

EVALUATION

of the  **SPEAKING**
OUT Initiative

Findings from the Pilot Stage: 2011-2012

NOVEMBER 2013



Evaluation of the *Speaking Out* Initiative

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This is an independent third-party evaluation conducted by Health & Development Consulting International LLC (HDCi) and commissioned by the Global Forum on MSM & HIV (MSMGF)

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Pictures included throughout the report are from *Speaking Out* trainings in Central America, MENA, and Viet Nam.

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The Global Forum on MSM and 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. Guided by a Steering Committee of 20 members from 18 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

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Acronyms

ALCS	Association de Lutte Contre le Sida
APLA	AIDS Project Los Angeles
FTE	Full Time Equivalent
GLink	Limited Company of Research and Development Consultancy
IAS	International AIDS Society (Annual Conference)
LGBT	Lesbian Gay Bisexual Transgender
LSF	Levi Strauss Foundation
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
MSMGF	Global Forum on MSM and HIV
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living With and Affected by HIV
S&D	Stigma and Discrimination
STD	Sexually Transmitted Disease
SWOL	Strengths Weaknesses Opportunities Limitations
TG	Transgender
ToT	Training of Trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

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EXECUTIVE SUMMARY

1.1 Introduction

The Global Forum on MSM and HIV (MSMGF) was founded in 2006 as an advocacy organization devoted to promoting equitable access to effective HIV prevention, care, treatment, and support services for men who have sex with men (MSM), including gay men and MSM living with HIV, while promoting their health and human rights. The MSMGF is an expanding network of advocates and other experts in health, human rights, research, and policy, working to ensure an effective response to HIV among MSM.

The MSMGF designed the *Speaking Out* Initiative in 2010 as a technical and funding assistance program to support HIV advocacy efforts and leadership development at the grassroots level. *Speaking Out* has 3 programmatic goals:

- ① Identifying, naming, and mapping stigma, discrimination, injustice, and violence targeted toward gay men, other MSM, and transgender people in a specific city or region, with a particular focus on how these factors undermine the AIDS response. The MSMGF facilitates this process by supporting the development and finalization of local *Speaking Out* advocacy toolkits simultaneously with Training of Trainers (ToT) for community-based advocates.
- ② Supporting the development and implementation of locally generated advocacy initiatives to address the issues identified and, more broadly, to influence structural factors that impinge upon the ability of MSM and transgender people to access HIV services and fulfill their human rights.
- ③ Supporting the self-realization and empowerment of MSM and transgender communities through community education and organizing for advocacy, including support for leadership development.

Several donors funded the Initiative's pilot phase, including the Levi Strauss Foundation (LSF), Hivos, ViiV Healthcare's Positive Action Program, and UNAIDS. Through the pilot period (2011-2012), the MSMGF implemented *Speaking Out* in the Middle East and North Africa (MENA), Central America, and Asia (Viet Nam). A total of 65 MSM and transgender advocates graduated from the *Speaking Out* ToT, based on the global *Speaking Out* advocacy Toolkit adapted locally and translated into French, Spanish, and Vietnamese. In Honduras, the MSMGF took *Speaking Out* a step further, funding Breakthrough Advocacy Initiatives that address stigma and discrimination based on skills and tools learned from the ToT process.

This independent third-party evaluation was conducted at the transition from pilot phase to full implementation, and aims to determine (1) how effective the *Speaking Out* process is for communities engaging in advocacy initiatives, and how closely implementation met the stated plan; and (2) the Initiative's impact toward identifying, naming, mapping, and conducting

advocacy on issues that impinge upon the ability of MSM and transgender people to access HIV services and fulfill their human rights. In addition to literature review, the consultant conducted 20 key informant interviews with ToT participants, implementation partners, donors, and MSMGF managers.

1.2 Major Findings

The MSMGF was founded as an advocacy organization. Initially, the MSMGF's advocacy efforts were focused solely at the global level. In response to requests from community advocates on the ground, the MSMGF began to complement global advocacy with support for grassroots advocacy at the local level. Today, MSMGF-supported grassroots advocacy has linkages back to the MSMGF's global advocacy efforts, allowing local voices and experience to influence global spaces and bodies that shape health and human rights policies.

Speaking Out, as a grassroots community advocacy program, builds capacity at 3 levels: (1) the *individual* level, by training in-country advocates; (2) the *community organization* level, both by building skills among partner organizations and by ToT participants bringing lessons learned back to their home organizations; and (3) at the level of *the MSMGF* itself, whose own internal ability to implement and manage a program such as *Speaking Out* is enhanced with each activity.

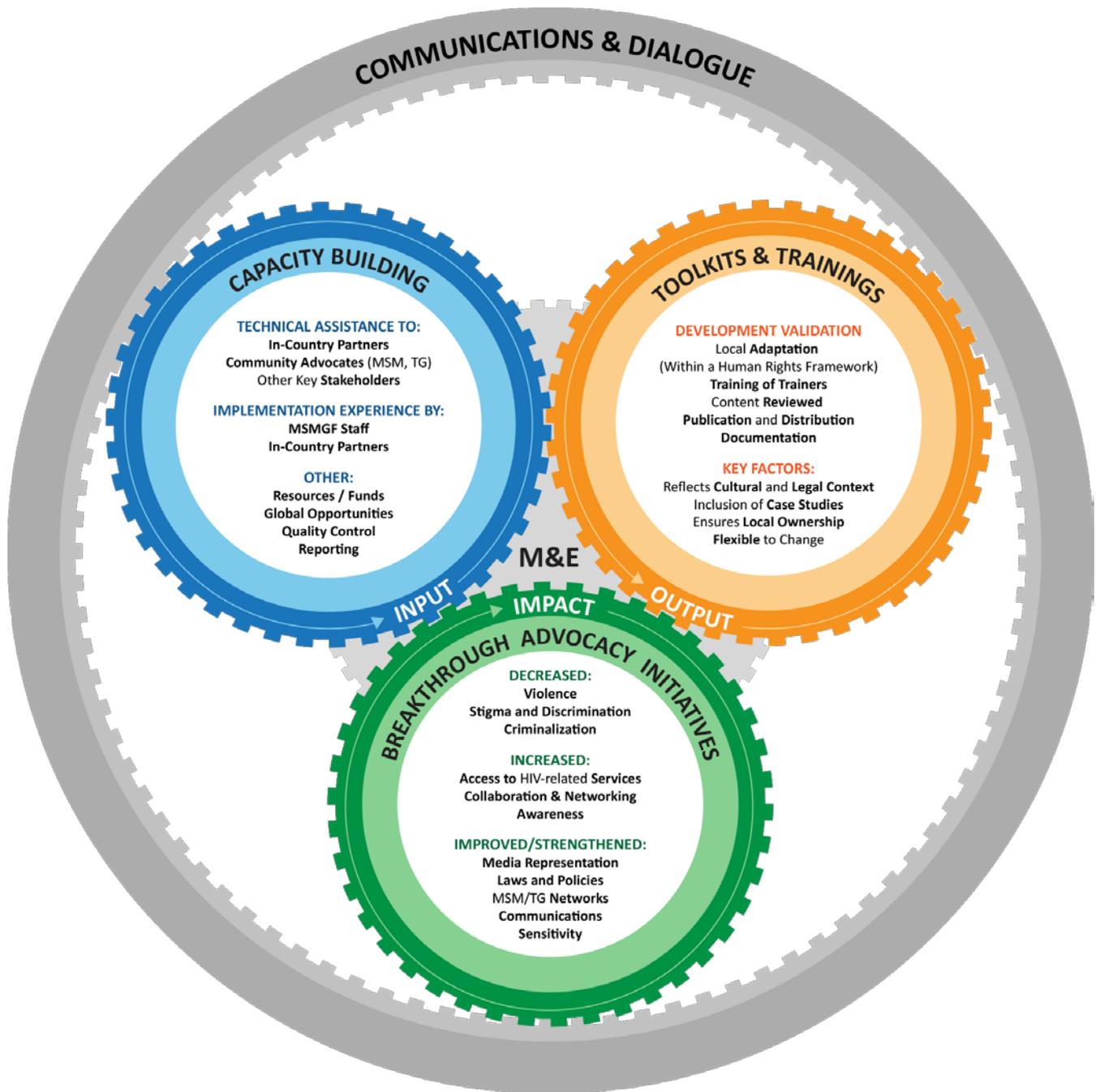
From the Logic Model / Theory of Change (below), there are clear interconnections and intersections between capacity building (inputs), toolkits developed and trainings held (outputs), and proactive changes (impact) resulting from Breakthrough Initiatives at the community level, all of which contribute toward improved communications and dialogue.

It is important to highlight the fact that key informants interviewed during this evaluation were overwhelmingly positive in their

discussions of *Speaking Out's* impact. The main recommendation for improvement was the need for enhanced monitoring and evaluation (M&E) to capture all manner of achievements and impact. Informants cited impacts ranging from personal to professional and local to national - resulting from improved capacities through tools and skills learned, as well as the far-reaching benefits of the Initiative's overall process. Key findings include:

- **Partnerships** with community organizations to implement the Initiative facilitated the process of building local capacity, local ownership, and dedication in the process and the outcomes, as well as sustainability of the Toolkit and advocacy messages. The partnership model allowed the MSMGF a greater degree of involvement in the implementation of *Speaking Out* as a guiding partner and technical advisor rather than as a funder. *Suggestions: maintain the current schedule of regular and frequent communications, and increase site visits with in-country partners to maintain sufficient access and ensure adequate technical support.*
- **Funding** for advocacy is challenging to find and secure. Advocacy is difficult work to do and hard to measure or attribute conclusively to positive changes. It is also sometimes difficult to balance stakeholder expectations with grassroots realities. The MSMGF faced challenges in documenting and demonstrating potential return on

Logic Model / Theory of Change with *Speaking Out* Initiative Key Inputs, Outputs, and Impact



investment to current and prospective donors. At the implementation level, the MSMGF worked closely with partners to develop realistic budgets to cover the different implementation costs.

Suggestions: maintain transparency and open communications at current levels to ensure good working relationships, particularly concerning funding, and improve documentation to demonstrate impact.

- **Staffing** within the MSMGF fell short of the needs of the Initiative, and budgeting for staff time fell even shorter. Ultimately, 1 field manager coordinated most of the Initiative activities, which facilitated sharing of experiences and important lessons between the 3 implementation regions, but strained some aspects of implementation and strategic planning. *Suggestions: consider additional staff, including an M&E consultant and regional field managers.*
- **Reporting** to donors was relatively straightforward and mostly narrative of quantitative indicators. *Suggestions: pursue more rigorous M&E to meet future donor requirements, capture the innovative and transformative impact of Speaking Out on the ground, and link findings and achievements to media and other communications.*
- The **Global Toolkit** was developed as a generalized model of high-quality advocacy strategies to be used as the basis for regionally adapted toolkits and ToTs, ensuring that participating individuals and organizations are equipped with the skills and techniques necessary to advocate effectively for sexual minority health and human rights issues. Community members and local advocates were involved in all stages of the Global Toolkit's development, validation, and adaptation. *Suggestions: as a living document, the content of the Global Toolkit should remain flexible to change and be periodically reviewed and revised.*
- **Selection processes** varied by site depending on local context and opportunities.
 - Selection of *locations* was opportunistic, targeting countries where: (1) the need for attention to sexual minority health and rights was high yet largely neglected, (2) the MSMGF already had meaningful partnerships with local organizations, and (3) the greatest impact could be achieved.
 - Efforts to select local *partners* targeted MSM-led organizations or groups with experience working with MSM, using open calls or prior association with the MSMGF as a basis for selection. Local partners were engaged to manage implementation through multiple stages, from adapting the Global Toolkit for local use, to conducting ToTs, to publishing the final toolkit, to supporting Breakthrough Initiatives. Assessments of capacity and site visits allowed the MSMGF to tailor technical assistance and capacity building for partners.
 - *Consultants* were recruited to work with local partners through a multi-step process involving a written expression of interest, interviews, and word-of-mouth recommendations.
 - *ToT participants* were selected through open calls or direct invitations to submit expressions of interest. As with consultant recruitment, this was a multi-step process. Selection criteria dictated that participants exhibit an interest in advocacy, demonstrate leadership qualities, and be willing to teach further Toolkit skills to their colleagues. Compared to direct invitations, open calls seemed to result in participants that were more proactive and willing to invest their time and energy in *Speaking Out*.

Suggestions: establish requirements for expressions of interest and assign review percentages to each category to facilitate selection by committee. Selection or recruitment criteria should link experience and qualifications with motivation and leadership. Maintain transparency in selection at all times. Additionally, communications with donors and MSMGF Steering Committee members must remain clear and consistent, ensuring competing interests do not supersede those of the Initiative.
- **Toolkit adaptation** was led by local partner organizations and intended to ensure

alignment with the realities on the ground in each region, respect for cultural nuances, and accountability to local context and legal frameworks. Multiple revisions and reviews were conducted, with an end result very much owned by the stakeholders involved. *Suggestions: conduct in-depth assessments of local advocacy capacity, laws, and policies affecting MSM and TG in terms of HIV prevention, care, treatment, and support. Ensure guidelines and steps for adaptation are loose and flexible.*

➤ **Toolkit content** was unique in that it contributed to identifying, naming, and mapping stigma, discrimination, injustices, and violence targeted specifically toward MSM and transgender people, within a human rights framework, and with a particular focus on how these factors affect the HIV/AIDS response. *Suggestions: remain flexible and open to content changes based on grassroots needs, and in particular consider expanding sections on advocacy tools and techniques. Continue to incorporate local case studies and examples as essential to ensuring participant*

Successful Breakthrough Advocacy Activities: Planned and Spontaneous

In 2011, Colectivo Violeta from **Honduras** received funding for a Breakthrough Initiative called Diverse Action. This Breakthrough Initiative aimed to examine human rights and HIV law at the national level, effecting changes to social protection laws and the criminal code. Diverse Action forced the National Congress to debate discrimination and sexual diversity concerning Articles 321 and 27 of the Penal Code. As a result, the Penal Code now includes language on sexual diversity, and there are strong penalties against people who engage in crimes of discrimination. Additionally, MSM are now included under “vulnerable populations” in the Penal Code, following the recommendations of a human rights review. Activities included public forums at the national university on sexual diversity, sexual discrimination, sexual orientation, and gender identity. The UN and the National Observatory of Violence now consult Colectivo Violeta regarding their own advocacy actions.

In **Tunisia**, ToT graduates were able to advocate and effect changes to the National AIDS Strategic Plan, in order to put as an objective for the near future the decriminalization of homosexuality.

In the summer of 2012 in **Lebanon**, a large gay pride protest was organized by ToT graduates and others, around which an advocacy campaign about sexual freedom was launched. Following the arrests of gay men at a cinema in Beirut, *Speaking Out* participants from the region immediately began discussing and sharing information via e-mail and social media. Together and in solidarity they strategized press statements, media involvement, and other joint actions as advised by the Toolkit, leading to the men’s release. Additionally, Lebanese participants are collaborating with Moroccan participants to improve clinical services for MSM. Following the ToT, they shared tools for monitoring, ensuring anonymity, and following up with medical records, and they are currently working together to plan joint trainings.

In **Viet Nam**, ToT graduates are in the process of developing a Breakthrough Initiative to create a national MSM network for improved communications among key stakeholders to address the challenging issues of criminalization, social stigma, and to refocus advocacy efforts. Additionally, 3 ToT participants from the same province had been engaged in small local self-help groups prior to their participation in *Speaking Out*. After the ToT, these individuals were able to mobilise their self-help groups to advocate successfully with the local government, assisting the government to run health-related events and operationalize a mobile VCT clinic. The government now provides the self-help groups with assistance to support their service provision work.

ownership in the Toolkit. Include such additions in a way that does not make the Toolkit unreasonably long.

- **Trainings of Trainers** generally lasted 5 days, and involved between 15 and 20 participant advocates and other allies. The methodology was highly participatory, practical, and interactive, which was new to most participants and proved extremely effective. In addition to imparting invaluable skills and tools, ToTs served as safe spaces to network, share and discuss ideas, and plan future collaborations. Trainings also served as validation procedures for Toolkit adaptations. *Suggestions: support ToT facilitators to ensure common understanding and some degree of ToT uniformity, while maintaining flexibility and accounting for the local context. Facilitators should receive feedback toward self-learning and growth. Carefully consider the length and number of trainings, as the current 5-day length was insufficient to cover adequately all components of the Toolkit.*
- **Breakthrough Initiatives** and other activities occurred both intentionally and spontaneously following ToT participation (see Box, below). Honduran participants were the only *Speaking Out* graduates who formally applied and received funding



for Breakthrough Initiatives, yet *Speaking Out* contributed to dozens of examples of proactive change - individually and organizationally, nationally and regionally. Unplanned and unfunded activities were a significant outcome, demonstrating the immediate benefits of participation and the sustainability of the skills and tools learned through *Speaking Out*. *Suggestions: ensure Breakthrough Initiative proposals follow a standardized template and are awarded via an unbiased review committee. Ensure regular reporting on Breakthrough Initiatives, both funded and spontaneous, via qualitative and quantitative methodologies. Link reporting to donor and other M&E processes.*

1.3 Conclusions and Recommendations

The objectives of the Initiative were found to match the stated plan, and all objectives were met both from the technical perspective and from the output/outcome perspective. Toolkits were adapted for 3 languages and regions, ToTs were implemented, advocates were trained, technical assistance was provided to partner organizations, and Breakthrough Initiatives were funded in Honduras. Additionally, *Speaking Out* had a concrete impact on local advocacy, as participants named, identified, and mapped out issues to target at the ToT and following graduation, ultimately pursuing largely successful planned and spontaneous

advocacy actions. Participants also collaborated successfully across countries and regions with other participants to respond to human rights violations and strategize advocacy actions.

This report's overarching recommendation is to ***design and implement a rigorous, global, and structured M&E system. This system should utilize complementary qualitative, quantitative, and appreciative methodologies at multiple levels, to assess the effectiveness, impact, and sustainability of Speaking Out, and inform the Initiative moving forward.***

This recommendation for an improved M&E system is contingent upon several secondary and interlinked recommendations:

- ① **Include a needs assessment** (of the beneficiaries) **and mapping exercises** (of the context and key stakeholders) **to the Toolkit adaptation process.**
- ② **Tap into other Initiative data collection processes through structured and standardized data collection mechanisms.** To include pre- and post-ToT surveys, selection process documents, and rapporteur notes.

1.4 Immediate Next Steps

- ① **Hire a dedicated M&E consultant to lead the M&E system development process** (~0.5 FTE).
- ② **Identify, map, and analyze M&E frameworks and systems** from other organizations and programs.
- ③ **Develop a new M&E framework and guidelines.** This includes all tools, templates, timelines, processes, and procedures for data collection, case study documentation, good practices and lessons learned, and various tracking systems to identify proactive legal, policy, and media changes.
- ④ Develop **M&E training materials** based on the new guidelines, for both MSMGF staff and managers and implementation partners and participants. Modules will be included in future trainings or used as a standalone training package.
- ⑤ **Implement the new M&E system** including data collection, case study development,

- ③ **Utilize a variety of techniques to capture both process- and results-oriented M&E findings.** To include input and output achievements against targets, case studies, tracking system findings, good practices, and lessons learned.
- ④ **Develop a two-way communications strategy to disseminate information and respond to media.** To include press releases and op-eds, regularly updated Web sites, and use of social media.

analysis, drawing conclusions, compiling and drafting reports and internal learning materials. Linking findings with social and web-based media will be integral to implementation.

- ⑥ **Conduct a late-2014 follow-up evaluation** to document steps completed towards the recommendations in this pilot phase evaluation, adding information on new countries and regions.
- ⑦ **Recruit and reassign human resources to manage the multifaceted M&E and communications requirements.** This will include a director (50% of the director of policy's time), regional field managers (1.0 FTE each for Central America and East Africa; MENA, West Africa, and the Middle East; and Eastern Europe, Russia, and Southeast Asia), and dedicated time from other support staff, including the director of communications, grants managers, and others as necessary.

2

BACKGROUND

Globally, HIV disproportionately affects MSM and TG. While concentrated HIV epidemics are acknowledged in studies of sexual minorities, including MSM and TG, their needs continue to be under-addressed or neglected when writing policy, designing programs, and allocating resources toward the HIV response—locally, regionally, and globally. According to UNAIDS, less than 5% of international HIV prevention funding targets MSM and other key affected minority populations, and fewer than 40 of 184 countries report national MSM program coverage.¹ While stigma and discrimination (S&D) against sexual minorities is a global phenomenon, it is in resource-limited countries that policies and programs ignore or obstruct their health and rights the worst. The result is that fewer than 1 in 10 MSM are reached. These discrepancies occur against a backdrop of homophobia, S&D, human rights violations, violence, a lack of protective laws or supportive law enforcement, and a lack of access to justice. Criminalization and economic disenfranchisement of sexual minorities heightens the risk for HIV transmission, and drives those most in need away from prevention, care, treatment, and support services.

Founded in 2006 at the International AIDS Conference in Toronto, The Global Forum on MSM and HIV (MSMGF) remains the *only* global HIV/AIDS advocacy organization specifically devoted to promoting the needs of MSM. Its mission is to advocate for equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM, including those living with HIV, while promoting their health and human rights. It is an expanding network of advocates and other experts in health, human rights, policy, and research, working to ensure an effective HIV response among MSM.

Five core operating goals inform the MSMGF activities for MSM: (1) increased investment in effective HIV prevention, care, treatment, and support programs; (2) expanded coverage of quality HIV-related services; (3) increased knowledge on MSM and HIV through the promotion of research and broad dissemination of findings; (4) decreased stigma, discrimination, and violence; and (5) strengthened regional, sub-regional, and national networks around the world, linked to one another and to an organizationally robust MSMGF. The MSMGF designed the *Speaking Out* Initiative in 2010 as a means of addressing these 5 operating goals, and has expanded to directly support the MSMGF's Strategic Plan 2012-2016, specifically promoting Community Systems Strengthening. The *Speaking Out* Toolkit was originally developed for a broad, global audience, with a rationale that expanding access to effective and tailored HIV programs must go hand-in-hand with strategies for supporting and resourcing rights-based advocacy. The MSMGF recognizes that when human rights are protected, fewer people become infected,

¹ UNAIDS/WHO. Technical Guidance for Global Fund HIV Proposals Round 11: Men Who Have Sex with Men and Transgender People. http://www.unaids.org/en/media/unaids/contentassets/documents/programmes/programmeeffectivenessandcountrysupportdepartment/gfresourcekit/20110909_Technical_Guidance_MSM_and_TG_people_en.pdf. 2011.

and those living with HIV and their families are better able to cope with the virus. This is especially important for sexual minorities and other marginalized groups.

In 2011, the *Speaking Out* Initiative was adapted as a new technical and funding assistance pilot program. The long-term aim was to support HIV advocacy efforts and leadership development at the grassroots level, conducted by and on behalf of MSM. Through context-appropriate adaptations and applications, the Initiative strove for broader structural change implications at the national and regional levels. Following implementation, *Speaking Out* evolved from having a stronger advocacy focus, to become part of a wider community systems strengthening process.

