

# **Rapid Review of the MSM Targeted Outreach Programme, Upper Myanmar, PSI Myanmar**



## **Final Report**

**29<sup>th</sup> September 2007**

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Naz Foundation International**

## **Acknowledgements**

I would like to gratefully acknowledge Habibur Rahman, National Programme Manager, Population Services International, Myanmar, for his strong commitment, understanding and dedication towards ensuring that males who have sex with males in Myanmar have access to appropriate sexual health services, as well as ensuring that community involvement and ownership are central to such service delivery.

Special thanks also need to go to John Hetherington, Country Director of Population Services International Myanmar for his strong commitment, support and encouragement for the on-going development of the MSM Targeted Outreach Programme and its goals and objectives.

And finally, my thanks go to Nay Oo Lwin, Project Officer at MSM TOP, who provided technical assistance and translation support in all my meetings with local MSM in Taunggyi, Mandalay and Yangon.

## Executive Summary

This review of the Population Services International (PSI) Myanmar men who have sex with men (MSM<sup>1</sup>) Targeted Outreach Programme (TOP) in Upper Myanmar, follows on from the previous review of the PSI Myanmar MSM TOP programme in Lower Myanmar conducted between 12<sup>th</sup> – 18<sup>th</sup> November 2006.

The review concluded that PSI Myanmar MSM TOP had achieved remarkable success in implementing the MSM TOP model of HIV and sexual health service provision through outreach, clinical and VCT services, and access to safe spaces (drop-in centres). This comprehensive minimum HIV care package was leading towards community development, ownership and empowerment to address the range of risks and vulnerabilities that MSM face in Myanmar.

However, while the programme exhibited many strengths, a number of key recommendations were also made to address a number of weaknesses and further strengthen sustainability.

These recommendations included

- Extending drop-in centre (DiC) opening times to include evenings and weekends
- Provision of education and skills building classes, along with life-skills
- Provision of psycho-social-sexual counseling
- Provision of gender counseling
- Extend outreach activities in terms of time
- Train outreach workers in peer counseling on gender, sexuality and social issues
- Developing a consistent training package
- Include general health issues in clinical service provision

A key identified gap in this review was the lack of a support and care programme for MSM living with HIV or AIDS. With the significant numbers of MSM living with HIV or AIDS being identified through the VCT service, this was deemed an urgent priority. As an initial process, developing an MSM focused self-help group would be a good initiative.

At the same time, the need to strengthen MSM ownership as a critical component for success was reinforced. This could be achieved by developing a consistent community building and development programme, enhancing MSM leadership, and incorporating more MSM into the management structure. It was recognised that this would require a capacity building programme for MSM, both in terms of current staff as well as future recruitment, along with the ensuring more MSM staff were employed as programme managers.

It was also recognised that building sustainability and scaling up across the country was not only about enhancing MSM staff skills and incorporating more MSM staff into management and decision making processes, but also requires the developmental and operational process to be well documented, a development tool-kit was developed, and a training, technical assistance and mentoring team developed, along with the institutionalisation of the process.

Implicit in these recommendations was that they would also be applicable to the Upper Myanmar component of the PSI Myanmar MSM TOP.

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<sup>1</sup> 'Men who have sex with men' (or MSM) is an inclusive, public health term to define the sexual behaviour of males having sex with other males, and does not refer to an identifiable community or gender identification. Within this context it is understood that the word 'man'/men' is socially constructed; as well, within the framework of male-to-male sex, there are a range of masculinities along with diverse sexual, gender and transgender identities, communities and networks.

The current visit to Myanmar was to conduct a similar review of the Upper Myanmar MSM TOP with site visits to Taunggyi and Mandalay. It was intended to hold:

- Formal and informal discussions with all levels of MSM and non-MSM project staff
- Discussions with MSM (DiC and field level)
- Observations (DiC, attend SGMs, 'cruising sites')
- Interviews with the TOP country manager and other key TOP staff at the MSM TOP head office in Yangon

However, it was strongly suggested by the Senior Project Office Manager PSI Upper Myanmar that, due to the current political situation, the visits should either be cancelled, or if the visit could not be cancelled (due to the lateness of this advice), then the neither the consultant nor the TOP country manager should visit the MSM DiCs, nor should they talk with PSI or TOP staff, or even talk with, what was defined as, community people

Following discussion between the consultant, the TOP country manager, and the Country Director, it was decided to go ahead with the visits to Taunggyi and Mandalay unofficially, and use indirect sources of information to conduct a preliminary review.

