

Reducing the risk of transmission of HIV and other sexually transmitted infections amongst males who have sex with males and their partners in South Asia

Asia Regional Poverty Fund

Project Reference No: ALA/0406/1135/0612/001

Final Report: Executive Summary

April 2007

Acknowledgements

We would like to thank the Department for International Development, UK and the Asia Regional Poverty Fund Office, for their support in making our work possible and fruitful over these past six years.

Over this period of time there have been so many friends and colleagues who have supported us in fighting for the rights of MSM and transgender populations to have access to appropriate HIV prevention, care and support services, along with those MSM who have worked with NFI towards implementing those services, especially its partner agencies.

In particular, we would also like to thank DFID India and its Project Management Office, the World Bank South Asia region, SIDA, AusAID, Ford Foundation, HIVOS, the International HIV/AIDS Alliance, UNAIDS (Geneva, Bangladesh India, Nepal, Pakistan, along with the Regional Support Team in Bangkok), the National AIDS Control Organisation, India, the National AIDS Control Programme, Pakistan, Treat Asia (amfAR), CIDA, CDC, USAID, and many others, for all their support and encouragement.

Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
APCOM	Asia-Pacific Coalition on Male Sexual Health
AusAID	Australian government Overseas AID Programme
BDS	Blue Diamond Society (Nepal)
BSWS	Bandhu Social Welfare Society (Bangladesh)
CBO	Community-based organisations – in this context organisations developed by MSM for MSM
CCM	Country Coordinating Mechanism
DFID	Department for International Development, UK
EU	European Union
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HIVOS	Humanistisch Instituut voor Ontwikkelingssamenwerking
IDF	Institutional Development Fund
IDU	Injecting drug user
INGO	International non-government organisation
LGBT	Lesbian, Gay, Bisexual and Transgender
MSM	Males/men who have sex with males/men: NFI prefers the term biological term ‘male’ rather than the socially constructed word ‘man’ in the South Asia context
MSW	Male sex workers specifically refers to those males whose sole source of income is from sex work
NACO	National AIDS Control Organisation, India
NACP	National AIDS Control Programme, Pakistan
NFI	Naz Foundation International
NGO	Non-government organisation
PSI	Population Services International
SACS	State AIDS Control Society
SIDA	Swedish International Development Agency
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on AIDS
WB	World Bank

Why we should work with males who have sex with males

Why we should 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/AIDS;

MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.

Executive Summary

Naz Foundation International was formed in August 1996 with a specific objective to provide technical, financial and institutional support to local MSM networks in South Asia, so as to empower them to develop their own STI/HIV/AIDS prevention and support programmes. Between 1996 and 2000, eleven such MSM sexual health projects were developed in the region. Experience gained during this period enabled NFI to develop a replicable strategy for project development, and a standardised model of service delivery. This increased the number of MSM sexual health projects in South Asia substantially over a five-year period.

A three-year project proposal for increasing coverage of reproductive and sexual health programmes for MSM in South Asia through providing technical assistance to local MSM networks to develop their own sexual health services was submitted to the Asia Regional Poverty Fund of DFID. The proposal involved developing a Regional Office in India to continue to develop MSM community based organisations addressing HIV and AIDS, the development of a regional MSM trainers' network, enhanced advocacy and technical support, as well as the development of some 30 MSM community-based projects across the region. Funding was secured (ALA/779/551/001) and implementation began in October 2000.

During this three-year period, the NFI South Asia regional office was developed that housed NFI's Advocacy, Knowledge Management and Training Units, a regional network of 30 MSM trainers developed, 25 MSM HIV projects supported and an additional ten new MSM community-based HIV service providers developed, along with a number of training programmes, BCC materials, and training tool-kits.

Towards the end of the funding period, DFID conducted an evaluation of our work, which recommended continued support. To this end, DFID supported NFI in the development of a 5-year strategic development plan, which included:

- Strengthening operations in India
- Strengthening operations in South Asia
- Institutionalising replicable, scalable and cost effective models
- Enhance knowledge and research capacity
- Strengthen resource mobilising
- Upstream advocacy and policy development
- Enhance NFI's monitoring and evaluation capacity
- Restructure NFI to achieve the above

Along with this, milestones were developed for the first 2 years of this business plan.

Summary achievements on the milestones

Period	Milestone	Progress by end of project
Six months	Knowledge management needs assessment is completed	Partially completed due to resource constraints. Will finalise in year 4 with World Bank IDF funds
	IT needs assessment is completed	Partially completed due to resource constraints. Will finalise in year 4 with World bank IDF funds
	Fundraising plan targeting large institutional donors is launched	Undertaken – no success in securing core funding. Still on-going with applications being developed for the Global Fund and the EU
	M&E systems for internal operations, linking organisations and grassroots partner organisations finalised	M&E systems for partner organisations and linking organisations completed. M&E internet systems not completed.
	Operating manuals and training programmes for linking organisations developed	Completed and available online, and in a number of South Asian languages. Continued