***Speaking Out's* 3 programmatic goals are:**

- ① Identifying, naming, and mapping stigma, discrimination, injustice, and violence targeted toward gay men, other MSM and transgender people in a specific city/region, with a particular focus on how these factors undermine the AIDS response
- ② Supporting the development and implementation of locally generated advocacy Initiatives to address the issues identified and, more broadly, to influence structural factors that impinge upon the ability of MSM to access HIV services and fulfill their human rights
- ③ Supporting the self-realization and empowerment of MSM and transgender communities through the act of community education and organizing for advocacy, including support for leadership development

With funding from Levi Strauss Foundation (LSF), Hivos, ViiV Healthcare's Positive Action Program, and UNAIDS, the *Speaking Out* Initiative was implemented in the Middle East and North Africa (MENA), Central America (Honduras and regional countries), and Asia

(Viet Nam). The Toolkit was adapted into a 5-day Training of Trainers (ToT) curriculum promoting local advocacy initiatives and translated into French, Spanish, and Vietnamese.

During the pilot period (ending December 2012), 65 MSM and TG advocates graduated from *Speaking Out* ToTs, including 12 from MENA², 14 from Honduras, 24 from Central America³, and 14 from Viet Nam. Different methodologies were used to identify workshop participants (open calls and pre-selected), depending on the national/regional context. Financial and technical support to local participating partners (ALCS in Morocco, Kukulcán in Honduras, and GLink in Viet Nam) was provided by the MSMGF; in Honduras, this extended to Breakthrough Advocacy Initiatives addressing S&D. The MSMGF contracted participating partners on a consultancy basis to support Toolkit adaptation, design and implementation, training processes, and Breakthrough Initiatives. The MSMGF also facilitated ongoing M&E of advocacy achievements, provided mentorship, supported subsequent advocacy trainings for local civil society organizations involved in HIV and human rights advocacy, and created opportunities for global discussion of Breakthrough Advocacy experiences. M&E incorporated quantitative data on the numbers of people trained and Breakthrough Initiatives engaged in, as well as video testimonials, blogs, and reports from local partners.⁴ Donors in particular find these useful, for "it is very important to have the people that you are serving speak on their behalf, tell their stories in their own words, and show how their lives have changed." Equally importantly, graduates of the *Speaking Out* ToT have repeatedly demonstrated enhanced understanding of the principles of advocacy and its implementation within a homophobic political system that is often hostile to human rights work.

2 Two from Algeria, 2 from Lebanon, 1 from Mauritania, 5 from Morocco, and 2 from Tunisia.

3 Two from Costa Rica, 2 from Panama, 8 from El Salvador, 5 from Honduras, 2 from Nicaragua, and 5 from Guatemala.

4 See www.msmsgf.org/speakingout.

3

EVALUATION

3.1 Objectives

As the *Speaking Out* Initiative transitions out of the initial pilot stage, it is necessary to evaluate both the process and the impact of work to date to determine if the program is meeting the needs of target communities and the expectations of the donors, and in order to inform the program moving forward. The objectives of this evaluation are therefore twofold:

- ① Determining how effective the process is for communities engaging in advocacy initiatives, and how closely implementation met the stated plan
- ② Determining the impact of the Initiative toward identifying, naming, mapping, and advocating around issues that impinge upon the ability of MSM to access HIV services and fulfill their human rights

A key feature of this evaluation is affirming what is working and not in need of alternation and why, as well as finding out what is not working and recommending ways to refine the approach for an improved process to meet stated objectives. Major research questions: What are the strengths of the *Speaking Out* Initiative? The weaknesses? The opportunities? The limitations? What was the training process? How are advocacy skills, capabilities, and comprehensions improving? How are Breakthrough Initiatives supporting self-realization and empowerment of MSM and TG communities? How is the process supporting leadership development? How is the Toolkit being used? What is the level of ownership in the Toolkit, and how important is that? What is the MSMGF's role in the *Speaking Out* Initiative? How are donor expectations being met? What is the long-term goal for the Initiative?

3.2 Methodology

The evaluation was conducted from April through August of 2013. Data gathering and analytical tools included assessment of experience and findings from key informant interviews that relied upon the principles of Appreciative Inquiry, Participatory Rapid Appraisal, and SWOL (Strengths-Weaknesses-Opportunities-Limitations) Analysis, along with document review (e.g., proposals, reports, records, communications, budgets). The consultant strove to assure positive accountability and ownership of the recommendations and future actions by the MSMGF.

Interview questions were open ended and followed a semi-structured interview flow chart based on topics according to report sections (see Appendices 1). The main research question ties into the overarching recommendation: Is *Speaking Out* a good model for building capacity of local MSM groups to pursue advocacy Initiatives?

3.3 Strategy and Activities

The consultant worked together with the MSMGF to identify and obtain background documents, including proposals, concept notes, reports, and other records. She also worked in consultation with MSMGF to select participating countries, teams, and individuals for interview, and relied on MSMGF's logistical support to help coordinate Skype interviews and translators to assist as necessary. Interviews and discussions with stakeholders were designed to empower MSMGF and *Speaking Out* participants to identify and feel ownership in the evaluation

findings, recommendations, and subsequent actions.

During the evaluation process, the consultant relied on the MSMGF leadership for clarification and input. Following the data collection and analysis period, the consultant debriefed the MSMGF management of key findings, and jointly discussed possible future actions for improvement. Final report recommendations are grounded in these discussions.

3.4 Major Activities and Deliverable

- *Literature review.* The consultant began the process with a literature review including examination of MSMGF internal and external documents, and literature and documents of other organizations with similar Initiative experience.
- *Discussions with management.* A series of Skype discussions and e-mail follow-ups were held to finalize jointly the action plan for the evaluation process.

Interviews. A main activity of the evaluation was a series of Skype key informant interviews. This activity ensured stakeholder buy-in toward the evolving *Speaking Out* Initiative process. Interviews were conducted April through July of 2013. They were based on training and related Toolkit and Breakthrough Advocacy Initiatives in the MENA region, Honduras/Central America, and Viet Nam between 2010 and 2012 (the pilot period). Memory recall was a limitation of all key informant interviews of past activities.

Individuals interviewed were identified with the intention of covering all geographic

centers, and roles and responsibilities in various *Speaking Out*-related activities. In retrospect, several more participant interviews, possibly 2 per region, would have enhanced the findings, particularly if they were conducted for the specific purpose of collecting case studies.

All but 2 interviews were conducted via Skype; they averaged 75 minutes in length. Follow-up e-mail correspondence for further clarification was conducted as necessary. Several respondents were interviewed more than once. Two interviews were conducted exclusively via e-mail question-and-answer, for convenience and because securing a Skype connection proved difficult. Translation assistance was used for 6 interviews (3 in Viet Nam and 3 in Central America). The 2 translators, Vuong Tran for Vietnamese and Daniel Molina for Spanish, had years of professional experience in the fields of HIV and public health, and were prepped by the consultant in advance of all interviews about the need to avoid leading questions, etc., in an effort to reduce translation biases.

The following is a list of all interviewees:

1. George Ayala, MSMGF Executive Director
2. Noah Metheny, MSMGF Director of Policy
3. Omar Banos, MSMGF Policy Initiatives Field Manager
4. Lily Catanes, MSMGF Grants Manager
5. Krista Lauer, former MSMGF Senior Policy Associate
6. Jack Beck, MSMGF Director of Communications
7. Javier Medina, Asociación Kukulcán (Honduras)
8. Alejandra Menjívar, Asociación Atlacatl Vivo Positivo (El Salvador)
9. Iván Banegas García, Colectivo Violeta (Honduras)
10. Nguyen Thi Hue, GLink consultant (Viet Nam)
11. Le Thanh, GLink (Viet Nam)
12. Tat Buu, Blue Sky Organization (Viet Nam)
13. Nadia Rafif, ALCS (Morocco)
14. Latefa Imane, ALCS Marrakech consultant (Morocco)
15. Johnny Tohme, MARSА (Lebanon)
16. Othoman Mellouk, MSMGF (Morocco)
17. Daniel Lee, Levi Strauss Foundation
18. Michael Joyner, ViiV Healthcare
19. Paul Jansen, HIVOS
20. Rodrigo Pascal, UNAIDS

While interview content was not strictly confidential, some opinions were deemed sensitive, and anonymity was assured prior to all interviews. For the purposes of the report, therefore, quotes are used, but direct attribution of responses is not provided. Regional and country references are made as necessary to contextualize the discussion. Editorial liberty is applied to quotes for clarity, for length, to reduce repetition, and to remove respondent identifiers.

- Preliminary Analysis and Write-Up.
- *Debrief and Discussion.* Based on the first draft write-up, a preliminary reporting and discussion of findings was conducted with the MSMGF (Noah Metheny and Omar Banos) via e-mail and Skype in late July. Effort was made to ensure historical accuracy, clarify content, and assure positive accountability and ownership of the recommendations and future actions. Next steps were discussed, and recommendations brainstormed. Comments on the second draft report were also solicited from respondents.
- *Final Report.* The report structure attempts to follow chronologically the existing *Speaking Out* process, through to Breakthrough Advocacy Initiatives. Given the range of process-related topics explored, many *good practices* that should continue, *lessons*, and *suggestions* for how to improve the process further were provided over the course of the interviews. These are reflected throughout the discussion of findings, capturing the voices and opinions of those interviewed, and the background documents reviewed. They are based on the assumption that continuing *Speaking Out* in a meaningful manner (in terms of adequate funding, coordination, and support), in line with the original goal and objectives, is desired.

4

FINDINGS

“Speaking Out was the successful pairing of huge and complementary aspirations.”

“Support of Speaking Out was more than just support of an advocacy program. It was a foothold into the region leading to meaningful identification of allies on the ground, building trust and connections, figuring out the right strategies and approaches, with an aim toward much more far-reaching human rights and accessibility achievements.”

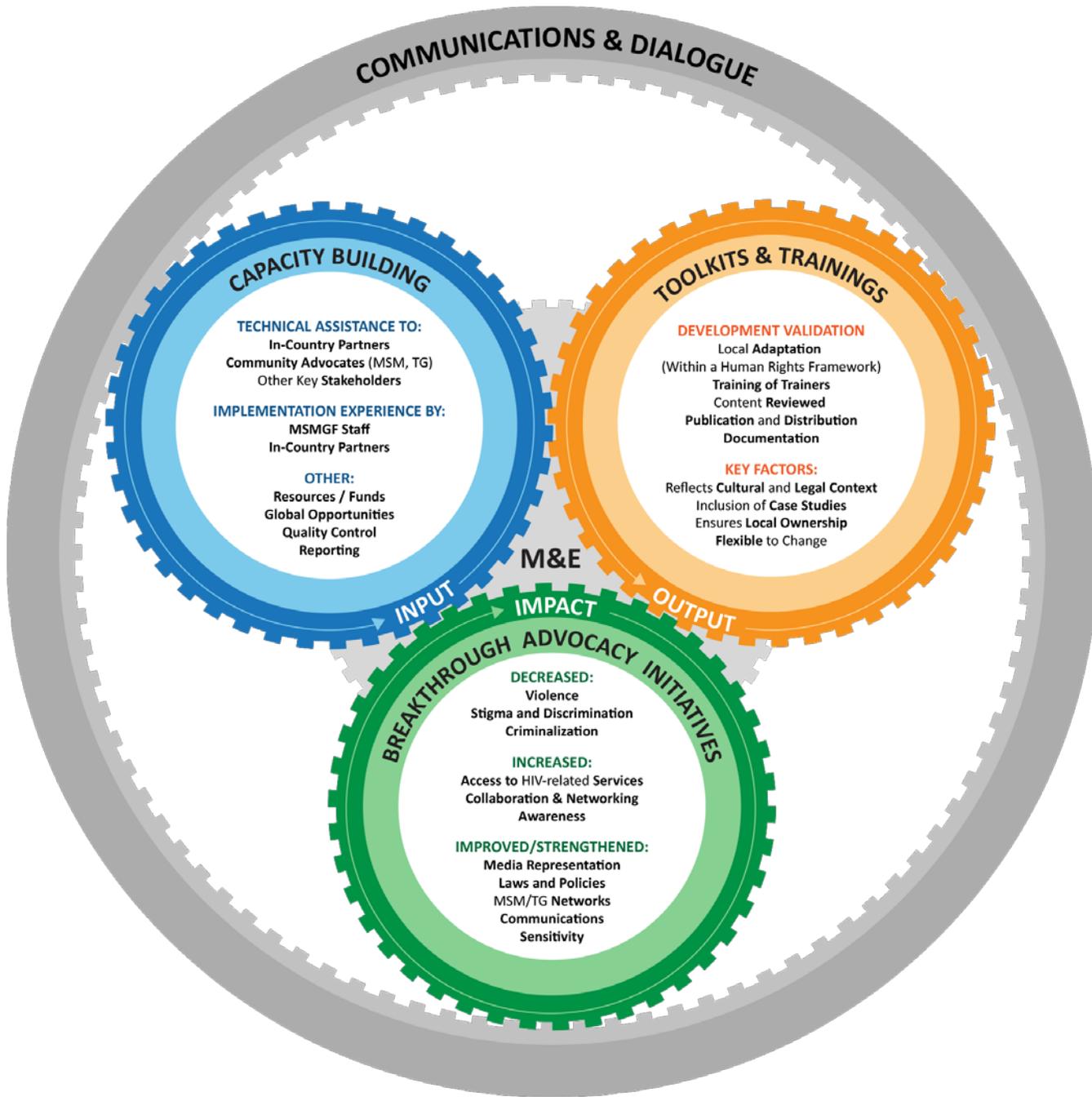
This section presents, analyzes, and discusses findings from both the key informant interviews and the literature review. Good practices, lessons learned, and suggestions for improvement tie directly into the conclusions, recommendations, and next steps.

This report would be negligent in not highlighting, up front, the fact that key informants were overwhelmingly positive in their discussion of the Initiative, outside of a strongly voiced need for improved M&E. In interviews, ToT participants in particular wanted only to discuss the “wonderful” impact the Initiative had on them—both the process and the tools learned—personally and professionally.

4.1 Partnerships

The MSMGF’s principal reason for existing is advocacy. While initially this was advocacy of grassroots at the global level, the MSMGF soon shifted attention to grassroots community advocacy as it became apparent this was necessary to stay relevant and viable as an organization. Within advocacy work, as an organization, the MSMGF sits at the intersection of HIV and human rights work. Because of a tendency to lean more toward HIV, they enter into “conversation on human rights from a public health perspective, and are very conscious of this.” Given situations where men are being murdered, lynched, and blackmailed based on their sexual identities, the MSMGF “felt obliged to be in a position to respond.” This informed the need for *Speaking Out* and the content of Toolkit.

Figure 1: Logic Model / Theory of Change with Speaking Out Initiative Key Inputs, Outputs, and Impact



Today, grassroots advocacy has linkages back to the grassroots and bodies that influence global policies (e.g., UNAIDS, Global Fund, PEPFAR, US Agency for International Development or USAID). “We heard from our constituents that we needed to have a forum grounded in the subjective experiences of men on the ground. Simultaneously, the AIDS sector was evolving

and the global financial crisis constricting funding to the response. We knew that it was going to be more important in the long term to ensure that advocates at the country level were well resourced in information, skills, and funds to advocate on their *own* behalf with their respective governments, rather than having us come in from the outside and apply pressure.”

Speaking Out builds capacity at 3 levels: (1) the *individual level*, by training country advocates; (2) the *community organization level*, both of implementation partnerships with local organizations, and via participants sharing take-home messages with their home organizations and fellow advocates; and (3) at the *level of the MSMGF* itself, whose own internal ability to implement and manage a program such as *Speaking Out* is being enhanced with each activity (see Figure 1).

In consideration of these 3 levels, the MSMGF chose to teach advocacy through partnerships with local organizations to individuals participating in ToTs. Choosing to partner with, rather than sub-contract, local organizations was a conscious and strategic decision of the MSMGF's management at the time the Initiative was rolled out, though it is admittedly still an area causing some internal confusion. "The MSMGF is not a funder, so they are not grantees. When we started *Speaking Out*, we had many discussions about how to engage local organizations, provide them support and technical assistance, and make them responsible for the end results." As such, it was important for the MSMGF to communicate clearly with potential partners from the beginning that they were not being contracted and paid for a service, but rather would be working together with the MSMGF toward a common goal, and paid in stages as different benchmarks toward the goal were met. This also "gave them a much deeper sense of ownership in the Initiative. the MSMGF's role was to be there and help them whenever they needed assistance."

The primary partner responsibilities were to adapt the Toolkit and implement it through a ToT. This involved communications with key stakeholders, identification of ToT participants, logistical coordination, and finalization of the Toolkit publication and distribution.

There are a number of advantages to the partnership model of implementation. One of the most important is that the MSMGF has been a lot more involved in the partners and the process of implementing *Speaking Out*, as provision of technical assistance is a key feature

of the Initiative. Through the partnership model, rather than reporting back every 3 to 6 months on progress made, the MSMGF and partners are in communication weekly, through scheduled calls, e-mail exchanges, unscheduled Skype chats, field visits, and more. "We supported them when and where obstacles or questions about how to move forward arose," no matter the timing. Partners had easy and daily access to the MSMGF program managers, if necessary, and while this was time and human resource intensive, the results "were well worth the effort." Admittedly, there was a risk that organizations might feel the MSMGF was being too invasive under this model. "This was not our experience, likely because communications were kept so open" between all stakeholders.

Good practice: *The partnership model allowed for greater technical assistance at the community organization level, and facilitated a greater sense of ownership in the Initiative, and Initiative outcomes.*

Lesson: *The partnership model allows greater involvement by the MSMGF in the implementation of Speaking Out.*

Lesson: *Transparent and frequent communications are essential to the success of a partnership.*

Suggestion: *As the Initiative expands, it will be important to ensure local partners maintain the same level of communication and ease of access to the MSMGF managers as they have experienced in the past. Efforts should be made to schedule regular and frequent communications, and have steps in place to respond quickly to technical assistance needs on the ground. Regular communications should not be limited to Skype and e-mail-based connections, but must include periodic and regular site visits to strengthen the relationships between the MSMGF staff and partner organizations and consultants. Site visits additionally enhance M&E by providing opportunities to collect case studies and firsthand reports of achievement. When possible, donors should be invited to participate in some site visits.*

4.2 Funding and Staffing

“The MSMGF is going into difficult areas, helping people identify problems and issues, and guiding them to learn from their mistakes and failures to better get through the door and make that breakthrough. It is not about every action being successful. It is about doing one’s best to try to make it successful, as partners and doing it better the next time based on what was learned. It usually takes several attempts before the stars align and an ‘a-ha’ moment occurs. Speaking Out has had numerous ‘a-ha’ moments. Now it needs a good mechanism to record and share them.”

Historically, advocacy has not been something donors are easily willing to fund. This stems largely from the fact that advocacy is incredibly difficult to do, and even harder to measure or attribute conclusively to positive changes. “Advocacy work involves diving in very deep, and working with connective tissue. It cannot be done in an hour or by distance learning.” Others concurred. “The work of building advocacy capacity is hard and delicate work,” particularly among groups that do not see themselves as having rights. Additionally, it is often hard to balance expectations and realities between donors and implementers. “Donors are not always clear about the respective niches of implementers, and have their own internal expectations we can’t match. They often prioritize at the country level, and hesitate to fund things without direct country-level impact. They have a lot of pressure to show taxpayers and constituents that funding is going to things that happen on the ground, rather than for networks or forums where outputs are less tangible. Yet it is vitally important that there be regional and global networks and forums to support what is happening on the ground.” The MSMGF is increasingly in the position of bringing concerns *up* from the ground to decision-making bodies at the global level, and taking *down*

opportunities and resources—in other words, bridging the gaps. They “have the 40 000-foot view, and are more able to connect advocates from across regions, which is unique to global organizations.”

Speaking Out Initiative pilot activities were supported at national and regional levels by a consortium of donors led by LSF. LSF had followed the MSMGF’s progress from conception to freestanding organization, and was impressed with their increasing role as a global body to network and advocate for issues deemed to be getting insufficient attention. Initial LSF funds went to support materials development, and later expanded to support advocacy capacity building, campaigns, S&D reduction, and understanding human rights. LSF is interested in helping people understand the human rights framework in HIV work, to document violations and to understand how to advocate and look at stakeholder engagement, especially where S&D are prevalent. Their decision to invest in *Speaking Out* was based on what they saw as the MSMGF’s successes in areas with less human resource capacity, particularly in organizing, as well as a desire to build the capacity of the MSMGF itself. “*Speaking Out* was a very important strategic direction for the

MSMGF, providing a clear added value to the organization, and a necessary voice in the HIV arena and targeted areas.”

Around the time the *Speaking Out* global Toolkit was finalized in 2010, the MSMGF secured additional funding from Hivos, and then ViiV Healthcare’s Positive Action Program. “We (had) presented *Speaking Out* as a package to donors, for implementation in two different regions: Central America and MENA.” Like LSF, ViiV Healthcare’s program focused on tackling S&D, as well as working with vulnerable populations in geographies not traditionally targeted. “Positive Action likes to fund programs that are on the cutting edge, and which tie back to Universal Access. It is not enough to do a program that benefits a million people if you are not reaching out to vulnerable populations in neglected geographies.” Considering this, *Speaking Out* was a natural fit. ViiV Healthcare’s support was specifically for MENA, which lacked strong advocacy experience, or organizations and networks of MSM and TG populations.

UNAIDS was the last donor to fund the pilot Initiative. After seeing the initial successes the MSMGF had in Honduras and MENA, they realized they could support something similar in Viet Nam. In fact, they already had a strong presence on the ground, putting money toward the Vietnamese Stigma Index. “It was a great parallel opportunity. We did not want to support *Speaking Out* as a standalone activity, however, but to use it as a platform to attract synergies and look at more integral ways to respond to various interlinked issues in Viet Nam.” The grant provided by UNAIDS was only for one year, and did not support through to implementation of Breakthrough Initiatives, which would have occurred in a second year. All stakeholders saw this as unfortunate, including UNAIDS. “There was no expectation that things would change dramatically over such a short period of time. Nonetheless, it was extremely important to get young people out of hiding and involved in advocacy processes, particularly MSM and TG youth. And the timing was so good given work toward the Stigma Index in Viet Nam, it was simply an opportunity that could not be missed.”

Grants to MSMGF for *Speaking Out* were modest, ranging from US\$100 000–150 000 for 2 years, making implementation of *Speaking Out* a balancing act between big goals and tight budgets. During the 2-year pilot period, this included grants from LSF for US\$100 000, ViiV Healthcare’s Positive Action Program for US\$150 000, Hivos for US\$130 000, and UNAIDS for US\$60 000 (1 year only).⁵ While no attempt to analyze the budget for cost-effectiveness is done in this report, it is noted that *Speaking Out*’s total actual budget increased slightly, hovering around US\$380 000 during the pilot phase, inclusive of all activities and organizational overhead.

