

# Naz Foundation International

*advocacy, policy and support on male sexualites*

a strategic response to  
**MSM and HIV/AIDS in South Asia**

## **VISION**

We believe in a world where all people can live with dignity, social justice and well-being.

## **MISSION**

To empower socially excluded and disadvantaged males to secure for themselves social justice, equity, health and well-being through advocacy, policy development, along with technical, institutional and financial support.

# PRIMARY OBJECTIVES

- ❑ To develop and disseminate replicable, scalable and cost-effective prevention, care and treatment interventions relevant to MSM behaviour and sexual health needs.
- ❑ To build and support a network of state-level “linking organisations in India and similar national-level organisations in other South Asian countries, which have the capacity to provide on-going assistance to grass-roots organisations working directly with MSM populations.

# PRIMARY OBJECTIVES

- ❑ To improve the understanding of MSM behaviours and cultures in South Asia among decision makers, opinion leaders, donors and other influential constituencies, particularly related to HIV/AIDS, social stigma and discrimination, gender and sexual violence.
- ❑ To advocate for policies that recognise the fundamental human rights of MSM and create a political and social environment conducive to working with these men and their partners.

# PRIMARY OBJECTIVES

- To secure stable, long-term financial and technical support for appropriate HIV and AIDS related interventions among MSM populations in South Asia.

# KEYS TO SUCCESS

- Quality of service
- Rapid and cost-effective adaptation and replication
- Advocacy

# FRAMEWORK

- ❑ Naz Foundation International
- ❑ State/Country Link MSM CBO agencies  
*for example, BSWs Bangladesh, BDS Nepal,  
Mithrudu Andhra Pradesh, India*
- ❑ Grass roots MSM CBO projects in State/Country

## Tools

Resources: manuals, handbooks, BCC, training

Funding

On-going mentoring and technical assistance and support

Monitoring and evaluation

Networking

Research

# STAKEHOLDERS

## □ Primary beneficiaries

MSW, kothis, other self-identified MSM, low income

## □ Secondary beneficiaries

male and female partners

## □ Linking agencies: state and country CBOS

local grassroots CBOs

networks

## □ Enablers

donors, policy makers, judiciary, state enforcement agencies

# IMPLEMENTATION

## Strengthening operations in India

- Registration of non-profit organisation in India
- Reorganisation of NFI operations
- Policy Office in New Delhi established
- Enhanced relationships with existing State Linking Agencies
- Scaling up operations of existing State Linking Agencies
- Development of new grass roots CBOs in each state
- Development of new State Linking Agencies

# IMPLEMENTATION

## Strengthening operations in South Asia

- Enhanced relationships with existing National Linking Agencies
- Scaling up operations with existing National Linking Agencies
- New National Linking Agencies

# MODELS

## Adaptable and replicable

### ➤ Documentation

re-formatting CBO Development Handbook, Management Handbooks as user friendly and in local languages

### ➤ Training Manuals

Reformatting as user friendly and in local languages

### ➤ Development of new components

Counselling: pre-post test, psychosexual

Appropriate care and support

Management of a VTC centre

Developing self-help PLHA support groups

### ➤ Communication materials

### ➤ Testing replicability

# KNOWLEDGE AND RESEARCH CAPACITY

## ➤ Knowledge Management

NFI Knowledge System

## ➤ Information Technologies

Internet/Intranet

## ➤ Research Partnerships

Partnerships with national/international academic and research institutions

Development of an NFI Research Advisory Council

Development of a research agenda

epidemiological, behavioural, ethnographic, anthropological

## ➤ Fund-raising

Multilateral, Bilateral, Private

International, Local

## ➤ Advocacy

Policy Office in New Delhi

# STRENGTHS

- **Credibility**

  - Proven track record

- **Knowledge and experience**

- **Models of replicability and scaling up developed**

- **Existing partnerships**

# WEAKNESSES

- **Funding**
- **Human Resources**
- **Planning**
- **Existing partnerships: ad hoc in nature**

# OPPORTUNITIES

## ➤ INCREASING COVERAGE

## ➤ NEW SERVICES

care and support  
adolescent male sexual health

## ➤ NEW SEXUAL HEALTH PRODUCTS

development  
distribution

## ➤ ADVOCACY

# THREATS

➤ **POLITICS**

➤ **STIGMA AND DISCRIMINATION**

➤ **HARASSMENT**

➤ **FUNDING**

# REORGANISATION OF NFI

## CORE MANAGEMENT STRUCTURE

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

# REORGANISATION OF NFI

## OFFICE OF THE CHIEF EXECUTIVE

- Chief Executive
- Executive Director: Technical Support
- Executive Director: External Affairs
- Executive Director: Monitoring and Finance
- Executive Director: Administration and Finance

# REORGANISATION OF NFI

## TECHNICAL SUPPORT SERVICES

- Programme Management
- Partnerships and Training
- Knowledge Management
- Research
- NFI Resource Centre

# REORGANISATION OF NFI

## EXTERNAL AFFAIRS

- Policy and Advocacy
- Public/Media Relations
- International Fundraising
- In-Country Fundraising

# REORGANISATION OF NFI

## MONITORING AND EVALUATION

- Internal Operations
- Linking Organisations
- Grassroots Partner Organisations

# REORGANISATION OF NFI

## ADMINISTRATION AND FINANCE

- General Administration
- Finance
- Human Resources
- IT Support
- Legal

# MILESTONES

## 6 MONTHS

- Registration of Indian non-profit organisation completed
- Draft agreements between NFI and its linking organisations and between linking organisations and grassroots organisations are completed
- Needs assessments to identify priorities for strengthening and expanding the operations of existing linking organisations completed
- Knowledge management needs assessment completed
- IT needs assessment is completed
- Draft five year research agenda is completed
- Fundraising plan targeting large institutional donors is developed and launched

