, long-term prisoners, along with foreign prisoners. From this study review implementation methodologies and amend where necessary as well as provide additional services.
- Develop a strategy towards ensuring the risk reduction strategies promoted inside jails can be sustained once release has been secured.
- Strengthen collaboration and partnerships with other NGOs working with prison populations providing social services and legal support towards developing a comprehensive and holistic service provision.
- Work with organisations providing support and care for people living with HIV/AIDS to address the needs of incarcerated persons who are HIV positive.
- Address the human rights concerns of people incarcerated.
- Enhance advocacy work with prison authorities at all levels.

Lahore, Punjab

Nai Zindagi

- Technical assistance to develop a more effective MIS that reflects the needs of the TOR
- Increase the numbers of outreach workers and peer educators
- Increase accommodation size and provide more counselling and social support space
- Increase levels of psychosocial support and skills development
- Develop working relationships with Nayab Health Project and CONTECH (if it is able to improve the quality and quantity of its services) in regard to both FSW and MSM
- Extend its social services to service adolescent males at risk

CONTECH

- Appropriate technical assistance to re-design project and implementation methodologies along with appropriate MIS is urgently required.
- An intensive skills and capacity building training programme including knowledge enhancement and skills building, which would review and amend its intervention methodologies and organisational structures, for both its FSW and MSM programmes.
- Review of management structures versus programme delivery and make appropriate changes
- Rapidly increase the numbers of trained MSM/FSW staff in its outreach activities as well as greater involvement of staff drawn from these populations in management and service delivery through appropriate training and capacity building
- Develop drop-in centres for both projects that will provide safe spaces for socialising activities, vocational training, community-building and create an enabling and empowering environment
- Training to be provided on masculinities, sexualities and sexual practices in regard to differing sub-populations of MSM
- Increase direct advocacy, particularly with local police and magistrates

- Develop working relationships and cross-referrals with Nayab Health Project and Nai Zindagi
- Adequately address condom and lubricant needs for both vulnerable populations
- Greatly improve the current health centres with adequately skilled and sensitive staff, knowledge on all aspects of STIs, including anal, as well as other rectal health concerns, and a friendly, welcoming, and sympathetic environment.

General recommendations

- Provide intensive technical assistance and knowledge development for the staff of Provincial AIDS Control Programmes on vulnerable and affected populations.
- Technical Review Panels to develop their capacity to effectively review submitted proposals in regard to vulnerable populations through knowledge and evidence-based understanding of appropriate methodologies for sustained risk reduction strategies.
- PACPs, when awarding contracts and developing TORs with NGOS/Private Firms, should ensure that in the implementation methodologies outlined in the Technical Proposals there should be:
 - Greater involvement of beneficiaries in project design, implementation and service provision with significant levels of staff from the affected populations towards develop a greater sense of ownership by the targeted populations;
 - That STI service providers knowledgeable on anal sex and other concerns, and not only on vaginal/penile STIs, along with in-house capacity;
 - Regular user satisfaction surveys conducted;
 - Proper management information systems and data recording;
 - Social development and empowerment packages to be implemented, including community-building (of the affected populations) activities, vocational training, skills building, drop-in centres, and the provision of psycho-sexual counselling;
 - Adequate development of support and care systems for those beneficiaries living with HIV/AIDS.
- The TORs focusing on vulnerable and at-risk populations should also include access to VCT services as a part of any contract with NGOs/Private Firms, and projects need to include care and support programmes that address the needs and concerns of those living with HIV/AIDS.
- PACPs should take the lead on enhanced advocacy work at all levels of health and interior ministries, as well as with the judiciary and the police.
- PACPs should ensure that sufficient condoms are available to projects, and be able to procure appropriately packaged water-based lubricant, if necessarily, internationally.
- A proper costing analysis which includes management/service costs ratio, and a reporting mechanism for a broad-based expenditure analysis on a regular basis should be a part of any TOR, along with a range of process indicators.
- PACPs should also ensure that MSM interventions will be implemented at district levels across their provinces.
- PACPs to ensure collaboration, cooperation, networking and sharing of information, along with cross-referrals and a working relationship between implementation organisations and their services to provide support for affected populations with multiple risks and vulnerability. This should also include an HIV/AIDS Forum in each city/province which can regularly meet to share information, knowledge and skills. This could be chaired by the Programme Manager/Director of the PACP, or an NGO representative, on a rotating basis.
- BCC materials designed with affected populations and risky practices central in such design. Generic materials tend to be ineffective in the information and knowledge needs of such highly vulnerable populations.
- Review funding amounts available for specific interventions to see whether they are adequate in regard to achieving the objectives of the TOR. For example, the amount of funds allocated for MSM interventions in Karachi, Hyderabad and Sukkur was inadequate.

Following a brief discussion with representatives from PLWA organisations and the Programme Manager of the PACP, where a discussion on the planned ARV treatment programme, the following has also been recommended:

- Increase technical assistance to the representative organisations for provision of psychosocial support and care, to include outreach activities, and access to services and involvement of those living outside of Lahore
- Support networking activities and institutional building in the province
- Review service delivery to include other needs including care and support, including accessibility costs
- Greater coordination between Centre of excellence and VCT provision in the province