The challenge for the MSMGF is demonstrating to current and potential donors that there will be a good return on their investment, given that the impact from this type of advocacy capacity building is difficult to attribute and measure. Current donors challenged the MSMGF to better document the important contributions *Speaking Out* is making toward positive changes, even “taking into account those at the individual level” (see §Recommendations).

The first *Speaking Out* ToTs were held in 2011, and the second round held in 2012. All the donors felt it was very important to have more robust and tested tools that were proven to work in specific geo-political contexts, given the paucity of information and training materials globally. One of the ToT objectives, therefore, was to test and finalize the Toolkit for wider application in the given countries. In total, 65 advocates and other stakeholders participated in this process and received training during the pilot period 2011-2012 (see Figure 2). Many have continued as *Speaking Out* trainers and sharers of information and tools from the Toolkit at a more grassroots community level.

⁵ Current donors include LSF for US\$100 000 through 2014; ViiV for GBP108 701 through mid-2015, and specifically supporting the completion of pilot activities in the MENA region; and Hivos for EUR130 000 through 2014. Given expected expansions and ongoing and increasing financial support for Breakthrough Initiatives, this is insufficient and additional donors are being sought.

Figure 2: *Speaking Out* Training of Trainers during the Pilot Period

Year	Middle East and North Africa (MENA)	Central America / Honduras	Asia / Viet Nam
2011	1. Regional: 12 participants from Algeria, Lebanon, Mauritania, Morocco, and Tunisia	1. National (Honduras): 14 participants	
2012	2. Regional follow-up: 12 participants (same as above)	2. Regional: 25 participants from Honduras, El Salvador, Guatemala, Nicaragua, Costa Rica, and Panama	1. National (Viet Nam): 14 participants

The only significant budgetary issue raised was that the MSMGF had shorted *itself* funds to pay for necessary staff positions and time, and other expenses to cover *Speaking Out* activities. This appears to have continued beyond the pilot phase. “Initially we had a very horizontal structure, without any project or program director, and we reported directly to George Ayala (MSMGF Executive Director). With only three main staff, we were stretched really thin—and still are—and other the MSMGF projects suffered because *Speaking Out* took priority.” While less FTE meant that the MSMGF was able to allocate more donor funds directly toward program implementation activities on the ground, 3 part-time staff of only a planned-for 1.10 FTE could only handle so much

(actual FTE was 40% more than budgeted, see Figure 3). “The paperwork alone took so much time, between contracts and payments and reports and invoices and funding.” With a better workload distribution, the “managers could have focused more attention on actual implementation and the more strategic issues of the Initiative.” Despite being stretched, with 1 primary staff, the field manager, overseeing nearly all activities, there were amazingly no complaints from partner organizations, who all felt supported by the MSMGF. There were even advantages, as the field manager had a deep appreciation and sense of how things were going overall, and facilitated sharing of experiences and important lessons between the 3 regions.

Figure 3: MSMGF Staff Supporting *Speaking Out*

Position	FTE Budgeted	FTE Actual	% difference
Director of Policy	0	0.20	20%
Policy Initiatives Field Manager	0.60	0.90	30%
Grants Manager	0.20	0.10	(10%)
Senior Policy Advisor	0.30	0.30	0
Total	1.10	1.50	40%

In mid-2012, the MSMGF hired a director of policy and introduced a new process of authority, decision making, and communications. These changes “helped support the Field

Manager, and provided an added level of focus and direction to the *Speaking Out* Initiative.” More support is still needed, however, in particular for M&E. “Currently, we cannot

expand, given current staff. Ideally, we would like to expand more in Central America, SE Asia, and Africa. We are getting a lot of requests in these areas for *Speaking Out*.”

At the implementation level, partners developed budgets, covering several broad expense categories, from direct training costs to consultant fees to overhead (see Figure 4). The MSMGF and partners worked together on budgets, to ensure all expenses were covered, transparency was maintained, and all stakeholders were satisfied (at least initially) with the financial outcome. According to one respondent, “The MSMGF was very flexible in guiding us with the budget, allowing us to give additional money toward the organization to support our work.” Another noted that, “In fact, the MSMGF shared up front with us what they could afford to fund, and let us build our own budget to fit those funds.” It is not surprising that the budgets proposed were very close to what the MSMGF was capable of paying and very little negotiation was required. “While the dollar was different in each region, each organization got essentially the same dollar amount from the MSMGF. This worked out best

for Honduras. For MENA and Viet Nam the budgets were tighter because of the exchange rate and higher prices for airfares and hotels, etc.” Some respondents felt that, in retrospect, the budgets could have been higher, they voiced confidence that the MSMGF had done the best they could.

“The budgets were not as tight as those we experienced in other advocacy programs, which meant we were able to focus intensely on the content and results of the Initiative.” Where there was a noted shortfall was in national consultancy fees, as the time and commitment required to see *Speaking Out* to completion took much longer than anticipated in all cases. “My input and work on the Toolkit was very intense over a long time. If you ask me about the salary, it was not enough, but that was not important because the work I was doing was improving capacity and things for MSM, and I was happy to do it,” replied one consultant. Nonetheless, “in many regions of the world, the work done toward coordinating as an activist is free, so to get money of any kind to do programming for a meeting or training or activity like *Speaking Out* was a gift.”

Figure 4: *Speaking Out* Partner Budget Breakdown

Organization	Year	Training expenses (US\$)	Breakthrough Initiative (US\$)	Consultant (US\$)	Partner Overhead (US\$)	Total (US\$)
ALCS	2011	16 738		7875	2100	26 713
Kukulcán	2011	4552			9475	14 027
GLink	2011	6500			15 450	21 950
ALCS	2012	20 300		4500	3600	28 400
Kukulcán	2012	16 000	15 000	3000	3500	37 500
					Total	128 590

The MSMGF provided the first payment to partners of 10–25% of the total budget upon signing the partnership contract. The second payment was made after the Toolkit was adapted to ensure partners had enough funding to start paying for training needs (e.g., airfares, deposits on space, facilitator, etc.). The third

and final payment was made upon receipt and approval of the training report and the finalized Toolkit. To help keep things simple, partners covered all training-related expenses outright, with only a small per diem to ToT participants. In this way, money exchange was kept to a bare minimum.

Good practice: Maintaining transparency in the budget process reduced stress and improved the working relationship between the MSMGF and local partners.

Good practice: Through implementation of Speaking Out, the MSMGF secured its position as an organizational hub of information, and leader in advocacy for sexual minorities. The process further facilitated the identification of allies and stakeholders, built trust, and promoted networking and collaborations.

Lesson: A minimum of 2 years of financial support, and preferably 3, is required for implementation (i.e., at the national or regional level). This will ensure that the Toolkit is adapted, the ToT conducted, any follow-up trainings completed, and Breakthrough Advocacy Initiatives given at least a year to strive for impact.

Lesson: Staggering payments based on deliverables helped ensure deadlines were met close to the timelines.

Suggestion: Greater funding diversification is needed to ensure both sustainability of the

Initiative beyond 2014/2015, when current funding runs out, and geographical expansion—a desire of current and potential donors. Securing new donors will require a much more rigorous M&E methodology, in order to document (and demonstrate) impact at the individual, community, and national levels.

Suggestion: The MSMGF should take the initiative in ensuring clear and regular communications with key donors and potential donors, so that expectations and abilities are fully comprehended, and results adequately recorded. Donors should be involved in activities that give them firsthand impressions of Speaking Out, including being invited to visit sites and attend ToTs, and extending personal invitations to media and other public activities, such as those held at IAS 2012 in Washington, DC.

Suggestion: Consider additional staff needs up front, to respond to the expansion of Speaking Out smoothly and without program interruptions. This includes M&E support at a minimum, and possibly field managers for different global regions.

4.3 Reporting

“The MSMGF is one of the best organizations to do this type of work; we just need the evidence of impact to take back to our review committees to say ‘here is a project that was implemented and evaluated and did these things,’ so we can get more funding.”

During the pilot phase, reporting expectations were straightforward and not too demanding, with a focus on process indicators. “All (4) donors were lenient and general about their requirements. They wanted narrative reports about what took place and what activities

occurred, whether they matched program goals, and information on whether expenses were in line with budgets.” According to one donor, “we were pretty happy with what we saw and what we read. It is always difficult to tell what areas of



a program could be done better, and we felt so many aspects of *Speaking Out* were done so well.”

As with many pilot programs, not all original objectives were met, particularly in carrying *Speaking Out* through to the point of funding Breakthrough Advocacy Initiatives, and supporting ToT participants to conduct their own trainings at the community level. Most respondents, however, were not concerned about unmet objectives, in lieu of what was achieved. “It takes a lot of time to build up skills and to build up trust. Extending a program is not a bad thing; in fact it is normal business practice, especially when working with hard to reach and vulnerable populations.” Central America was the only region where pilot phase activities were completed. This was because the “people were more open to expressing themselves there, and better prepared for the ideas around advocacy.” In MENA, it took time to figure out the right strategies, connections, people, and ways to approach advocacy issues for success. With less advocacy experience, and based on feedback following the first ToT, the MSMGF made the decision to divert funding earmarked for Breakthrough Initiatives toward a second ToT with the same participants, aimed at further building their facilitation skills.

To save effort, the MSMGF was able to use a basic reporting template for annual and other communications, sharing information on the program while adjusting for donor-specific financial and other details. This was important given how few staff were supporting *Speaking*

Out. Further facilitating reporting processes, the MSMGF tried to keep Initiative timelines at the national and regional levels aligned with donor reporting requirements, over a 12-month period.

Unfortunately, many of the important learnings and examples of proactive change experienced because of *Speaking Out* have gone unheard or unrecognized, given the focus on process indicators for M&E and reporting under the pilot phase. “It is important to show the life cycle of building advocacy capacity from zero to positive changes. Monitoring and reporting are important contributions to the field.” It is also important to donors, some of whom are not sure if “spending US\$100 000 to get a dozen people into a room together to discuss advocacy and human rights for a week is really a good use of funds.” When considering further support following the pilot period, donors noted that the MSMGF needed “to figure out the process beyond the Toolkit and the capacity building. What difference is being made as a result of *Speaking Out*? How is the needle being moved on the issues of human rights, stigma, discrimination, and empowerment in implementation areas? How can this be measured?”

In considering M&E, the question has to be asked: *how has advocacy changed*. “We on the inside know that meetings are more developed and cover more topics. Before advocates were just talking, but now they are planning, engaging, and participating in activities. Before advocates watched what UNAIDS and other bodies did, now they are engaging as partners in HIV and MSM programs, and working with their governments. Yet, outside of a few people involved in the Initiative, these changes are not known. They are not known because they are not documented.” As another respondent noted, “It is time to capture the Initiative’s impact beyond the Toolkit, the trainings, the numbers, and the capacity building assistance. You can do a prevention program and hand out a million flyers, but how many lives have you actually changed?” M&E needs to capture both the number of flyers, but also the impact those flyers had, even if only on 50 to 100 people. “In

the world of advocacy, those types of numbers are phenomenal.”

Good practice: *Aligning Initiative timelines with donor reporting requirements helped streamline activities and saved time.*

Lesson: *When reporting on objectives that go unmet, providing detailed discussions of why, along with descriptions of progress made,*

juxtaposed against what was achieved, is important.

Suggestion: *Consider hiring an M&E manager to support Speaking Out, and working with a global consultant, to facilitate a more rigorous reporting process that is both qualitative and quantitative, and ties into social and mass media outlets when necessary in order to celebrate advocacy and other achievements.*

4.4 Advocacy Toolkit Development

The *Speaking Out* Toolkit is designed to guide ToTs in advocacy development by equipping individuals and organizations with skills and techniques to advocate for sexual minority health and human rights issues. As per the MSMGF, a rights-based approach to HIV is a necessary precursor to ensuring universal access to coverage of HIV-related programs for MSM and TG globally. Under a rights-based approach, human rights are protected and promoted, creating enabling environments in which individuals are empowered to freely access non-discriminatory health services and information.

The Toolkit was born from recognition that regions around the globe have very distinct advocacy training requirements and contexts. “We needed to identify some of the core steps, including priority issues, targets, and ultimate outcomes, and tailor them to MSM and HIV.” A multi-country stakeholder engagement process was pursued in developing the global Toolkit, led by the MSMGF staff and one external consultant. It was adapted and expanded from the International HIV/AIDS Alliance and other organization materials (i.e., Open Society Foundation) related to advocacy, HIV/AIDS, and MSM.⁶ It further incorporated other critical issues such as epidemiology, working with networks, and human rights, including reporting violations.

⁶ Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS. <http://www.iasociety.org/Web/WebContent/File/Alliance%20-%20Advocacy%20in%20Action.pdf>.

As one respondent noted, “the Toolkit brought together disparate bits and pieces of pertinent information into a single living document.”

As part of the process, the MSMGF chose to have community members validate the Toolkit. Given the tight budget, they took advantage of a scheduled preconference event at IAS 2010 in Vienna, to spend a day leveraging a targeted group of around 23 activists from 14 different countries to go through a few pre-pilot exercises and activities. It should be noted that, while an internationally diverse group, they were all quite homogenous in terms of their educations, their English fluency, and their backgrounds as facilitators. Most would not have been trainee participants of *Speaking Out*. Nonetheless, “it was immediately apparent to the MSMGF that there was a strong appetite for advocacy education and technical assistance among MSM, TG, and HIV communities globally, and that regional adaptations would be necessary for maximum impact.”

Based on feedback from IAS, it was determined that ToTs based on Toolkit adaptations should be 5 days at a minimum, and that Toolkits should be personalized to touch communities through a multi-pronged approach involving local partners, advocacy leader engagement, and community trainings by ToT graduates. The MSMGF and the consultant finalized a global English-language version of the Toolkit, designed “to be adapted across a variety of country contexts depending on local advocate needs, skill levels, and

previous experience. The strongest advocacy work must be locally relevant, meaning it allows for reflection and analyses of the disparate social, legal, cultural, and political contexts faced by participants from different regions.” Key themes in the original global Toolkit address issues of investment, services, S&D, self-care, working in hostile environments, human rights mechanisms, and how-to resources.

Once the global Toolkit was finalized, the decision was made to implement *Speaking Out*, and regional translation and adaptation work began. “The scenarios we heard at IAS really resonated globally, including discrimination from health care providers, yet advocacy strategies to address situations of discrimination were entirely different based on the country contexts,” noted the MSMGF staff. For example, in some places, publicizing incidences of S&D in the newspaper was effective, while in others boycotting the hospital or clinic where S&D occurred was the norm. Ultimately, *Speaking Out* aims to support a range of locally relevant, homegrown advocacy actions designed to address the S&D and violence that persistently undermines the response to HIV among MSM and TG.

While the global Toolkit focused on what advocacy was, and how to run an advocacy campaign, a facilitator’s guide provided detailed activities to use with the Toolkit in order to engage participants in dynamic discussions. These were enhanced by handouts and references for the facilitators. ToT participants were expected to take the Toolkit and skills learned back to their communities to teach further about advocacy. Whole teams worked

on curriculum development to ensure the Toolkit responded to community needs. Regional and country-specific examples were added, graphics adjusted for cultural sensitivity, and then during the ToT, further edits and fine-tuning done.

“The Toolkit is a living document that can be changed or adapted depending on the group. In Honduras, for example, the guide is much more strict and detailed. In Morocco, the Toolkit is leaner and very robust, while remaining flexible to further change.”

Good practice: *The MSMGF involved community members and other stakeholders in all phases of Toolkit development, validation, and adaptation. This included the addition of important regional and country-specific examples, the adjustment of graphics for cultural sensitivity, and the revision of legal and policy-related information to be context-specific.*

Lesson: *Multi-country community stakeholder engagement in developing the Toolkit facilitates a high degree of ownership and pride, and thus support, for Speaking Out and the successful realization of Initiative objectives.*

Suggestion: *Ensure that the global Toolkit remains flexible and fluid to changing dynamics, resources, and information in the worlds of HIV, human rights, and sexual minorities. A periodic review (every 2 years at a minimum) of the entire Toolkit for accuracy should be conducted, with follow-up reviews of locally adapted Toolkit versions. Already, new sections have been added to the global Toolkit based on national and regional feedback. The continuation of this should be actively encouraged.*

4.5 Selection Processes

Selection of country/region

In implementing *Speaking Out*, the MSMGF chose to target areas without much existing reach, and populations of MSM and TG not

highly developed in terms of advocacy or networks.

There were 2 distinct opinions about this approach. One felt that the MSMGF should have worked with established MSM and TG networks

in more visible locations, where it would have been easier to monitor and evaluate to show success, ripple effects, initial spread, and returns on investment. This opinion criticized the MSMGF for taking “leftovers” rather than tapping into the incredible networks available to them globally through their Steering Committee members. There was speculation that perhaps the MSMGF chose non-traditional geographic areas to avoid stepping on toes when rolling out the important work of *Speaking Out*, something that is of concern in the highly politicized world of MSM work. “While admirable, pursuing advocacy capacity building in the ‘wilderness’ of newly targeted regions and countries, with incredible levels of stigma and discrimination, and with highly ‘hidden’ populations, and the subsequent difficulty finding a dozen or more people with advocacy experience and initiative to pursue Breakthrough and other activities, was a big task.”

The other opinion admired the fact that the MSMGF chose to work with populations that were neglected or overlooked, in hard to reach geographies where other MSM networks did not have much reach or depth, to come up with solutions to pursue positive and critical Breakthrough Initiatives. “*Speaking Out* is a voice in the ‘wilderness,’” this opinion noted, and “should be celebrated” as such. In fact, it was a strategic decision on the part of the MSMGF to implement the Initiative in areas where they felt the most impact could be made, and often this was in regions neglected by other donors.

When we were first looking at where to implement, we had to decide between South America and Central America. Based on what we researched, South America was a little more experienced in terms of doing advocacy, and there were resources for advocacy already being funneled to Brazil, Chile, Argentina, and other countries through a regional MSM organization. For this reason, we thought Central America was a better place to go, for there was not much experience, and very few resources available, on MSM or human rights issues.

Then we had to decide which country would be our entry point to expand into the full region. To do this we looked at which country had the highest level of violence and human rights abuses. We did not want to take an easy country, for we wanted to contribute to ‘real’ change in an area that really needed the kind of change we felt *Speaking Out* could bring. Where there were more human rights abuses, or less access to healthcare by MSM, then that is where there was more need for advocacy. At the time that we chose Honduras, it was just after the coup d’état and the political climate was unstable. There were a lot of hate crimes being committed based on sexual orientation and gender identity. When we consulted with Kukulcán (who eventually became the MSMGF’s *Speaking Out* partner organization in Honduras), they felt that given what was happening in the country, it was possibly the best time to implement *Speaking Out*. For work in the MENA region, there was donor interest, but we also knew there were limited resources there for MSM advocacy work, and great potential for what *Speaking Out* could contribute. We did have the same concerns about timing given the Arab Spring, but ALCS (eventually the MSMGF’s *Speaking Out* partner organization in Morocco) felt that the timing could not have been better. It turned out to be a nice context because people were excited and not afraid any more. We did not talk about other donors or work being done in other countries except in the context of not wanting to replicate services. We felt, overall, it was better to take our resources to places where there were no resources already for advocacy.

Viet Nam was the only country that did not exactly follow the pattern stated above, as UNAIDS approached them directly with funding for Viet Nam specifically. Fortunately, Viet Nam met the MSMGF’s criteria, as MSM and TG populations were largely hidden and advocacy an extremely new and needed concept. “We would not have accepted UNAIDS’ offer if we had not felt Viet Nam fell within the philosophy of *Speaking Out*. In the future, we will have to

remain true to this when funders or potential partners approach us to implement *Speaking Out*. We will have to analyze the situation and see if the country or region meets the stated criteria.” Most agreed, feeling that the MSMGF should consider whether *Speaking Out* would be able to hold onto what makes it special and unique, if it were to expand rapidly into other countries and regions. “At the end of the day, I think we (the MSMGF) see *Speaking Out* as the foundation for what happens in advocacy over the next 10 years, bringing those countries where we work” up to the level of countries with a decade or more of strong advocacy experience. The MSMGF does not want to become a donor or funder, as they believe in a more holistic package that includes technical assistance to local implementing partners, to build capacity on multiple levels including advocacy. “In countries with more advocacy experience, they do not need technical assistance, just funds. In these places, 90% of the Toolkit would be irrelevant. Even if it was adapted to these places, it would be a completely new document,” and would not resemble the global Toolkit that defines *Speaking Out* today.



The reality is that a set of principles informs *Speaking Out*, and one is that “there are not enough players in the (HIV) field to do all that needs to be done.” For this reason, implementation of *Speaking Out* was opportunistic. “We went to countries where there was the greatest need, and where we

had meaningful partnerships germinating, and we wanted to build on those partnerships.” The MSMGF has engaged strategically and consistently in open communications before getting involved in a country or region, so as not to step on toes or duplicate efforts. “We have worked out relationships with different regional networks, and our standard operating procedure is to go to the regional network (if there is one), let them know we’ve been approached to implement *Speaking Out* or are considering launching it, and figure out ways to coordinate and complement each other’s efforts. It is more appropriate for regional networks to take on work as preference unless they lack the capacity or a donor has a particular preference.”

The MSMGF is also conscious to avoid convening *Speaking Out* where it would put participants in the path of additional violence and risk, or where other organizations are already funding many advocacy-related activities. “It is not appropriate to think that we could drop in and scale up rapidly. There are a lot of places where we believe *Speaking Out* is important, especially to get local advocates more involved in AIDS planning, collecting data about human rights abuses, knowing where to take that data, and addressing self-care in the face of violent and hostile environments. These kinds of things are very specific to *Speaking Out*,” which strives to instigate basic conversations about how to launch campaigns around specific areas of interest.

Since the pilot phase ended, and word spreads about the Initiative, many countries are coming to the MSMGF and asking for *Speaking Out*, including in Western Africa, Eastern Europe, and Central Asia. “We got the start we did in Central America and MENA and Asia because donors were interested in those areas. We also had preexisting relationships on the ground. We wanted to build on what was already there, to maximize our chances of success.” Now it is time to expand beyond those preexisting relationships.

It must be noted that on the MSMGF Steering Committee there is naturally some “inherent

conflict of interest” about where and how to implement *Speaking Out*. The MSMGF and Steering Committee members have at times struggled to find the right balance between asking members to suspend their primary competing responsibilities and come to the table only with the interests of the MSMGF in mind, versus celebrating the connections, networking, and capacities that they bring because of whom they represent outside of the MSMGF. “Do we ask them to suspend their other obligations? Or reconcile both?” This area requires further discussion and thought in the future, and is one of the reasons that the MSMGF is in the process of becoming a 501(c)(3) subsidiary of the AIDS Project Los Angeles (APLA). “Once this process is complete, the MSMGF will have a true Board of Directors, 51% appointed by APLA and 49% by the MSMGF, and the current Steering Committee will function more as an advisory board.