# MILESTONES

## 12 MONTHS

- Reorganisation of NFI operations completed; all senior management positions are filled
- Agreements between NFI and its linking organisations and between NFI linking organisations and grassroots partner organisations are signed
- Operating manuals and training programmes for linking organisations developed
- Identify eight new potential linking organisations; five state-level organisations in India, three national-level organisations outside of India (if none exist then identify key individuals to develop such)

# MILESTONES

## 12 MONTHS (continued)

- Comprehensive documentation of NFI intervention models is completed and field-tested
- Training around NFI intervention models is completed and field-tested
- Preparations for launch of replicability/scalability testing of NFI intervention models are completed: testing begins in month 13
- Templates for BCC materials are completed
- Knowledge management plan is 60% completed
- New website and NFI intranet are launched
- 35% of the fundraising target for institutional donors is reached
- Initiative to provide fundraising assistance to NFI partner organisations is launched

# MILESTONES

## 18 MONTHS

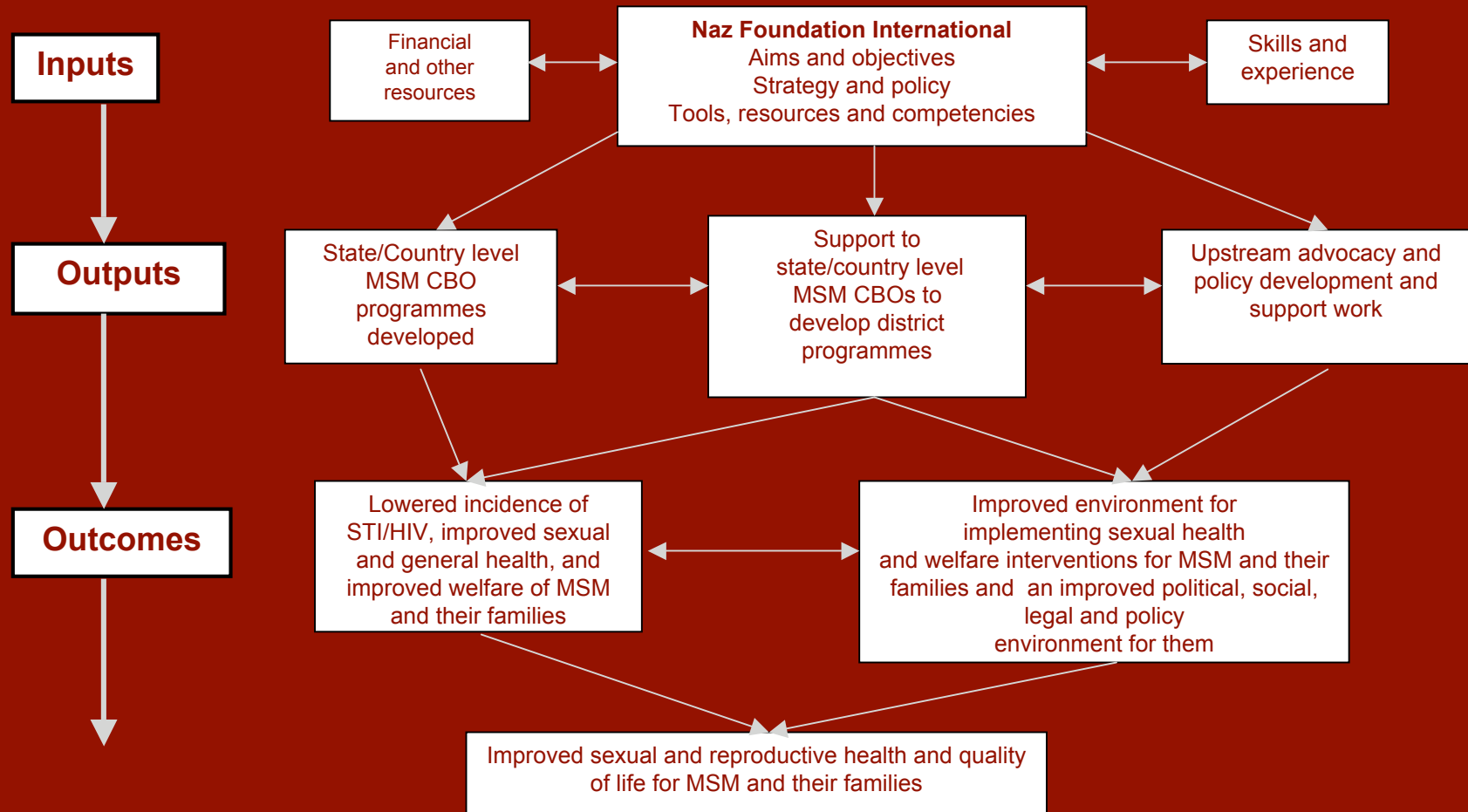
- Agreements with four new linking organisations signed
- Research partnerships with at least five institutions are signed
- 75% of the fundraising target for institutional donors is reached
- Policy Office has achieved tangible results from its initial advocacy campaign, e.g. improved coverage of MSM and HIV/AIDS issues on national and state media, broader support on these issues from government officials

# MILESTONES

## 24 MONTHS

- Agreements with four new linking organisations signed
- Replicability testing of NFI intervention models in at least five communities is completed
- Knowledge management plan is fully implemented
- 100% of the fund raising target for institutional donors is reached

# NFI Process Model



# Vulnerability and risk

This leads to social exclusion exacerbated by fear of discovery, which leads to:

- Low condom usage
- Multiple partners
- Lack of sexually transmitted infection treatment

Higher vulnerability leads to  
Higher risk behaviours

# Services framework