While it was recognised that such an approach would not be satisfactory in obtaining a full review of the current situation, perhaps an overview may possibly be obtained, where some weakness and strengths could be identified.

Using personal networks, the consultant was able to hold a range of discussions with 10 self-identified MSM in Taunggyi and 12 in Mandalay, most who use, or have used, the MSM TOP services in both cities, including the DiCs.

At the same time, lengthy discussions were held with the TOP country manager relating to the MSM TOP Upper Myanmar regarding management, reporting, implementation, service delivery and staffing, along with discussions with the Junior Project Officer for MSM TOP Lower Myanmar.

The comments and recommendations below are a synthesis of these discussions, along the understanding of the TOP MSM service model, and how MSM TOP Lower Myanmar is functioning. They clearly indicate that there are major concerns about the quality of the MSM TOP Upper Myanmar in all of these areas, which would have (and is having) a detrimental impact on service implementation, delivery, access and user satisfaction in Upper Myanmar, along with the overall quality of MSM TOP. One suspects that similar comments could be made for the FSW TOP Upper Myanmar services as well.

## **1. Management**

MSM TOP Lower and Upper Myanmar appears to be operating as two separate projects, with line management and reporting unclear. While the National TOP manager is nominally responsible for the whole MSM TOP, ground reality is that Upper Myanmar reports directly to PSI Myanmar Head Office, and service management, along with recruitment of staff for MSM TOP and training fall under the direct remit of PSI Upper Myanmar itself.

This effectively means that the TOP management has only indirect access to the Upper Myanmar MSM TOP structures, policies and working practices.

This division is a consequence of the pre-TOP country division of Lower and Upper Myanmar by PSI Myanmar. As a result, in developing the original scaling up plan for TOP, this structure was used as the basis for the suggestion that the Yangon and Mandalay

centres would act as nodal agencies providing appropriate technical assistance, support and mentoring to their respective secondary cities.

However, this division is clearly not working, producing different lines of management, and confusion between Lower and Upper Myanmar TOP, resulting in poor management and implementation of the TOP model across Myanmar, where Lower Myanmar TOP does appear to have more direct input from TOP management than Upper Myanmar, resulting in more effective service delivery and management in Lower Myanmar.

As a result, PSI MSM TOP shows a wide diversity of quality of service development and delivery from very good to very poor, which is having a negative effective on the whole scaling up project.

If PSI Myanmar TOP is to have a consistent approach to service development, service delivery, and management for MSM in Myanmar, then there must be clear lines of management within PSI Myanmar TOP which is effectively understood and implemented across the whole of TOP.

### **Recommendation 1**

*It is recommended that PSI TOP become an autonomous project within PSI Myanmar, with direct management and reporting flowing through TOP head office in Yangon, which then reports to PSI Myanmar. This will mean creating one national structure removing the Lower and Upper Myanmar division, with Mandalay TOP office operating under the direct management of PSI TOP. The national programme manager for TOP must have actual management responsibility for the whole of TOP.*

## **2. Reporting and evaluation**

A major consequence of the division of TOP into Lower and Upper Myanmar sub-regions has been that the TOP national manager's decision-making capacity is devalued, if not ignored in Upper Myanmar, and that the necessary processes to implement the TOP model of service development and delivery are not being effectively monitored because TOP Head Office is not directly receiving activity and process reports. As a consequence, TOP head office and the national manager is unable to provide an appropriate evaluation of the strengths and weakness of TOP, nor the effectiveness of the TOP approach to service development and delivery in Upper Myanmar

As identified before, the whole approach to implementing MSM TOP was to be based on strengthening community networking and development towards developing MSM leadership and involvement in programme management, implementation and service delivery.

However, to effectively evaluate whether this approach is being implemented effectively and sustained across the different secondary cities, it is essential that the TOP national manager has a clear picture of what is being done under this programme, along with progress in processes being utilised to achieve its objectives. The lack of reporting directly to TOP management by Upper Myanmar TOP compounds the absence of any effective review and evaluation of MSM TOP Upper Myanmar services and staff.