Twelve Months	<p>Agreements between NFI and its linking organisations and between NFI linking organisations and grassroots partner organisations are signed</p> <p>Identify eight new potential linking organisations; five state-level organisations in India, three national-level organisations outside of India</p> <p>Comprehensive documentation of NFI intervention models is completed and field-tested</p> <p>Training around NFI intervention models is completed and field-tested</p> <p>Preparations for launch of replicability/scalability testing of NFI intervention models are completed; evaluation begins in month 13</p> <p>Templates for BCC materials are completed</p> <p>Knowledge management plan is 60% implemented</p> <p>New website and NFI intranet are launched</p>	<p>developed for countries outside South Asia. Memoranda of understanding completed with country and state partners, and with grassroots partner organisations.</p> <p>Completed for India. Nepal and Bangladesh done Pakistan under-development Myanmar under development Resource constraints limited the achievement Completed.</p> <p>Completed.</p> <p>Completed through DFID India funded project.</p> <p>Completed. Not completed due to resource constraints</p> <p>New website completed. Intranet delayed due to lack of resources. Not met.</p>
Eighteen Months	<p>35% of the fundraising target for institutional donors is reached</p> <p>Initiative to provide fundraising assistance to NFI partner organisations is launched</p> <p>M&E systems field-tested and implemented</p> <p>Reorganisation of NFI operations completed; all senior management positions filled</p> <p>Agreements with four new linking organisations signed</p> <p>Research partnerships with at least five institutions are signed</p> <p>75% of the fundraising target for institutional donors is reached</p> <p>Policy Office has achieved tangible results from its initial advocacy campaign; e.g., improved coverage of MSM and HIV/AIDS issues in national and state media, broader support on these issues from government officials</p>	<p>Not met.</p> <p>Ongoing.</p> <p>Completed. NFI reorganised, but not all senior management staff recruited due to resource constraints Completed.</p> <p>Research agenda developed but research partnerships not developed due to resource constraints Not completed.</p> <p>Policy and Advocacy Office established. National MSM and human rights task forces established in Bangladesh and India 11 advocacy cells developed in India networked to the national body Involved in planning for NACPIII scaling up coverage in India Conducted the Risks and Responsibilities Asia and Pacific consultation meeting Achieved for India, Bangladesh and Nepal. On-going development in Pakistan Completed.</p>
Twenty-Four Months	<p>Full report of M&E activities and findings published</p> <p>Agreements with four new linking organisations signed</p> <p>Replicability testing of NFI intervention models in at least five communities is completed</p>	<p>Completed.</p> <p>Completed.</p>

	Knowledge management plan is fully implemented	Not completed.
	100% of the fundraising target for institutional donors is reached	Not met.
Thirty-six months and on	Milestones for between twenty-four and thirty-six months will be developed in year one, between thirty-six and forty-eight months in year two, and between forty-eight and sixty months in year three	Due to a number of current milestones not being met, attention was paid to fulfilling the current milestones.

Other resources mobilised during this period towards the above achievements included:

- UK Foreign and Commonwealth Office
- DFID India
- World Bank
- Various donors for the Risks and Responsibilities meeting held in New Delhi, India, September 2006

Other key achievements

In addition to the funds provided by the DFID ARPF towards core costs, the following projects were also developed and implemented as key steps towards fulfilling the NFI Business Plan and milestones within the ARPF project period.

DFID India: February 2006 – March 2007

- a. Piloting of scaling up MSM services in four states in India, which included
 - Enhancing the Technical Support Unit for India
 - Developing four state MSM Technical Support Facilities
 - Developing four level MSM and HIV Forums
 - Developing 36 MSM grass-roots organisations
 - Developing the NFI CBO development tool-kit into four vernacular languages
 - Conducting 16 training programmes
 - Advocacy work with state AIDS Control societies and other donors for on-going support for the CBOs and State Technical Support Facilities

A key outcome was the full-scaled testing of the NFI MSM CBO development tool-kit in a number of different environments with the consequent outputs identified above, as well as demonstrating the replicability and rapid scaling up of MSM HIV service coverage.

- b. Enhance the capacity of the National MSM and AIDS Human rights, policy and advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of up to 6 Local Policy and Advocacy Units in MSM Projects in 6 cities of India over a period of 1 year
Included:
 - Supporting the development of the National MSM and AIDS Task Force
 - Developed 8 new MSM and human rights policy units within existing NFI partners
 - 12 training programmes conducted
 - A study conducted on MSM and human rights issues in these localities
 - Continued support provided to the existing 5 advocacy cells developed with funds from Foreign and Commonwealth Office Human Rights Programme
 - Four stakeholder workshops conducted with police, media, judiciary, lawyers and policy-makers
 - Advocacy meetings and seminars held with local stakeholders (total participants 1540)
 - Eleven workshops conducted in local cities where advocacy cells established for MSM on legal literacy and rights
 - Documentation on human rights violations, abuse and discrimination against MSM recorded in all 13 cities

- Participation and technical support for the planning of NACO's Phase III 5 year HIV and AIDS programme in India along with the development of recommendations for scaling up coverage of MSM and HIV services – adopted by NACO

A key outcome was the upstreaming of advocacy work in India on MSM and HIV services and the inclusion of MSM and human rights issues into NACO's Phase III plan.

- c. Development and field-testing of low-cost water based lubricant sachets to reduce the transmission of sexually transmitted infections (STIs) amongst males who have sex with males (MSM) in India. This included:
- Manufacture and packaging of 3 million sachets of lubricant with an aloe-vera base
 - Distribution to 66 partner organizations for onward field distribution and testing for user friendliness and acceptability
 - Business plan for large-scale manufacture and distribution is to be developed

A key outcome was up-streaming advocacy work in regard to ensuring access to appropriate sexual health products for MSM within NACO's Phase III plans, as well as demonstrating income-generating frameworks for MSM CBOs, along with enabling access to water-based lubricant by MSM.

In addition, two other projects contributed significantly to the Business Plan milestones and achievements. These were:

- d. Action to address legal, judicial, and social impediments to sexual health promotion amongst men who have sex with men in India and Bangladesh – funded by the British Foreign and Commonwealth Office; July 2003 – June 2006
- Achievements included:
- Study on the impact of social, legal and judicial impediments to sexual health promotion and HIV and AIDS related care and support for MSM in Bangladesh and India conducted and report disseminated (see *From the Frontline*, www.nfi.net)
 - Five advocacy cells developed in India and supported for project period (continued support beyond project period provided by DFID India – see above)
 - National MSM and AIDS Task Force in India developed and supported – continued development and support beyond project period by DFID India
 - Advocacy cell developed within Bandhu Social Welfare Society, Bangladesh, evolved into the National MSM and Human Rights Task Force, with continued supported provided by DFID Bangladesh beyond project period

A key outcome was the up-streaming of advocacy to address the impediments to national and state levels, along with down-streaming advocacy through the development of the advocacy cells, which was continued with the DFID India and Bangladesh support.

