

Supporting Community Reponses to HIV among Men who have Sex with Men

International NGO and Donor Consultation - Meeting Report

28 January 2008 United Nations Building - Large Conference Room Beijing, China

The 'International NGO and Donor Consultation on Men who have Sex with Men' was held on
28 January 2008 in the United Nations Building, Large Conference Room - Beijing, China.
The donor consultation report was supported by UNAIDS, Ford Foundation and the Chinese Association of
STD/AIDS Prevention & Control, and was translated into Chinese by the Aibai Culture & Education Center (www. aibai.cn).
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Acronyms

AIDS Acquired Immune Deficiency Syndrome **APCOM** Asia Pacific Coalition on Male Sexual Health BCC Behavior Change Communication CBO Community Based Organizations FHI Family Health International **GFATM** Global Fund to Fight AIDS, Tuberculosis and Malaria HIV Human Immunodeficiency Virus IDU Intravenous Drug Users IEC Information, Education, Communication INGO International non-governmental organization **MARPS** Most at Risk Populations MSM Men who have Sex with Men **NCAIDS** National Center for AIDS/STD Prevention and Control NGO Non-governmental Organization **PSN** Purple Sky Network SBC Strategic Behavioral Communication STI Sexually Transmitted Infections **UNAIDS** Joint United Nations Programme on HIV/AIDS UNDP United Nations Development Programme **UNESCO** United Nations Educational, Scientific and Cultural Organization **UN-TWG/MSM** United Nations Technical Working Group on MSM and HIV/AIDS USAID United States Agency for International Development **VCT** Voluntary Counseling and Testing WHO World Health Organization

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Background

The 'International NGO and Donor Consultation on Men who have Sex with Men' was convened by the United Nations Technical Working Group on MSM and HIV/AIDS (UN-TWG/MSM) to help strengthen relationships between key stakeholders. The aim of the consultation and this report is to document common experiences and information about funding, technical support, interventions, and relationships with CBOs. As with all meetings of UN-TWG/MSM, challenges and barriers to effective service delivery were featured in the discussions along with possible solutions.

The UN-TWG/MSM aims to increase the involvement of men who have sex with men (MSM) and gay community based organizations in policy development, and programme design, implementation and monitoring to support China's national response to AIDS among this most at risk population.

Established in 2006, the UN-TWG/MSM brings together representatives from national and international civil society organizations, donors, and governmental agencies. The UN-TWG/MSM is currently chaired by United Nations Development Programme (UNDP) and works under the guidance of the UN Theme Group on HIV and AIDS.

Supporting community based organizations

There is a need to understand how best to support CBOs to assure that the transfer of technical and organizational knowledge is effective, particularly in cases where innovative and proven intervention and programmatic methods are involved. Meeting participants described their ongoing activities with MSM and gay community based organizations (CBOs) and their current modality of support. Included in these presentations were concerns and obstacles, as well as ways forward. Below is a summary of the key points of the discussion.

Capacity building

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Capacity building is a term that needs to be better defined. It is often used broadly or as a catch-all term, without definition or clarification. It was generally agreed that capacity building covers activities that are intended to strengthen CBOs and to create an enabling environment for interventions and CBOs. To accomplish these goals, initiatives focus on a range of activities. To strengthen CBOs, these include activities aimed at improving programme management, personnel and agency management, financial management, governance, partnerships and collaboration, and capacity analysis and planning. Likewise, an enabling environment is promoted by helping organizations improve education throughout communities and agencies (both governmental and non-governmental), sharing experiences, implementing surveillance, involving the community and MSMs, reducing stigma, and building and strengthening networks.

Where committed CBOs do exist, they often lack fundamental abilities including operating as legally registered entities with attached bank accounts and gaining access to resources that they need to support themselves and their work. Further, they can lack the capacity necessary to effectively manage themselves and/or more formal programs; these community based groups often struggle to meet minimum standards for service delivery activities, transparency and reporting required by donors and international organizations.

In most areas, the 'top down' capacity is in place; policies, national will, and political commitment – including some funding – already exist. What is missing is local capacity. Few local health organisations are capable of and committed to responding to HIV among MSM, or are willing to work with smaller and less formal, but capable, CBOs and teams that have access to and understanding of the most at-risk populations. Some local government organisations and health departments are insensitive or unaware of the issues and needs of target groups. Therefore, they are often unaware of the organizational and financial resources needed to scale up MSM services.

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Programme management

Support and training for improved programme design and implementation is ongoing. Training programs for health care professionals (including STI doctors), peer educators, and outreach workers are being developed and implemented. A gay Chinese community based organization adapted and translated a MSM peer educator manual into Chinese ensuring both language and cultural relevancy. Skill building training sessions for counselling, behaviour change communication, and advocacy are also underway. Most groups have developed information and education materials (IEC, BCC and SBC) for community use as well.