Good practice: *The MSMGF worked with populations that were neglected or overlooked, in harder-to-reach areas overlooked by other donors and lacking strong networks, to introduce advocacy in a way that would solicit critical breakthroughs and positive change.*

Lesson: *Areas with strong advocacy experience and networks need funding more than the full Speaking Out package of technical assistance and skills training.*

Suggestion: *Keep boundaries and criteria to ensure that donor interests do not supersede those of the Initiative.*

Selection of partners

The MSMGF implemented *Speaking Out* through contracts with local partners engaged to manage translation and adaptation of the Toolkit, identify advocates to attend the trainings, implement ToT workshops, publish the finalized Toolkit, and pursue Breakthrough Advocacy Initiatives. “The MSMGF did not have the staffing structure to outstation staff for implementation, which meant activities needed

to be enacted through strong partnerships with local organizations. So we went where we had relationships with organizations with the capacity to carry *Speaking Out* forward, and used the opportunity of *Speaking Out* to deepen those relationships.”

It is important to note that the MSMGF did not consider partners to be sub-grantees, but full implementation partners, with the responsibilities and expectations partnership involves. The MSMGF’s approach was to allow the local partners to steer the process, with technical support but minimal advice from the sidelines, allowing them to build their internal capacity to manage programs. “Partners could either have an in-house person do the adaptation of the Toolkit, and translations, or hire a consultant to do the adaptation and pay to have it professionally translated. We accepted whatever worked or was feasible to them, would help them grow as an organization, and that fit within the budget.”

Partners were identified both through quasi-open calls (Viet Nam), and through direct contacts (MENA, Central America). “In Viet Nam we contacted FHI 360, the UN, and other key stakeholders, told them what we hoped to do, and asked them to identify several MSM groups or organizations. We then e-mailed those on their lists, and had follow-up Skype conversations with those who responded.” In both Honduras and MENA, the MSMGF had already worked with the organizations selected, and knew they wanted to further those relationships through *Speaking Out*.

Whether open or direct, the MSMGF assessed advocacy capacity through a technical assistance assessment tool/questionnaire of each potential partner. Through this tool, information on the mission and organization was assessed. One of the requirements was that the local partner be an MSM-led group or organization, or have strong working experience with MSM. Shortlisted partners were requested to provide a work plan of *Speaking Out* activities, a timeline, and a budget. All were required to align with the MSMGF donor

expectations. After review by a committee within the MSMGF, there was also an interview process, both with the responding organization, and the consultant/facilitator. Upon final selection, a contract was drawn up and signed with 3 organizations: Asociacion Kukulcán in Honduras, ALCS in Morocco, and GLink in Viet Nam.

- **Asociación Kukulcán's** mission is to develop programs aimed at improving the lives of lesbian, gay, bisexual, and TG (LGBT) people in Honduras. Established in 2002, Kukulcán works to promote social actions and develop quality interventions that address the community's HIV-related concerns and needs. Kukulcán accomplishes its mission and goals by creating safe space, challenging discrimination and inequity, and advancing civic participation in support of health, education, and human rights. The executive director was principal liaison and took charge of adapting the Toolkit.

The MSMGF's assessment of Kukulcán indicated that the organization had a great deal of experience doing advocacy work on LGBT issues in Honduras, especially concerning MSM and HIV. The assessment showed that Kukulcán: (1) is a Global Fund sub-recipient and manages sub-contracts with small MSM organizations to carry out project activities; (2) has the administrative support to manage funds; (3) has staff members who are trained in advocacy and human rights issues; (4) is well respected within the MSM and HIV communities both in Honduras and regionally; and (5) has strong regional partnerships with other MSM organizations. Based on the assessment, it was determined that Kukulcán had enough experience and trained staff to carry out all activities and deliverables for the Initiative, and did not need an external consultant to help with the adaptation of the Toolkit or implementation of the training. Kukulcán and the MSMGF had a relationship prior to *Speaking Out*, working on a regional study of MSM. "The MSMGF contacted us directly and asked us to fill out an application," said

a respondent from Kukulcán. Ultimately, the executive director with the Technical Support Coordinator took responsibility for implementing *Speaking Out*, with technical assistance from the MSMGF.

- **ALCS** (Association de Lutte Contre le Sida) is at the forefront of MSM and HIV work in the MENA region. ALCS had a strong reputation and experience hosting and facilitating meetings and trainings, and was a sub-grantee of the Global Fund. They manage VCT (voluntary counseling and testing) sites and MSM-specific health clinics, and engage in other services, including advocacy, psychosocial and adherence support, outreach programs, and prevention programs. Established in 1988 as the first organization of its kind, ALCS is committed to the prevention of HIV, access to treatment, care, and advocacy for people living with and affected by HIV (PLHIV), all with the highest respect for human rights and ethical principles of neutrality and confidentiality.

ALCS was known to the MSMGF prior to *Speaking Out*. Nonetheless, the MSMGF still conducted an assessment, and determined that the organization had: (1) the organizational and administrative capacity to carry out *Speaking Out's* budgetary exercises; (2) the logistical resources to coordinate and carry out activities related to *Speaking Out*; (3) a well-established network of regional contacts, given the work they have been doing for many years across the MENA region; and (4) the advocacy experience needed to implement the *Speaking Out* activities. The assessment also indicated that ALCS would need to work with an expert on advocacy in the region, someone familiar with the cultural and political context, with expertise on developing Toolkits and teaching materials, and with experience in tailoring and facilitating trainings in French. As a result, a consultant was hired to assist ALCS with *Speaking Out*. ALCS's director was the principal liaison for *Speaking Out*.

➤ **GLink** (Limited Company of Research and Development Consultancy) is an MSM-led organization working on HIV issues in southern Viet Nam. GLink was identified as a potential partner in Viet Nam after the MSMGF conducted a series of consultations with donors and other international organizations, and UNAIDS suggested them as a potential MSM-led organization with experience working with MSM on HIV-related issues. Their major activities and service delivery areas included psychosocial support for MSM, HIV testing and referral, online counseling, social resources, and countering S&D. While their assessment revealed they had no advocacy experience nor any prior advocacy training, they were, importantly, the focal point for the MSM Technical Working Group in Ho Chi Minh City, and had

working relationships with many nonprofit organizations (e.g., UNAIDS, USAID, FHI 360, etc.), and significant reach into MSM communities. As a nascent organization, they also showed great potential to benefit from capacity building and organizational development opportunities through a partnership on *Speaking Out*. “After we were shortlisted, the MSMGF sent us about 20 questions asking about our abilities, community and government connections, training experience, and more. Only after that were we selected to adapt the Toolkit and coordinate the ToT.”

Based on their reply to the questionnaire, the MSMGF determined that GLink should work with a national consultant with experience in advocacy, and on HIV- and MSM-related



issues, to adapt the Toolkit and implement the ToT, and mentor key partner staff to increase their skills and capacities. GLink was deemed to have the experience and capacity necessary to provide logistical support for the ToT, recruit participants, work and coordinate with other local and national organizations, and disseminate the Vietnamese version of the Toolkit. A consultant was identified whose own professional reputation and status in the municipal government elevated the in-country profile of the Initiative, and who would provide *Speaking Out* with important credibility among the community, other nonprofit organizations, and government agencies in Viet Nam. This was extremely beneficial to the success of the Initiative in the socio-political environment of Viet Nam.

The application and selection process took about 2 months in all countries, regardless of the identification process (open call or direct contact).

Good practice: *All potential partner organizations, regardless of whether they were identified through an open call or direct communication, underwent a detailed assessment. This helped the MSMGF plan technical assistance, for it identified their strengths, capacities, weaknesses, and needs.*

Lesson: *In-person meetings and site visits are important to the process of forging stronger working relationships with partner organizations and ensure the appropriateness of the ToT curriculum. The MSMGF staff conducted site visits to Honduras and Viet Nam ahead of ToTs, but resources were limited and this was not done in MENA. Site visits were helpful in assessing the capacity of partners, learning about the day-to-day activities of the staff involved in the project, meeting the consultants, and developing detailed work plans for the Initiative.*

Lesson: *Active participation in planning and implementation processes helped generate enthusiasm for the activities, and encouraged*

ownership and pride in the Speaking Out Toolkit, activities, Initiatives, and results.

Suggestion: *The MSMGF should consider implementing a more systematic process for partner identification, building upon current assessments, and utilizing a selection committee process to improve transparency and reduce the potential for accusations of bias.*

Selection of consultants and facilitators

Recruitment of consultants to work with local partners, both in MENA and Viet Nam, was intended to involve multiple steps, beginning with a request for written responses identifying the respondent's professional experiences and how these tied into MSM and advocacy work, evaluation of their professional capabilities and, in particular, training experience, and evaluation of their relationships to make sure they were wide and linked to strong networks. Following this, in-person interviews were conducted by partner organizations. The MSMGF then discussed shortlisted candidates with partners, and asked further questions as necessary, until an individual was selected.

It is unclear from this review whether all these steps were followed in each case, or if final selection had more to do with word-of-mouth recommendations and the desires of the partner organization. In MENA, for example, the consultant was selected by ALCS's director based on previous collaboration. "It is so difficult to find a facilitator who knows the region, the issues, and the key affected population, so one must take the consultant who is known to have these strengths." In Viet Nam, an interview was never conducted because the consultant had a long-standing relationship with GLink, and strong support from UNAIDS, the donor. "UNAIDS did not believe GLink had the capability to carry out *Speaking Out* without (the consultant). It was because of her previous involvement with UNAIDS that they ultimately agreed to fund *Speaking Out*."

Good practice: *There is a formal process and guidelines for consultant recruitment, which can be strengthened for uniformity and applied regardless of whether consultants respond to an open call or direct contact.*

Suggestion: *A more uniform and transparent process for recruitment of consultants is recommended. Standardized guidelines should highlight criteria for selection, and who will be a part of a selection committee, including representation from the MSMGF, the in-country partner, and other key stakeholders. The process should be very transparent to reduce any accusations of bias or favoritism. This is important for a nonprofit to help with documentation and retention of institutional knowledge as well.*

Suggestion: *Consultant recruitment criteria should link to their advocacy experience and qualifications with HIV and MSM/TG issues. Consultants should also be fluent in English and the local language for the Toolkit, to ensure smooth translations between the global Toolkit and the national or regional one.*

Selection of participants

As with other selection processes, the MSMGF and partner organizations chose to send direct invitations to pre-identified participants (MENA), or advertised seats through open call (Honduras, Central America, and Viet Nam) to which interested advocates could respond in the hopes of being selected as ToT participants. In general, the MSMGF wanted trainees to come from a wide range of organizations and backgrounds, from HIV to human rights, women's rights, social justice, and other backgrounds. They also wanted people who were already trainers and coordinators of MSM and HIV-related activities. Wide, public calls were deemed important in reaching a new generation of younger advocates.

Regardless of their backgrounds, or the method by which they became familiar with *Speaking Out*, it was important that potential

participants exhibit an interest and experience in advocacy within their respective countries and regions, demonstrate community leadership qualities, and be willing and able to commit to bringing their trainee skills forward later by conducting community trainings based on the Toolkit. As an additional requirement, having a common language for training purposes was a prerequisite. In Honduras and Central America, this was Spanish, in MENA, it was French, and in Viet Nam, it was Vietnamese.

The open call in Honduras and for the regional ToT helped to identify participants who had a genuine interest in participating in advocacy, and a real desire to learn and share their own experiences. As one respondent noted, "When people are proactive and invest time in attending a training, they tend to be truly committed to the training and actively participate. The result of the open call was a well-equipped cadre of advocates." Interested persons were asked to submit their resume and a letter expressing their interest in attending the ToT, answering questions regarding their experience in activism and in particular on HIV and MSM-related issues, what they saw as their personal achievements and experiences in advocacy, what motivated them to want to participate in the training process, and how they would replicate the training experience in their community and within their organization. There were also questions about their prior workshop facilitation experience. There was some evidence that, despite the open call, some participants were sent personal requests to respond to the call by Kukulcán, who were familiar with their advocacy work and felt they would benefit greatly from *Speaking Out*. Ultimately, Kukulcán received 92 expressions of interest for only 14 spaces. "As this was the first *Speaking Out* activity, the MSMGF provided technical support in identifying selection criteria. We established percentages for their activism time and experience in activism and advocacy processes, follow-up actions following the workshops, and willingness to participate and use the Toolkit information. If any doubts were raised about the materials submitted with their expressions of interest, we repeated the process." Several

potential participants were interviewed by phone.

Ultimately, respondents included 2 TG advocates and 4 female participants who had worked in women's justice as well as on HIV and MSM-related issues. For the most part, Honduras and participants at the regional Central American ToT had higher levels of advocacy experience than in other implementation areas and hoped to improve their skills and understanding of advocacy through their participation.

In Viet Nam the open call provided a list of potential participants, but also invaluable information on who was interested in being a part of the *Speaking Out* experience, useful to UNAIDS and other donors. "We wanted to identify participants with a genuine interest in participating, and a real desire to learn and share their own experiences," noted one organizer. The open call was sent to all MSM and TG organizations working in the country, "inviting their staff or volunteers to submit letters of interest to attend the ToT. Interested participants were asked to address two basic questions in their letters: why did they want to attend, and what would they do with the skills and knowledge acquired. We received overwhelming responses to the call." Interestingly, however, according to the post-ToT Report, "Most participants did not have much experience doing advocacy work. This area of work was relatively new in the country. This made it a little more difficult for participants during the introduction of the concept of advocacy, but as the week progressed the participants were able to have a very good understanding of advocacy" and how to pursue advocacy within the context of Viet Nam. Prior advocacy experience was largely limited to awareness-raising meetings held at the ward or district levels out of government offices, private sauna and massage centers, and open courtyards. MSM and HIV issues were discussed, as well as safer sex practices and condom compliance, in an attempt to reduce the incidence of S&D.

In MENA, a targeted approach was favored over a broader open call due to the relatively small

number of MSM advocates in the region. ALCS with the facilitator identified advocates in the region and sent them direct invitations based on their work experience in their respective countries (Mauritania, Algeria, Tunisia, Lebanon, and Morocco) and in the broader Francophone region. "The pool of MSM advocates is very small in the region, and therefore a targeted approach made more sense," noted one respondent. Another commented that it was a "neglected region with many advocates, but they haven't gone beyond the point of providing condoms at community health centers to designing strategy or taking advocacy to the level of influencing policy." The approach of contacting potential participants worked well in 4 of 5 countries, but in Morocco itself, potential participants declined their invitations because they felt competition from ALCS. "This is a weakness of the process."

It was important to ALCS that potential participants had good knowledge of health issues, social and political struggles around HIV/AIDS, basic knowledge of HIV/STD (sexually transmitted disease) prevention and transmission, as well as screening and comprehensive care and support. They also needed to demonstrate a willingness and ability to engage in advocacy for the rights and prevention and care among MSM in their countries, and prior experience designing and facilitating training sessions. Despite invitations, potential participants were required to answer to these questions before their participation was confirmed. ALCS also sent requests to the organizations potential participants worked for to solicit their support and sponsorship, deemed essential to the success of the Initiative. While effective, the targeted approach could have been improved as there was an assumption participants would be more familiar with advocacy theory. "Despite strong enthusiasm, very few participants engaged in advocacy activities had experience with standardized modes, methods, techniques, or tools of advocacy, or were familiar with strategizing organized advocacy activities." Subsequently, the training had to be adjusted at the last minute to accommodate this gap.



Given that not all participants in Viet Nam and the MENA region had strong advocacy experience to rely upon, there was a need to adjust the learning content of the Toolkit and the training curriculum to make it more relevant to the pre-qualifications of the participants. According to several respondents, “it would have been more effective for the trainees to have strong knowledge, skills, and experiences in advocacy” prior to their participation in *Speaking Out*. Others disagreed and felt that *Speaking Out*'s purpose and the way the Toolkit introduced advocacy was tailored toward those with less experience. Ultimately, most felt that the 5-day ToT was insufficient to introduce properly the topic of advocacy in a way that could be easily reintroduced by participants in their own communities. Several trainings of several days, building upon each other, with activities or “homework” in between sessions was suggested as a possible way to improve upon the curriculum and solicit better results, albeit at much greater initial expense.

Good practice: *The MSMGF and partners strove to include participants in ToTs from a wide range of organizations and backgrounds to generate broad support and engagement in advocacy activities, for greater impact.*

Lesson: *Open, public calls for participants are effective at reaching a new, younger generation of advocates, as well as identifying and engaging*

fresh interest and stakeholders for future advocacy activity support.

Lesson: *Open calls can result in participants who are more proactive and willing to invest time to attend ToTs, actively participate in activities, and continue to work as advocacy and human rights ambassadors following their graduation from the ToT. Ultimately, the method of soliciting participants should reflect the needs and realities of the local context, with a preference for some degree of competition.*

Suggestion: *Ensure that requirements listed in expression of interest calls include, at a minimum: (1) a CV and a list of 3 professional references; (2) a summary of their experiences in activism and in particular on HIV and MSM-related issues; (3) a summary of their experiences facilitating workshops and/or trainings inclusive of a list of topics and dates; (4) a list of personal achievements and experiences in advocacy; and (5) an essay on their motivation for participating in the training process and what they hope to learn both professionally and personally, what they feel they would bring to the training that would be of benefit to other participants, and how they would replicate the training experience and pass on the skills and tools in their communities and within their organizations. Whether potential participants are responding to an open call or a direct contact, everyone should be required to submit an expression of interest.*

Suggestion: *Develop standardized selection criteria with percentages based on the requirements of the expression of interest. The criteria should also include guidelines on who will be a part of a selection committee, including representation from the MSMGF, the in-country partner, and other key stakeholders. The process should be very transparent to reduce any accusations of bias or favoritism.*

Suggestion: *Clearly determine whether there is a preference for more or less advocacy experience among participants, or a blend, to ensure the appropriate audience to match the curriculum.*

4.6 Adaptation of the Toolkit

For the MSMGF, the Speaking Out Initiative has provided an opportunity to learn about the cultural, regional, and political differences related to MSM and HIV advocacy across the 3 regions. The complexity of these factors has influenced the level of knowledge, skills, experience, and ultimately the implementation of advocacy work of MSM and TG advocates in each setting. “We have learned that regional differences on the level of freedom and human rights violations also impact the way people conduct trainings, planning, and implementation of advocacy work. To a larger degree this illustrates the day to day challenges of MSM and TG advocates who work in socially conservative and potentially hostile contexts, with strict laws and social norms governing sexual practices.”

One of the first activities pursued by implementation partners was adaptation of the Toolkit for the country or region. To facilitate the process, the MSMGF developed a 2-page Adaptation Guidelines with checklist areas, issues, and items to address and review during the process. The most important thing was that the adaptation ensure relevancy of the content. “This meant scenario-based exercises needed to be developed, and new ways of thinking about advocacy introduced.” In Viet Nam, an open consultation process was pursued in adapting the Toolkit. The final Toolkit addressed “region-specific issues that influenced the efficacy of local advocacy initiatives.” One of the first steps was to hold a series of meetings with MSM groups, donors (e.g., UNAIDS, USAID) and non-governmental organizations (e.g., FHI 360) working in related fields, to discuss the aim and process of the Toolkit. This “helped address the sensitive issues surrounding human rights... incorporating a keen awareness of the HIV laws and conservative socio-political contexts in the country, in order to reduce undue risks to MSM

advocates working with the Toolkit.” The partner and consultant worked directly with specific key stakeholders, soliciting review and feedback at different stages. This was not the case in Central America/Honduras, or the MENA region, where the process was contained within the partner organization, with input from ToT participants.

The adaptation process was intended to ensure that Toolkits were aligned with the realities on the ground in each region, respectful of each region’s cultural nuances, and attuned to the laws of each country involved. Toward this, it should be multi-layered and multi-sectoral, involving consultations with local partners and interviews with key stakeholders. “*Speaking Out* is such a good model and it is not a matter of an organization taking the top-down approach of ‘here is the toolkit, don’t change anything, it’s already fine.’ It was incredibly important and transformative to do the adaptation and have communities analyze what made sense in their context, what was different, what needed to be added, and who to bring to the table

for a workshop. Other types of workshops are more prescriptive, but the MSMGF placed confidence in local community partners, who now feel stronger ownership in a Toolkit that is legitimized.”

Several respondents felt that an in-depth assessment of local advocacy capacity should be conducted prior to the adaptation. “It was very important for beneficiaries of the Toolkit to know that those who adapted it came from the same origin. This helps to settle people, and accept it, for it is not something from outside but from us.” Another participant suggested, “inviting more people from the communities to support and help MSM. It would be a good opportunity to hold meetings to let participants talk and share their discriminatory experiences, to let people understand more what MSM experience.”

One suggestion was that the implementation partner should actively seek the cooperation of the health department to ensure the Toolkit met its full potential. “There are technical issues specific to MSM in the Toolkit, and these are best discussed with health departments to make them as accurate as possible. More importantly, most discrimination of MSM comes from health department staff. There are HIV programs in health centers, but they are not ‘friendly’ to MSM. If the health departments are involved in the Toolkit adaptations, they will gain a better understanding of the particular issues MSM face in accessing testing, treatment, and other health services, and will hopefully commit more support towards MSM. Their involvement needs to be increased in order to improve their knowledge, gain their support, and reduce discrimination.” In other regions this was not seen as important, however, for health department staff are not familiar with the specific needs of vulnerable communities, nor willing to address their own S&D toward these communities. “If they were experts on MSM, we would not need to be present as civil society to push for changes” in guidelines and behavior.

In general, once a first draft adaptation was prepared, it was then circulated among a group

of stakeholders, either internal to the partner or involving the greater community, for comments along with the global English version. There were around 3 rounds of comments and feedback, each taking from 2 to 4 weeks. “In Viet Nam it took nearly three months to complete the first draft. The MSMGF had translated the Toolkit into Vietnamese prior to adaptation, but the translations were done by translation services with little or no HIV experience or familiarity with MSM and TG issues. Unfortunately, the translation effort in this case was lost, and translation needed to be redone completely by the consultant. “The translation was so bad (the consultant) preferred to work off the global English version for the adaptation, which meant starting the translation process all over again.” Subsequently, the first translation was very long and it took a lot of time to get through all the mistakes in translation and to understand it before beginning the proper adaptation. Parts of the global Toolkit were also deemed unsuitable for Vietnamese culture, and the political situation.” Experts were consulted to help with difficult sections, and the MSMGF was involved via regular conference calls and site visits (in Viet Nam and Honduras) to support the process. In some cases, focal groups were formed to review and validate specific Toolkit sections. “Because of the time it took to integrate information into the adapted Toolkit version, the amount of time allocated in the contract was short.”

The entire process involved revisions to the content to ensure that each of the original chapters was useful and appropriate, that the advocacy needs and skill level of local participants was sufficient, and that data, images, and case studies appropriately supplemented the Toolkit. “Each Toolkit thus looked different, with examples and resources and data specific to the country or region.” Nearly finalized Toolkits were introduced and tested at the ToT, whose objective included validation of each chapter by participants. “We discussed. We tested. We critiqued the exercise. The reason the ToT was so successful was that it was the first time people felt involved in developing a guideline. We rewrote as a team



day by day. There was a lot of ownership. It was so exciting!” When comparing *Speaking Out* to other advocacy capacity building and systems strengthening programs, it is noted that, “others have unique templates developed by global consultants. This negates the community expertise and often activities are hard to translate culturally. With *Speaking Out*, we could adapt according to what is happening in the country. It was beyond an adaptation, it was a redesigning, restructuring, reevaluating, all of which were good because each area was completely free to make the Toolkit into something that would be useful for them personally. We appreciated the flexibility and the fact that the people who do and will do the advocacy are the ones involved in designing the tool.”