- e. Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation, 23-26 September 2006. Development initiated in May 2005:
- Co-hosted by NFI and the National AIDS Control Organisation, India with technical support from UNAIDS.
 - Brought together 380 delegates from 30 countries in Asia and the Pacific representing government national AIDS programmes, donors and other funding support agencies, as well as MSM and transgender organisations
 - Raised half-a-million GBP for the meeting

Key outputs achieved

- The Delhi Declaration of Collaboration between government, donors and community-based organisations to work together towards increasing investment and scaling up coverage.
- Principles of Good Practice for implementing MSM/transgender HIV services developed and adopted by delegates

- Development of a tripartite Asia Pacific Coalition on Male Sexual Health (APCOM) to support and advocate for increasing investment for scaling up coverage of MSM/transgender HIV services across the region

(For more information please visit www.risksandresponsibilities.org or www.nfi.net)

In addition, as a part of the consultation development process, 21 countries in the Asia-Pacific region conducted an MSM needs assessment, the majority hosting their first national MSM consultation meetings, incorporating many of these issues into their national AIDS Programmes (an example of this was the five regional consultations in India developing the needs assessments and recommendations for NACO Phase III plan, which also involved the advocacy cells and the National MSM and AIDS Task Force – see above).

Along with this has been significant developments in China, Malaysia, Japan, Indonesia and PNG since the consultation meeting, where governments are recognising the importance of addressing MSM and HIV concerns.

Further, a range of key background papers were also developed with UNAIDS and USAID support for the Consultation Meeting, including an epidemiological review, a spending assessment, rights and MSM, socio-cultural frameworks, and good practice.

A key outcome has been the upstreaming of advocacy in regard to MSM/transgender HIV and sexual health concerns involving governments and donors directly, along with the development of APCOM.

f. Developing MSM and transgender HIV services in Pakistan

In May 2005, NFI was asked to be a part of a UNAIDS Mission to Pakistan to review the World Bank supported Pakistan's National Enhanced Programme on AIDS men who have sex with men service package projects. This was followed by a short-term contract with the World Bank to provide immediate technical support to the current MSM interventions funded by the Enhanced Programme on AIDS.

A key outcome was the considerable advocacy work that was conducted with the National AIDS Control Programme, the Provincial AIDS Control Programmes, country donors, and civil society organisations regarding MSM and transgender sexual health issues, as well as skilling-up current NGOs who were implementing MSM HIV services.

In summary:

- Upstreaming advocacy work on MSM and a rights-based approach to HIV prevention, care and support towards Universal Access in Bangladesh, India, Nepal and Pakistan
- Studies conducted on the impact of social, legal, and judicial impediments to sexual health promotion and HIV and AIDS related care and support for males who have sex with males in Bangladesh and India
- Development of a National MSM and HIV Task Force in India, along with 8 state level Advocacy Cells in partnership with MSM CBOs
- Development of a MSM and HIV Advocacy Cell in Bandhu Social Welfare Society, Bangladesh
- Working closely with the National AIDS Control Organisation, India in developing its Phase III plan where it involves MSM
- Capacity building programmes for NGOs and CBOs working with MSM in Bangladesh, India, Nepal and Pakistan (total of 45 workshops)
- Developed 36 new MSM CBOs working with HIV issues and concerns in India
- Developed four state level MSM and AIDS Forums in India
- Conducted 40 situational assessments of MSM in India and Bangladesh
- Developed tool-kits for MSM CBO development and HIV programming in 6 South Asian languages
- Developed a range of IEC templates specific to the needs of MSM in several South Asia languages
- Conducted the Asia-Pacific consultation meeting on male sexual health (MSM) in New Delhi, India
- Initiated the development of the Asia-Pacific Coalition on Male Sexual Health (APCOM)

- Partnered a range of MSM and HIV organisations to develop the Global Forum on MSM and HIV
- Produced a range of reports, papers and presentations
- Upgraded the NFI website
- Provided technical assistance and support to two national MSM CBOs (BDS, Nepal and BSWs Bangladesh who between them are working in 15 districts in these two countries
- Provided on-going technical assistance and support to 58 MSM CBOs working in India
- Provided technical assistance and support to 7 NGOs working with MSM in Pakistan
- Provided technical assistance and support to PSI Myanmar for their national MSM and HIV prevention, care and support programme
- Seed funding provided to 45 MSM CBOs in India

Challenges and obstacles

Three years into the NFI business plan, and while a substantive proportion of the milestones have been achieved, significant gaps continue to exist.

Resource mobilising

A major impediment to fulfilling the milestones developed for the Business Plan, and DFID's ARPF investment has been the inability to mobilise other funding resources from key donors, despite intense efforts by NFI to do so. Donors approached to support this initiative included the Swedish International Development Agency, World Bank, HIVOS, ADB, and AusAID, and the Global Fund for AIDS Tuberculosis and Malaria.

It had been hoped that DFID ARPF would provide assistance and support to NFI towards leveraging funding from other donors during its funding period. Unfortunately, this did not happen. This lack of operationalising resource mobilising support was a critical factor in NFI being unable to secure the remaining funding required to building upon its five year action plan and building sustainability.

