
Lessons From the Front Lines



Effective Community-Led Responses to HIV and AIDS
Among MSM and Transgender Populations

*On the cover:
Staff of Fondation SEROvie in
Port-au-Prince, Haiti, in front
of their building before it was
destroyed in the earthquake
(see page 4). The group's
banner reads, "Everyone
should be able to live his life
with respect and dignity."
(Photo: SEROvie)*

*2) Oleg, a peer educator from
the PULSAR program in Omsk,
Russia, with a client at a bar
outreach training session
(Photo: The Siberian
Alternative Center)*

*3) Ms. Homme-Git — participant
in a health promotion and
empowerment workshop
for Kuna Indian transgender
communities, implemented
throughout Panama by
Asociación Hombres y Mujeres
Nuevos de Panamá
(Photo: AHMNP)*

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Executive Summary

Throughout the world, grassroots community-based organizations are leading efforts to provide urgently needed HIV and AIDS services to men who have sex with men (MSM) and transgender people. Many of these groups, small and struggling for survival, have been working for years to deliver HIV prevention, education, care, support, and advocacy services, often in the face of great adversity. Operating on the front lines of the global effort to end the AIDS pandemic, they have led the way in developing innovative and effective programs targeting MSM and transgender populations.

In order to demonstrate how small groups with limited resources can have a tremendous impact, amfAR, The Foundation for AIDS Research, and The Global Forum on MSM & HIV (MSMGF) have partnered on this report to profile a variety of effective and creative organizations. The profiles illustrate the vital role of community-based grassroots efforts, which are too often sidelined in the development of national AIDS strategies and in the top-down, public health discourses regarding the global AIDS response.

The vast majority of these organizations conduct their work within contexts of severe discrimination, harassment, violence, and criminalization.

The organizations profiled here are all current or former grantees of amfAR's MSM Initiative, whose evaluation process facilitated the selection of organizations. The profiled organizations also reflect a broad and diverse range of geographic settings. The services they provide are equally diverse and include condom and lubricant distribution and other prevention interventions; HIV counseling and testing; support groups; linkages to care; direct HIV care and treatment; legal assistance; policy advocacy; community organizing; life skills training; vocational training; and media campaigns.

In preparing these profiles, six major themes emerged that characterize the work of these organizations and that service providers say are key to program success:

1. **Addressing basic needs** is often a necessary step in order to provide HIV services that people can utilize. Helping them acquire simple life and job skills such as computer training or cooking, for example, can allow MSM to build more stable lives, which in turn makes it easier for them to protect themselves against HIV.
2. **Creating a safe space** for MSM and transgender people is central to an organization's capacity to deliver HIV services.
3. **Establishing and maintaining trust** with community members is an essential element of effective programs. MSM and transgender people need to be meaningfully engaged and consulted about their needs and preferences, and given a voice in program design, implementation, and evaluation.
4. **Providing a range of integrated services** creates synergies that can optimize program success—for example, combining HIV prevention education targeting MSM and transgender communities with sensitization initiatives aimed at law enforcement agencies and healthcare providers. This is especially true in settings where MSM and transgender people are stigmatized, discriminated against, and are the targets of violence.
5. **Tailoring and revising services on an ongoing basis** is crucial to ensuring effective responses and service utilization. Organizations should be prepared to adapt their programs to the diverse and changing needs of community members.
6. **Routinely collecting process and outcome indicators** as part of program evaluation activities to ensure effectiveness and sustainability. Program evaluation provides organizations with opportunities to track progress, build on strengths, and respond to changes in their local environment by making program modifications as needed.

In addition, the profiles presented in this report highlight a few common challenges faced by community-based organizations. The three to emerge most notably are poverty, stigma and discrimination, and the diversity of community members' identities and needs. These challenges are not new, but the profiles give powerful testament to the reality in which these organizations operate.

Another common thread is the shocking lack of resources to address the HIV epidemic among MSM—especially in light of epidemiological data that point to dramatically higher infection rates among this population. Relatively few countries have reliable data on the size of the HIV epidemic among MSM within their borders, and without that, authorities too often have chosen to ignore the problem.

Outlined at the end of this report are recommendations highlighting major issues—among them, stigma and discrimination, resource needs, and the inclusion of MSM and transgender groups in planning and decision making—that must be addressed to ensure an effective and sustained community-based response to HIV among MSM and transgender people.

Introduction

We now know that MSM are 19 times more likely to be infected with HIV than the general population in low- and middle-income countries.¹ Recent data show that rapidly escalating HIV epidemics among MSM are now under way in most major cities of the world. And while infection rates remain unacceptably high or are steadily increasing in North America and Western Europe, HIV epidemics among MSM are especially acute in resource-limited settings.² Less is known about the impact of HIV epidemics on transgender individuals, but where information is available, the data have been equally troubling.

This already dire situation is exacerbated by widespread discrimination and ongoing human rights violations against MSM and transgender people globally. Nearly 80 countries have criminal penalties on their books for same-sex acts between consenting adults.³ In Central America and the Caribbean, there is widespread harassment by police and violence directed at men who are, or who are perceived to be, homosexual. Two-thirds of African countries outlaw male-male sex.

Social oppression can be particularly harmful to MSM and transgender persons. Even in countries without explicit legal prohibitions against same-sex behavior, widespread stigma and discrimination often prevent sexual minorities from seeking or receiving essential HIV and AIDS services. As a result, HIV infection rates likely will remain disproportionately high—and access to sexual health services unacceptably low—for MSM and other vulnerable groups for years to come. Yet, in spite of these considerable hurdles, grassroots community-based organizations all over the world are helping MSM and transgender individuals combat both HIV and discrimination in their communities.

Until very recently, there has been silence on the global stage about the disproportionate impact that HIV and AIDS have on MSM and transgender people. This neglect has helped lead to unabated epidemics in both the global north and south. Fuelling this silence has been a relative dearth of ethically implemented and methodologically sound surveillance and research—both epidemiologic and social science—that reflect the HIV-related needs and advocacy priorities of MSM and transgender people in resource-limited countries. These realities are substantiated by a recent comprehensive review of the epidemiology, human rights, policy, and programmatic aspects of HIV-related services for MSM in low- and middle-income countries, conducted by the World Bank in collaboration with the Johns Hopkins School of Public Health and the Futures Foundation.⁴ The review finds, among other things, that coverage rates for essential HIV services for MSM remain unacceptably low, with only 10–20 percent of MSM in low- and middle-income countries having any access to targeted HIV prevention services. According to the report, stigma, discrimination, criminalization of same-sex behavior, and lack of access to services all seriously compromise HIV service delivery for MSM in many

countries. The report also asserts that genuine leadership by community-based organizations is essential for effective service delivery and advocacy.

Given their unique capacity to engage in and sustain meaningful and trusting relationships with populations that are at high risk of HIV infection, community-based organizations play a critical role in the delivery of HIV-related services. This has been true since the onset of the AIDS epidemic. However, there are a number of factors that can adversely affect an organization's capacity to deliver effective programs. For example, community-based groups are often small, underfunded, and lack organizational infrastructure. Because a successful AIDS response is directly linked to the capacity of community-based groups to sustain effective service delivery, understanding these organizations' needs and strengths—characteristics that may be tied to their success—is critical.

Grassroots organizations all over the world are operating on the front lines of the AIDS pandemic, advocating and

The Meaning of “MSM”

Many of the organizations profiled in this report describe the challenge of working with populations that have highly diverse sexual orientations and identities. The term “MSM” was coined in the 1990s to describe certain groups of men whose sexual behavior may increase risk for HIV infection, and was never meant to supplant the complex range of identities that may accompany sexual practice. The groups profiled here serve men who are engaged in male-male sexual relations but they may have gay, straight, bisexual, or other culturally specific sexual identities. In addition, some organizations serve transgender women, whose general and sexual health needs—not to mention gender identity and public perception—are often very different from MSM.

MSM and transgender issues have been conflated in the past, leading to inappropriate programming, funding gaps, and a lack of services for transgender people. While it is important to recognize that the HIV, health, and human rights needs are unique and specialized for transgender persons, many grassroots organizations deliver multiple services to diverse communities. In order to more accurately reflect this reality, where appropriate, MSM and transgender populations are discussed in tandem in this report.

serving the HIV needs of MSM and transgender people. The vast majority of these organizations conduct their work within contexts of severe discrimination, harassment, violence, and criminalization. Clients and service providers are frequently harassed, extorted, and even physically assaulted by police. However, instead of shying away from their attackers, many groups are actively engaging local and national law enforcement and government officials to sensitize them to the unique issues and needs of MSM and transgender people. These profiles help highlight key barriers, but more importantly they reveal essential strategies that organizations employ to successfully reach and effectively serve MSM and transgender communities, irrespective of how difficult a particular political environment may be.