Following the ToT, the Toolkit was finalized based on feedback from the participants. The only issue of note encountered in this process was that participants wanted to add quite a bit of information, including references to studies and reviews, etc. “We added stories about discrimination because the participants in the training wanted to have their own life stories and struggles highlighted as lessons to complete the Toolkit and to help people better understand the situation of MSM in the communities,” noted one. “Case studies shared and lessons learned during the training were utilized in the final Toolkit.” Another responded added that, “Based on the stories, we knew better what we

should advocate on.” However, there was a need to limit the amount of information and stories inserted, to ensure the Toolkit did not become too unwieldy.

In MENA, the Toolkit was not finalized following the first ToT, but rather only after the second 3-day workshop, which was focused on having materials to launch at IAS 2012 in Washington, DC. Despite the many changes and additions, finalized Toolkits were “tighter” and “more robust” than the global version, as well as being flexible to an ever-changing environment. By putting in personal stories, participant ownership was assured, making it more likely they would take the Toolkit back to their communities and share it as their own advocacy tool.

“After the training, the main content was good and most of the participants liked it a lot—much more than the first translated version. However, some sections should still be expanded, like the content of the advocacy section.” In MENA, after the ToT, “we reviewed the objectives and content of the guide to ensure it served not only as a training manual to help design, facilitate, and assess ToTs, but also as a methodological guideline aiming to help associations design, implement, monitor, and assess advocacy actions. We decided then to add one more section dedicated to designing, implementing, and assessing advocacy actions in general. In the end, this section served to introduce the two other main sections of the Toolkit: advocacy issues in need of being addressed to ensure permanent access of MSM to comprehensive and quality services to prevent and manage HIV/AIDS, and how to design, conduct, and assess participatory training sessions to build and enhance knowledge and skills on advocacy by and for MSM.” As a last step, a 1-day validation meeting was held with key stakeholders to collect final comments on the material. The MSMGF was also asked to review the entire final Toolkit. In Honduras, this occurred after an editor reviewed the entire document. In MENA, this was done at the time of the follow-up ToT on facilitation, with the original participants of the first ToT. In Viet Nam and Honduras, it involved

MSM-led organizations and working groups and UNAIDS.

Overall, for Viet Nam and in the MENA Region, there was no specific Toolkit teaching advocacy among MSM prior to *Speaking Out*. “Before *Speaking Out* we had MSM and TG groups working in only 9 of 60 provinces. Now we have groups in 30 provinces, and better, they know how to advocate with the government. *Speaking Out* helped us to advocate for changes, find allies, and establish a civil society network.” Implementing partners printed the Toolkit and distributed it once complete.

Upon completion, implementing partners printed the Toolkit and distributed it widely. “We were so happy with the process, though it took a year. UNAIDS, by comparison, took 3 years to finalize a guidelines, and so we felt a year was good.” Later, to save funds, Toolkits were e-mailed as a PDF to targeted organizations and contacts and made available online. ALCS, as a partner, contributed money to develop graphics for the Toolkit. In printing, the MSMGF’s only requirement was that donors be acknowledged. There was no guideline for all Toolkits to be aligned or standardized in their presentation.

Good practice: *The MSMGF and partners took extreme care to ensure that Speaking Out Toolkit content was context specific and relevant, aligned with the realities on the ground, respectful of cultural nuances, and attuned to the laws and policies of the nation or region that were relevant. They were also careful to ensure that the length of the Toolkit was kept to a minimum without sacrificing on quality and while including components necessary to ensure it was a document that spoke to the local context, inclusive of personal case studies and examples.*

Good practice: *The MSMGF was available on a regular basis to the implementing partners throughout the process of adaptation, providing technical support as and when required. This included conference calls, Skype chats, e-mails, and site visits.*

Lesson: *It is a waste of time and resources to engage an outside translation service to translate the Toolkit into a local language. Translation should be conducted under the leadership and direction of the implementing partner, with or without the help of an external consultant fluent in English as well as the native language and familiar with the topics of the Toolkit.*

Lesson: *Stakeholder involvement at different stages of Toolkit adaptation can have multiple benefits: (1) it can help solicit expertise to make the Toolkit more robust and accurate, and (2) it can serve as a type of passive advocacy, raising awareness and understanding, and generating support toward the issues addressed by Speaking Out. Stakeholders included local advocates and key affected populations, donors and other development assistance representatives, government allies and representatives of health departments, etc.*

Suggestion: *Consider conducting an in-depth assessment of local advocacy capacity, and laws and policies affecting MSM and TG in terms of HIV prevention, care, treatment and support, prior to the Toolkit adaptation. To involve and engage people in the process, hold meetings and focus group discussions to discuss experiences, knowledge, and S&D to raise awareness and generate support for future Speaking Out Breakthrough Advocacy Initiatives.*

Suggestion: *Establish guidelines with steps and processes for adaptation that can be utilized anywhere, while maintaining flexibility. Guidelines should include a general timeline as well as steps to involve local stakeholders and ensure ownership and sustainability of the effort. Consider at what stages consultation meetings should be held, and with which stakeholders.*

Suggestion: *Issue guidelines of minimum uniformity to ensure that different Toolkits resemble each other to some extent, while recognizing that they are living documents adapted to regional, legal, cultural, and social contexts. This should include minimal instruction on layout and design, color palettes, use of the the MSMGF and Speaking Out logos, recognition*

of the donors, and a basic table of contents, while striving to ensure local ownership.

NOTE: Since the pilot phase, the Toolkit has been adapted in Kenya and Cambodia and ToTs have occurred. A Russian adaptation is in the works, and in Eastern Europe and Central Asia

4.7 Toolkit Content

Most guidelines focus on prevention and do not target sexual minority key affected populations. The *Speaking Out* Toolkit and other training materials are unique in that they contribute to identifying, naming, and mapping S&D, injustices, and violence targeted toward MSM and TG within a human rights framework, with a particular focus on how these factors undermine the HIV and AIDS response. It should be noted that in all countries, effort was made to include case studies and stories that proactively described best practices and enablers to access, as well as abuses and barriers to healthcare. Exercises focused on addressing the factors negatively affecting MSM and HIV response in an effective way.

According to the majority of participant respondents, “the most effective sections were those dedicated to the main topics that needed to be addressed to ensure and improve access of MSM to comprehensive and continuous prevention, care, treatment, and support services.” These included those sections on overcoming or addressing S&D and networking (e.g., how to form MSM networks and how to collaborate on work). In the MENA region, cultural beliefs and punitive laws against homosexuality required careful consideration when adapting the content to ensure that the Toolkit could be utilized effectively without putting participants at undue risk, and without losing the original intent of the Toolkit. Issues were carefully addressed through vetting of acceptable language and removal of the original imagery, which was deemed inappropriate for the region.

the MSMGF is working with local partners to organize ToTs by the end of the year (2013). The MSMGF has funding for an Arabic adaptation, with work to commence in 2014, and also for a semi-adaptation in French for use in Francophone West African countries.

According to all respondents, the 2 most challenging sections were how to engage in effective advocacy, and human rights. According to the facilitators, these were the 2 most difficult sections to teach as well.

The advocacy section of the Toolkit used a variety of tools to get ideas to the point of implementation. “It uses case studies to pursue advocacy, to build up the content and methods to advocate, and to carry out an advocacy plan.” This involved brainstorming, role-play, discussion, games, presentation, and argument, and was possibly the longest section of the Toolkit during the ToT. “Most participants did not understand properly what advocacy was and didn’t know where to start and what to do.” In Honduras, while the concept of advocacy was better understood, there was a long debate on terminology in Spanish, leading to the use of the word “activism” instead of “advocacy process.” There was a felt need to expand further the background information before introducing specific advocacy tools and techniques, which were introduced too quickly according to participants interviewed.

For the human rights section, there was a felt need to include current human rights violations against MSM and TG and repressive political systems that impinge on the free organization and activities of MSM-led groups. In Viet Nam the Toolkit utilized legislation on HIV to frame the advocacy work with MSM and TG advocates, due to the government’s restrictive policies on human rights in the country. In Honduras, a case study of Kukulcán itself is included in the Toolkit. In MENA, it was necessary to collect a

great deal of information on laws and policies prior to the ToT, in order to provide accurate and timely information to the participants. “This was a lot of work for the facilitator.” In Viet Nam, the issue of human rights is very sensitive, and “there are no laws to protect MSM and TG, so it was hard to include the human rights section for there was no law to relate it to. The situation is also changing rapidly.” A meeting with UNAIDS helped finalize the human rights chapter, a contentious subject in the Vietnamese context that needed to be addressed with care. “Ultimately this section was more applicable and appropriate to the reality on the ground, but it took a lot of adaptation and work.” One participant noted that, “Even though we cannot take a human rights approach to advocacy, the Toolkit and ToT emphasized using HIV laws, which are more politically neutral, to frame the advocacy work we do on behalf of MSM and TG populations.”

One criticism of the Toolkit is that it is largely presented from the perspective of MSM, and lumps other sexual minorities including TG and even lesbians under the MSM umbrella. “In order to get a better grasp of the Toolkit, I would include more TG people in the ToT, and focus the Toolkit to appreciate what is different and what is similar between MSM and TG issues,” noted one participant. In fact, 5 TG participants attended a *Speaking Out* training during the pilot period, 4 from Honduras and 1 from El Salvador, and a sixth from Guatemala was invited but unable to attend. “The Toolkit is functional to every population but case studies highlighting LGBT issues should be mentioned more.” This is important, as TG advocates have taken the position that TG issues should be addressed apart from MSM issues. Exacerbating the difficulty in addressing TG issues separately is the dearth of information, and the even more complex and hostile environment facing TG.

Other sections that solicited feedback during this evaluation included the investment section. This was mentioned in the context of Viet Nam in particular, for in order to receive funding, an organization has to have legal status. It is very difficult for MSM groups to obtain legal

status, so money is often funneled through other organizations. Additionally, the country status is expected to shift from being a low-income country to a middle-income country in the next 12-18 months, which is already forcing the withdrawal of much donor assistance (e.g., World Bank, PEPFAR, and the Global Fund). Toward this, “We added a section on social entrepreneurs. We wanted the community to know about the financial and non-financial resources available to organizations so that when funds shrank, MSM organizations could work themselves and remain sustainable.” In MENA, a section was added to give the participants more skills as trainers and facilitators.

Good Practice: *The MSMGF and local partners remained open to suggestions on Toolkit content, both in terms of additional content, and content that needed to be reduced or revised.*

Lesson: *Rushing through advocacy background information, or the human rights framework, puts the entire process in jeopardy. These sections are fundamental to adequately understanding further sections on conducting advocacy campaigns within the human rights framework.*

Lesson: *The workload of the facilitator(s) should be carefully considered when finalizing the version of the Toolkit for the ToT: the amount of external time spent gathering case studies and examples should be kept to a minimum or heavily assisted by the implementing partner.*

Suggestion: *In order to solicit broad support for finalized Toolkits, use access to prevention and care as a focal goal of advocacy actions, not MSM and TG rights.*

Suggestion: *Consider expanding sections on advocacy tools and techniques, particularly exercises, group and individual work and planning, by either extending the ToT a few more days, providing homework and follow-up support and mentoring on an individual level, or holding follow-up trainings.*

Suggestion: Carefully consider how to incorporate further case studies and examples to represent all sexual minorities. Consider making an adaptation of the Toolkit that is focused on

TG issues, as is currently being pursued being done in Central and Latin America, where there are larger groups of TG activists.

4.8 Trainings

As advocacy was a relatively new approach to tackling the HIV epidemic and addressing MSM issues in implementation areas, especially through a human rights approach, participating in *Speaking Out* enhanced understanding of the principles of advocacy and its implementation within political systems that were often hostile to human rights work, and to sexual minorities. In doing so, the ToTs served as tremendous bonding experiences for most participants. It is no surprise that the ToTs solicited the most feedback during this evaluation, and it was overwhelmingly complimentary. “*Speaking Out* was the best training I had ever been to. It was very different from other trainings. Usually, when a training ends, the training ends, but *Speaking Out* was different. We created something there that was really gratifying personally and professionally. We (participants and facilitators) have kept in contact with each other, sometimes daily, despite a lot of time passing.”

Training methodology

More than just the content of the ToTs received praise from respondents. The methodology, being highly participatory and more practical than theoretical, proved extremely effective. According to the Viet Nam ToT Report, it was very different and new for participants, who were more familiar with lecture-style workshops and little or no group activities to discuss case studies, do role-play, etc. Rather, topics were introduced through sharing, exercises, and group work (with group composition changing depending on the activity), to ensure greater internalization and faster comprehensive learning among participants. All participants were given the opportunity to facilitate learning sequences, coached by the 2 to 4 facilitators

who supported the ToT processes. All were also given a chance to discuss and share advocacy and other experience and examples with their groups. “Our discussions renewed our motivation. We felt recharged after the training,” noted one. Another said, “The ToT process helped to create a dynamic because there were people doing advocacy work in different parts of the region, some who knew each other, but none who had had opportunities to work together. They exchanged information, and the ToT gave them a process and fueled a desire to work together in the future.” Supporting the entire process were a group of highly skilled facilitators, who were commended by the participants for their knowledge of the Toolkit and strong facilitation skills.

The purpose of the trainings was twofold, to: (1) impart advocacy skills and information regarding the more comprehensive situations and factors influencing advocacy work, and (2) provide feedback and recommendations in order to finalize the Toolkit. As part of the first purpose, participants were linked to resources including each other, and given a platform to share experiences across countries and/or regionally, thus creating a network with each other to build up national and/or regional support. A third purpose was to train graduates of the ToT as facilitators for subsequent community-based workshops based on the Toolkit. Because of the participatory approach that emphasized sharing and cross learning, it was important to ensure the process remained appreciative, and did not turn into a group vent where only barriers and problems were discussed. Though no materials spelled out or directly addressed this potential pitfall, the facilitators seem to have achieved positive learning through example by default, and the enthusiasm and dedication generated

during the trainings was infectious and is still strong today. “The ToT created energy, a new energy, and motivation, which most people needed. We often get the feeling that we cannot do more, but when we come together and compare what is happening in other places, it gives one hope that there are still many things that can be done. There is a sense that together we will find the time and the resources to do them, and possibly even together, which creates even more energy. Suddenly things don’t seem so routine and mundane anymore.” This energy was noted even among those not directly involved in the ToT, but indirectly benefiting from the *Speaking Out* graduates and new ambassadors of advocacy and human rights.

Through the active participation of all attendees, they became friends very quickly. “When the training ended, we had already created a listserv with everyone to send pictures and exchange information and ideas, and it is still functioning today, 2 years later. We did not want to break the momentum from the training.” Importantly, the significance of these communications in the MENA region became clear after a series of arrests and human rights abuses against gay men in Lebanon. “During the ToT we heard complaints about the lack of solidarity and coordination amongst civil society when reacting or denouncing an event or human rights abuse. After the MENA workshops, in summer of 2012, there were arrests of gay men at a cinema in Beirut. Immediately there were discussions and information was being shared amongst participants from the region through the *Speaking Out* listserv we created, and strategizing began about whether to issue a press statement, whether it would be beneficial or harmful to involve the media before the men were released, etc. This was the first time we worked together as a region, with joint actions and statements, to address what happened, as instructed by various sections from the Toolkit on managing crises situations.” Additionally, another added that as an activist, he felt safer and grateful to have similar activists elsewhere in the MENA region involved in and supporting the cause in Lebanon. “Usually we dealt with issues

alone. *Speaking Out* helped us build a strong (and important) regional support system.”

The MSMGF and implementation partners tried to keep the number of participants low, ranging from 12 to 28 depending on whether it was a national or regional ToT. Most felt that around 15-20 was the ideal number of participants for the ToT, to keep it manageable and ensure that everyone had a voice and that exercises were impactful. Additionally, “Before the ToT we felt this training was just for MSM, but after we realized it needs to include those from women’s groups, the health department, user groups, government and policy sectors, donors, and others because we need their support to achieve our advocacy goals.” Subsequently, in Viet Nam, each province represented at the ToT had 2 participants, 1 community member committed to pursuing advocacy, and 1 government representative. “We really wanted the government representatives to know the Toolkit and activities so that they could support them. It was also a way of ensuring alliances between the government and the communities. Prior to *Speaking Out*, when MSM and TG groups held awareness-raising activities in public places, they were arrested for having ‘illegal’ gatherings.”

Each partner organization chose to conduct the trainings slightly differently, based on the skills of the participants and the needs of the country or region. Overall, the first 3 days were given to general knowledge overview, and the last 2 days to go through documents, share, and plan for advocacy activities once the participants returned home. To do this, they made use of a ToT Curriculum Guide that outlined the facilitation process including methodology, activities, daily agendas, PowerPoint slides, and other resources. For example, in Honduras, where participants came with greater advocacy experience, they implemented the ToT to add to their skill sets. In Viet Nam, where participants had very little if any advocacy experience, they were engaged in group work as a first step toward participatory advocacy. In MENA, new advocates were provided a better understanding of basic advocacy and the steps and tools to move them toward



bigger advocacy activities, as well as targeted facilitation capacity building training.

Because of these different needs, and others uncovered during the course of the trainings, it was necessary to remain flexible to course correct for greatest impact. This occurred on the largest scale at the first MENA ToT, where advocacy knowledge was demonstrably less than anticipated, and resulted in the organization of a second ToT to develop further advocacy and facilitation knowledge and skills. This was deemed a better use of funds for the second year than pursuing a Breakthrough Initiative. By acknowledging the need, and having the willingness to effect a sudden change, The MSMGF and ALCS “created a stronger and better equipped cadre of MSM and TG advocates in MENA, with a greater impact on the day-to-day

work they do, and improved efficacy over their eventual Breakthrough Initiatives.” The MSMGF and partners are commended for supporting the advocate participants through the process of nurturing their advocacy development, and not pushing them too quickly. In addition to undoing achievements made, pushing too fast could have threatened the MSMGF’s reputation as a global network responsive to the grassroots needs of its constituents.

As an example of the MSMGF’s careful attention to local needs, a regional ToT was planned in Central America following the ToT in Honduras. This was deemed necessary because “many countries in the area face similar challenges and a regional ToT would introduce a common set of tools, skills, and resources, as well as facilitate regional communication and work between

different MSM organizations.” The MSMGF felt it would have been a missed opportunity to have greater impact in the region.

It should also be noted that the MSMGF went to great pains, with partner organizations, to ensure the safety and security of all ToT participants. In MENA, every scrap of paper from every day of the workshop was collected at the end of the day and kept in the safekeeping of the facilitators, so as not to arouse any cause for S&D or violence against the participants. In Morocco, where the ToT took place, sex between men is illegal and MSM in general are highly stigmatized, even in the HIV response. Even the language used to describe the ToT outside of the venue was altered, and terms such as “advocacy” and “human rights” avoided.

If there was any single consistent criticism it was that 5 days was not enough time for this kind of training, and that follow-up trainings to explore issues more in-depth were needed. This came out strongly in post-workshop process evaluations. “The educational goals were too ambitious for such a short training.” One idea was that the ToT process be divided into 2 sessions, with the first dedicated to improving knowledge and advocacy skills, and the second on participatory teaching and application.

The following is a breakdown of the training by topic and based on feedback received.

Advocacy section

The one consistent comment about the advocacy section was a wish there had “been more time provided during the training on advocacy planning and processes.” Most participants in all 3 implementation areas did not feel they had enough time to finish their planning exercises, and “these could have really helped us.” In Viet Nam, “most community-based organizations do not understand the advocacy process or imagine that doing advocacy activities takes so much time and needs so much support. Knowing about advocacy planning and processes, and how to advocate based on evidence, is new and very

beneficial. This has led to better work. It also caused us to realize that there are particular rights MSM are not guaranteed, and it has become our goal to advocate for these rights. They include freedom of sex, freedom from persecution as MSM, the right to health services, and the right to same sex marriage. While it is not specifically illegal for men to have sex with men, neither is it mentioned as a right in the law.”

Lastly, one respondent noted, “it would have been better if the advocacy components were shown to link up to real work. I think this was the intent, but there was not enough time to do this thoroughly.”

Human rights section

There were several comments regarding the need for time during the training to discuss how to identify and document gay rights violations. In response to this, ALCS and the MSMGF are working on adding another component to the MENA Toolkit, specifically on how to research human rights violations to get the attention of local and international stakeholders. This has already been added to the Honduran/Central American Toolkit, and in June of 2013, participants requested a 3-day training specifically on documenting human rights abuses.

Communications and media section

Communications are essential to advocacy. “The Toolkit and ToT propose some links and impart some communication skills. Better tips on how to organize, and how to use the media and be ready to use the media not as an enemy but as a tool and ally toward introducing themes into public policy and changing public perceptions, are essential.” For some, there was a fear about being in the media. After the Toolkits were launched, however, “colleagues are more engaged with the media.” The media has a strong influence on lives and opinions, and is a gauge for social thinking. Several noted that further training on how to manage the media, and not let the media manage you, was

necessary. For example, ensuring clear and concise messages, proper reactions, knowing what types of information will publish and what vocabulary to use, knowing how to conduct a press conference and respond to technical questions, etc.

Funding and investment section

Globally and nationally, funding for MSM groups is decreasing. In this context, several noted that they “would like to see a section on social business added to the training, so that MSM groups will have the knowledge and expertise to raise funds to maintain their activities and stay alive.” Information on finances and resource mobilization was viewed as extremely important to help groups “know where resources are because we could map them and apply for them.” This is especially important in North African countries including Lebanon, and soon Viet Nam, as they have or will soon be removed from the Global Fund and other big donor eligibility lists. “There is a strong need to find new donors and adapt new funding strategies.”

Facilitation section

The original plan for the ToTs included time spent on building facilitation capacity among participants. “Providing training on both advocacy skills and group facilitation skills proved beyond the level of participants,” however. In MENA and in Honduras, the facilitation skills components were subsequently removed from the ToT agenda and left for follow-up trainings. This was a major diversion from the original objective of the Initiative. The original plan had been for the MSMGF to support 3 advocacy workshops for community members, 1 in each region, facilitated by ToT graduates. Instead, graduates were not pushed to conduct their own community-based workshops until they had received more skills training themselves. Subsequently, it was decided that the first ToT should focus on the content of the Toolkit, and a second on facilitation skills. In Honduras, this second

follow-up training was 2 days long. In MENA, it was 5, and included validation of the finalized Toolkit before launch at IAS 2012 in Washington, DC. This second training was conducted in lieu of funding Breakthrough Initiatives. In Viet Nam, half a dozen participants were identified who showed the skills, knowledge, and desire to do their own trainings. GLink will follow up with them to determine next steps to support them to accomplish this component of *Speaking Out*.