Following a site visit to the NFI Regional Office in Lucknow by SIDA's South Asia regional office led to the development of a funding application for co-sponsorship with DFID for the five year plan which was discussed extensively with SIDA's regional office. However, a key block for final acceptance by SIDA's head office was the fact that NFI's does not work directly with LGBT issues, since its remit is specifically with low income populations of MSM, focusing on HIV and sexual health concerns. Further, since NFI did not work directly with women's issue also created an impediment to receiving any support from SIDA. So, despite the urgency of marginalised and low income populations of MSM needing sexual health service coverage and that all the evidence indicated substantive risks and prevalence of HIV, NFI's remit was not compatible to SIDA's funding brief.

A proposal for institutional development support from the World Bank's Institutional Development Fund was also developed in late 2005, which would have provided support to the five-year plan within the framework of the developed milestones. However the process of developing the proposal with the Bank and dealing with a range of issues raised by the Indian government has meant that access to this fund has been delayed until mid-2007.

A proposal was developed for the Global Fund for AIDS, Tuberculosis and Malaria Round 6 in 2006, but was unable to clear the hurdles that the application process required because of communication difficulties with the CCMs in the region.

A further impediment has been created by the de-centralisation process of DFID, along with the need to dialogue with the in-country DFID offices. While attempts have been made to meet and discuss these issues directly with Bangladesh, India, Nepal and Pakistan DFID offices, so far these attempts have failed. However, applications to DFID India through its Challenge Fund, Social Marketing Fund, and Advocacy Fund were successful, and significant steps were possible in achieving some of the milestones because of this.

Along with this, further significant resources were mobilised for the Risks and Responsibilities MSM consultation meeting held in New Delhi, India in September 2006, which was a significant advocacy advance in upstreaming this activity as envisioned in the business plan.

Institutional development

Because of the lack of funding support from other donors, the full institutional changes as envisioned in the business plan could not be implemented, as staff could not be recruited for the senior management posts identified. However, actual experience over the past three years indicated that the original plan was flawed in its perception.

At the time the business plan was developed NFI consisted of a central office in London that housed the Chief Executive and an Executive Director, along with a Regional Liaison Office in Lucknow, managed by its own Executive Director.

The plan had envisioned a holistic approach towards management that included:

- Office of the Chief Executive
- Technical Services
- External Affairs
- Monitoring and Evaluation
- Administration and Finance

Along with this the India registered NFI would also be developed where the intention was to operate NFI as one institution with one management structure but geographically located in two countries. Experience, however, has shown that this was not practical, or even possible, when the Chief Executive was also involved in direct programmatic work in the region was practically operated a virtual office, and when the Indian laws and regulations related to operating a Liaison Office and an Indian registered non-government organisation created impediments to implement the planned structure, even if funds had been available to recruit all the senior management staff as envisioned.

Because of these impediments, a different management structure has evolved which incorporated some of the ideas developed in the business plan (see annexure).

The Chief Executive's Office continued to operate as a "virtual office" because of the high mobility of the Chief Executive. As the India programme developed and expanded, and with the formation of the India registered NFI, the Liaison Office became the India Programme Office, which was the remit of India NFI with its own Director. A separate office was developed for programmes and activities in countries other than India, and a Knowledge Research and Training Centre was also developed.

Currently the Management Team consists of the Chief Executive along with the two Executive Directors, with joint responsibilities for International Policy and Advocacy, as well as the Knowledge, Research and Training Centre with the latter physically located in Lucknow, India. The London Office Executive Director has management responsibilities for charity management, resource mobilisation, and NFI policy development, while the India Office Executive Director manages the India programme. The Asia Regional Office is managed by the Chief Executive.

In exploring how country programmes will be managed in the future, experience has taught us that for Bangladesh and Nepal, a technical assistance partnership with the national MSM agencies Bandhu Social Welfare Society and Blue Diamond Society is the most effective way forward, while in Pakistan, a Pakistan registered NFI not-for-profit company with its own Executive Director of NFI, would be the most practical.

Lessons learnt

Without significant support from bilateral and multilateral donors, as well as UNAIDS and other UN agencies, NFI will always be limited in its outcomes, and will be unable to be strategic in its approach to

ensuring HIV services for MSM in the countries it wishes to work in. In a counter-intuitive way, for NFI to achieve its goals and objectives, along with the requisite donor support, NFI will need to extend its remit well beyond South Asia as well as develop a range of non-institutional funding through a range of enterprises that may have commercial implications. Marketing its expertise in the field of MSM sexual health is an example of this, while developing a fund-raising arm in the United States is another.

Further, it is clear that NFI also needs to develop a range of partnerships with international agencies, including UNAIDS, UNESCO and UNDP in order to sustain its upstream advocacy work as well as to access funding for its activities from a broader range of sources. This will require it to strengthen its human resource team with the inclusion of an individual dedicated to financial resource mobilising with specific expertise in proposal writing and access to donor networks.

As a stand alone agency, it has been extremely difficult for NFI to find financial resources to continue to sustain its activities and scale up its initiatives, but in developing collaborative work with other international and national agencies (without losing its core principles and values as an MSM INGO and independence), it may be possible for NFI to ensure that its goals and objectives are appropriately met.

New opportunities and ways forward

The risks and Responsibilities Asia Pacific Consultation Meeting on Male Sexual Health brought together government and MSM community representatives from countries across the region, along with representatives from international donors. This meeting created an opportunity to upstream NFI's advocacy work, not only in South Asia, but also elsewhere in the Asia-Pacific region. Two key documents were produced during this meeting: a) the Delhi Declaration of Collaboration, and b) Principles of Good Practice. The third significant outcome is the development of the Asia Pacific Coalition on Male Sexual Health bringing together MSM/transgender community representatives with government and donors as a tripartite coalition towards advocating increased investment in MSM and transgender sexual health services as well as scaling up coverage of these services towards Universal Access on HIV prevention, care and support, and reaching the UNAIDS determined target of 80% coverage. Currently, across the region, studies indicate that less than 10% of this most highly vulnerable population are receiving services, while between 0-4% of the total HIV expenditures is being invested in MSM and HIV services. This is particularly galling when all the evidence indicates that MSM and transgender populations are experiencing significant HIV prevalence, well above that of the general population.