Even in countries without explicit legal prohibitions against same-sex behavior, widespread stigma and discrimination often prevent sexual minorities from seeking or receiving essential HIV and AIDS services.

amfAR, The Foundation for AIDS Research, and The Global Forum on MSM & HIV (MSMGF) have partnered to present real-world examples of successful HIV-related programs for MSM and transgender people. In this report, we show how 10 organizations around the globe are leading the AIDS response among these communities. The profiles contained in this document highlight community-centered strategies, grassroots leadership, and programmatic ingenuity in delivering HIV services. These programs have dramatically enhanced the wider AIDS response, although drastically expanded approaches are urgently needed at multiple levels to reach the vast numbers of MSM and transgender people at risk of or living with HIV. Grassroots community-based organizations must be supported to lead the way in the fight against HIV and AIDS.

Following the profiles, the report concludes with a brief discussion of program outcomes, challenges, factors leading to success, and recommendations for future programming.

Defining Success

The number of organizations providing quality HIV services to MSM and transgender communities far exceeds what can be presented in this report. With this in mind, our starting point for selecting groups was the pool of past and current community award recipients from amfAR's MSM Initiative. Since 2007, the MSM Initiative's community awards program has given grants to 79 organizations in 53 countries. Awards are determined through a rigorous peer review process that is community-focused and regionally based. A complete list of recipients of amfAR's community awards through May 2010 can be found in Appendix B. While the list of MSM Initiative award recipients is by no means comprehensive, it provided an excellent source from which to identify exemplary organizations. In reviewing the list, we looked at each organization's application and progress reports for indicators of success.

Success can be a difficult concept to define, especially when evaluating the work of such diverse groups. In order to establish consistency in our review, we examined whether organizations had met the following criteria, and based our selection on that review.

1. **Achieved their stated program goals;**
2. **Demonstrated broad and meaningful engagement with MSM and/or transgender people;**
3. **Successfully implemented research activities and disseminated their findings;**
4. **Secured additional funding sources to sustain their programs; and**
5. **Continued operating despite adverse policy and legal environments.**

Each of the profiles that follow focuses on a major aspect of each organization's experience and impact, although it is important to note that most of these programs provide a broad range of successful HIV services for MSM. A more detailed description of the review and selection process can be found in Appendix A.

Fondation SEROvie (Port-au-Prince, Haiti)

Helping MSM meet basic needs to help prevent HIV

Strategies:

- ▶ Focusing on health and rights
- ▶ Providing life skills and vocational training to combat poverty among MSM
- ▶ Mitigating multiple barriers and helping with rehabilitation in a post-disaster zone
- ▶ Responding to people's most pressing safety and survival needs

In a small courtyard in Port-au-Prince, the staff and volunteers of Fondation SEROvie work under the protection of five tents. The tents have taken the place of SEROvie's modest office building, which was reduced to rubble in the devastating Haiti earthquake of January 2010. Since then, the team at SEROvie, like so many other Haitians, has learned to carry on despite profound hardship.



Staff and clients of SEROvie. The group's banner reads, "Everyone should be able to live his life with respect and dignity."
(Photo: SEROvie)

For years, says SEROvie's executive director, Steeve Laguerre, the organization has been "the sole institution in Haiti providing services to MSM, bisexual men, and transgender people." The organization has a dual focus on health and rights, seeking to empower its clients to break a cycle of discrimination, poverty, and HIV infection. To do this, it has used a variety of approaches—from condom distribution and radio shows to anti-discrimination programs in schools and peer education on the street. Some peer educators also conduct home-based care visits during which they provide basic food and hygiene supplies to people living with HIV and teach family members to care for them. These efforts are greatly needed: the country's overall adult HIV prevalence is 2.2 percent.⁷ Equally troubling, no government or independent studies have provided a reliable estimate of HIV infection among MSM, although anecdotal evidence reported by HIV service providers in Haiti suggests high rates.

Even before the earthquake, the team at SEROvie was keenly aware that providing HIV information was not always enough. Many clients were living in profound poverty, and the staff knew that some men felt they had no choice but to engage in risky transactional sex in order to obtain even the barest necessities. With this in mind, the organization developed a vocational training program that gives young MSM the skills and knowledge to support themselves and ultimately reduce their risk of HIV infection. The vocational program finds appropriate schools for its clients, helps pay for uniforms and fees, and maintains close contact to ensure that they successfully complete their training. So far, clients have received training in disciplines such as cooking, computer technology, and even driving, all of which are viable pathways to steady work and income in Haiti. That income has practical outcomes—it keeps the men away from commercial sex work and helps them gain access to healthcare—as well as the more indirect benefits of strengthening the clients' sense of hope and self-efficacy. One group of men who completed the program all found work soon after.

In the wake of the earthquake, SEROvie has drawn on its depth of experience in order to reassemble and help its clients. Mr. Laguerre says they were able to do this quickly because of the organization's reputation as a trusted member of the community. "It's important to know that we do not impose," he says. "We work with the community. We ask them what they want." In the past, that included developing programs such as vocational training that responded to clients' most pressing needs. Today, it means helping many people with bare necessities: food, water, shelter, and safety. According to Laguerre, prior to the quake "we were not doing education on how to treat water. But now we are doing these basics for the guys, providing mosquito nets, teaching how to clean water and keep your living space clean." Since January 2010, there has been a rise in violence and harassment against MSM. In the tent cities, for example, some men who appear more effeminate have been regularly harassed and denied access to rations. Others have been physically assaulted or raped. SEROvie has further expanded its focus to address these new threats to MSM, acting as advocates in support of improved safety and security.

Alternatives-Cameroun (Douala, Cameroon)

Offering comprehensive wellness programming in a challenging environment

Strategies:

- ▶ Establishing strong, savvy community leadership
- ▶ Providing comprehensive wellness programs
- ▶ Developing programs that reach MSM where they are—online, at home, in clubs
- ▶ Cultivating civil society allies

In 2005–06, 11 men from Douala were imprisoned for more than 12 months. Their crime: having gone to a nightclub known to be frequented by homosexuals, and not having enough money to bribe the police. After intense local and international pressure, the acquittal of these 11 men became a watershed event for MSM in Cameroon, galvanizing activists to scale up activities aimed at reducing the spread and impact of HIV among MSM.

Alternatives-Cameroun is a beacon of hope for MSM in a country where extortion and police harassment of MSM are still quite common. Led by a team of professionals (among them doctors, lawyers, media practitioners, and other healthcare providers) who are also activists, Alternatives has developed a comprehensive wellness model for meeting the HIV-related needs of MSM.

The core of Alternatives' programming is the Access Centre—a wellness center for MSM that offers primary healthcare services and referrals, and hosts discussions, debates, and support groups. Along with basic services, the center provides a safe space for MSM to feel valued and find a sense of community. Through an outreach program to various health centers and civil society

partners, the Access Centre offers a referral network to assist MSM in securing much-needed help with legal support and vocational training.

In addition to traditional street and bar outreach, Alternatives-Cameroun utilizes culturally specific approaches to inform, empower, and motivate hidden MSM. Uniquely, the organization has adopted an old West African tradition known as Grins to make contact with MSM who might not be reached through lesbian, gay, bisexual and transgender (LGBT) venues. A Grins is a collective of men who gather for social support in a member's home. Alternatives set up numerous Grins throughout Douala, training leaders to offer HIV risk reduction information as well as referral to its Access Center.

Additionally, Alternatives recognized the need to make contact with men online through sexual networking websites. "Clearly, MSM are meeting each other online and making connections for sex—it is only right that we be there to inform and empower them to play safe," says Steave Nemande, president of Alternatives-Cameroun. The organization now trains online peer educators to surf various websites used by MSM in Cameroon, befriending and informing men about HIV risk reduction strategies and offering social support in an anonymous manner. This Internet outreach has produced an increase in the uptake of Alternatives' primary health services.

The growth and success of Alternatives-Cameroun has led to increased support from other civil society organizations, primarily in the health and legal sectors. The help of their allies has encouraged the group to move forward with plans to more forcefully advocate the decriminalization of same-sex behavior.

The comprehensive nature of their program (outreach, education, social support, and healthcare services and referrals) has had a measurable impact on the health and well-being of MSM in Douala. In light of their success, Alternatives is expanding its reach throughout Cameroon and is making plans to work with MSM communities in Yaoundé and Buea.



*Alternatives Access Centre's medical director conducting a behavior change communication session with a client
(Photo: Alternatives)*

In their own words

"Nicolas" is a client of Alternatives-Cameroun

"I am a 26-year-old IT specialist, one of six children. I was imprisoned for a year because of my sexual identity. After being freed from prison, I learned about Alternatives through friends who encouraged me to become involved. I won't share all the details of my imprisonment, except to say that I suffered deeply. I was very lonely and isolated. Nothing like Alternatives existed before. The program brought me together with other men like myself who supported each other. It taught me about my sexuality and, more importantly, about the risk of being infected with HIV and how to prevent that. Another motivation was receiving free condoms, which are very expensive at the drugstore."