Networking and teambuilding

One of the most important added values of *Speaking Out* is that it allows networking and information exchange to occur across national and regional contexts. This was a highlight of the training for most participants. With so few MSM and HIV Initiatives taking place, the ToT provided a rare opportunity for advocates to share their MSM-specific experiences and lessons learned with colleagues from nearby countries. Participants were able to exchange information concerning challenges they face in their respective countries, including sharing solutions for mitigating stigma, discrimination, and violence. “Beyond information and skills, *Speaking Out* creates safe spaces where people can plan and strategize and organize collectively. There is incredible value in bringing people together at trainings. This is the ‘big secret’ in advocacy—that the seeds of change for socially marginalized populations in advocacy lie in the ability to create supportive and safe spaces. It is very basic. Unfortunately, many donors think it is frilly and not evidence-based, and it is not going to yield the sexy outputs that they want to see, but it is really critical and essential.”

In Honduras, ToT discussions focused on the surge in hate crimes since the coup d'état summer of 2009. In MENA, it centered around the violence and opportunities created by the Arab Conflicts.⁷ “People are doing incredible work in a challenging environment. It is so nice

⁷ Rather than the “Arab Spring,” *Speaking Out* participants use “Arab Conflicts” to acknowledge that in some countries it was not a “spring” and further movements are needed.

to be able to share strategies with other people who have tried to do similar things in their own contexts. Advocates feel less isolated when they can interact with other people who get what they are doing. It is important to share how we approach our work, the things that worked well, those that did not, how we navigated difficulties, etc. Advocacy is never a front-line trajectory. It is helpful and constructive to share and persevere.”

Participants created mechanisms to remain in touch following the ToTs. In Honduras, this was a closed Facebook page to share and exchange information, post news and updates from the organizations and advocacy activities, and link to regional advocacy activities. In MENA, an e-group listserv was created where participants continue to communicate and solicit input from one another about special projects they are working on, or responding to discrimination and violence. There is also a lot of follow-up discussion and communication occurring on Skype and Twitter.

Good practice: *The highly participatory and practical methodology, which made use of sharing, individual and group exercises and work, proved extremely effective and was praised by all respondents.*

Good practice: *The creation of listservs, closed Facebook pages, and other methods of information exchange and communications among participants following ToTs ensured that the momentum was not lost and invaluable sharing and collaborations continued long after the Speaking Out training.*

Good practice: *Including government representatives as ToT participants in addition to community activists created the room to forge important alliances.*

Lesson: *Participation, opportunities to share and learn from each other, and opportunities to co-facilitate sequences ensured greater internalization and faster comprehensive learning of Toolkit components among participants.*

Lesson: *Keeping ToTs between 15 and 20 participants ensures that everyone has a voice, and messages and exercises have the most impact.*

Lesson: *Pushing ToT participants in advocacy too fast risks undoing learnings and achievements made, and threatens the MSMGF’s reputation. Rather, advocates need to have their advocacy development nurtured, at a pace pre-determined based on the results of capacity assessments and findings from the process of identifying and selecting the participants to attend the ToT.*

Suggestion: *Consider having a facilitator through the MSMGF, either global or regional, work with Speaking Out local facilitators to ensure there is common understanding and some degree of uniformity in how the ToTs are conducted, while maintaining flexibility and celebrating the local context.*

Suggestion: *As per the technical assistance mandate of the Initiative, the MSMGF should consider a mechanism for building facilitator competencies and providing feedback toward their self-learning. Consider utilizing facilitator coaches to teach valuable qualitative and appreciative methodologies, to help ensure that the Speaking Out process, particularly of sharing experiences, remains positive and true to the desire to share what is working so that others may learn.*

Suggestion: *Taking into consideration that the educational goals were found too ambitious for a 5-day training, and most participants interviewed voiced the need for more time working on actual advocacy plans and media strategies, consider ways to have more impact among participants, depending on their needs. This could involve splitting up the ToTs into 2 events, with several months in between inclusive of take-home work to report back, with the division largely separating the theoretical from the practical segments. Alternatively, the training could be extended to 8 days, with a site visit or other group activity nestled in the middle to break up the monotony of a long training and*

allow further growth and learning in the process. Facilitation skills training should be a separate event, involving only those participants identified as having the most potential to become strong community facilitators to carry forward the Speaking Out process. Note: In May of 2013, the MSMGF organized a training in Honduras specifically to train facilitation skills to ToT graduates.

Suggestion: As a natural progression or development of Speaking Out, consider reserving a full day of future ToT trainings to teaching participants how to document human rights violations. There is a huge need to improve skills as well as teach new tools and protocols of

response. Note: The MSMGF is working toward this already through support of Breakthrough Initiatives, and a new chapter has been added to the Global Toolkit specifically on this topic. This is setting the stage for local organizations to find direct funding to address human rights abuses, and to increase the number of regional Breakthrough Initiatives that focus on human rights.

Suggestion: Hire a rapporteur to take detailed notes during the ToTs, to facilitate Toolkit adaptation processes and ensure follow-through on ideas and issues raised during the training sessions, etc.

4.9 Breakthrough and Other Activities and Success Stories

“It is the people who are the recipients of a program who are the ones that can really tell you what is going on and what the key issues are. Site visits are invaluable, both for the community and for donors and program managers. Communities get energized and their motivation is renewed, managers stay better abreast of in-country realities, and donors return as ambassadors for the program.”

One of the initial Initiative objectives was that, following ToTs, participants would submit mini-proposals to the MSMGF for funding (approximately US\$10 000 per country) toward planned Breakthrough Advocacy Initiatives. Initiatives were to address S&D against MSM and TG people at the national level. Specifically, the MSMGF planned to fund up to 1 innovative Breakthrough Initiative per country, or up to 3 total for regional ToTs. Proposals followed a very basic template including the problem and context of the advocacy Initiative, the rationale, the partners to be involved, the goal, objectives, activities, timeline, expected outputs and outcomes, and lastly a budget. They were

to be submitted the first quarter of Year 2, and technical and funding assistance would cover a minimum of 6 months, preferably a year. Evaluations would be supported to reflect on successes and challenges, and to inform the way forward toward more advocacy activities. According to the MSMGF, “We planned to solicit their ideas and give them technical guidance and assistance as necessary. Based on their work plans and budgets, we hoped to link them with local mentors or others with experience toward what they hope to achieve.”

While theoretically anyone was open to submit a proposal, there seemed to be an expectation

that they would be submitted by implementing partners, who had more experience and capacity. For this reason, proposals were generally informal and contacts functioned more like a continuation of the initial funding. Payments were staggered based on meeting certain benchmarks from the work plans. The expectation was that activities would be completed within a year, and results seen within this timeline as well—at least initial results.

With the exception of Honduras, Breakthrough Initiatives were not completed as a formal component of *Speaking Out* during the pilot. Interestingly and importantly, unfunded and spontaneous advocacy activities did occur in all implementation areas following ToTs, largely with positive outcomes. It could be argued that these unplanned and unfunded activities were, in fact, a more significant outcome than the planned Breakthrough Initiatives, demonstrating the immediate benefits to participation, and the sustainability of the skills and tools learned. An example of a spontaneous activity at the global level was the organization at the IAS 2012 Pre-conference session entitled *Speaking Out Loud: Effective Strategies for Managing the Challenges Associated with MSM-led Advocacy in Central America, North Africa, and Southeast Asia*. With representatives from *Speaking Out* ToTs in all 3 areas, discussions encouraged south-south exchange, maximized tools and resources to develop and implement local and international advocacy strategies, and served as launches for adapted and finalized local Toolkits. The event also led to further collaborations and support of advocacy and *Speaking Out*. Additionally, ToT graduates from MENA countries worked together and submitted a proposal to manage a MENA networking zone at IAS. Their proposal was selected, and they used the zone to discuss *Speaking Out*. “It was a free space for us. We did a session on stigma and discrimination and worked together to put together other programmed activities.”

The following are descriptions of planned and unplanned advocacy initiatives, other activities, and success stories, by country, both personally and at the organizational level.

Central America

It is sadly noted that one of the Kukulcán *Speaking Out* ToT facilitators from Honduras was murdered in May of 2012. While the case remains unsolved, the evidence that it was a hate crime is strong. This unfortunate incident spurred a tremendous number of unplanned advocacy activities, including demonstrations and media campaigns concerning sexual minorities, to raise awareness about human rights abuses in Honduras.

Following the ToT in 2011, Colectivo Violeta, one of the organizations represented at the training, submitted a Breakthrough Advocacy Initiative proposal to the MSMGF called *Diverse Action*. “We were invited to present proposals for advocacy at the national level. We managed to organize an alliance to develop a proposal. There was no specific format, but very specific guidelines of what to include. *Diverse Action* was a specific initiative born and triggered by the Toolkit.” After review by a committee within the MSMGF, which took about a month, *Diverse Action* was funded for an initial 6 months at US\$7000. Additionally, the MSMGF and Kukulcán pledged to provide technical support “throughout the life of the project.”

Diverse Action aimed to examine human rights and HIV law at the national level in what became 2 phases. “Given the quick results of the original proposal, it was immediately felt that more funds were needed, so a second phase was added, extending the project from March through September, to December of 2012.” *Diverse Action*’s main objective was to raise awareness of public law and specifically the criminal code and social protection law. Actions under the Breakthrough Initiative forced the National Congress to take up a debate on discrimination and sexual diversity concerning Articles 321 and 27 of the Penal Code. For the first time, the Penal Code now includes language on sexual diversity, and there are strong penalties against people who engage in crimes of discrimination. “Now there are harsh punishments for hate crimes against MSM and LGBT, with jail and other punishments.” Additionally, under *Diverse*

Action an HIV/AIDS special law was advocated for, and changes to terminology made so that MSM were included under “vulnerable populations” in the Penal Code, following the recommendations of a periodic human rights examination.

Three project closure activities were conducted in December of 2012, including public pronouncements about human rights day, and 2 public forums at the national university—1 on sexual diversity, and 1 on sexual discrimination, sexual orientation, and gender identity in conjunction with local activist organizations. These activities were not taken up by the media, as “major shifts in the media are very difficult in the context of Honduras. The Initiative has awakened some organizations in order to make public denouncements against actions against human rights.” There have been noticeable shifts in the media, despite the lack of coverage and very low awareness. One respondent suggested conducting a market study to see if the changes or the shifts are real. “We definitely need to have a deeper investigation of the media and perceptions in our context. We need to work more with the media in order to get our themes into public debates.”

As evidence, perhaps, that the shift is real, in May of 2013, activities to remember the year anniversary of the murder of Kukulcán’s trainer were covered by the media. These were not funded by the MSMGF. “There were a lot of



activities and we got a lot of support from the national university. We had presentations of films every Thursday during May, media coverage, public information stands in public places, a special bulletin board about sexual diversity and gender, and a sexual diversity forum that was specifically orientated to talk about human rights and diversity with a special human rights defender from Costa Rica as guest speaker.” Also invited was the Secretary of Human Rights, and while she was unable to attend the forum, “she invited us to her office in order to create and generate a working alliance with us.”

All of these activities strengthened the working alliance created under Diverse Action, and “we could not have done all these activities without *Speaking Out*. We had been struggling with funding and finding organizations to support us, and now those organizations are coming to us asking for support!” This specifically refers to the UN and the National Observatory of Violence, who sought support of their own actions from the alliance in early 2013. The only criticism the alliance had of the Breakthrough Initiative process was that it was unclear if there was any competition or if the alliance was the only applicant, raising questions about the level of transparency.

A second Breakthrough Initiative was also funded in Honduras, which focused on the inclusion of LGBT rights in the Honduran government’s Social Protection Program as public policy. This was implemented beginning in May of 2012, with Kukulcán and Colectivo Violeta leading the actions as part of the outgrowth of *Speaking Out* ToTs. The MSMGF is providing ongoing technical support to them to address S&D, shared key lessons learned, and updates on evolving advocacy Initiatives via the MSMGF’s new multi-lingual virtual web platform.

In addition to Breakthrough and ad hoc advocacy activities in Honduras, Kukulcán received funding for small Initiatives to replicate and use the information and knowledge from the Toolkit to develop advocacy activities on specific themes, such as, “more favorable environments for the MSMGF.”

In El Salvador, participants developed a proposal for identity law advocacy. This was identified during the ToT as an issue with very little if no progress in the country, despite a lot of work from TG organizations. The proposal was presented at a public forum, to civil society organizations rather than the government, in order to get pre-approval and support for the objectives before moving forward with the full action plan, which is currently being prepared. “*Speaking Out* provided the tools and the motivation to go after funding to support this proposal. We are more organized with our ideas to create successful proposals now.” Additionally, ToT graduates are working more with the media following *Speaking Out*. “We are better coordinated with written media and television and conducting interviews. We are putting specific case studies into the media now, and we are more openly making visible human rights violations and bringing attention to hate crimes.”

MENA

In the MENA region, advocacy work has been mostly reactionary, piecemeal responses inspired by challenges occurring on the ground. Advocates have had fewer resources and little or no tools to develop strong advocacy strategies. After the first ToT in Morocco, a strategic decision was reached that participants did not yet have enough advocacy experience or technical capacity to develop and implement successfully a full-fledged Breakthrough Initiative. Funds earmarked for Breakthrough Initiatives were subsequently redirected toward further follow-up trainings based on identified participant needs.

On the last day of the second ToT, participants discussed what they would like to see happening and what they were willing to do. Out of this discussion came recognition that a regional MSM Platform was necessary⁸. “This was really about us being able to work together. We were not even sure how we would find the money

to support a network (platform). We cobbled together some funds from the Dutch, and LSF, and now ViiV Healthcare has heard about the idea and is interested in seeing a funding proposal, so we are developing that.” Another respondent noted that “we were all doing nice work, but we were isolated and some of our efforts were duplicative. We thought, why not work together? We have similar contexts, can share lessons, can cooperate on research, which is a big gap in the region, and on advocacy. We will be stronger together, and more visible at regional and international levels.” Another commented that, “We had to decide amongst ourselves how to keep the *Speaking Out* momentum alive. We decided to approach the MSMGF and see if they could help us establish a network.” One impetus for the platform was that funds to implement the Toolkit and spin-off advocacy initiatives were perceived as being more readily available if funneled through a regional mechanism, like a network.

Activities the platform would like to engage in include a regional training of lawyers, media advocacy, and research on MSM and TG. “One of the gaps identified was research on MSM. We were sure there were organizations doing research, but nobody was aware of it. We created a listserv to keep in contact with other participants, and we thought it would make a good research tool as we could use it to exchange research findings easily throughout the region. This included surveys, studies, etc. We are lucky, for Francophone countries understand each other and are similar in HIV work.” The MSMGF agreed to provide technical support toward defining a variety of platform-related issues, including composition, governance mechanism, code of ethics, criteria for membership and participation, etc.

Additionally, respondents commented on how invaluable learnings about research and funding were, including when and how to talk to potential donors. “I am more involved in writing proposals and gathering information and resources now. The training introduced me to this. I did not have any experience or skills in research, or using evidence, before. We didn’t

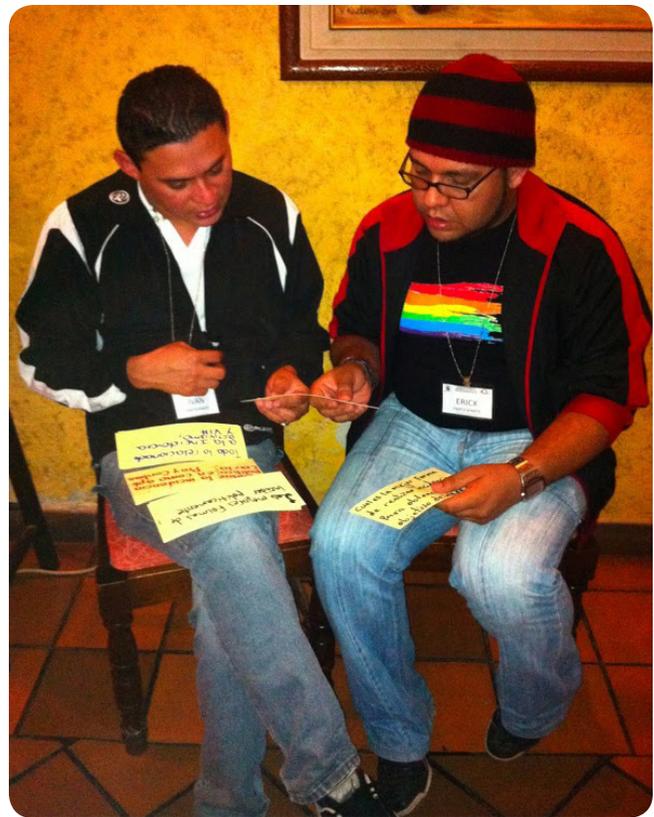
⁸ Regionally, and for political reasons, activists prefer to use the term “platform” over “network.”

go deeply into this during *Speaking Out*, but the introduction alone has been important to my activism and led me to where I am now, pursuing funding for a study among sexual minorities and STI/HIV/mental health for submission to amfAR (Foundation for AIDS Research). I would not have had the confidence or even the idea to do this before *Speaking Out*. The Toolkit taught me about research methodology, the history of LGBT, how to write a proposal, and how to apply for funds.”

In Tunisia, ToT graduates were able to advocate and effect changes to the National AIDS Strategic Plan, in order to put as an objective for a near future the decriminalization of homosexuality. One ToT graduate led an “in-country survey of the government, who had been very anti-HIV and anti-MSM. They were about to do a public presentation with the media when the President called and asked them to shut it down. It forced a realization that they needed to work more with the Ministry of Health, in partnership, before embarking on advocacy strategies. Now it is a government mandate to work towards the survey and the results are therefore legitimized, which is important.” Therefore, changes to the national objectives passed in a legal sense, but implementation has been slow, and is not a top priority. While advocates in Tunisia would like to continue to push for full implementation, they are losing Global Fund support, and struggling politically, making it difficult to focus attention on advocacy—though advocacy might be the best approach if done properly right now.

Unfortunately, one ToT graduate and strong advocate was forced to seek political asylum in Sweden just recently, following threats resulting from advocacy activities and due to his sexual orientation. While it is a great loss to the region, we understand and nobody blames him for leaving.”

In Morocco, ToT participants struggle as they have been unable to address legalization and decriminalization of homosexuality. “Morocco is very suspicious around issues of MSM because of the Islamics who came into power last year.



We are advanced in terms of programming, but struggle with the law. When we conducted the ToT, we informed the Moroccan government, UNAIDS and the Global Fund about *Speaking Out* and a guidelines on norms and standards we were creating. We hoped that this would help other involved NGOs in Morocco. Everyone was very interested, so we involved them as a regional support team in the process.” There are now plans to involve these and other key stakeholders in a national stakeholder meeting, to work on guidelines on norms and standards of the Ministry of Health (MoH) Guidelines on MSM and HIV, and disseminate the finalized adapted Toolkit. “We also want to propose to the Global Fund that they support trainings, and we want to have a stakeholder consultation to appropriate the guidelines.” The MSMGF has pledged to support these activities financially and with technical assistance as a Breakthrough Initiative.

The next step as a region is to expand to the Middle East and do a Toolkit adaptation and ToT in Arabic. The facilitator for MENA, and ALCS, are already in discussion. The MSMGF is also

securing funding to implement *Speaking Out* in Algeria and Tunisia.

In Lebanon, all organizational staff were briefed by participants following their return from the ToT. “I shared information from the Toolkit and learnings from other participants with them. We are now using the Toolkit to train others in advocacy. I took it seriously and it is part of the whole process. I’ve been to this training, the toolkit is ours, and now I need to use the toolkit.” There are plans for targeting other organizations with training and sharing based on the Toolkit, and funds have been applied for to support these activities. Additionally, they have applied to the MSMGF for Breakthrough Initiative funds to support human rights work, namely legal training for judges, sensitization of police, and other training opportunities.

In the summer of 2012 after IAS, a large gay pride protest was organized by ToT graduates and others, around which an advocacy campaign about sexual freedom was launched. “We used advocacy tools from the Toolkit in these activities.” Additionally, participants from Lebanon and Morocco decided to collaborate in providing clinics for MSM. “The clinic in Beirut is Marsa (Sexual Health Center), and in Marrakech is Dar el Borj. Both countries had been providing clinics without having a real model, rather just trying to see what was happening in Anglophone countries. Everyone struggles to offer services to MSM, and with tools for monitoring. During *Speaking Out* in Marrakech, there was a spontaneous site visit to the MSM clinic, and the participants from Lebanon talked with those from Morocco about the similarities of their clinics. Now they are trying to exchange tools for monitoring, following up with medical records, ensuring anonymity, and are thinking about hosting a joint training between staff from both countries. In the Moroccan model there are things that work and things that do not, and same in the Lebanese model, and now they are exchanging good practices and lessons and correcting through cross learning. This happened because *Speaking Out* provided a venue for exchange.”

On a personal level, one of the Lebanese participants was named co-chair of the MSMGF youth reference group. “I consider this part of my personal advocacy.” Pushing for social acceptance, tolerance, and non-discrimination is “where we are in terms of advocacy in Lebanon. Now we need to change policy and law.” Toward this, advocates were recently involved in meetings with Parliament members to push for draft legislation to protect people living with HIV. “We are reconsidering now how to approach this issue, as the initial meetings did not go well.” Participants are also engaged in promoting access to services and the right to health care on TV, as well as safer sex and ending discrimination. “It is hard in the region because we are ruled by religious beliefs. There is widespread stigma and discrimination toward sexual minorities and even toward women who are sexually active outside of marriage.”

Viet Nam

In Viet Nam, funding for Breakthrough Initiatives was not provided at all under the 1 year of financial support from UNAIDS. Nonetheless, ToT graduates are in the process of developing a Breakthrough Advocacy Initiative with financial support from LSF, technical support from the MSMGF and the consultant, and assistance from GLink. The Breakthrough Initiative being discussed is the creation of a national MSM network, only possible following *Speaking Out* and the resulting improved communications in the region among key stakeholders. “The *Speaking Out* process was the trigger for the MSM network idea. With the other participants and facilitators of the ToT, there was a strong felt need for a network to coordinate actions and pursue project ideas. One person can’t do anything, but in a group, many people can do everything.” Another commented that, “It was so nice having a training where we could just focus on thinking, sharing, and networking about advocacy. Before, we only saw each other at regional conferences during the coffee breaks, where you can hardly talk amongst ourselves but for a few minutes. It was such a luxury and rarity to have so much time to dedicate and discuss

just advocacy around MSM and HIV issues. The creation of the space to communicate is a huge strength of *Speaking Out*. To strategize in a south-south context is important, powerful, and unique.” With the MSMGF support, GLink will develop a national MSM network that includes participants and groups that attended the ToT in 2011.