With the development of the APCOM with support from UNAIDS and UNESCO, NFI will be afforded increased opportunities for national, regional and global advocacy, particularly with NFI's involvement with the newly formed Global Forum on MSM and HIV that emerged from the XVI International AIDS Conference held in Toronto in 2006.

Discussions have been initiated with PSI towards developed a regional proposal for the GFATM Round 7 for 2007 towards developing innovative approaches to MSM and HIV prevention, care and support, utilising NFI tool-kits for CBO development as a social franchising framework. If this is successful, then a significant advance will be made in NFI's five-year plan, extending it beyond the period of 2008.

At the same time, it is anticipated that the World Bank's Institutional Development Fund will come into operation later in 2007, which would enhance NFI's Knowledge Management Unit, Advocacy Unit, Technical Support Unit, and build on its resource mobilising capacity.

An NFI USA arm is being developed which would allow NFI to mobilise funds in the United States more readily than it can do presently, while applications to the European Union, DFID Challenge Fund and Governance Fund will also be developed which would allow scaling up initiatives, increased advocacy, and enhance knowledge management and generation activities.

At the same time, with the evolving relationship with PSI, collaborative work is being developed in Myanmar and other parts of South-East Asia. Other forms of collaborative work are being explored with a number of international and national NGOs in the region.

It is clear, that while NFI maintains its uniqueness and distinctiveness in regard to ensuring that MSM and transgender populations have access to appropriate HIV prevention, care and support services in the South Asian region and elsewhere, it will require innovative approaches to forming private/public partnerships, collaborative work and enhanced promotion of its activities to ensure adequate resources being available to continue its significant role in addressing the HIV and sexual health concerns and needs of such marginalised populations of MSM and transgender groups and sexual networks.

And beyond this, in confronting the issues of stigma, discrimination, and denial around the issues of male-to-male sex and HIV in the region, along with the lack of data, low levels of investment, lack of appropriate services, illegality and violence, with donor resistance to move beyond what is termed vulnerable populations towards a clear recognition of the needs of marginalised and highly stigmatised populations such as MSM and transgenders, where the HIV burden is far higher than the general population and such vulnerable populations as youth and women, requires a more pro-active involvement of both bilateral and multilateral donors and the various INGOs with UNAIDS and other UN agencies. Mainstreaming HIV issues in such an environment only further marginalises MSM and transgender populations, and requires dedicated support and specialised services that most governments and NGOs are not equipped to deal with.

Naz Foundation International

Naz Foundation International (NFI) was established in 1996, when it became clear that HIV was increasingly becoming a significant issue of concern in South Asia, whilst at the same time, there was not only very little recognition of male to male sex in the region, but even a will or action in providing services to this vulnerable population.

NFI has developed a range of capacity-building tools, training manuals, documentation and other resources in order to provide technical assistance and support to MSM networks in a range of cities across South Asia to develop their own responses to HIV/AIDS, as well as work with a range of international NGOs and other organisations towards ensuring the provision of appropriate HIV and AIDS prevention coverage to MSM. As the only agency of its kind in the region, NFI has provided assistance to over forty MSM HIV/AIDS projects across South Asia, building a reservoir of knowledge, skills and expertise that was culturally specific in responding to the HIV/AIDS prevention, care and support needs of males who have sex with males in South Asia.

Goal

To improve the quality, capacity, and coverage of service delivery of HIV/AIDS prevention, care and support programmes focusing on the needs of males who have sex with males in South Asia.

Objectives

- To enhance the institutional, technical and delivery capacity of organisations working with males who have sex with males on HIV prevention, care and support, whether supported by the Pakistan Enhanced Programme on HIV/AIDS or not.
- To enhance the institutional and technical capacity of the Provincial AIDS Control Programmes to effectively manage, monitor and evaluate MSM HIV/AIDS prevention, care and support programmes they support.
- To develop an in-country technical support capacity in the area of appropriate service delivery on HIV and AIDS prevention, care and support for MSM.
- Explore the possibility of the development of MSM community-based self-help approaches to HIV and AIDS in the country.

For more information on Naz Foundation International visit www.nfi.net.

Towards Universal Access to HIV Prevention, Treatment, Care and Support for Men who have Sex with Men and Transgender People

“Principles of Good Practice”

We the participants in the Male Sexual Health and HIV in Asia and the Pacific International Consultation: “Risks and Responsibilities”, New Delhi, September 23-26, 2006, hereby agree on and accept the following Principles of Good Practice towards Universal Access to Prevention, Treatment, Care and Support for men who have sex with men, and transgender people:

Bridging the knowledge gap

In order to develop strategic and effective responses to the HIV prevention, treatment, care and support needs of men who have sex with men and transgender people, anthropological, sociological, behavioural and epidemiological research are essential, and need to be undertaken in partnership with the affected populations, understanding dynamics of male-to-male and transgender sexuality, including the multiplicity of frameworks, gender identities, behavioural practices within national and local socio-cultural contexts.

Governments and donors can and must play a pivotal role in undertaking and supporting such participatory assessments and research concerning the prevention, treatment, care and support needs of men who have sex with men and transgender populations for the development of comprehensive programmes that will be informed by evidence as well as implementing policy support for these interventions. In addition, there is a need to undertake participatory community oriented size estimations of men who have sex with men and transgender populations in order to advocate for and ensure adequate levels of resources for programmes of scale, for the reduction of risk and vulnerability of these marginalised sexualities.