### **Recommendation 2A**

*All TOP reporting must first be sent to the TOP head office in Yangon from both Lower and Upper Myanmar TOP services. Along with this, process indicators and targets in achieving specific process objectives need to be developed, and progress on these indicators would*

*also require regular reporting to TOP. With this, an effective national monitoring and evaluation plan needs to be developed and implemented with regular 6-month reviews initially, followed by annual reviews after 2 years.*

## **Recommendation 2B**

*There needs to a full review and evaluation of MSM TOP Upper Myanmar as soon as possible that would include management, reporting, staffing, service delivery and processes by the TOP national manager, and immediate steps taken to rectify the identified weaknesses, along with a restructuring process that brings Upper Myanmar MSM TOP in line with Lower Myanmar implementation process.*

## **3. Services**

The key principle behind TOP is the development of MSM community development and leadership as the central process for implementing an effective sexual health promotion programme, facilitated by MSM empowerment and development of their capacity to delivery services themselves.

In reviewing both the Taunggyi and Mandalay MSM TOP services, albeit through secondary sources, it was clear that this was not happening, and that there was considerable user dissatisfaction with regard to management, certain staff, and adequacy and quality of service delivery.

### **Taung gyi**

Discussions clearly indicated that the MSM DiC was not only in an inappropriate location making it very difficult for many MSM to attend the centre (it was reported that only 40 MSM had registered in the last 16 months, and attendance was very poor), but also its size was too small to be of any significant use for the purposes intended by having an MSM DiC.

Daily, weekly and monthly activities, as identified in the original work plan, are not taking place, and in a substantively sized city, there were only two peer workers (one of them only recently employed four months ago).

It was reported that that there were no community development and capacity building activities, no counselling services (not even VCT) inappropriate staff providing MSM TOP management, no clinical services (not even referrals), and a deep sense of felt discrimination against MSM themselves.

Discussions with the TOP national manager indicated that TOP MSM services in other secondary cities in Upper Myanmar may well have similar issues of concern.

## **Recommendation 3A**

*It is strongly recommended that the whole Taunggyi programme be revisited and reorganised, with a change in the location of the DiC (including a larger premise), increase in MSM staffing (MSM peer workers and site supervisor), as well as supportive clinical services, and substantively more socialising and community building activities.*

*Further a service evaluation and user satisfaction should be conducted with TOP programmes located in all the secondary cities of Upper Myanmar.*

*Such evaluations should be conducted by the TOP national manager himself and not by the PSI Research Division, or by an external consultant with in-depth knowledge and sensitivity of MSM issues, needs and concerns.*

## **Mandalay**

Mandalay MSM TOP provides more services, but as in Taung gyi, users were significantly dissatisfied with the MSM TOP staff and service provision, but felt disempowered about voicing their concerns. MSM users indicated that they felt discriminated against and not treated with respect, that there were poor relationships with peer workers, with no community building, socialising or capacity building activities being provided by the DiC. There were constant complaints that there were no social group meetings, no socialising parties and a poor social environment. Social group meetings were only organised when there was a special visitor to the DiC, and even these were mixed with MSM and FSW coming together.

Several MSM that were interviewe believed that that Mandalay DiC favoured FSWs above that of MSM.

There is no MSM counsellor that provides psycho-social-sexual counselling, and no sense of MSM leadership and ownership. Concerns were also expressed about the quality of the clinical services being provided and the felt discrimination being demonstrated by the doctor against MSM.

There also appears to be no MSM staff solidarity, which in turn creates tensions between staff, between staff and management, as well as staff and service users.

It needs to be noted that two new community-based organisations have been developed in Mandalay by the Alliance managed by MSM themselves, which is generating further disenfranchisement with the PSI MSM TOP in the city.

## **Recommendation 3B**

*It is strongly recommended that Mandalay MSM TOP be thoroughly reviewed in terms of its staffing, capacity, service delivery, and overall management structure in relation to Myanmar MSM TOP and the needs of the MSM population in Mandalay and changes made that will enhance the programme.*

## **Recommendations made in the Review of the MSM TOP in Lower Myanmar report, November 2006**

In addition, I wish to reiterate and reinforce the recommendations that were made when the consultant conducted a review of the MSM TOP in Lower Myanmar between 12- 18 November 2006. They are also applicable for Upper Myanmar.