To kick off the Initiative, a training was organized for summer of 2013. “At the ToT we realized that the MSM community has so many rights that are not protected. One of my goals now is to help achieve those rights. In a way, the ToT was advocacy itself because it raised my own awareness about my own rights as a gay man. When MSM face discrimination, it can lead to negative behavior and harsh reactions. The Toolkit helped us know how to react to those negative situations in a softer way, so that we could make the discriminator feel what they have done is not right to overcome the discrimination easier. Now it is time for us to organize and do more.”

In addition to the development of a national MSM network to address the challenging issues of criminalization, social stigma, and refocused efforts in areas of concentrated epidemics within a low prevalence setting, a variety of other achievements have been met, and ad hoc activities pursued. For example, “Together with colleagues, we have used the sections on finance and resource mobilization from the Toolkit, searched for donors, and developed proposals that have been funded.” Participants have also noticed that their work has shifted and is more strategic and targeted today, “having real substance, being community centered, and bringing important credibility and expertise.”

One of the outstanding gaps in Viet Nam is the evidence base. “We have to use evidence on MSM from other countries in the Pacific. Not much research is being done on MSM, IDUs, or male sex workers outside of that directly related to HIV.” There was a desire for funding to conduct research about the needs of MSM, to inform further advocacy activities. “There is very little research about the consequences

of stigma and discrimination. When we seek funding or conduct awareness-raising activities, we are mostly asked what the consequences of discrimination are, and we cannot prove it so it is hard to gain support.”

ToT graduates have increased their involvement in trainings and activities for MSM and non-MSM community members, utilizing sections and skills learned from the Toolkit. Even though most activities are small in scale, “they are opportunities to talk about knowledge and use aspects of the Toolkit” to improve the experience and the outcomes. “Talking to small groups of people, advocating with them and providing them information, is one of the steps mentioned in the Toolkit, and part of the advocacy process.” Another participant noted that, “I have applied the participatory activities from the ToT to other meetings and trainings. Things like role playing help participants understand situations quickly. I have engaged local health advisors and policy makers successfully in role playing to help them understand the situation of MSM, and learn why they need to support MSM.”

In one province, participants were engaged in small self-help groups prior to *Speaking Out*. Since the ToT, there are now three MSM groups and they are advocating directly with the government and have assisted them in events, have a mobile VCT clinic, and are receiving government assistance toward service provision. In another example, in Hanoi one participant who is a social entrepreneur is now holding events and MSM activities. “His way of advocating is not through the government, but through the business sector.” He is advocating for rights and HIV prevention in bars and other areas, and raising funding from businesses to host events.

Good practice: *Unfunded and spontaneous advocacy activities occurred in all implementation areas following ToTs, largely with positive outcomes. The MSMGF staff extended technical support and mentorship to ToT graduates involved in these activities. Similarly, the MSMGF vowed to provide technical support*



through the life of the Initiative, beyond the period funded.

Good practice: The MSMGF's new web platform is multi-lingual, interactive, and contains mixed media and links to participating organizations, individuals, and other key stakeholders.

Good practice: The MSMGF and her donors remained flexible regarding Breakthrough Initiatives. Funds earmarked for activities were redirected toward further skills training and capacity building, based on assessments of participant abilities and needs.

Lesson: Whether the benefit was on an individual level, an organizational level, or a national level, the results of spontaneous unfunded and planned funded advocacy Initiatives were significant.

Lesson: Involvement of the media as an ally, and of Ministry of Health and other public health officials and policy advisors, improves legitimization and support of advocacy initiatives and should be encouraged as a fundamental and well-constructed aspect of all Breakthrough Initiatives.

Lesson: Advocacy can at times be dangerous. The MSMGF should take steps to prepare ToT participants and potential advocates involved in Breakthrough Initiatives for the potential negative consequences of their involvement.

Lesson: Teaching advocates how to both utilize and contribute to the evidence base would contribute greatly to the impact of their advocacy campaigns.

Lesson: Funding and support for the development of national and regional MSM and TG networks is a good investment. It facilitates cooperation, ensures a stronger voice, and is much more visible to the media and the public. It also helps to overcome the current gaps in research, by facilitating sharing of what research is available, and information on studies being conducted or findings otherwise hidden. The MSMGF should ensure that the network formation process is wholly owned by the participants, and only guided by the MSMGF in establishing methods and operating procedures, rules and practices, etc., in order to build strong local commitment and momentum toward the networks.

Suggestion: Review and update the standardized template for Breakthrough Initiative proposals to include, at a minimum, (1) a problem statement and context for the advocacy Initiative, (2) the rationale, (3) the partners to be involved, (4) the goal, objectives, specific activities, timeline, and expected outputs and outcomes, and (5) the budget. Ensure the proposal process is open to all ToT participants to ensure transparency and a degree of competition. Review committees should be composed of the MSMGF representatives, donor representatives, and a stakeholder like UNAIDS from within the country, who are familiar with the context and feasibility of the proposal. It should not include the partner organization or others who might also be competing for funding. Selection criteria should be established with ratings for different categories responded to, and the MSMGF's involvement in proposal development should be kept to a minimum to remove any accusations of bias.

Suggestion: Develop and utilize a standardized template for reporting on Breakthrough Initiatives every 3 months at a minimum. Complementary qualitative and quantitative methodologies should be utilized, and should

link back to the MSMGF's own M&E processes and donor reporting. Breakthrough reporting should be linked to funding disbursements. Provide technical assistance to Breakthrough Initiative partners to help them with the difficult task of identifying and monitoring robust advocacy outcomes.

Suggestion: *Find ways to support ToT graduates to network and take leadership roles internationally, such as at IAS conferences, as this helps build up their confidence to embark on advocacy activities back home.*

Note: Breakthrough Initiatives are occurring or are being prepared in all pilot and other implementation countries. For example, in MENA, participant countries are working to establish an MSM Platform and other broad regional activities. Work toward the Platform will officially kick off this September 2013, with members from the 5 countries present at the *Speaking Out*

Initiative. In Morocco, ALCS will be convening a stakeholder meeting to officially share the Toolkit adaptation with other NGOs working in the areas of HIV, minority sexual health issues, human rights, and and civil rights, and to members of the government Ministry of Health, to both make them aware of the Toolkit and also create space to discuss the new MSM Guidelines released by the Ministry of Health in 2012. In Lebanon, activists are planning to hold police sensitization trainings, and similar trainings for lawyers and judges. In Kenya, Breakthrough Initiative proposals will be submitted in the fall of 2013, with funding to be dispersed possibly as soon as the end of the year.

Suggestion: *Given the desire by donors to be more intimately involved in the Initiative, the MSMGF is encouraged to extend invitations to donors to participate in site visits, attend ToTs, and join public events like those held at IAS.*

5

CONCLUSIONS & RECOMMENDATIONS

This section provides the overarching recommendations from this evaluation. These complement the *suggestions* provided at the end of each section within the Findings discussion (above), and the Immediate Next Steps, which follows (below, §6).

Recalling that the main research question was whether the *Speaking Out* model was good for building capacity of local MSM groups to pursue advocacy initiatives, this evaluation found the answer to be, overwhelmingly, *YES!*

Respondent consensus was that *Speaking Out* was incredibly important, both for the skills and tools it imparted, and additionally and importantly for the safe space it provided to discuss and share experiences, and collaborate toward realization of important changes affecting the prevention, care, treatment and support of MSM and TG communities. The process of *Speaking Out* is distinctive for its threefold approach to building capacity and contributing to systems strengthening, through (1) participant advocates, (2) local implementing partner organizations, and (3) the MSMGF itself. This process was found vitally important to the sustainability of advocacy in the geographic areas targeted by the Initiative.

This evaluation had 2 evaluation objectives. By way of conclusions,

- ① The objectives were found to match the stated plan as all objectives were met, from the technical perspective, and from the output/outcome perspective.
 - Toolkits were adapted into 3 languages and regions
 - ToTs were implemented
 - Advocates were trained
 - Technical assistance was provided to partner organizations
 - Breakthrough Initiatives were funded in Honduras (MENA participants were not deemed ready to pursue Breakthrough activities, and in Viet Nam there was no funding for this activity)
- ② *Speaking Out* had an impact on local advocacy for participants named, identified, and mapped out issues to advocate around at the ToT and following graduation, and pursued largely successful advocacy actions, both planned and spontaneously. Encouragingly, participants also collaborated successfully across countries and regions with other participants to respond to human rights violations and strategize advocacy actions.

Recommendations

Given the overwhelming anecdotal evidence of *Speaking Out's* value in terms of empowering organizations and individuals with the skills and space to improve their advocacy potential, the MSMGF must improve the M&E processes to better capture and report the evidence. This is important to facilitate Initiative expansion and attract more diversified funding, as well as share successes, lessons, and good practices with other advocates nationally, regionally, and globally. In this way many may benefit, and experience new and renewed momentum and impetus to improve their own approaches to advocacy.

The overarching recommendation of this evaluation is, therefore, that the MSMGF:

Design and implement a rigorous, global, and structured monitoring and evaluation system. This system should utilize complementary qualitative, quantitative, and appreciative methodologies at multiple levels, to assess the effectiveness, the impact, and the sustainability of *Speaking Out*, and inform the Initiative moving forward.

Of course, M&E is challenging because there are many views about what M&E is and should be,

and how to measure *Speaking Out* outcomes, impact, and process. Due to these many M&E considerations, the recommendation for an improved M&E system is contingent upon several secondary and interlinked recommendations.

- ③ Include a needs assessment and mapping exercises to the Toolkit adaptation process
 - **Needs assessment:** To determine the level of prior advocacy experience at the national level and among potential ToT participants, in order to more appropriately tailor the Toolkit and the training.
 - **Mapping the context:** To capture contextual information on the socio-cultural, legal, political, religious, and economic situations in each country and region, and how they relate to MSM, TG, and HIV. These findings should be documented for inclusion in the adapted Toolkit, and to advise the adaptation process, as well as compiled into a separate report to share and disseminate with other organizations engaged in complementary and related fields. For those countries that have already implemented *Speaking Out*, and where Breakthrough Initiatives are under way, the MSMGF should conduct a mapping as

Figure 5: Pre- and Post-ToT Survey in Viet Nam

In June of 2013, MSMGF piloted a pre- and post-ToT survey in Viet Nam. In total, 24 participants completed both rounds of the survey.

Findings show that pre-ToT expectations were to learn more about stigma and discrimination foremost, followed by civil society and networks, advocacy skills and tools, and human rights and reporting mechanisms.

Post-ToT findings reveal that most topics were addressed as per expectations, with the exception of an increased desire to concentrate on human rights abuse reporting, and a heightened awareness of the need for investment and funding information. Additionally, post-ToT, respondents indicated a heightened desire to have more skills to work with the media.

See Appendix 7 for the full preliminary analysis of the survey findings.

soon as possible for dissemination, and for inclusion in any future revisions or republications of the existing Toolkit. For example, in MENA this could be added as an activity for the new MSM Platform to pursue.

- **Mapping the stakeholders:** To list key collaborations and associations with organizations and individuals. *Speaking Out* processes also unveil information on who is working in the field, and where existing relationships and collaborations exist. This is important information for donors and others, who rely on grantees and others working on the ground, to help them identify who key decision makers are and who can make things happen.

④ **Tap into other Initiative data collection processes through structured and standardized data collection mechanisms**

- **Pre- and post-ToT surveys** of participant needs, knowledge, and feedback, to be executed at the time of the ToT, then 6 months, and then a year post-training to gauge results, impact, and sustainability. This could be done through Survey Monkey or, where Internet access is challenging, in hard copy (see Appendices 2–8 and Figure 5).
- **Selection process documents** standardized and incorporated into M&E. Standardized procedures and requirements for the identification and recruitment of partner organizations, consultants and facilitators, and participant advocates, is a good practice, facilitates the review process, reduces the chance of favoritism and bias, and for M&E purposes it allows comparisons and cross-referencing across time of nuanced changes individually, organizationally, and nationally/regionally.
- **Rapporteur notes** from ToTs to capture content, process, discussions, case

studies, lessons and good practices. Rapporteurs were utilized for the first time in July 2013 in Cambodia, but the MSMGF intends to make them a standard feature at all ToTs moving forward.

⑤ **Utilize a variety of techniques to capture both process- and results-oriented M&E findings.**

- In this way, the MSMGF will meet donor reporting needs, as well as have information at hand to share with governments, other key stakeholders, community organizations, individual advocates, and other allies including the media.
- **Input and output achievements against targets.** *Speaking Out* is about movement building, making it necessary to ask far-reaching questions on indicators, using a rich qualitative-quantitative and iterative methodology. These should include evidence of linkages to care and treatment, uptake of testing, investment in MSM programming, the value of putting people together in conversation about their lives and experiences, the creation of safe spaces to discuss and plan collaborations across and within constituencies, advocacy activities, etc. Indicators should be aligned with donor expectations, Initiative objectives, and government benchmarks as possible. “Good M&E needs to look at local, national, and regional impact. How has the work of an organization or an individual changed? How has the response of societies changed?”
 - **Case studies** illustrating outcomes and impact. These should be collected in person when possible, as well as at the time of the surveys, from targeted and/or random participants, in order to flesh out survey results and highlight noteworthy results and impact. “Including compelling human-interest stories in regular reporting, that qualitatively document how lives have been changed—even if only for one person—are necessary. M&E

needs to live. It needs to relay something or some case study that is innovative and motivates, through the words of the people benefitting, to work further to improve lives. The beneficiaries must be at the center of everything that is done.”

- **Tracking systems** findings that: (1) follow *Speaking Out* activities against the timeline; (2) monitor political, legal, service-oriented, and policy-related changes at the national level from both supply and demand side perspectives; and (3) identify differences in how individuals and organizations work after participation in *Speaking Out*, in particular whether there has been progression from working with support groups on service delivery, to engaging in political and policy-related activities.
- **Documentation of good practices and lessons learned** to be incorporated into regular M&E, a component of all field visits, and regularly shared throughout the program so that all may benefit from this important and practical information.

An M&E training package (see below, §6) should instruct users on the methods and processes to capture and report rigorous and quality monitoring findings.

⑥ **Develop a 2-way communications strategy to disseminate information and media, and respond to media.** The MSMGF has not been good at self-promotion or utilization of its Web site and popular media outlets, until recently. Its approach to media has been reactionary, and communicating with constituents and the public has not been prioritized.

- **Press releases:** During the pilot phase, the MSMGF has published only 1 press release, an article dated 10 December 2010 entitled *Landmark Global Initiative Seeks to Reduce HIV among Gay Men by Tackling Widespread Stigma and*

Discrimination. This is insufficient. The MSMGF is advised to schedule press releases linked to key *Speaking Out* activities, including but not limited to ToTs, Toolkit launches, Breakthrough Initiative activities, and to highlight key results and impact as identified during annual M&E reporting. The one done for IDAHO May of 2013 about the launch of the new *Speaking Out* Web site is a good example.⁹

- **Web sites:** A new *Speaking Out* Web site (www.msmsgf.org/speakingout) was launched in July of 2013, with an aim toward improved publication of what is being done, and inclusive of video testimonials, case studies, and more regularly updated information from the countries and regions implementing *Speaking Out*. This is an excellent step toward improving the Initiatives exposure on the web. Further considerations are to include linkages on the Web site to partner organization Web sites, and to host 1 web page per region, owned by the region with technical support provided by the MSMGF, to feature updates on Breakthrough Initiatives, key lessons learned, good practices, and progress made. The Web site should also be an outlet to publish training results, participant follow-up, and activity highlights.
- **Social media:** To spread advocacy messages, exchange and share information and ideas, and solicit support. The MSMGF already taps into several social media outlets, including Facebook and Twitter, and ToT participants have utilized social media platforms to create closed methods of communicating and coordinating among themselves.
- **Other communications:** To respond to press items, create news items (e.g.,

⁹ See www.msmsgf.org/index.cfm/id/11/aid/7754/langID/1/



op-eds), conduct press conferences, invite the press to cover advocacy events, and disseminate key messages, findings, and achievements. This would require continuing and possibly expanding training of select advocates and *Speaking*

Out managers on how to manage the media, create news items, and conduct interviews, including preparation and responding to technical questions.

6

IMMEDIATE NEXT STEPS

In order to address the urgent M&E needs of *Speaking Out*, the next year (mid-2013 to late-2014) is critical for the MSMGF. Identifying a consultant, securing funding for M&E activities, developing and implementing a new M&E system framework, are of paramount and immediate importance.

Steps involved would include:

- ① **Hire an M&E consultant to lead the process (~0.5 FTE).** The M&E consultant should be someone from the outside, who is not too involved in *Speaking Out* to be able to come in with different eyes, provide different perspectives, and ask different questions than those who are involved daily in the Initiative would. Over the next 18 months, the consultant would pursue activities leading to the development and implementation of a new M&E Framework and Guidelines. Periodic travel (e.g., 3 international trips per year, and 3 domestic trips to the MSMGF headquarters in Oakland) would be required for face-to-face training and technical assistance, and the collection of case studies and other materials for reports and communication materials.
- ② The M&E consultant would be responsible to **identify, map, and analyze M&E Frameworks** from other organizations¹⁰ working in the fields of HIV/AIDS, MSM and sexual minorities, and human rights, to tap into the wealth of M&E lessons and learnings, processes and procedures, indicators and methodologies to capture evidence of impact. They would also help the MSMGF find a system to do a better job articulating *a priori* what their intended goals and ultimate impact are, in 1 year, in 3, and in 5. Key questions would include what is *Speaking Out* aiming to change, and how can *Speaking Out* information be made public.
- ③ Based on the mapping and strategic planning, the M&E consultant would then **develop a new M&E framework and guidelines** for *Speaking Out*. Together with the director of communications, regional field (see below) and other manager, the consultant would develop monitoring tools, templates, processes and procedures, including:
 - Identify primary and secondary indicators for data collection, both qualitative and quantitative, process- and results-oriented
 - Case studies, good practices, and lessons learned

¹⁰ I.e., ITPC, The Alliance, Futures Group, PSI, GNP+, UNAIDS, etc.

- Tracking systems of legal, policy, and media shifts and achievements

The consultant would also develop, capture and link current and new materials and information gathered by programs and projects to M&E processes and the new interactive Web site, including:

- Pre- and post- event surveys
- RFP responses and expressions of interest
- Background documents and other information

It is advisable that the finalized new M&E system and guidelines be periodically reviewed and updated to ensure it meets the various needs of different countries and regions (i.e., every 2 years).

- ④ **Develop M&E training materials** based on the new guidelines and finalized indicators, for both the MSMGF staff and managers and implementation partners and participants. Modules will be included in future trainings or used as a standalone training package, and will include:

- Methodologies
- Actual data collection (qualitative and quantitative)
- Capturing and sharing good practices and lessons learned
- Case study development
- Donor reporting
- Internal learning
- Communications strategies (social and other media)

- ⑤ **Implement the new M&E system.** The M&E consultant would bridge with the regional

field managers, training them on the new M&E system, filling in human-interest components, collecting good practices and lessons learned, facilitating monitoring data collection and case studies, helping analyze and draw conclusions, and then compiling and drafting reports and internal learning materials.

- ⑥ Conduct a **late-2014 follow-up evaluation.** This would document steps completed toward the recommendations in this pilot phase evaluation, incorporate new qualitative and quantitative monitoring data and findings based on implementation of the new M&E system guidelines, and add information on new countries and regions, namely Kenya, Cambodia, Eastern Europe, and Central Asia.

- ⑦ Additionally, the MSMGF should **recruit and reassign human resources to manage the multifaceted M&E and communications requirements.**

- **Assign a dedicated director (0.5 FTE):** Currently, the *Speaking Out* field manager is juggling all aspects of implementation, technical advice, and M&E. In an ideal situation, *Speaking Out* would have one director (reassign 50% of the MSMGF director of policy's time), who supervises all staff and consultants supporting *Speaking Out*, and is responsible for overseeing every aspect of *Speaking Out*, helping to move forward the overall objectives.
- **Recruit regional field managers (1.0 FTE each):** Given current and anticipated Initiative expansion, the field manager position would be reassigned and split into 3 regional field managers, 1 for Central America and East Africa; 1 for MENA, West Africa, and the Middle East; and 1 for Eastern Europe, Russia, and Southeast Asia. Regional managers would split their time between policy work and direct supervision of the *Speaking Out* process, from Toolkit adaptation to ToTs, to Breakthrough

Initiatives and other activities. They would be responsible with the director of policy for fundraising, and they would also be responsible for regularly updating their sections of the Web site, engaging in focused communications including with the media, and participate in donor reporting and M&E processes.

- **Guarantee other support staff:** Working with the regional managers and the M&E consultant would be the MSMGF director of communications (currently 0.25 FTE) and the MSMGF grants manager (currently 0.25 FTE). Together they would ensure that information is

flowing between *Speaking Out* projects across regions and globally, that communications and data collection components are standardized and operationalized, and that donor documentation requirements, media, Web sites, and other reporting and communications activities are synched and achieved. The grants manager would manage reporting and other timelines, ensure field and central reports met formats and expectations, and that budgetary information was complete. Additionally, a graphic designer would be consulted on a need-be basis.



APPENDICES

APPENDIX 1: Sample Interview Questions

Partnerships

How did Speaking Out come about?

How does it fit in with the MSMGF priorities?

What was the purpose of the Initiative?

What is the methodology for implementation?

Who are the stakeholders involved?

What partnership model was utilized? Why?

How successful has it been?

Whose idea was it and what was it founded upon?

How did partners respond to this model?

What were the advantages and disadvantages of this approach?

What were the responsibilities of various stakeholders?

How fluid were communications between the MSMGF and local partners?

How important were communications to the success of the Initiative?

What categories of communications were utilized and how successfully?

How are ownership and sustainability addressed?

How successfully?

Funding and Staffing

How were donors approached? Identified?

Who funded the pilot phase of *Speaking Out*?

Of those, who is still funding *Speaking Out*? Since when? For how long? How much?

What were the funding restrictions? Funding expectations?

How does *Speaking Out* conform with donor priorities? Plans? Strategies? Priorities?

How did *Speaking Out* implementation conform to donor timelines?

How are donor expectations and demands being met?

What are the challenges to funding advocacy, especially in a pilot phase?

How satisfied are donors with what they have seen from the initiative?

What aspects are they not satisfied with, if any?

What are they most enthusiastic about?

How well do funds match the financial requirements of the Initiative?

What areas require more funding, or have been shortchanged?

What more would donors like to see from the MSMGF?

How long will funding likely continue?

Who are the MSMGF staff supporting *Speaking Out*?

What staffing gaps are they?

How are they being addressed?

What changes have been made?

At what levels of commitment are staff salaries covered?

Compared to actual commitments?

How much do *Speaking Out* activities cost?

What are the differences in cost between countries and regions?
Who is benefiting?
How are budgets determined?
How is the MSMGF involved in budget decisions?
How much influence do donors have over the implementation locations?

Reporting

What were donor reporting requirements?
The MSMGF reporting requirements (from partners, at ToTs, following ToTs)?
What were the reporting formats?
How were they standardized?
How often did reporting occur at the various levels?
How rigorous was M&E?
Who organized/was responsible for reporting at the various levels?
What were the timelines?
What additional reporting would benefit the program? How?
What would stakeholders (donors, participants, partners) like to see further?
What should be monitoring indicators?
How can/should monitoring and evaluation be restructured for improved reporting and highlighting results and impact?
What were major reporting challenges?
What helped make the process smoother?