Focused participatory interventions

For any HIV and AIDS prevention, treatment, care and support intervention to be effective within networks and communities of men who have sex with men and transgender people, these marginalised sexualities must be actively and substantively involved in planning, designing and implementation of such interventions. This includes participation in problem identification, needs assessments, programme design, monitoring and evaluation. Participation is essential in areas related to the development of legal frameworks and laws, policy, advocacy, education and programme design and implementation. Participation must include and reflect the full cultural and sexual diversity of men who have sex with men and transgender people.

Further, HIV positive people from these diverse networks, communities, groups and organisations need to be fully involved, with the GIPA (Greater involvement of people living with HIV) principles meaningfully implemented.

Promoting ownership and an enabling environment

Governments and states can and must enhance efficacy of policy and programme interventions by ensuring that representative ownership is key in all legal, policy and programme efforts aimed at stemming the spread of HIV among men who have sex with men and transgender people’s networks, groups and communities. Supportive legal, policy and programme environments are instrumental in helping men who have sex with men and transgender people to acknowledge their own risk and responsibilities in stemming the spread of HIV. For building enabling environments, governments must

enact legal and policy guidelines and structures that respect and protect the right of all its citizens to good quality prevention, treatment, care and support services. To ensure moving towards true universal access, actions must include the de-criminalisation of sexual acts between consenting men who have sex with men and transgender people, as well as addressing legal issues relating to sex work. Governments, states and donors must play an active role in helping men who have sex with men and transgender people understand their rights and empower them to respond to discrimination and harassment.

Organisational development and strengthening

To ensure that good quality HIV prevention, treatment, care and support services are provided and accessed, organisations that include and represent men who have sex with men and transgender networks, groups and communities should be fostered and supported. This includes supporting the development of representative service organisations. Where this is not possible because of legal/social constraints, other implementing NGOs/INGOs could act as ‘shelter’ agencies providing technical, operational, management and other capacity building support. This process recognises the need for empowerment and personal decision-making, along with peer processes for promoting safer sex practices. Safe-spaces (i.e. drop-in centres) where meetings, social gatherings and other community activities can be held should also be supported.

Access to appropriate and affordable STI diagnostic and treatment services

Many men who have sex with men and transgender people living with HIV are not only stigmatised by their HIV positive status, but also by the route of infection and issues related to their sexual and gender identities. Treatment, care and support programmes need to be competent to address these different frameworks and address them appropriately. All health care providers providing STI prevention, diagnosis, treatment and care services must therefore be professionally competent in addressing specific sexual health needs of men who have sex with men and transgender people. This includes providing STI prevention and management in regard to anal STI and other pathologies that could be a result of anal and/or oral sex. Such services, as all other medical services, must be confidential. This, not only regards STI but also pertains to overall professional conduct and attitudes in providing comprehensive health care related to consenting adults’ sexual and gender preferences and choices. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. At the same time however, sexual health clinics for the general male population must also address male-male and transgender sexual behaviours and possible related health issues.

Access to appropriate HIV voluntary testing and counselling

Governments, and CBOs need to provide and donors must support pre- and post-testing counselling services for HIV and other STI that are confidential, non-judgemental and empathic to the needs of men who have sex with men and transgender people. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. Post-test support services must include counselling on the meaning of an HIV diagnosis and referrals to men who have sex with men or transgender-competent prevention, treatment, care and support programmes and services.

Access to affordable condoms (including “female condoms”) and water-based lubricants

Reducing the primary risk of infection with HIV and other STI must be central to all HIV prevention programmes. Governments, CBOs and donors must support population-specific, free or affordable distribution of condoms along with social marketing campaigns to promote consistent use of condoms, as an essential component of risk reduction strategies for men who have sex with men and transgender

people. In addition, governments, CBOs and donors must ensure ready access to appropriately packaged water-based lubricants that enhance the efficacy of condoms used for protection in anal sex, by men who have sex with men and transgender people.

Access to specific information through appropriate communication

Research consistently shows that HIV prevention information that is communicated to the general population is insufficient to generate sustained protective behaviour among men who have sex with men and transgender people. Governments, NGOs, CBOs and donors must support the development and dissemination of information by and for men who have sex with men and transgender people, addressing their concerns, in languages, terminology and imagery that is realistic, life-affirming, meaningful, understandable, acceptable and engaging. Men who have sex with men and transgender and transgender people must not be passive recipients of such information but as the producers of their own information, education and methodologies of communication.

Long-term technical and financial support

Governments, national and international donors, multilateral institutions and international NGOs must commit and provide sustained technical and financial support to build the capacity of individuals and service organisations by and for men who have sex with men and transgender people working in the areas of HIV prevention, treatment, care and support. This, in order to enhance core capacities such as HIV competence and other technical HIV-related knowledge and skills, as well as programmatic and managerial governance and monitoring expertise. It is crucial that skills and opportunities in networking, community-building, advocacy and policy development and monitoring are also supported. Successful pilots and programmes must be documented and taken to scale in a manner that ensures sustainability, quality, and community ownership.

Advocacy on legal, judicial and social impediments to effective HIV and other STI prevention and sexual health for men who have sex with men and transgender people

Governments, international donors, multilateral institutions and international NGOs must assist in developing the capacity of men who have sex with men and transgender people for advocating and effecting change on legal, judicial and social impediments that hinder HIV and other STI prevention, treatment, care and support programmes for individuals or networks, groups and communities of these marginalised sexualities.

Laws that criminalise consensual sex between adult males and transgender sex continue to drive the spread of HIV by impeding the development, implementation and access to essential prevention, treatment, care, and support programmes. Donors, multilateral institutions and international non-governmental organisations must therefore support and governments must react progressively to advocacy efforts directed toward law reform and address social stigmatisation that increases HIV vulnerability among men who have sex with men and transgender people.