### **Strengthening the programme**

The following are being recommended for strengthening the MSM Targeted Outreach Programme

#### **Community Development (DiCs)**

- Expand utilisation of safe spaces to include some evening and weekend activities

- Expand range of socialising and entertainment activities to include those of interest to apone and tha nge users
- Provide skills building and education programme on non-HIV issues
- Ensure that the two components of the TOP programme (MSM/FSW) are seen as autonomous from each other, each with their own spaces
- Develop social support programme for users and staff which will include:
  - Psycho-social-sexual counselling and support
  - Community-building programmes
  - Identify and build capacity of community leaders
- Institute a dental hygiene programme as part of a health service delivery
- Increase ownership by more self-identified MSM in management positions
- Establish a national MSM advisory group for the programme

### **Outreach**

- Expand outreach activities to include weekends at appropriate 'hot spots'
- Regularise training programme with refresher courses
- Include in these programmes issues relating to psycho-social-sexual counselling
- Develop a volunteer network in each city

### **Clinical services**

- Expand service provision to include non-STI issues, i.e. general health for low income MSM as well as presumptive rectal examinations
- Sexual history taking by clinic assistant
- Increase capacity of clinic doctors through enhanced training to include psycho-social-sexual issues

### **Living with HIV/AIDS**

- Develop a care and support programme for MSM living with HIV/AIDS and address the double stigma that this incurs
- Develop an MSM +ve support group and provide a range of empowerment and self-help activities specific to their needs
- Develop leadership skills amongst appropriate +ve MSM as educators

### **Scaling Up**

- Develop a development tool-kit, which can be expanded as new issues and needs are identified
- Institutionalise the process and develop handbook
- Develop the required range of protocols and guidelines for implementing, management and service delivery
- Develop an MSM training, technical support and mentoring team along with an appropriate MSM identified training manual/tool-kit
- Develop a national MSM Advisory Group and network

### **Staffing**

- Key MSM need to be skilled up to take on management responsibilities and leadership within the MSM TOP programme
- Staff support group needs to be developed
- Complaints and grievance procedure for MSM staff needs to be developed
- Sexual harassment policy of PSI Myanmar should include MSM issues

- Enhance staffing structures, which may require recruitment of additional MSM programme staff

From a management point view, the TOP Project Manager needs to build up management support for the MSM programme as a priority, by skilling up appropriately identified MSM to take on more management responsibility for implementing the programme.

Further, the process of developing and implementing the MSM TOP process needs to be well documented and publicised as an example of good practice in the region as well as globally.

## **Conclusion**

While the previous review of the MSM TOP programme in Lower Myanmar identified many strengths towards enabling and empowering MSM to take responsibility for their own sexual health and having ownership of the virus and the process for reducing risk with the proviso of the need to enhance the sustainability of risk reduction over the long haul through a stronger focus on community development and mobilising is required, this cannot be said of Upper Myanmar MSM TOP.

It is clear to this consultant that there is an urgent need to rapidly intervene with the development and service provision in Upper Myanmar to increase quality and range of services, as well as recruitment of appropriate MSM management and service staff, if there is to be any significant improvement in service delivery and sustained risk reduction.

The implementation of the MSM and HIV work of Alliance through the development of partnerships with small community-based organisations in Mandalay is reflecting negatively on PSI MSM TOP Upper Myanmar. This needs to be addressed as a priority.

## Introduction

In July 2004, PSI Myanmar's Targeted Outreach Programme (TOP) focusing on MSM and female sex workers (FSW) was instituted as a separate unit within PSI Myanmar, implementing an expansion of PSI's previous focus on social marketing of sexual health products and services (as well as other health issues). The TOP Programme Manager became a part of the Senior Management Team with a national brief to implement TOP and scale up its activities across the country.

The key objectives of the MSM TOP programme were:

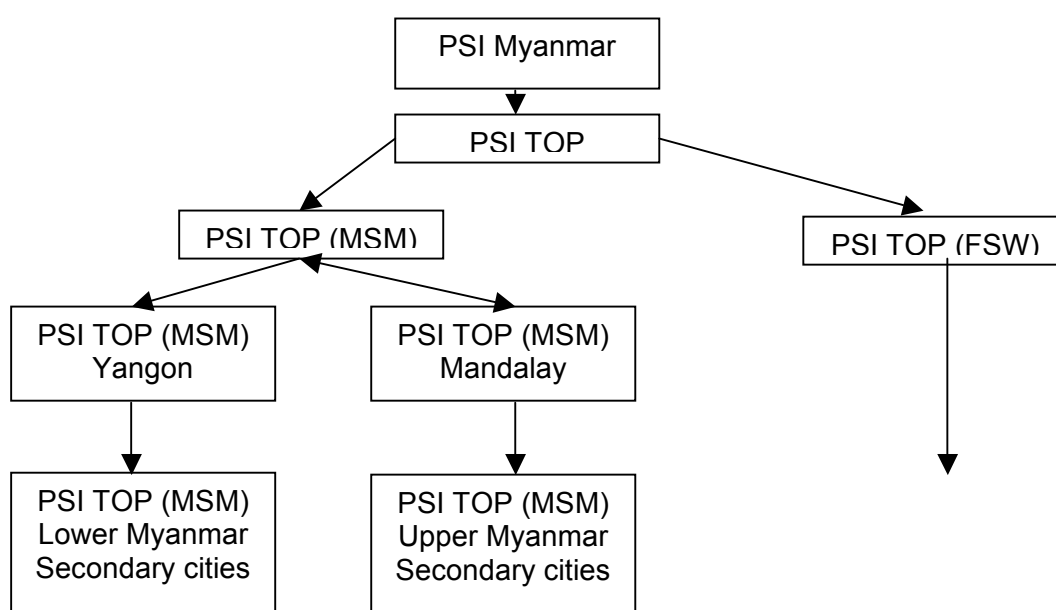
- To decrease high-risk behaviours related to HIV/AIDS and STI among males who have sex with males (MSM) in Myanmar
- To increase access to sexual health services such as STI treatment, VCT, and commodities such as condoms and lubricants, as well as HIV/AIDS/STI related information
- To increase access of MSM to antiretroviral treatment (ART) and treatment of opportunistic infections by strengthening the referral network

In August 2004, an MSM drop-in centre (DiC) was opened in Yangon, which provided a safe space for a range of MSM to meet and socialise, a clinical service providing free treatment for STIs and general health conditions, and eventually (January 2005) outreach activities to reach MSM and refer them to these services, along with education on HIV and AIDS, as well as sexually transmitted infections, and promote risk reduction activities.

In February 2005, a similar service was developed in Mandalay, and since March 2006, MSM sexual health services were implemented in 8 secondary cities in the country.

It was also decided that the old PSI Myanmar structure would continue with Lower and Upper Myanmar subdivisions, where Yangon TOP would act as a nodal agency for Lower Myanmar, and Mandalay TOP would play a similar role with Upper Myanmar. Both these nodal agencies were to report to TOP head office.

## Original suggested management flow chart



Between 8<sup>th</sup> – 10<sup>th</sup> February 2006, a three day workshop was conducted in Yangon by this consultant with PSI representatives from China, Lao PDR, Myanmar, Thailand, Vietnam which explored and issues and needs of MSM in relation to sexual health and HIV in Asia, and good practices to decrease risk amongst them The workshop was also an opportunity to refine PSI Myanmar's TOP approach. Key elements in the TOP methodology were clarified and articulated during this workshop.

## **The MSM TOP Service Model**

Based on globally accepted principles of good practice the TOP approach to achieve the above objective were to be centred on:

- Developing and strengthening Myanmar MSM 'communities' and creating a nationwide MSM network towards mobilising this network to sustain risk reduction strategies, and;
- Providing support and building the capacity of 'community' people towards ownership of the issues of concern, while taking on management responsibilities for the MSM TOP

The development of TOP was to be a 'community'-based and led approach.

Key principles were defined as:

- Peer-centred and peer driven
- MSM friendly health and support services
- Provision of safe spaces (DiC) for community building and development

The service model being implemented was based on three interlinked components. These were:

- Access to safe space through a drop-in centre providing a range of community building and educational activities
- Outreach work through peer workers and "inter-personal communicators"
- Clinical services providing STI management and voluntary testing and counselling

Drop-in Centre activities should include:

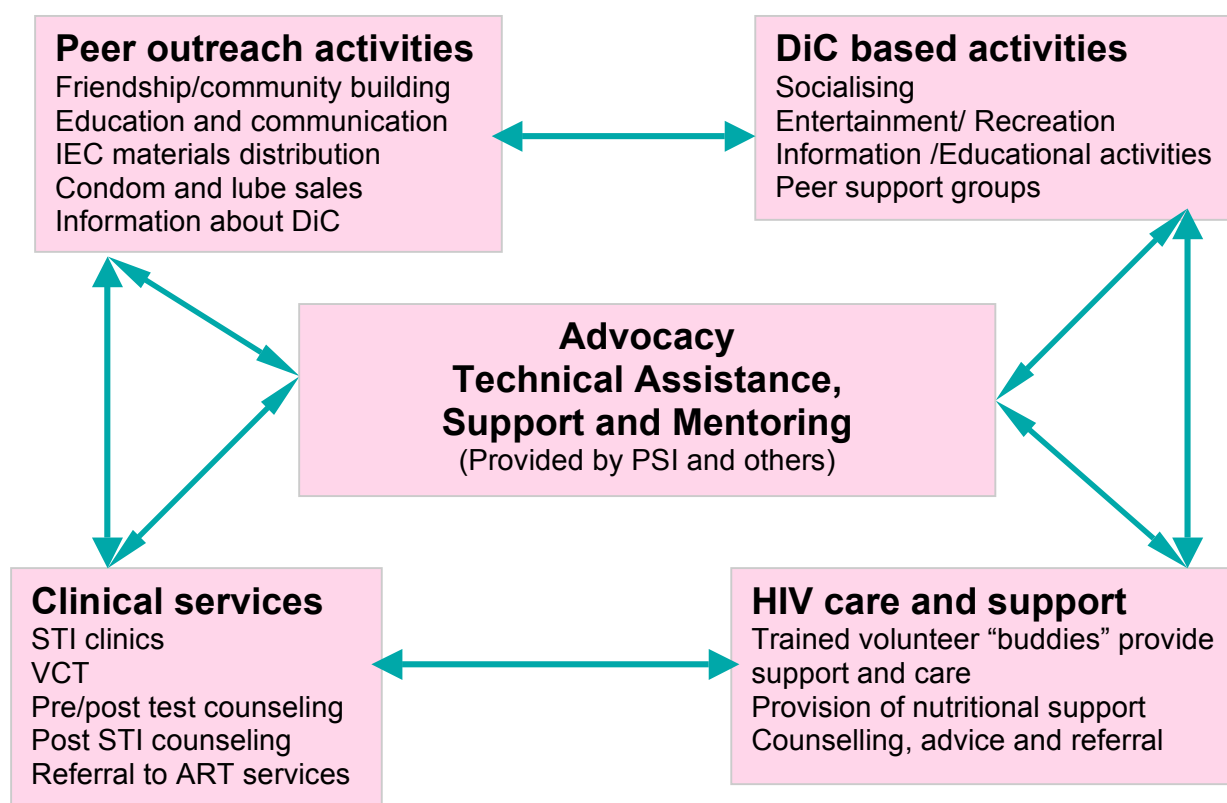
Daily:                   socialising space  
                              Entertainment (watching television, videos)  
                              Friendship building  
                              Make-up space  
                              Bathing facility  
                              One-on-one HIV counselling as well as psycho-social-sexual counselling  
                              Group sessions on meditation, sexual health, condom promotion

Also:                    voluntary testing and counselling  
                              STI treatment

Weekly:                A range of classes for building self-esteem and empowerment as well as small social group meetings

Monthly:              Large social group meeting involving entertainment and education

## Modelling the TOP MSM service package



Between 12<sup>th</sup> – 18<sup>th</sup> November 2006, a review of the Lower Myanmar MSM TOP was conducted by this consultant, with site visits to Yangon and Patheingyi programmes, and included:

- Formal and informal discussions with all levels of MSM staff
- Discussions with MSM (DiC and field level)
- One day workshop with outreach staff
- Observations (DiCs, nightclub, street, attended MSGM)
- Interview with the PM and other key members

The consultant's final report stated that the Lower Myanmar MSM TOP had achieved remarkable success in developing community ownership and development, but also included a number of recommendations to improve the quality of service delivery, which already had achieved a very high user satisfaction.

### Strengthening the programme

The following were recommended for strengthening the MSM Targeted Outreach Programme

#### Community Development (DiCs)

- Expand utilisation of safe spaces to include some evening and weekend activities
- Expand range of socialising and entertainment activities to include those of interest to apone and thange users
- Provide skills building and education programme on non-HIV issues

- Ensure that the two components of the TOP programme (MSM/FSW) are seen as autonomous from each other, each with their own spaces
- Develop social support programme for users and staff which will include:
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### **Scaling Up**

- Develop a development tool-kit, which can be expanded as new issues and needs are identified
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### **Staffing**

- Key MSM need to be skilled up to take on management responsibilities and leadership within the MSM TOP programme
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From a management point view, the TOP Project Manager needs to build up management support for the MSM programme as a priority, by skilling up appropriately identified MSM to take on more responsibility for implementing and managing the programme.