The recruiting, motivating, and retaining of volunteers is another critical element of the support being offered to CBOs. MSM are now being included in national and local prevention programmes which have expanded past the traditional target groups of sex workers, IDUs, and migrant workers.

Despite the high volume of IEC development and outreach training being offered in the community, risk awareness among MSM does not seem to have changed significantly. In some cases, even when levels of knowledge about HIV transmission are high among MSM, there remains large numbers of individuals who perceive their own risk to be little to none. As a result, there continues to be low condom use reported for anal sex. Furthermore, stigma and discrimination remain barriers to MSM seeking service for STI and VCT. One report showed that although 550 MSM were referred to VCT, only 168 actually went.

These circumstances highlight the importance for greater involvement of the MSM and gay communities in all levels of programme and IEC development to increase the self perception of risk. Local governments should include community representatives in the planning process, and local groups and those who support them should seek input for programme design, implementation, and evaluation from a diverse range of community members.

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¹ "Peer and Outreach Education for Improving the Sexual Health of Men who have Sex with Men: A reference manual for peer & outreach workers" was developed and coordinated by the UNESCO regional office with other partners in 2007.

Organisational development

Much of the organizational development assistance being provided revolves around helping organizations better manage governing boards and implement transparent management systems and toolkits. Assistance is provided around requirements for good governance and the development and role of governing boards (with an emphasis on the need for governing boards to be independent of staff.) Activities are also being provided to NGOs, CBOs, and local government organisations to help them integrate more transparent management systems into their organisations, including the use of management toolkits.

Organizations are also receiving fundraising and grant development help with the aim of ensuring organisational sustainability. Hands-on training that introduces donor-accepted money management standards has also been provided.

Some groups reported tensions and misconceptions when receiving INGO and donor support; groups often (wrongly) assumed that their need to fundraise was over with the receipt of grants. Moreover, some groups expect to be given everything they need, from development of management systems to monitoring and evaluation. The discussions resulted in the suggestion that organizations consider embedding international volunteers into local groups to assist with day to day operations (such as the improvement of supervision skills for managers) and programme capacity (particularly in planning and monitoring activities.)

Intervention strategies

Outreach to MSM and gay communities is being undertaken in many locations, including the most common MSM gathering places, like entertainment venues, parks, toilets, and saunas. Peer outreach alone however, may not be enough to reach all of those in high risk categories. The inability to reach some MSM, including sub-groups who may not identify with any such label (for example - youth, transgendered populations, those who are married to women, migrant workers, or those from different ethnic minorities) was identified as a need.

Drop-in centres are common, and increasing in number, in many areas where MSM HIV interventions are taking place. The centres often include comprehensive and integrated services, including STI testing, VCT and psychosocial support, and/or referrals to service providers in the community that have been identified as, or trained to be, sensitive to MSM. Meeting participants expressed concern that stigma still keeps many MSM away from the drop-in centres and needs to be creatively addressed.

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The Internet, mostly through MSM or gay websites and chatrooms, is being used to conduct outreach and education activities. Likewise, condom and lubricant distribution, STI testing, and social activities continue to help build awareness and lead more people to VCT. In conjunction with these efforts, greater behavioural research will no doubt help organisations and government agencies develop more innovative approaches. National and provincial meetings are helping organisations to share experiences, but meeting participants agreed that more meetings, with a greater diversity of participants (and not just the same "workshop junkies" over and over) are needed. Along the same lines, participants viewed international networking, like participating in organisations like the USAID supported Purple Sky Network (PSN)² and the Asia Pacific Coalition on Male Sexual Health (APCOM) ³, as very helpful.

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² PSN is a sub regional MSM organization network covering the Greater Mekong Sub-Region (GMS) and includes the provinces (China) of Yunnan and Guangxi.

³ APCOM is regional coalition of MSM networks and organizations, donors, government sector representatives and the UN system. UNAIDS RST, UNDP Regional Center Colombo and UNESCO Regional office represent the UN system on the APCOM interim governing board. Both a China community representative and China government sector representative participate on the interim governing board.

Partner selection

According to the meeting participations, selecting local CBO partners to develop and implement projects is often a challenge. There exist many types of organisations or groups that require differing levels of capacity support depending on their size, legal status, and mandates.

To address these issues, the International AIDS Alliance introduced the concept of 'managed teams' - small groups of community members formed around one strong community based organization, or a group of individual leaders, which operate to address specific issues like HIV, stigma and discrimination, and social support. Often, these teams are supported by one 'core organisation' that is more formally structured and usually officially registered.