Broadening the education and awareness agenda

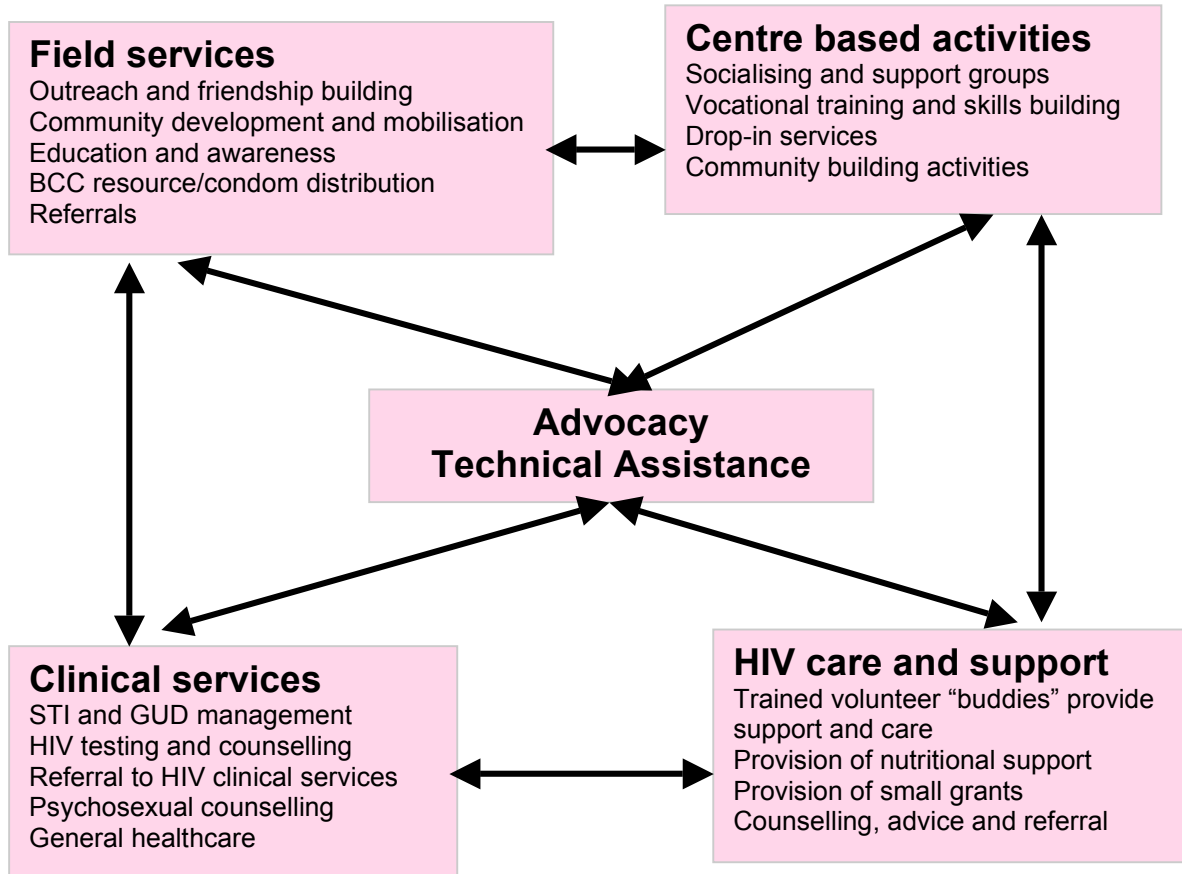
Unprotected anal sex is not as uncommon as many may assume, and is not restricted to self-identified men who have sex with men, and transgender people, but includes males in an array of different situations as well as between males and females. Community-based organisations working with men who have sex with men and transgender people in the area of HIV may not be able to reach such non-identified males easily. By ensuring that all HIV and STI prevention materials, programmes, and services include information pertaining to the risks of unprotected anal sex as part of broader sexual and reproductive public health awareness efforts, governments, academic institutions and international donors and international NGOs

must ensure that this life-saving information reaches and is understood by the general population; male and female alike.

Transparent governance and accountability to communities and constituencies of males who have sex with males and transgender people

Governments, donors and multi-lateral agencies must practice transparent governance and have clear written policies and implementation guidelines on HIV prevention amongst men who have sex with men and transgender communities in a sensitive and supportive manner. Furthermore, non-government and community-based implementing partners must be selected in a transparent and objective manner. Finally, governments, donors, multilateral institutions and international non-governmental organisations must ensure that their own organisational environments are non-discriminatory and stigmatising towards men who have sex with men and transgender people.

Model of an MSM community-based HIV prevention, care and support service package



NFI process model for MSM sexual health interventions

Introduction

The Naz Foundation International (NFI) has developed a model for the implementation and scaling up of interventions for men-who-have-sex-with-men (MSM), their partners and families, to prevent HIV transmission and other sexually transmitted infections, and improve the general health and welfare of this population. The model has a number of key features and processes and utilises a number of key tools. These are described below, and a summary of the model appears at the end of this paper.

Key features of the model

1. An intimate knowledge of MSM issues and needs

This is gained from:

- a. A range of studies and needs assessments that NFI has undertaken and documented over the last 11 years
- b. Technical assistance to develop and mentor community based MSM HIV interventions (since 1996, some 50 such projects have been developed in India)
- c. Ongoing monitoring and evaluation from existing community based initiatives,
- d. Ongoing development of new research partnerships to address specific concerns.

2. A clearly defined community development strategy

This includes the development of state-level community based organisations (CBOs) addressing MSM behaviours, which in turn develop district-level activities within their state, with ongoing support and mentoring from NFI.

3. A strong advocacy, policy and ongoing support strategy

The model includes a strong component of upstream advocacy and policy development, to help create a positive political, social, legal and policy environment for the work to be sufficiently well resourced and enabled. NFI also provides a range of ongoing support activities to MSM intervention programmes.