Investigaciones Médicas en Salud (Lima, Perú)

Bringing community groups together to build organizational capacity

Strategies:

- ▶ Building a strong network of MSM and transgender groups
- ▶ Creating a safe space to support community mobilization
- ▶ Supporting legal registration for community groups to increase access to resources
- ▶ Providing comprehensive capacity-building training programs for community groups

MSM and transgender groups in Lima are dispersed widely across the city and in most cases they have not coordinated their activities. Yet while MSM comprise the largest proportion of HIV cases in the country—prevalence is more than 15 percent, far greater than the general population, which is less than one percent⁵—they suffer from lack of recognition and remain on the margins of the health system.



LGBT community leaders attending a strategic framework and management session (Photo: Sandro Llerena)

In 2008, in order to bolster the collective impact of grassroots MSM and transgender groups in Lima, Investigaciones Médicas en Salud (Inmensa) brought eight of them together to form a consortium. Inmensa is a well-established nongovernmental organization that conducts biomedical research, runs clinical trials, supports community involvement and education, and promotes public health, principally with the MSM community. As a first step, Inmensa listened to the priorities of the community groups and established a physical space for the consortium to meet. Until then, MSM and transgender organizations in Lima had nowhere to gather. Even with Inmensa's efforts, finding a safe space was not easy; the lease on the first space they rented was abruptly cancelled when the owner learned who would be using it.

Inmensa also set out to tackle an issue that has stymied many grassroots groups in Peru. According to Rosario Leon, coordinator of communications at Inmensa, "Many of these organizations have been around for 10 or 15 years but they did not have legal status. Having legal status gives them the chance to establish a legal record that enables them to apply for funds." Moreover, it would increase their visibility in the public arena, giving them a new level of credibility when advocating policy change.

Obtaining legal recognition and ensuring long-term sustainability required considerable effort and involved much more than paperwork. Although consortium members had been working against HIV in their communities for many years, they were generally run by volunteers without formal training in management. So Inmensa conducted capacity-building activities on a dual track: helping with the completion and submission of complex legal forms to assist groups in obtaining legal recognition, while also leading workshops aimed at developing planning and organizational management skills. Two workshops covered legal responsibilities, budgeting, strategic planning, and corporate governance, among other things, while another focused on business development to assist participants in generating more income.

In addition, Inmensa led two advocacy workshops around human rights and health issues. This included collaborative efforts with ASICAL, a Latin American MSM and gay rights network, assuring the participation of the consortium organizations at the LGBT forums leading up to the Latin American HIV/AIDS Forum 2009. Ms. Leon says that this allowed the groups "to work with other gay, transgender and bisexual leaders, which is important because they had the opportunity to exchange opinions about empowerment, citizenship, and health issues for LGBT persons in the region, including access to quality health services."

The impact of the trainings and the submission of legal recognition papers became apparent within a short time. Five of the eight organizations in the consortium obtained legal status. (Two others already had legal papers before joining the consortium.) "That is a very big success of the project," says Ms. Leon, "considering that this is a country where legal rights are not often extended to this kind of organization." Planning and management training have helped develop new leaders with the skills to carry on their programs and make a long-term impact on their communities. And by organizing the groups into a consortium, Inmensa has helped build a stronger, more unified voice that can help sustain HIV interventions in vulnerable MSM and transgender communities.

Inmensa has emphasized the importance of listening to small community groups and balancing their competing priorities with the overall capacity-building goals of the project. "It was challenging trying to reach the outcomes we set for ourselves," Ms. Leon says, "because the needs and interests of the different groups sometimes were so different and specific. But to succeed, you have to combine the priorities of the organizations with the public health needs of their communities."

Centre for Popular Education and Human Rights, Ghana (Accra, Ghana)

Standing up to opposition in order to provide services for MSM

Strategies:

- ▶ Providing HIV interventions and advocacy in the face of severe discrimination
- ▶ Doing more with fewer resources
- ▶ Using creative educational programs to share HIV prevention and human rights messages

In the years that they have led HIV and human rights programs for MSM, the staff and volunteers of the Center for Popular Education and Human Rights Ghana (CEPEHRG) have learned some tough lessons about safety. CEPEHRG's work takes place in the midst of daily threats and challenges from multiple fronts. Church activists jam its phone lines. Clients and staff are no strangers to police harassment, and live in daily fear of arrest and threats of extortion by law enforcement. Some government officials publicly denounce its work while others expect kickbacks in return for funding. And the national legal code criminalizes sexual behavior between men.

Such is the daily experience of this small grassroots organization based in Accra. Since it was founded in 1998, CEPEHRG has fought the AIDS epidemic in Ghana by focusing on HIV prevention, education, and advocacy, with a strong emphasis on serving MSM and the LGBT community. HIV and AIDS are serious problems in Ghana, where the general HIV prevalence rate is about 2.3 percent. But the crisis is much worse among MSM, for whom the estimated prevalence is 25 percent—one in four.¹

CEPEHRG's MSM and HIV programs include a team of peer educators, paid and volunteer, who share information and encourage HIV testing. Over the last few years, these educators

have helped dramatically increase the visibility and availability of safer sex information, condoms, and lubricant among MSM in Accra and surrounding communities, reaching thousands of men, according to CEPEHRG's evaluation data. An HIV counseling and testing agent frequently accompanies the peer educators in the field. But unlike some other mobile HIV testing programs, CEPEHRG's lacks a vehicle in which to provide these services. Instead, outreach team members carry supplies with them and find a private place to administer the test whenever needed.

In addition to outreach work, CEPEHRG conducts popular "love and trust" workshops that emphasize communication and negotiation skills for MSM. And it has become widely recognized for its use of educational theater programs to share HIV prevention and human rights messages. By participating in acting workshops, community members learn about rights abuses in their country. Ultimately they develop a show based on real-life examples of injustice against MSM and other LGBT people, which is performed for the public and used as a platform for group discussions about how to improve the situation in Ghana.

As a respected advocate within Ghana, CEPEHRG has had to stand up to some of the country's larger HIV/AIDS groups, which are not always receptive to the needs of MSM. "These are the same groups that have kept MSM in the closet in the past," says Mac-Darling Cobbinah, the organization's executive director. "You meet with these people and they have all the money and you're the smallest group in the room. But you have to stay in the room and make sure your voice is heard."

In their own words

"Kwame" is a client of CEPEHRG

"I am doing my degree at university, and I was introduced to CEPEHRG about five years back by a friend on campus. Before then, we were all just going out to clubs and there was nothing like CEPEHRG that I saw.

In the past, we never had any group come and give us education. CEPEHRG let us know our rights and told us about different sexual orientations. There was a program called Condom Nights where the guys from CEPEHRG would come to a party and educate us on the proper use of condoms and stuff. It was an interactive show that was marked by dancing and singing and all that!

It has been an eye opener to me and my friends. My life has changed a lot and I have changed a lot of other people's lives as well. Any education I get, I don't keep it myself. I share it with my partners and my friends, maybe even to people outside my sexual orientation. I tell them without any fear. By helping me, CEPEHRG has helped a lot of my associates."



Examples of CEPEHRG HIV- and AIDS-related behavior change communication (BCC) materials used to inform and motivate MSM in Accra

Blue Diamond Society (Katmandu, Nepal)

Speaking out about health and human rights

Strategies:

- ▶ Advocating at the national level to challenge legal and political restrictions on MSM
- ▶ Using diverse approaches to HIV services to provide a full range of health and support programs
- ▶ Engaging law enforcement, government, and media to address discrimination
- ▶ Finding common ground with other marginalized groups

Founded in 2001 with a focus on HIV prevention for sexual minorities, Nepal's Blue Diamond Society has in recent years broadened its health focus and now offers HIV care, support, and treatment programs for MSM, transgender persons, and other LGBT people across the country. At the same time, the organization has taken on a significant national role as a respected advocate for policy change on a broad range of issues related to human rights, MSM, transgender persons, and healthcare. Indeed the group's founder and director, Sunil Pant, has become the first openly gay politician in Nepal and sits on the country's governing Constituent Assembly.

Blue Diamond Society has adopted a diverse approach to service delivery. It starts by creating safe spaces to foster interaction and imparting self-care and life skills training. With offices in 30 districts, networks in 50, and one hospice devoted to caring for HIV-positive MSM and transgender people, the organization

also offers a host of HIV-related services, including educational programs, peer outreach, HIV testing, sexually-transmitted infection (STI) treatment, safe-sex advice, and condom distribution. As in many resource-limited countries, however, lubricant remains in scarce supply. "No one in Nepal produces lube," explains Mr. Pant, "so it's not always available."