Criteria put forth to guide the process of selecting of local CBO partners include:

- In existence for three years or more
- Experienced in interventions
- Documented to have influence in the community
- Previous history of collaboration
- Previous or current funding, which can be added to or built upon
- Use of a community assessment process that includes reviewing vision/mission and current strategies
- The ability to transfer and accept funding through an organization bank account is highly preferred

It is important that selections be transparent and defendable to other entities in communities. A guide or toolkit was suggested as a way forward.

Advocacy

Advocacy, like capacity building, is poorly defined, overly general, and overly used. When organisations use the term, they need to be clear what they expect as a result of their advocacy work as well as whom they expect their target audience(s) to be. It was agreed that advocacy generally means activities aimed at improving policies and procedures to promote more effective implementation of HIV interventions that improve the situation and lessen the impact of HIV among MSM.

Increased education and improved information sharing between key stakeholders is helping to create an enabling environment and support mechanisms for promoting policy change. Several groups described working directly with local governments on helping the health care establishment better understand, prepare for, and provide responsive and receptive care, support, and treatment for MSM. Trainings about the needs and cultures of different MSM sub-populations are also occurring or are planned.

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Hidden populations

Meeting participants highlighted hidden populations of MSM, including transgendered populations and youth, as a real concern. Some programs have sought to reach these populations through internet advertising and in chat rooms. Hidden populations include MSM found in places where interventions and outreach work is difficult to conduct, such as locations perceived to be dangerous or populations that are active at odd hours of the night. Wives and girlfriends of MSM are other groups that may be hidden from MSM services. Highly mobile MSM may also be included in the category of hidden populations as little is known about their migration habits or risk behaviours. Furthermore, MSM from ethnic minority groups, especially Muslim populations, can also be hidden as the stigma associated with same sex activities is often stronger within these cultures. Much more needs to be learned about these hidden populations to support CBOs to find new and innovative ways to reach these populations with targeted and culturally sensitive interventions.

Financial support

The meeting requested that INGOs and donors provide information on the amount of financial support they have committed for HIV and MSM interventions and community development in 2008. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the office supporting the Global Fund Round 4 reported substantial funds in the tens of millions of dollars⁴; however, not all of this money is directly for MSM nor is it only for 2008. Non-GFATM commitments were reported at almost US \$1.4 million. This should be regarded as a somewhat safe, but very general estimate – some of the figures include non-MSM support, support for fiscal periods beyond or before 2008, and funds that have not been solidly committed but are almost certain to start disbursement in 2008. These figures do not include a comprehensive list of all international organisations which are known to be providing support for HIV and MSM in China.

⁴ Global Fund Round 5 & 6 offices did not reply to request to provide information on their support for MSM programming

Conclusion

Social stigma and institutional discrimination remains a barrier to effective prevention of HIV among MSM. As in most societies, MSM have been largely excluded from mainstream Chinese society by prejudice, stigma, and rigid moral traditions. The participants in UN-TWG/MSM - INGO and Donor Consultation Meeting all expressed a strong commitment to address this reality and undertake efforts to reduce the negative impact of HIV on MSM in China.

Increased innovative and comprehensive prevention responses are needed. MSM are one of the most at risk populations for sexually transmitted infections including HIV. Across cultures, studies have shown young and sexually active MSM tend to have large numbers of sexual partners and practice high risk behaviours, such as unprotected anal intercourse. A comprehensive prevention response of local communities – including governmental health and public security officials, united with the passion and commitment of civil society – to HIV as documented in this meeting, is significant and demonstrates the potential for disparate sectors of society to join together for the betterment of society.

There is room for improvement in the response of CBOs however. The organizational capacity of community based organisations and other groups to deliver comprehensive prevention interventions that are addressing these MSM and hidden populations needs to improve. They will benefit from direct financial and technical support, but support should follow strategies that have been developed with input from a diverse range of affected people. CBOs should also seek to expand the development of innovative prevention strategies, creative interventions and broad based partnerships in order to increase the coverage and sustainability of their services, while more efforts must be made to reach hidden populations of MSM.

Proper evaluation and monitoring of interventions must be conducted in partnership with CBOs so that services are being delivered effectively and sensitively. This problem will be partially addressed through the strengthening of surveillance systems and the increase in the knowledge base resulting from the testing over 20,000 MSM throughout China by NCAIDS in 2008, an activity supported largely with international financial and technical support and the implementing support of CBOs.

Overall there has been progress made in implementing prevention programmes and behavioural interventions for MSM in China. In progress is due in large part to an improved policy environment and partnerships between local, provincial and national government and affected civil society groups. The financial and technical support from international non-governmental organizations, international development agencies, donors and UN agencies has been, and will continue to be, a key element in this progress.

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