Key processes

1. State/country MSM CBO programme development

Using an NFI developed framework and tools, NFI provides training and support to develop new or existing MSM state organisations to undertake needs assessments and develop MSM led CBO programmes.

2. Scaling-up across a state/country - support for local MSM CBO programme development

Building on established State level MSM CBO programmes, NFI provides support and training for these CBOs to develop locally based MSM led CBO programmes across their states.

3. Upstream advocacy and policy development and ongoing support

A range of upstream advocacy and policy development work is undertaken to create the necessary political, social, legal and policy environment for the resourcing and enabling of state and district level MSM CBOs services to take place.

NFI also provides a range of ancillary support services to the MSM CBO programmes, which includes regular training events, provision of a monitoring and evaluation service, help in developing intervention resources and organisational development support.

Key Tools

NFI has developed a broad range of comprehensive tools for MSM CBO development that includes:

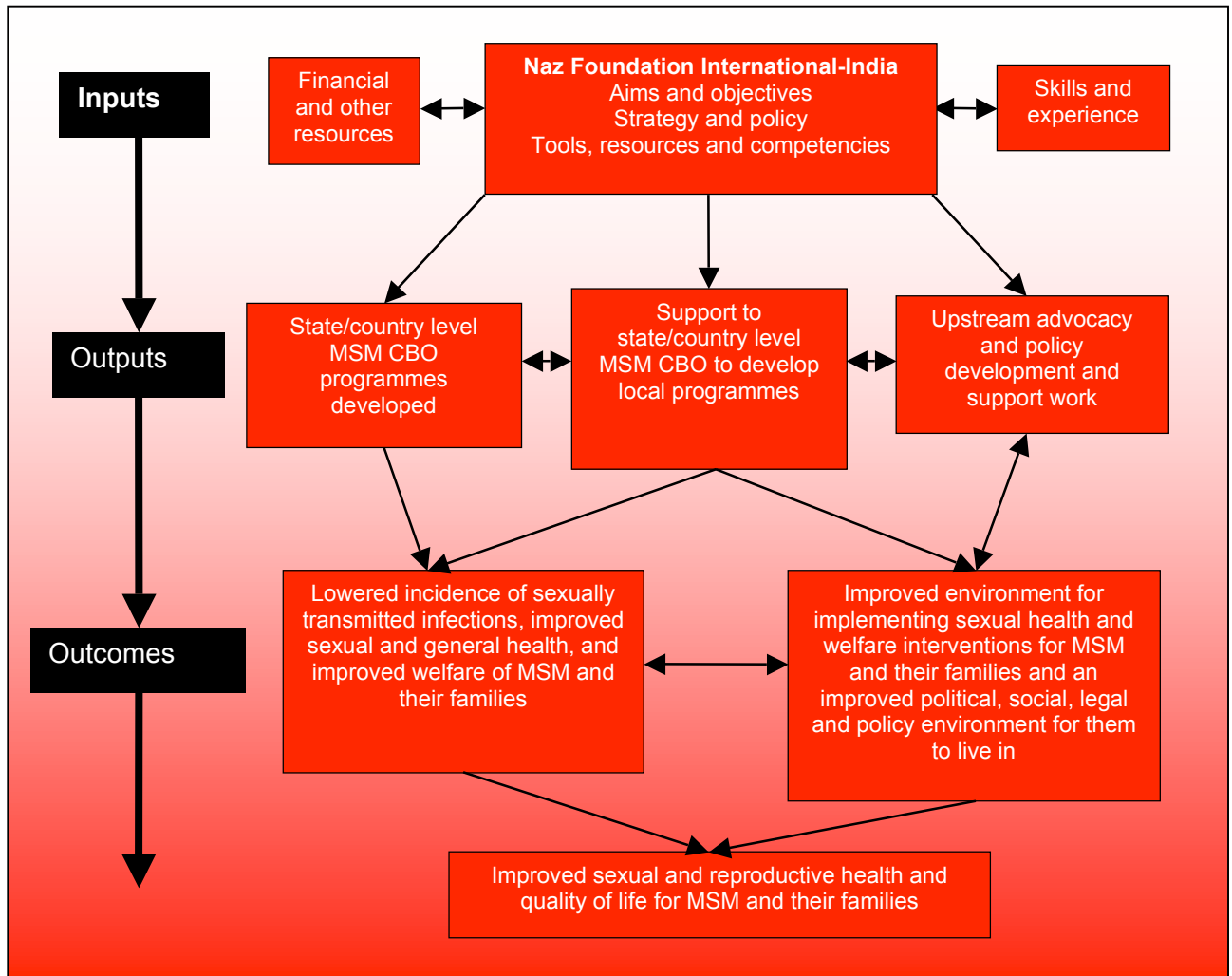
- Training manuals, guidelines and handbooks specific to the needs of MSM led CBO programmes,
- A monitoring and evaluation system,
- Model behaviour change communication resources for MSM CBO programmes,
- An enhanced and computerised version of the monitoring and evaluation system,
- Multiple languages of the NFI MSM CBO development tool-kit,
- Anal sexually transmitted infection algorithm,
- Advocacy tool-kit.

What NFI offers

- Tested methodology for developing new MSM community-based organisations and scaling up coverage
- Access to a range of documentation and tool-kits
- A management and monitoring system appropriate to the needs of MSM CBOs
- On-going technical support and mentoring of MSM CBOs
- Support for advocacy and policy development
- A skilled and experienced technical assistance team
- A range of BCC materials in different languages
- 10 years of working experience with MSM networks, groups and organisations
- Resource and research documentation on MSM and sexual health issues
- Linking mechanisms to country specific, regional and international networks for skills and information exchange.
- Mentoring of projects along with ongoing technical assistance to ensure quality assurance in terms of management, financial responsibility and service provision

Model summary

A summary of the model, in terms of inputs, outputs and outcomes, processes and activities is described in the figure below:





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