The peer education program has been a vital component of Blue Diamond Society's work. The educators "are a real bridge between hidden populations and the healthcare services they need," said Mr. Pant. That kind of outreach is essential when HIV prevalence among MSM is estimated at 4.8 percent, roughly nine times that of the general population.



*A community gathering for Blue Diamond Society members
(Photo: Blue Diamond Society)*

It is on the advocacy front that Blue Diamond Society has made perhaps the greatest impact in Nepal. The group actively engages with law enforcement, government, and media to address broad issues of social and legal discrimination. "We used to face a lot of violence and abuse from security forces, but that's been going down since the Supreme Court decision in 2007 [legalizing homosexuality]," said Mr. Pant. "Having legal rights sends a strong message to the authorities that they can no longer cause this kind of discrimination. Now Nepal is writing a new constitution and I think there will be a lot of progress for LGBT people"—perhaps including the right to same-sex marriage, a goal being advanced by Mr. Pant and other advocates.

Blue Diamond Society has been able to make significant headway for MSM rights and health despite what Mr. Pant describes as Nepal's "political and economic instability." One way the organization has maneuvered through the shifting landscape is by finding common ground with other groups that face discrimination in Nepal. "Whenever we can, we move to support other parts of society that are also marginalized," he explained. "Our support of the elderly and other minority groups, for example—we have to be caring toward others and fight discrimination in whatever form it takes. That sense of equal opportunity and openness has really supported our movement."



*BDS members preparing for a cultural performance linked to HIV
awareness activities (Photo: Blue Diamond Society)*

Bandhu Social Welfare Society (Bangladesh)

Working with public leaders to change attitudes

Strategies:

- ▶ Creating HIV policy and advocacy strategies at the local and national levels
- ▶ Developing public relations and awareness initiatives

Long before global health organizations recognized the urgency of fighting HIV among MSM, the Bandhu Social Welfare Society in Bangladesh began working on the sexual health and human rights of MSM and transgender populations. With its extensive experience beginning in 1996, the group has been able to develop a wide-ranging series of successful programs, including education and outreach among MSM and transgender networks, socializing and community-building activities, HIV prevention and sexual health programming, human rights advocacy, and capacity building.



Bandhu's booth at a health fair in Cox's Bazar, Bangladesh, provided a safe space for MSM and LGBT individuals to gain information. (Photo: BSWS)

Data on the HIV epidemic in MSM and transgender populations in Bangladesh are inconsistent, though the prevalence rate is believed to be between one and five percent.⁸ Bandhu is the only community organization in Bangladesh working with MSM and transgender people, but it is actively engaged with police and policy makers, advocating human rights reforms and educating authorities about the health and rights issues of transgender persons and MSM. Much has improved since Bandhu first opened its doors.

According to Bandhu staff, their advocacy efforts are crucial to their ability to deliver HIV services. "While doing fieldwork, our staff members are constantly getting harassed by police and other people," explains Shale Ahmed, the executive director. "It's really difficult for us to carry out even small field activities, so we decided that we'd have to deal with policy, both in the central government and at the district level. Given the importance of these

issues, we set up a policy department in 2006 and since then, even though there are lots of problems, it has helped us improve things."

Stigma, social exclusion, and discrimination are givens for transgender people in Bangladesh, who face harassment and sexual violence from law enforcement agents as well as their neighbors. By working closely with local police, government, lawyers, human rights groups, and the media, Bandhu has been able to influence attitudes towards transgender people and those who work with them to fight HIV. Bandhu now sends representatives to police stations regularly for face-to-face information sessions. The group has even provided a list of its outreach workers to police—which, paradoxically, has helped protect them from official harassment. In the city of Chittagong, police have even willingly helped solve a problem related to a particular transgender cruising spot.

To reinforce a larger move toward greater tolerance and understanding, Bandhu has engaged Bangladesh's media, holding a roundtable meeting for journalists that was attended by representatives of the country's National AIDS Program and law enforcement agencies. Media have responded with more positive and nuanced coverage of MSM and transgender health and human rights concerns.

In their own words

Shahab Uddin is a peer educator at Bandhu Social Welfare Society

"I heard about the Bandhu in 2008 when I used to be a sex worker. I was hesitant at first to go to the center, scared that people would find out about my sexual orientation. But I went to a session on HIV and AIDS and from that day Bandhu has been a big part of my life.

I was attracted not only because of the educational and medical facilities provided by the center but because it gave me a sense of belonging in society even while keeping my identity secret. I became a volunteer in 2009 and started bringing friends to the center and educating my clients through leaflets on HIV, AIDS and STIs. After one year of volunteer service, I took a job as a peer educator because I wanted to share my knowledge. Bandhu showed me that I, too, can do something for society.

Before, I used to feel guilty and disrespected because of my sexual orientation and profession. Now, when I provide services for my peers, they respect me. Now I know that being an MSM is not a crime and that I can lead a respectful life, not resorting to degrading and risky sex work."

TLF Sexuality, Health and Rights Educators Collective (Makati, Philippines)

Forging stronger leadership on HIV and AIDS among MSM and transgender people

Strategies:

- ▶ Building a national movement by strengthening grassroots capacity
- ▶ Expanding reach by advocating with local policy makers

Working in the Philippines—a country with low HIV prevalence and no legal prohibitions on same-sex behavior—the TLF-SHARE Collective has been able to establish effective, nationally recognized programs among MSM and transgender populations to advance human rights and support HIV and AIDS prevention, care, and support. The group's experience as an advocate of MSM and HIV and AIDS issues dates back to 1991, when some of its members began a pioneering AIDS prevention project in Manila. Today, TLF-SHARE sits on the country's National AIDS Council and plays a significant role in the national response to HIV and AIDS.

Originally our program was focused just on training peer educators, but now our process is more about building these groups to be local players.

In 2009, however, TLF-SHARE took its work in a new direction, initiating a pilot training program to build a stronger grassroots movement. TLF-SHARE began sharing what it had learned over the years with three smaller, less established, community-based MSM organizations in different areas of the Philippines. "Originally our program was focused just on training local peer educators, but now our process is more about building these groups to be local players," said Anastacio Montero-Marasigan, TLF-SHARE's director. "The idea is that TLF-SHARE will not be the only organization working on HIV/AIDS and human rights in this country. It's our vision to make sure these organizations are trained to be key leaders in the Philippines."

TLF-SHARE had already worked closely with the groups on their education and empowerment programs. The goal at this point involved intensive capacity building, providing the groups with training in project management, governance, and professional

development. But "the key interest of the program is to ensure that the organizations have the capacity to engage local government," said Mr. Montero-Marasigan. Guided by project mentors—MSM activists who have remained closely connected with each group—other seminars were offered on local governance and advocacy. Each group developed the ability to analyze governance issues and identify key actions that could help address local situations. By the end of TLF-SHARE's training, each group had identified an advocacy agenda and determined strategies to achieve their goals.

"Some of these local governments would be easy to work with if you can find allies in the health department or office of the mayor, but doing that can also be a challenge," explained Mr. Montero-Marasigan. "They don't recognize that AIDS is a problem, and they are even less aware of MSM and transgender communities. So this is the key information that a CBO has to make the government understand better. The short of it is that local government is one key challenge in AIDS prevention."

The upshot of these trainings has been a newly active political and advocacy role at the local level for the CBOs. Taking a more public position, they advocated during recent elections on behalf of candidates who supported more aggressive government action on HIV, and pushed for the development of viable and effective STI and HIV programs that would include MSM and transgender people. Increasingly they are being recognized by local authorities as lead groups in HIV and AIDS prevention.

The success of TLF-SHARE's pilot program can be gauged in part by the fact that UNDP is supporting an expansion of the trainings with six new groups in four additional cities. But the staff at TLF-SHARE knows that progress comes slowly. "To develop community organizations in resource-challenged settings is a long-term process," said Mr. Montero-Marasigan. "It's important to realize that we will encounter many problems, but we should keep in mind that there's a larger vision and purpose to the partnership."

The Penitentiary Initiative (Nikolaev, Ukraine)

Reaching MSM in prisons

Strategies:

- ▶ Doing population-specific (prison) prevention outreach
- ▶ Forming alliances to overcome barriers and gain trust

The Penitentiary Initiative has been working in Ukrainian prisons since 2001, providing HIV prevention information to prison staff and inmates. The organization also provides HIV treatment, care, and support to HIV-positive inmates, including injection drug users, who constitute the majority of Ukraine's HIV-positive population.

As the Penitentiary Initiative expanded its activities, staff recognized that their HIV work was not reaching vulnerable MSM. In a country where homosexual activity was illegal until 1991, homophobia remains a strong force in Ukraine.³ Data on HIV among MSM are limited, but prevalence is estimated to be around 14 percent.⁶ However, life behind bars can be uniquely isolating for MSM, who face chilling levels of discrimination from prison staff and other inmates. According to the hierarchy of prison subcultures in Ukraine, MSM are regarded as “outcasts.” Olena Chupryna, project coordinator and executive director of the Penitentiary Initiative, explains that because MSM hold such low status, they “are forced to do all the dirty jobs in the prison.” The men, she says, “usually have lost their social connections. Many of them do not have visitors, they usually have low levels of education, and it's not easy to reach them.”