Further, the process of developing and implementing the MSM TOP process needs to be well documented and publicised as an example of good practice in the region as well as globally.

## **Review of the PSI MSM TOP -Upper Myanmar**

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### **Mandalay**

Mandalay MSM TOP provides more services, but as in Taunggyi, users were significantly dissatisfied with the MSM TOP staff and service provision, but felt disempowered about voicing their concerns. MSM users indicated that they felt discriminated against and not treated with respect, that there were poor relationships with peer workers, with no community building, socialising or capacity building activities being provided by the DiC. There were constant complaints that there were no social group meetings, no socialising parties and a poor social environment. Social group meetings were only organised when there was a special visitor to the DiC, and even these were mixed with MSM and FSW coming together.

Several MSM that were interviewed believed that that Mandalay DiC favoured FSWs above that of MSM.

There is no MSM counsellor that provides psycho-social-sexual counselling, and no sense of MSM leadership and ownership. Concerns were also expressed about the quality of the clinical services being provided and the felt discrimination being demonstrated by the doctor against MSM.

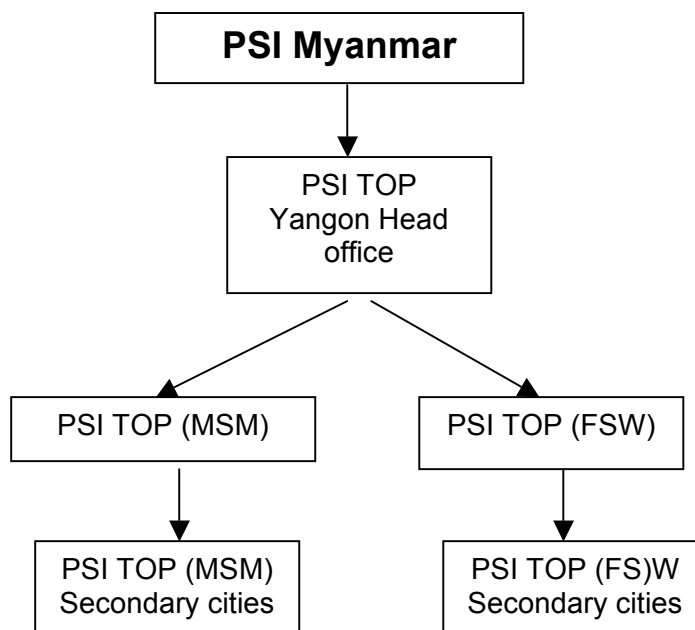
There also appears to be no MSM staff solidarity, which in turn creates tensions between staff, between staff and management, as well as staff and service users.

It needs to be noted that two new community-based organisations have been developed in Mandalay by the Alliance managed by MSM themselves, which is generating further disenfranchisement with the PSI MSM TOP in the city.

### **Recommendation 3B**

*It is strongly recommended that Mandalay MSM TOP be thoroughly reviewed in terms of its staffing, capacity, service delivery, and overall management structure in relation to Myanmar MSM TOP and the needs of the MSM population in Mandalay and changes made that will enhance the programme.*

## Recommended TOP management model



## Conclusion

The previous review of the MSM TOP programme in Lower Myanmar identified many strengths towards enabling and empowering MSM to take responsibility for their own sexual health and having ownership of the virus and the process for reducing risk with the proviso of the need to enhance the sustainability of risk reduction over the long haul through a stronger focus on community development and mobilising is required. As a consequence, the MSM TOP was having a broad impact on the sexual health of MSM, with significant increases in condom and water-based gel use, increasing attendance for STI treatment and follow-up, as well as more HIV anti-body testing of MSM, and a sustainable risk reduction programme. It was recognised that this impact was primarily in Yangon, and that more development work was required for the secondary cities in Lower Myanmar.

However, it is clear to this consultant that there is an urgent need to rapidly intervene with the development and service provision in Upper Myanmar to improve quality and accessibility of service delivery, reduce apparent felt discrimination, broaden the range of service provision, induct more skilled MSM into programme management, and develop a range of community building and empowering activities towards sustaining the risk reduction activities that PSI Myanmar MSM TOP is promoting.

If this is not done as an immediate priority, there is a great risk that the whole MSM TOP programme could be negatively impacted by the lack of appropriate service delivery in Upper Myanmar.

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29 September 2007