A support group for MSM prisoners (Photo: The Penitentiary Initiative)

In order to engage this stigmatized population, the Penitentiary Initiative formed a partnership in 2008 with LiGA, the Nikolaev Association for Gays, Lesbians and Bisexuals, which contributed funding for an initial pilot project and trained Penitentiary Initiative staff in the specific needs of MSM. The Initiative staff then developed an outreach model of HIV prevention and psychosocial support that they implemented in four prisons in the Nikolaev, Lugansk, and Cherkassy regions of Ukraine.

In less than three years, this project has made significant headway in breaking down the barriers to HIV education and social support among MSM in Ukrainian prisons. To change the culture of prison attitudes toward MSM and open the door for HIV prevention efforts, the Penitentiary Initiative has employed multiple strategies, among them training prison staff, supplying HIV prevention kits to MSM, organizing support groups, and providing access to social and mental health counseling.



A seminar on MSM for staff of the prison and its clinic (Photo: The Penitentiary Initiative)

Initially the MSM project's primary challenge was to develop trust between counselors and prisoners. Another major difficulty was pervasive stigma. In virulently homophobic prison environments, few men were willing to join MSM peer group discussions, much less gather to discuss HIV. To broker trust between inmates and Penitentiary Initiative counselors, the organization allied with individuals who were already connected with the inmates. At one site, the head of the medical unit helped the organization link up with MSM inmates; at another, the head of psychological services invited outcast inmates to his office to meet project psychologists and explain plans for MSM/HIV support groups.

Now well established in an expanding number of prisons, the MSM/HIV program provides regular psychosocial support for inmates along with trainings about HIV prevention, including safer sex. Condoms and lubricant are distributed as well as personal hygiene supplies and supplementary food rations. Soap, rubber gloves, and other protective supplies are given to men forced to do the prison's dirtiest jobs. The project also assists inmates once they have been released from prison by linking them to social support and outreach programming offered by LiGA, and refers them to MSM-friendly health services.

The early success of the Penitentiary Initiative's MSM/HIV program has encouraged it to develop MSM/HIV materials that could be offered as a standard package of HIV services in other Ukrainian prisons. These guidelines will be submitted for review by the country's department of prisons with a view toward national adoption. According to program staff, one of the most important results of their project is the attention it has drawn to MSM and HIV within the prison system—an issue that had previously been overlooked by national authorities.

Ms. Chupryna relays two recent stories from the prisons where they work: “According to prison culture, outcasts are not allowed

Most important, the level of knowledge about HIV prevention and sexual health has increased significantly—knowledge that MSM inmates will carry with them when they re-enter society.



Winners of the Sport Against AIDS football match (Photo: The Penitentiary Initiative)

to participate in general mass actions and events. But due to the MSM support groups and our work with the general prison population and staff, now the outcasts are allowed to participate in events. Last year, there was a football tournament for the MSM group [at one prison] that would have been impossible a year ago. In [another prison], one of the MSM group members now participates in prison theater, which would previously have been absolutely unthinkable. And now he writes plays for the theater and performs on the stage. Most important, the level of knowledge about HIV prevention and sexual health has increased significantly—knowledge that MSM inmates will carry with them when they re-enter society.”

Vallarta Enfrente el SIDA (Puerto Vallarta, Mexico)

Preventing HIV in a growing MSM population

Strategies:

- Providing targeted HIV prevention services for gay tourists and hard-to-reach MSM
- Bridging the gap between local HIV clinics and MSM

Every year, millions of tourists visit the beaches of Puerto Vallarta, Mexico, to escape their everyday lives. The visitors are Mexican and foreign alike, and thousands of them choose to settle permanently, leaving behind the past in favor of a more open, tolerant community.

The welcoming culture of Puerto Vallarta has made it a hotspot for a growing gay population. Gay men and other MSM from all over Mexico, indeed the world, go there looking for fun and new sexual encounters. It is in this setting that Vallarta Enfrente el SIDA (VES) works to combat HIV and build links between the MSM population and the city's health services.

Julio Madrid, the executive director of VES, explains why Puerto Vallarta is unique, and the challenges that creates: “The closed nature of other parts of the country means more people flock here. But out of that population, a lot do not identify as gay or bisexual. They still want to portray an image of being straight, but have sex just with men. It's a cultural thing here. People want to come here and be part of the gay community but still do not identify as gay. It's hard to reach those people—and they have taboos in mind, that they do not wear a condom because they associate it with ‘gay’ identity.” Those taboos have contributed to an HIV prevalence rate of approximately 25 percent among Mexican MSM.¹



VES members participated in a march and rally marking the International Day Against Homophobia on May 17, 2010. (Photo: Vallarta Enfrente el SIDA A.C.)

VES has learned that one of the keys to engaging MSM in its community is to maintain a nonjudgmental attitude in all its programs. Many of the MSM in Puerto Vallarta have left other places to escape judgment and mistreatment. Thus, it is essential that these men be approached in a way that shows respect and genuine caring.

VES leads a range of outreach and prevention activities with MSM, getting educational information and prevention tools (such as condoms and lubricant) into the hands of the men who are at risk of infection. Among its strategies is a peer “celebrity” education effort that relies on the popularity of local figures to convey important prevention messages. The local celebrity advocates are identified by VES staff and volunteers, trained on basic aspects of HIV prevention and access to services, and then encouraged to speak out about the topic. In Puerto Vallarta, this has proven to be a useful activity to raise basic awareness of the disease and get more men engaged with VES’s other programs.



VES peer educators conducting outreach at a bar (Photo: Vallarta Enfrenta el SIDA A.C.)

VES also conducts extensive street outreach at popular gay nightclubs and more hidden cruising spots in and around the city. Making progress at the cruising sites has been challenging, but with persistence VES has seen real change. According to Mr. Madrid, “We went right to the men [at the cruising sites]. We didn’t interfere with what they were up to, just said, ‘We’re here, we have condoms and lube and info.’ At first, they rejected us, but we stayed there and as weeks went by they opened up more. We now have some volunteers at those cruising sites who were originally sex workers.” Where they were once ignored, VES staff and volunteers are now busy providing condoms and educating men on how to prevent infection.

Beyond HIV prevention, VES serves as a vital link between MSM and the greater healthcare infrastructure in the city. In particular, it works with a large community clinic that has ample resources but little means to spread the word about its services. VES bridges the gap between the clinic and the community, helping clients gain quick access to the clinic’s services, especially clients who test positive for HIV.

People want to come here and be part of the gay community but still do not identify as gay. It’s hard to reach those people—and they have taboos in mind, that they do not wear a condom because they associate it with ‘gay’ identity.

In their own words

“Alejandro” is a client and volunteer of VES

“In Puerto Vallarta there are many gay clubs. One night VES was providing condoms at a club and the packaging had their information on it. That was my first contact with them. I went straight to their office the next day to take an HIV test. After counseling me and giving me the result of the test, they told me they had a volunteer program. They saw that I was very interested because I asked many questions! Soon I helped to prepare brochures and went to health fairs as a promoter, passing information to people, inviting them to ask questions and take an HIV test

Puerto Vallarta is a port where people are in and out. There is much promiscuity and I had had some behaviors that I see now were quite risky. But since starting my involvement with VES, I have become a more responsible person, especially with my sexual behavior. I know the transmission routes. Now I can say “no” when I have to say “no.”

I see myself as a permanent member of VES, supporting them in any way I can, trying to recruit more volunteers among my friends. In a few months I will be able to give HIV tests because I’m getting training to do so. There is plenty to do, so I want to get more volunteers and people to support us.”

Centro de Orientacion e Investigacion Integral (*Santo Domingo, Dominican Republic*)

Focusing on whole health in order to address HIV

Strategies:

- ▶ Providing transgender-specific primary and sexual healthcare
- ▶ Using anti-homophobia strategies targeting law enforcement officials

For 20 years, Centro de Orientacion e Investigacion Integral (Center for Integrated Training and Research, or COIN) has been caring for vulnerable communities, including people living with HIV. In 2007, however, physicians were surprised to see that many transgender women who were first-time clients of the clinic were being diagnosed with advanced AIDS. The staff soon realized that these transgender clients were rarely accessing medical services, if at all, as a result of years of systematic discrimination and alienation from the public healthcare system.

There aren't many other opportunities for trans women in this region to come together. Miercoles con Mama has been a good opportunity for the women to realize they have similar problems.



COIN offers prevention, care, and testing through its mobile clinic. (Photo: ProActividad)

As part of its strategy to help transgender individuals, COIN emphasized primary healthcare and health issues unique to transgender needs, and partnered for outreach efforts with COTRAVEDT, an organization that serves transgender sex workers in the city. As more transgender clients arrived at the clinic, the team at COIN soon added support services for them, including peer outreach, a mobile HIV testing service, and a weekly support group called Miercoles con Mama (Wednesdays with Mama), hosted by an older transgender activist and community member. According to Dr. John Waters, medical director of COIN, "There aren't many other opportunities for trans women in this region to come together. Miercoles con Mama has been a good opportunity for the women to realize they have similar problems."



A workshop for peer educators (Photo: ProActividad)

But as the program has grown, some serious challenges have arisen. While estimates show HIV prevalence between 11 and 15 percent among MSM in the Dominican Republic, almost no data focus exclusively on the transgender population. A lack of official recognition hinders large-scale approaches to serving this population. Meanwhile, COIN has worked to sensitize staff and the general clinic patient population to the increased presence of transgender clients. Outside the clinic, COIN and its transgender clients have had numerous problems with law enforcement authorities. Police have scared clients away from street outreach and mobile testing encounters, and they are known to harass the women and extort money from them. Many transgender women in Santo Domingo are poor, limiting their access to appropriate health services and driving some to sex work for economic survival.

Even in the face of these difficulties, COIN's work has produced some clear changes. Many transgender clients now see health as a basic right and they are more actively engaged in taking care of their own health and helping their peers do the same. According to Dr. Waters, "many saw themselves as second-class citizens and had accepted that. So having services that are specific for them has had a big impact on the way they view themselves. It has been hard to quantify this kind of change—but there is clearly a big benefit. And one major sign of that is the pressure we have had from trans people in other cities who are asking, 'Why don't we have a program like that here?'"

Moreover, the clinic now finds that more clients are willing to be tested for HIV and STIs, which has led to earlier detection and treatment. HIV prevention behaviors also have increased among



Dr. John Waters, COIN's medical director, offering primary health care services to a client (Photo: ProActividad)

COIN's transgender clients. And the program has established a pathway for even better changes in the future. COIN has conducted trainings with local police in an effort to reduce harassment, and has established a “health committee” of transgender clients that advises the organization on various aspects of its programs for their community.

The clinic now finds that more clients are willing to be tested for HIV and STIs, which has led to earlier detection and treatment. HIV prevention behaviors also have increased among COIN's transgender clients.

For a transgender community facing so many complex challenges—high rates of HIV and STIs, economic hardship, police harassment, public discrimination—COIN has had to take a more holistic approach to creating positive change. In order to reach this population, its program had to shift the emphasis away from HIV and AIDS. The stigma attached to having HIV or an STI had made trans women reluctant to visit the clinic. But clients began going in for all kinds of health needs—and once there they showed much more willingness to reveal STI symptoms or take an HIV test. Just as significantly, COIN has become deeply engaged with members of the transgender community, hiring them as outreach workers and organizing an advisory panel that helps establish the daily workings of the program. By truly listening to its transgender clients, COIN has been able to provide services that they want and need.

What We've Learned

The organizations profiled in this report provide evidence about what constitutes successful HIV programming for MSM and transgender people in resource-limited settings—and about the forces that stand in the way of building strong organizations and conducting effective work.

Aspects of Successful Programming

Meeting basic needs. By helping MSM and transgender people develop crucial life skills that can allow them to support themselves and care for their health, organizations create an environment in which people can access HIV services. The most dramatic example is Fondation SEROvie in Haiti, which has expanded its services to help clients obtain the most basic necessities since the earthquake struck in January 2010. Prior to that, SEROvie's vocational program created viable pathways to steady work and income, which has helped individuals move away from sex work and gain access to healthcare.

Providing a safe space. A safe space provides MSM and transgender people with a place to gather that is free from harassment, discrimination, and judgment; a place where individuals are encouraged to speak, share information and problems, strategize on collective action, and engage with others. Like many organizations profiled here, Inmensa in Peru began its work with gay men by establishing a community space where clients, volunteers, and staff from grassroots MSM groups could meet to run workshops, hold meetings, or simply to socialize. Without this safe space, Inmensa's capacity building activities would not have been possible.

Establishing and maintaining trust with communities. During their interviews, organization representatives talked at length about the importance of establishing and maintaining trust with the MSM and transgender people in their communities. This engagement, they say, must be truly substantive. One notable example comes from COIN, whose program serving transgender women in the Dominican Republic involves clients and community members on multiple levels. The project's long-range plans are steered by a transgender health committee and transgender clients have been hired as peer workers to conduct and coordinate outreach efforts. In Nepal, Blue Diamond Society also emphasizes the value of community leadership. Sunil Pant says that an organization “needs to be honest and open. Let those who have joined [as clients] have equal opportunity to take the lead. . . . I have learned that everyone has leadership skills; they just need to explore and experience. And they will be surprised that they can do it.”

Multiple program strategies. All of the organizations profiled are using multiple approaches to address both the program needs of the target population and the hostile political environments in which they operate. In practical terms, this means combining direct services—such as prevention, treatment, care, and support—with policy advocacy, public awareness activities, and sensitization efforts.



COIN members participated in a forum with decision makers. (Photo: ProActividad)



The amfAR-supported Inmensa stand at the Global Village in the Latin American Forum on HIV/AIDS 2009 in Lima. A group of transgender people from Inmensa provided prevention information. (Photo: Rosario León)

Bandhu Social Welfare Society in Bangladesh exemplifies this multi-tiered approach. Its programs for MSM and transgender people include field services, center-based educational activities, clinical services, policy advocacy, and skills building for clients. Like most of the other programs, Bandhu finds that the need to facilitate policy change and sensitize law enforcement officials calls on its staff to work with people and institutions that openly oppose them. Shale Ahmed explains, “We are working with local police stations on harassment issues. Their attitudes were very negative but things are changing.”

The approaches are as varied as the settings. Some programs are building relationships with local media to foster accurate reporting and disseminate health information. Others have advocated policy change aimed at improving access to HIV and healthcare services, sometimes working at the national level. Despite resistance, change has occurred in many places thanks to the perseverance of these organizations.

Violations of human rights undermine the effectiveness of every organization profiled here, and stand as the single greatest negative factor in the fight against HIV among MSM and transgender people.

Tailoring programs and adapting to change. Another lesson clearly reflected in these profiles is that programs must be tailored to the unique needs of each community. Sometimes this means adapting established interventions to address the requirements of a particular group. In Cameroon, for example, Alternatives-Cameroun has been able to increase uptake of their primary healthcare services and HIV referral systems by utilizing Internet outreach and by spreading the word through traditional West African men's social groups called Grins.



A seminar on MSM for staff of a Ukrainian prison and its clinic (Photo: The Penitentiary Initiative)

Program evaluation. The organizations profiled here collect both process and outcome indicators to track progress toward their goals of reducing HIV infection and improving the rights of MSM and transgender people. Those data, in turn, inform the design and implementation of their programs. On the process level, all of these programs have successfully engaged their target audiences and met or exceeded their intended service targets (i.e., number of condoms dispensed, individuals trained, HIV tests administered, etc.). As for outcomes, organizations have documented broad impact from their efforts. For organizations focused on prevention, evaluation has shown increases in self-reported condom use and increased knowledge of safer sex practices. Organizations working on structural and policy change have seen decreases in negative attitudes and violence towards MSM and transgender people. Ultimately, evaluation activities help groups assess the work they do and make changes in program design to be more effective and have broader impact.

Challenges Faced by Community-Based Programs

All of the organizations profiled here described the daily challenges they face in their work. The most significant of these is the social discrimination MSM and transgender people face worldwide, a situation repeatedly highlighted by staff we interviewed. MSM and transgender people are beaten, tortured, and murdered. They can face imprisonment and even the death penalty in countries that criminalize homosexuality.

There is a clearly identified need to address the dual crises of HIV and human rights abuses. Such violations of human rights undermine the effectiveness of every organization profiled here, and stand as the single greatest negative factor in the fight against HIV among MSM and transgender people.

Another common thread that runs through these profiles is the acute lack of resources to address the HIV epidemic among MSM—especially in light of epidemiological data that point to dramatically higher infection rates among this population. Few countries have solid data on the size of the HIV epidemic among MSM within their borders, and without that authorities have chosen to ignore the problem. That can mean limited support for individual projects and programs addressing HIV among MSM. For example, most MSM groups complain of a glaring lack of water-based lubricant from governments and multilateral sources, which do not recognize the need for lubricant in reducing the risk of HIV transmission during anal sex despite this being an explicit recommendation by WHO and other global health authorities.

A close examination of these efforts clearly shows not only what can and is being done, but also what must be done to help bring effective grassroots programs to scale.

Many organizations also described the challenge of working with populations that have highly diverse sexual orientations and identities. The groups profiled here serve men who are engaged in male-male sexual relations but they may have gay, straight, bisexual, or other culturally specific sexual identities. In addition, some organizations serve male-to-female transgender clients, whose general and sexual health needs—not to mention gender identity and public perception—are often very different from MSM.

Poverty also presents major challenges to grassroots community-based organizations. Economic hardship limits people's access to healthcare, safer sex supplies, and education. Poverty has also led some MSM and transgender individuals to engage in transactional sex as a means of supporting themselves.

Recommendations

Ensuring an Effective and Sustained Community-Based Response

Far too often, the HIV and human rights concerns of MSM and transgender people are addressed as if they are separate issues. But in fact they are inextricably linked. Community-based organizations serve MSM and transgender people who commonly live under extremely hostile conditions and have rarely been accorded even the most basic rights such as access to healthcare and freedom from abuse and discrimination. Donors, policy makers, and advocates must recognize this link and deal with it in meaningful ways.

In order to address the program needs of MSM and the hostile policy environments in which they operate, grassroots MSM organizations are working collaboratively with diverse stakeholders. Some programs are building relationships with the local media to foster accurate reporting and disseminate health information. Some are allying with human rights organizations and similar groups to advocate collectively. Others are working with policy makers to help lower barriers that keep MSM and transgender people from utilizing HIV services. The work of these organizations, and many more like them throughout the world, shows that highly effective HIV and human rights programs can be successfully implemented for and by MSM and transgender people.

The profiles presented in this report describe a broad range of remarkably creative HIV programs aimed at MSM and transgender individuals, projects that offer numerous lessons for policy makers, donors, and other community-based service providers and advocates. A close examination of these efforts clearly shows not only what can and is being done, but also what must be done to help bring effective grassroots programs to scale. The following recommendations highlight major issues that must be addressed to ensure an effective and sustained community-based response to HIV among MSM and transgender people.

1. **Increased long-term investment:** Donors and multilateral institutions must recognize the need for significantly increased, sustained, multi-year funding commitments that provide project-specific resources as well as core support for operations and organizational development. Indeed, successful execution of the recommendations below is dependent on such funding commitments.
2. **Legal barriers and harassment:** The removal of legal barriers and harassment from law enforcement agencies is crucial to ensuring successful programming efforts for MSM and transgender people.
3. **Homophobia/transphobia:** Creative, aggressive, and well-resourced approaches are needed to mitigate the impact of stigma, discrimination, and violence in MSM and transgender communities.
4. **Advocacy:** Advocacy must be initiated at both the grassroots and national levels for policies that effectively
- address the HIV-related needs of MSM and transgender people. Advocates must demand significantly increased investment in peer-led community-based HIV programming.
5. **Extreme hardship:** HIV programs and policies must recognize the realities of everyday life for MSM and transgender people related to poverty, sex work, drug use, and migration. HIV prevention, treatment, and care programs must be strengthened to address such issues concurrently.
6. **Collaboration between community and government:** Community-based organizations that work with MSM and transgender people must be meaningfully involved in planning AIDS responses at all levels. Healthcare institutions must collaborate with these organizations to provide quality health promotion and treatment services, including targeted prevention efforts and access to healthcare that is responsive to the needs of MSM and transgender people.
7. **Training for healthcare providers:** Public health systems must implement provider training and sensitization to counter hostile attitudes and ignorance, and ensure that care providers offer health promotion, counseling, and clinical services that meet the needs of MSM and transgender populations.
8. **Impact measurement:** Community-based organizations must have adequate financial and human resources to measure the impact of their programs, and implement and disseminate cost-effective approaches to evidence collection through operations research and other evaluation strategies.
9. **Behavior change communication:** Health communication and social marketing strategies (e.g., targeted messaging using posters, pamphlets, T-shirts, videos, the Internet, etc.) can be effective in promoting healthy behavior. MSM- and transgender-specific campaigns must be developed, implemented, and evaluated.
10. **Lubricant provision:** In accordance with WHO recommendations, water-based lubricants, together with condoms, should be widely distributed by healthcare facilities and community-based organizations. Providing lubricant with condoms must be a priority for government and multilateral agencies.



VES members march against homophobia in Puerto Vallarta. (Photos: Vallarta Enfrenta el SIDA A.C.)

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About the MSM Initiative and amfAR

The MSM Initiative

The MSM Initiative's mission is to significantly improve HIV prevention, treatment, and care among MSM populations in resource-limited countries across Africa, Asia and the Pacific, the Caribbean, Eastern Europe and Central Asia, and Latin America. The Initiative addresses the HIV/AIDS burden among MSM through the following strategies:

- **Supporting and empowering grassroots MSM organizations by providing direct financial support and capacity building;**
- **Building understanding and awareness about HIV epidemics among MSM and other groups; and**
- **Advocating effective policies and increased funding for programs and initiatives addressing MSM at risk of HIV/AIDS.**

Since the launch of the MSM Initiative in 2007, these objectives are being met through the program's community award grant-making process. To date, the MSM Initiative's community awards program has provided more than \$1.9 million in funding and technical support to 79 organizations in 53 countries. These grants help MSM organizations in developing countries and other resource-limited settings to provide HIV/AIDS prevention, treatment, care, and support. Additionally, the funds help build local capacity, fight stigma, inform research, and catalyze political action. The Initiative's grant-making and support systems are community-driven, with regional consultations held directly with affected MSM communities and funding proposals evaluated by peer reviewers in each region.

amfAR also supports MSM/HIV-focused biomedical and social/behavioral research, such as rectal transmission studies and others examining the impact of new technologies (e.g., cell phones

and the Internet) as prevention tools among MSM. And through its public policy office, amfAR is a leading advocate at the local, national, and global levels of sound public health policies that mitigate the HIV epidemic among MSM. From its Washington, D.C., base, amfAR's policy office focuses on U.S. government leadership and investment in the issue, and works in partnership with multilateral agencies such as UNDP, UNAIDS, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

About The Global Forum on MSM & HIV (MSMGF)

The Global Forum on MSM & HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM, including MSM living with HIV. The MSMGF takes a health and rights approach to its work, which is organized around five specific goals:

- **Increased investment (funding) in effective HIV prevention, care, treatment and support programs for MSM;**
- **Expanded coverage of (roll out of and access to) quality HIV-related services for MSM;**
- **Increased knowledge on MSM and HIV through the promotion of research and its broad-based dissemination;**
- **Decreased stigma, discrimination, and violence against MSM; and**
- **Strengthened regional, sub-regional, and national networks of MSM around the world, linked to each other and to an organizationally robust MSMGF, including networks of MSM with HIV; and a strengthened response to the needs of MSM among networks of people living with HIV.**

The MSMGF accomplishes its goals through advocacy, information exchange, knowledge production, networking, and capacity building.

The MSMGF is guided by an international Steering Committee, with administrative and fiscal support from AIDS Project Los Angeles (APLA). Current steering committee members live and work in Australia, Cameroon, Canada, China, Dominican Republic, India, Jamaica, Mexico, Morocco, Nicaragua, Romania, South Africa, Uganda, the United Kingdom, the United States, and Zimbabwe. In addition, the MSMGF receives guidance from other global and regional networks of transgender people, youth, and people living with HIV.

Appendix A: Selection Criteria

The number of organizations providing quality HIV services to MSM and transgender communities far exceeds what could be presented in this report. With this in mind, our starting point for selecting groups to profile was the pool of past and current community award recipients from amfAR's MSM Initiative. Since 2007, the MSM Initiative's community awards program has provided more than \$1.9 million in funding and technical support to 79 organizations in 53 countries. Award recipients are determined through a rigorous peer review process that is community-focused and regionally based.

Prior to launching a request for proposals in a particular region, the MSM Initiative consults with local MSM community leaders and other experts to frame the parameters of the awards and ensure that they address the specific needs of each geographic area. Once proposals are received, the MSM Initiative convenes a peer review panel, members of which are selected for their expertise in the field, familiarity and direct experience with target communities, and geographic diversity. The panel's ratings and comments are used by amfAR to determine which applicants ultimately receive community awards.

It is important to emphasize that the profiles included here were drawn from a relatively small sample, i.e., recipient organizations in amfAR's community awards program. And while there are unquestionably many other deserving programs that have made a significant impact in their communities, it was beyond the scope of this report to survey data from the wider global pool of organizations serving MSM. The logistical challenges involved in conducting in-depth reviews of all community-based organizations from around the world have limited this review to only these 10 profiles. Other factors such as ease of access to information, personnel, and other valuable resources—such as the opportunity to interview clients—were also useful in determining which organizations to profile.

These profiles were developed using data from telephone interviews with key organizational informants, usually a leading staff member and advocate. The interviews were conducted in English and, in one case, Spanish by an external consultant and a staff member. In some instances interviews were also conducted with clients or field workers. The interviews lasted approximately one hour and addressed (1) the origins of the organizations' work with MSM and, when relevant, transgender communities; (2) community-centered strategies to combat the HIV epidemic or human rights violations or both; and (3) key barriers to achieving broader impact. To support data gathered from the telephone interviews, we also reviewed progress reports submitted by the grantees and, when available, other published reports and web materials. This comprehensive approach to data collection helped define key elements of effective programmatic responses and the operational challenges of HIV-related programs serving MSM in their respective settings.

Appendix B: Recipients of amfAR's Community Awards

Since its launch in July 2007, amfAR's MSM Initiative has made 100 community awards totaling more than US\$1.9 million to support 79 front-line organizations serving MSM in 53 countries. Awards have been made in low- and middle-income countries in five regions of the world: Africa,

Asia-Pacific, the Caribbean, Eastern Europe/Central Asia, and Latin America. The following is a list of all organizations that have received awards to date, broken down by geographic region. The list includes the name of each organization funded (when available*), including collaborating organizations, city and country.

Organization Name(s)	City, Country
Africa	
Alternatives-Cameroun	Douala, Cameroon
Arcad/SIDA	Bamako, Mali
Association de lutte contre le sida (ALCS)	Marrakesh, Morocco
Centre for the Development of People (CEDEP)	Blantyre, Malawi
Centre for Popular Education and Human Rights in Ghana (CEPEHRG) [in partnership with Maritime Life Precious Foundation]	Accra, Ghana
Centre for the Right to Health (CRH)	Abuja, Nigeria
Concern for Humanity Inc. (CHF)	Monrovia, Liberia
Espace Confiance [in partnership with Arc-en-ciel Plus, Renaissance Santé Bouaké, the International HIV/AIDS Alliance and Sidaction]	Abidjan, Côte d'Ivoire
Friends of RAINKA	Lusaka, Zambia
Ishtar MSM [in partnership with the Gay and Lesbian Coalition of Kenya (GALCK)]	Nairobi, Kenya
International Centre for Reproductive Health—Kenya (ICRHK)	Mombasa, Kenya
Name withheld*	Kampala, Uganda
Name withheld*	Kampala, Uganda
Name withheld*	Harare, Zimbabwe
PEMA Kenya	Mombasa, Kenya
South African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (SANERELA+)	Johannesburg, South Africa
Stop AIDS in Liberia (SAIL)	Monrovia, Liberia
Support for Addictions Prevention and Treatment in Africa (SAPTA)	Nairobi, Kenya
Asia-Pacific	
AIDS Project Los Angeles (APLA) [in partnership with AIDS Relief for China (ARFC)]	China/U.S.
Bandhu Social Welfare Society (BSWS) [in partnership with Chinnomul Manob Kallayan Society]	Dhaka, Bangladesh
Beijing Gender Health Education Institute (GHE)	Beijing, China
Blue Diamond Society (BDS) [in partnership with the Federation of Sexual and Gender Minorities Nepal (FSGMN)]	Katmandu, Nepal
Chengdu Tongle Counseling & Service Center (Tongle) [as the Secretariat of the China Male Tongzhi Health Forum (CMTHF)]	Chengdu, China
Mplus+	Chiang Mai, Thailand
Name withheld*	Secunderabad, India
Name withheld*	Malaysia/Regional
Name withheld*	Mandalay, Myanmar
Name withheld*	Yangon, Myanmar
Pacific Sexual Diversity Network (MSM) [in partnership with the Australian Federation of AIDS Organizations]	Apia, Samoa

*Organization has requested anonymity to protect its staff and clients.

Organization Name(s)	City, Country
Asia-Pacific (continued)	
Perkumpulan Keluarga Berencana Indonesia (PKBI)	Kupang, Indonesia
Red Ribbon Initiative	Islamabad, Pakistan
Service Workers in Group (SWING)	Bangkok, Thailand
STD/HIV/AIDS Prevention Center (SHAPC)	Hanoi, Viet Nam
Thai Red Cross AIDS Research Centre (TRCARC)	Bangkok, Thailand
TLF Sexuality, Health and Rights Education Collective Incorporated (TLF SHARE Collective)	Manila, Philippines
UDAAN Trust (National MSM & HIV Policy Advocacy & Human Rights Task Force)	New Delhi, India
Yayasan Gaya Celebes (Gaya Celebes Foundation)	Makassar, Indonesia
Caribbean	
Caribbean Vulnerable Communities Coalition (CVCC) [in partnership with Caribbean Forum for Lesbians, All-sexuals and Gays (C-FLAG)]	Kingston, Jamaica
Centro de Orientación e Investigación Integral (COIN) [in partnership with COTRAVET Dominicana and Jóvenes de la Vida Real]	Santo Domingo, Dominican Republic
Clínica Esperanza y Caridad (CEyC) [in partnership with Este Amor]	San Pedro de Macoris, Dominican Republic
Fondation Esther Boucicault Stanislas (FEBS)	Saint Marc, Haiti
Fundashon Orguyo Kòrsu (FOKO)	Willemstad, Curaçao
MSM: No Political Agenda (MSMNPA)	Port of Spain, Trinidad and Tobago
Fondation SEROVie (in collaboration with Action Civique Contre le VIH and PANOS)	Port-au-Prince, Haiti
Name withheld*	Kingston, Jamaica
Name withheld*	Kingston, Jamaica
Society Against Sexual Orientation Discrimination-Guyana (SASOD)	Georgetown, Guyana
United Belize Advocacy Movement (UNIBAM)	Belize City, Belize
Eastern Europe/Central Asia	
CSO Equal Opportunities	Dushanbe, Tajikistan
The Donbas-SocProject (DSP)	Donetsk, Ukraine
Eesti HIV-positiivsete võrgustik (EHPV)	Tallinn, Estonia
Gayten-LGBT, Center for Promotion of LGBTIQ Human Rights	Belgrade, Serbia
Gender ve Tereqqi maariflendirme ictimai birliyi (Gender & Development)	Baku, Azerbaijan
The Independent Non-Commercial Organization New Life (The New Life)	Orenburg, Russia
Nikolaev Regional Youth Movement–Penitentiary Initiative [in partnership with Charitable Foundation Insight and Lugansk Charitable Foundation, Anti-AIDS]	Nikolaev, Ukraine
Positive Living Association (in partnership with KAOS Gay and Lesbian, Cultural Researches and Solidarity Association)	Istanbul, Turkey
The Public Association in Support of the People (OO PLZHV Kuat)	Mouth-Kamenogorsk, Kazakhstan
Public Fund Gender Vector (PFGV)	Karabalta, Kyrgyzstan
Republican Youth Public Association “Meeting”	Minsk, Belarus
Safe Pulse of Youth (SPY)	Belgrade, Serbia
The Siberian Alternative Center [in partnership with Humanitarian Project]	Omsk, Russia
We for Civil Equality (WFCE)	Yerevan, Armenia

*Organization has requested anonymity to protect its staff and clients.

Organization Name(s)	City, Country
Latin America	
Akuaipa Waimakat - Asociación Para La Divulgación, Promoción y Defensa de los Derechos Humanos e Indígenas	Manaure, Columbia
Asociación ALFIL	Quito, Ecuador
Articulação e Movimento para Travestis e Transexuais de Pernambuco (AMOTRANS)	Recife, Brazil
Asociación Civil De Desarrollo Social Y Promocion Cultural Adesproc Libertad GLBT	La Paz, Bolivia
Asociación Hombres y Mujeres Nuevos de Panamá	Panama City, Panama
Asociación Solidaria Para Impulsar el Desarrollo Humano ("ASPIDH - ACRO IRIS")	San Salvador, El Salvador
Asociación Un Nuevo Camino ASUNCAMI	La Paz, Bolivia
Associação Pact do Brasil (Pact Institute)	Rio de Janeiro, Brazil
Colectivo SerGay de Aguascalientes A.C.	Aguascalientes, Mexico
Grupo Génesis Panamá Positivo (GGP+)	Panama City, Panama
Instituto de Estudios en Salud, Sexualidad y Desarrollo Humano [in partnership with Red TRANS Peru]	Lima, Peru
Investigaciones Medicas en Salud [in partnership with Asociación de Diversidad Sexual de la región Callao Alma Chalaca]	Lima, Peru
ONG Centro Estudio de la Sexualidad (ONG CES/MUMS) [in partnership with FLASCO]	Santiago, Chile
Name withheld*	Recife, Brazil
SEXSALUD [in partnership with UTSC, REDCRUZ, Plan Tres Mil and JUPLAS]	Santa Cruz de la Sierra, Bolivia
Sociedad de Integración Gay Lésbica Argentina (SIGLA)	Parque Chacabuco, Argentina
Vallarta Enfrenta el SIDA, A.C. (VES)	Puerto Vallarta, Mexico

*Organization has requested anonymity to protect its staff and clients.

Appendix C: Endnotes

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