Selection Processes

How were countries/regions, participants, facilitators and consultants, and partners selected?
How did selection vary depending on country context? Why?

What were the factors that determined selection methods?
Which approaches worked better? Why? Where?
Who made selection decisions?
How transparent were the processes?
How important was transparency?
How much influence did donors have on selection decisions?
How much influence should donors have?
How will the MSMGF balance donor demands and Initiative desires in the future?
What were the advantages and disadvantages of the areas and stakeholders selected?
What were the criticisms?
What were the compliments?

Adaptation of the Toolkit

What is the process of adaptation?
Who leads the process?
How are the different stakeholders involved and at what stages?
How are the processes different in the different countries/regions? Why?
How are roles and responsibilities delineated?
What is the timeline?
How on-time were adaptations?
What were the different stages/steps involved?
What support was provided by the MSMGF?
How was ownership ensured?
What guidelines for adaptation were provided by the MSMGF?

Advocacy Toolkit Development

Who developed the Speaking Out Toolkit? Why? When? How?
What was the original intention of the Toolkit?

How did this evolve/change over time?
How was beneficiary opinion and input sought?
How was ownership ensured?
What were the different stages in development?
Where did the information come from that was incorporated into the Toolkit?
Who determined the content and the approach?
How was it validated?

Toolkit Content

What were the best sections of the Toolkit?
The most effective?
Why? For whom?
How were they applied (case studies)?
What sections were lacking?
What additional content is needed?
What content needs further revisions?
What content needs to be added to the global Toolkit?
How is the Toolkit unique?
Which sections were the most challenging?
Why?

Trainings

What was the training methodology?
How did participants respond to this?

How successful was it?
How was the training evaluated?
How many days long were trainings?
Who facilitated?
What were the best sections of the training?
What sections could be further improved? How?
What sections should be added? Where? When? Why?
Aside from tools learned, what were the other benefits of the training venue?
How engaged have participants remained following trainings?
How has communications between participants been encouraged/supported?

Breakthrough Initiatives

What breakthrough initiatives have been funded? Where?
What was the process of designing, applying for, selecting, and funding initiatives?
How much were they funded for?
Who funded?
How much assistance did the MSMGF provide in soliciting funds?
What were the reporting/monitoring requirements?
What non-funded breakthroughs have occurred? Where? When?

APPENDIX 2: About the Online Surveys

The MSMGF has developed this simple online survey series to get a general and broad picture of the impact of *Speaking Out* at the community, national, and regional levels. The survey is being distributed globally among participants who attended a *Speaking Out* Training of Trainers (ToT), and engaged in Breakthrough Initiatives.

The MSMGF recognizes the limitations of online survey tools, including their ability to capture exuberance and spontaneity in responses. The importance of qualitative and quantitative monitoring so that *Speaking Out* results and impact are not lost is paramount. The MSMGF will strive to ensure that this set of 4 surveys remains fluid and flexible to capture what is

working and what is not, to recommend ways to refine the approach for an improved *Speaking Out* process, and to meet stated objectives.

The survey will contribute to strengthened understanding of advocacy and human rights. The information collected from these and other M&E processes will be used to inform the development of *Speaking Out* processes, approaches, and resources accessible and relevant to participants. A summary report of the online surveys and other processes will be developed and shared broadly and among the communities that have generously provided their time, input, and expertise.

APPENDIX 3: Profile for Surveys

Please create your own ID. Use the first 2 letters of your mother's first name, first 2 letters of your father's first name, and the year you were born. Example: Mary, Edward, born 1970 ID would be: *MAED1970*.

1. What is your country of origin? (*Box with scroll list of countries*)
2. What is your country of residence? (*Box with scroll list of countries*)
3. What is your HIV status? (*Positive, Negative, Unsure, Do not wish to disclose*)
4. What communities do you identify as being a part of? Tick as many as are relevant to you. (*MSM, TG individual, Sex worker, Nonprofit/social work, Government, Donor, Advocacy, Health care provider, International donor or NGO, Other: _____*)
5. What gender do you identify as? (*Male, Female, Male-to-female TG, Female-to-male TG, Other: _____*)
6. How do you define your sexual identity? (*Gay, Lesbian, Bisexual, Intersex, Heterosexual, Do not wish to disclose*)
7. What age group do you fall into? (*Under 18, 18-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 and over*)
8. Do you live in an urban area or a rural setting? (*Urban city or town, Rural area or village*)
9. What is your job/position title? (Blank box to reply _____)

APPENDIX 4: Survey 1 – MSMGF *Speaking Out* Participant Baseline Pre-ToT Survey

Use your previously created ID. As a reminder, it is the first 2 letters of your mother’s first name, first 2 letters of your father’s first name, and the year you were born. Example: Mary, Edward, born 1970 ID would be: *MAED1970*.

Training expectations

- 10a. What do you hope to learn from your participation in this training workshop? (Blank box to reply _____)
- 10b. How do you intend to share what you learn? (Blank box to reply _____)
- 10c. With whom do you intend to share what you learn? (Blank box to reply _____)
- 11a. Have you ever participated in a training on building advocacy capacity before? (Yes, No)
- 11b. If yes, describe when, who sponsored, how many days the training was, and whether content was tailored to address the needs of MSM and TG individuals (When: _____, Sponsor: _____, Number of Days: _____)
12. What information is important to you that you hope to learn more about? (Rate on a scale of 1–3 with 1 = foremost important, 2 = less important, and 3 = not important. Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and mechanisms, Knowledge on civil society and networks, Knowledge on self-care and working in hostile environments, other _____)
13. What advocacy sub-topics are you most interested in learning more about?

(Choose 3 choices maximum. Working with the media, Pursuing and using research for advocacy, Monitoring and evaluating results, Mapping and tracking, Communications, Funding *advocacy activities*, *Steps to effective advocacy*, other: _____)

Experience and Opinion

14. What type of training materials do you prefer? (Check all that apply. Brochures, Books and booklets, PowerPoint presentations, Video, Audio, Internet links, other: _____)
15. What training method do you prefer? (Check all that apply. Online/Internet reading, online/Internet group discussion, Training workshop lecture style, Highly participatory training workshop, Discussion groups within support groups, Peer training and use of peer-produced literature, Other: _____)
16. What is advocacy, and what is its purpose? (Blank box to reply _____)
- 17a. What advocacy activities have you participated in over the past year? (Describe the topic, your involvement, and the outcome, if any. Blank box 1 _____, blank box 2 _____, blank box 3 _____)
- 17b. Was content tailored to MSM and/or TG individual needs? (Yes, No)
18. What advocacy activities are you aware of in the past year that addressed the

needs of MSM, TG individuals, and sexual minorities, or raised issues surrounding the needs of sexual minorities? (Blank box to describe _____)

19. What workshops or trainings have you facilitated or co-facilitated in the past year? (Describe topic, nature of participants, role. Blank box 1 _____, blank box 2 _____, blank box 3 _____)

20. What human rights violation(s) have you personally experienced in the last year, if any? (Blank box 1 _____, blank box 2 _____, blank box 3 _____)

21a. Are you aware of a network or community support group in your country of residence to address the needs of MSM and TG individuals? (Yes, No)

21b. If yes, how long have you belonged or participated in this network or community support group? (Do not belong, Less than 1 year, Between 1 and 2 years, More than 2 years)

21c. If yes, what is the network or community support group doing in your country of residence to support MSM and TG persons? (Blank box to reply _____)

22a. Does your country of residence have laws and policies in place to protect the human rights of MSM and TG individuals? (Yes, No, Do not know)

22b. If yes, are these laws and policies effective? (Yes, No, Do not know)

22c. If yes, are these laws and policies sufficient? (Yes, No, Do not know)

23a. Has your country of residence made progress in the past 5 years toward protecting the human rights of MSM and TG individuals and/or other marginalized groups and sexual minorities. (No progress, Very little progress, Some progress, Most needs are being met, All needs are being met)

23b. In your opinion, how does your country of residence rate compared to other countries in the region over the past 5 years? (Better, The same, Worse. Describe: _____)

24. What are the greatest challenges to an effective and comprehensive program to address the multiple and complex needs of MSM and TG individuals in your country of residence? (Blank box 1 _____, blank box 2 _____, blank box 3 _____)

Thank you for taking the time to participate! If you have any questions, comments, or concerns about the survey, or would like to know more about *Speaking Out*, contact:

_____.

APPENDIX 5: Survey 2 – MSMGF Speaking Out Participant Post-ToT Survey

Use your previously created ID. As a reminder, it is the first 2 letters of your mother’s first name, first 2 letters of your father’s first name, and the year you were born. Example: Mary, Edward, born 1970 ID would be: *MAED1970*.

Presentation-related

25a. What did you think about the workshop facilitation? (*Rate on a scale of 1-3 with 1 = most effective, 2 = somewhat effective, 3 = not effective*)

25b. How could it be further improved / what suggestions would you give to the facilitators to improve their presentation? (*Blank box to reply _____*)

26a. What did you think of the workshop location (country/city)? (*Rate on a scale of 1-3 with 1 = very good, 2 = good, and 3 = not good*)

26b. What would have made a better workshop location (country/city)? (*Blank box to reply _____*)

27a. What did you think of the workshop location (venue)? (*Rate on a scale of 1-3 with 1 = very good, 2 = good, and 3 = not good*)

27b. What would have made the workshop location (venue) better? (*Blank box to reply _____*)

28a. What did you think of the logistical coordination leading up to the workshop? (*Rate on a scale of 1-3 with 1 = very good, 2 = good, and 3 = not good*)

28b. Describe how coordination and logistics could have been improved, and note any problems you

encountered. (*Blank box to reply _____*)

29a. What did you think of the content of the Speaking Out Toolkit? (*Rate on a scale of 1-3 with 1 = very good, 2 = good, and 3 = not good*)

29b. If you could improve upon the content, what would you add? (*Blank box to reply _____*)

29c. If you could improve upon the content, what would you remove? (*Blank box to reply _____*)

30a. How adequately did you feel the toolkit addressed the issues of MSM in your country of residence? (*Rate on a scale of 1-3 with 1 = very adequately, 2 = somewhat adequately, 3 = not adequately*)

30b. How could this be improved? (*Blank box to reply _____*)

31a. How adequately did you feel the toolkit addressed the issues of TG individuals in your country of residence? (*Rate on a scale of 1-3 with 1 = very adequately, 2 = somewhat adequately, 3 = not adequately*)

31b. How could this be improved? (*Blank box to reply _____*)

32. For you, what was the most effective section of the Speaking Out Toolkit? Why? (*Blank box to reply _____*)

33. For you, what was the most important section of the Speaking Out Toolkit? Why? (Blank box to reply _____)
34. What type of training materials were the most effective? (*Rate on a scale of 1-3 with 1 = extremely effective, 2 = somewhat effective, 3 = not effective.*) *Brochures, Books and booklets, PowerPoint presentations, Video, Audio, Internet links, other: _____*)
35. How effective did you find the participatory training method? (*Rank on a scale of 1-3 with 1 = extremely effective, 2 = somewhat effective, and 3 = not effective. Describe why: _____*)
36. How useful did you find the participant sharing sessions? (Rank on a scale of 1-3 with 1 = extremely useful, 2 = somewhat useful, and 3 = not useful. Describe why: _____)
39. How do you intend to share what you have learned with your home community/organization? (Blank box to reply _____)
40. What is advocacy, and what is its purpose? (Blank box to reply _____)
41. What type of advocacy activities do you wish to pursue in the future? (Blank box 1 _____, blank box 2 _____, blank box 3 _____)
42. In your country of residence, what laws or policies are there to protect and promote the rights of MSM and TG individuals? (Blank box 1: _____, blank box 2: _____, blank box 3: _____)
- 43a. What progress has your country of residence made in the last 5 years toward protecting the human rights of MSM and TG individuals and/or other marginalized groups and sexual minorities. (No progress, Very little progress, Some progress, Most needs are being met, All needs are being met)

Content-related

37. Rate the availability of information in the training and training materials/Toolkit you received? (*Rank each section on a scale of 1-3 with 1 = well covered, 2 = mentioned, 3 = not addressed. Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and reporting mechanisms, Knowledge on civil society and networks, Knowledge on self-care and working in hostile environments, Knowledge on managing the media, Knowledge on fundraising, other _____*)
38. What topics do you wish you had learned more about? (Choose 3 choices maximum. Working with the media, Pursuing and using research for advocacy, Monitoring and evaluating results, Mapping and tracking, Communications, Funding advocacy activities, Steps to effective advocacy, Other: _____).
- 43b. How does this rank compared to other countries in the region? (Better, The same, Worse. Describe _____)
44. What are the greatest challenges to an effective and comprehensive program to address the multiple and complex needs of MSM and TG individuals in your country of residence? (*blank box 1: _____, blank box 2: _____, blank box 3: _____*)
45. How will you stay in touch with other participants of the training workshop, the facilitators, others? (*Facebook, Closed Facebook group, E-mail listserv, Twitter, Have no plans to stay in touch, Other: _____*)
46. What was the most important thing you learned from the training workshop/Toolkit? (Blank box to reply _____)

47. What was the least important content of the training workshop/Toolkit? (Blank box to reply _____)

48. What things would you change to improve the content and/or the presentation of information at the training/workshop? (*List* _____)

Thank you for taking the time to participate! If you have any questions, comments, or concerns about the survey, or would like to know more about *Speaking Out*, contact:

_____.

APPENDIX 6: Survey 3 – MSMGF *Speaking Out* Participant 6 months Post-ToT Survey

Use your previously created ID. As a reminder, it is the first 2 letters of your mother’s first name, first 2 letters of your father’s first name, and the year you were born. Example: Mary, Edward, born 1970 ID would be: *MAED1970*.

- 49a. Have you shared your learnings from the *Speaking Out* ToT with your organizational chair? (Yes, No, Do not know)
- 49b. If yes, when? (Blank box to reply _____)
- 50a. Have you passed on *Speaking Out* Toolkit information and skills within your own organization? (Yes, No, Do not know)
- 50b. If yes, what information did you pass on? (Blank box 1 _____, blank box 2 _____, blank box 3 _____)
- 50c. If yes, how was the information passed on? (Formal internal presentation, Informal reporting during staff meeting, Informal sharing with colleague(s), Other: _____)
- 51a. Have you talked with your UNAIDS representative, or other donor, about doing a national training workshop on *Speaking Out*?
- 51b. If yes, what was the response? (Blank box to reply _____)
- 52a. Have you conducted a local workshop based on the ToT? (Yes, No, Do not know)
- 52b. If yes, when? (Applicable date range)
- 52c. If yes, how many participants were there? (Numerical options)
- 52d. If yes, what content did you cover in the workshop? (Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and reporting mechanisms, Knowledge on civil society and networks, Knowledge on self-care and working in hostile environments, Knowledge on managing the media, Knowledge on fundraising, Other _____)
- 53a. Have you been able to print copies of *Speaking Out* locally? (Yes, No, Do not know)
- 53b. If yes, how many copies did you print?
- 54a. Have you been able to disseminate copies of *Speaking Out*? (Yes, No, Do not know)
- 54b. If yes, to whom? (Government officials, Donors, INGOs, NGOs, MSM organizations, Media/press, Other _____)
55. Have you put the *Speaking Out* Toolkit adaptation on your Web site? (Yes—include Web site, No, Do not know)
56. How have you utilized what you learned during the *Speaking Out* ToT? (Describe in detail, specifically mentioning new skills and tools utilized _____)
- 57a. Have you applied for Breakthrough Initiative funding? (Yes, No, Do not know)
- 57b. If yes, when did you submit the application? (Applicable date range)

- 57c. If yes, to do what? (Describe activities in detail _____)
- 57d. If yes, when do you plan to initiate Breakthrough Initiative advocacy activities? (Applicable date range)
- 58a. Have you applied Speaking Out learnings to other advocacy activities? (Yes, No, Do not know)
- 58b. If yes, to do what? (Describe activities in detail _____)
- 58c. If yes, when? (Applicable date range)
- 59a. Have you kept in contact with other ToT participants? (Yes, No, Do not know)
- 59b. What methods have you used to keep in contact with other ToT participants? (Check all that are appropriate: Closed Facebook page, Listserv, E-mail list, Skype, Telephone, Face-to-face meetings, Other: _____).
- 59c. What types of things do you keep in contact about? (Describe in detail _____)
- 60a. Have there been any advocacy collaborations between you and other ToT participants? (Yes, No, Do not know)
- 60b. If yes, describe in detail. (*Blank box to reply* _____)
61. What learnings from the ToT have been the most beneficial to you? (*Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and reporting mechanisms, knowledge on civil society and networks, Knowledge on self-care and working in hostile environments, Knowledge on managing the media, Knowledge on fundraising, Other* _____)
62. What ToT skills and tools that you learned have you utilized the most in your daily work? (Advocacy and skills/tools, Investment, Services, Stigma and discrimination, Research, Human rights and reporting mechanisms, Civil society and networks, Self-care and working in hostile environments, Managing the media, Fundraising, Other _____)
63. What content or topics of the Speaking Out Toolkit do you wish, now, had provided you with more information, skills, and tools? (Describe in detail _____)
64. How do you plan to utilize further learnings from Speaking Out in your daily work over the next 6 months? (Describe in detail _____)
- 65a. Have you participated in a press conference in the past 6 months? (Yes, No, Do not know)
- 65b. If yes, when? (Applicable date range)
- 65c. If yes, why? (Describe the press event and topic in detail _____)
- 65d. If yes, was this your first press event? (Yes, No, Do not know)
- 65e. as participation in Speaking Out helpful in preparing to engage with the press? (Yes, No, Do not know)
- 65f. If yes, how was it helpful? (Describe in detail _____)
- 66a. Have you participated in an event covered by the media in the past 6 months? (Yes, No, Do not know)
- 66b. If yes, when? (Applicable date range)
- 66c. If yes, why? (Describe the media event and topic in detail _____)

66d. If yes, was this your first media-covered event? (Yes, No, Do not know)

66e. Was participation in *Speaking Out* helpful in preparing to engage with the media? (Yes, No, Don't know)

66f. If yes, how was it helpful? (Describe in detail _____)

67a. Does your organization monitor the media for HIV- and MSM-related content? (Yes, No, Don't know)

67b. If yes, what do you do when you see content that is inaccurate or misleading? (Describe in detail _____)

68a. What are the main activities of your organization? (Blank box 1: _____. Blank box 2: _____. Blank box 3: _____. Blank box 4: _____. Blank box 5: _____ List and describe in detail)

68b. How have these activities changed in the past 6 months? (Describe in detail _____)

Thank you for taking the time to participate! If you have any questions, comments, or concerns about the survey, or would like to know more about *Speaking Out*, contact:

_____.

APPENDIX 7: Survey 4 – MSMGF *Speaking Out* Participant Year 1 Completion Survey

Use your previously created ID. As a reminder, it is the first 2 letters of your mother’s first name, first 2 letters of your father’s first name, and the year you were born. Example: Mary, Edward, born 1970 ID would be: *MAED1970*.

- 69a. Have you shared your learnings from the Speaking Out ToT with your organizational chair? (Yes, No, Do not know)
- 69b. If yes, when? (Blank box to reply _____)
- 70a. Have you passed on Speaking Out Toolkit information and skills within your own organization? (Yes, No, Do not know)
- 70b. If yes, what information did you pass on? (Blank box 1 _____, blank box 2 _____, blank box 3 _____)
- 70c. If yes, how was the information passed on? (Formal internal presentation, Informal reporting during staff meeting, Informal sharing with colleague(s), Other: _____)
- 71a. Have you talked with your UNAIDS representative, or other donor, about doing a national training workshop on Speaking Out?
- 71b. If yes, what was the response? (Blank box to reply _____)
- 72a. Have you conducted a local workshop based on the ToT? (Yes, No, Do not know)
- 72b. If yes, when? (Applicable date range)
- 72c. If yes, how many participants were there? (Numerical options)
- 72d. If yes, what content did you cover in the workshop? (Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and *reporting mechanisms*, *Knowledge on civil society and networks*, *Knowledge on self-care and working in hostile environments*, *Knowledge on managing the media*, *Knowledge on fundraising*, Other _____)
- 73a. Have you been able to print copies of Speaking Out locally? (Yes, No, Do not know)
- 73b. If yes, how many copies did you print?
- 74a. Have you been able to disseminate copies of Speaking Out? (Yes, No, Do not know)
- 74b. If yes, to whom? (*Government officials, Donors, INGOs, NGOs, MSM organizations, Media/press, Other _____*)
75. Have you put the Speaking Out Toolkit adaptation on your Web site? (Yes—include Web site, No, Do not know)
76. How have you utilized what you learned during the Speaking Out ToT? (Describe in detail, specifically mentioning new skills and tools utilized _____)
- 77a. Have you applied for Breakthrough Initiative funding? (Yes, No, Do not know)
- 77b. If yes, when did you submit the application? (Applicable date range)

- 77c. If yes, to do what? (Describe activities in detail _____)
- 77d. If yes, when do you plan to initiate Breakthrough Initiative advocacy activities? (Applicable date range)
- 78a. Have you applied Speaking Out learnings to other advocacy activities? (Yes, No, Do not know)
- 78b. If yes, to do what? (Describe activities in detail _____)
- 78c. If yes, when? (Applicable date range)
- 79a. Have you kept in contact with other ToT participants? (Yes, No, Do not know)
- 79b. What methods have you used to keep in contact with other ToT participants? (Check all that are appropriate: Closed Facebook page, Listserv, E-mail list, Skype, Telephone, Face-to-face meetings, Other: _____).
- 79c. What types of things do you keep in contact about? (Describe in detail _____)
- 80a. Have there been any advocacy collaborations between you and other ToT participants? (Yes, No, Do not know)
- 80b. If yes, describe in detail. (Blank box to reply _____)
81. What learnings from the ToT have been the most beneficial to you? (Knowledge on advocacy and skills/tools, Knowledge on investment, Knowledge on services, Knowledge on stigma and discrimination, Knowledge on research, Knowledge on human rights and reporting *mechanisms*, Knowledge on civil society and networks, Knowledge on self-care and working in hostile environments, Knowledge on managing the media, Knowledge on fundraising, Other _____)
82. What ToT skills and tools that you learned have you utilized the most in your daily work? (Advocacy and skills/tools, Investment, Services, Stigma and discrimination, Research, Human rights and reporting mechanisms, Civil society and networks, Self-care and working in hostile environments, Managing the media, Fundraising, other _____)
83. What content or topics of the Speaking Out Toolkit do you wish, now, had provided you with more information, skills, and tools? (Describe in detail _____)
84. How do you plan to utilize further learnings from Speaking Out in your daily work over the next 6 months? (Describe in detail _____)
- 85a. Have you participated in a press conference in the past 6 months? (Yes, No, Do not know)
- 85b. If yes, when? (Applicable date range)
- 85c. If yes, why? (Describe the press event and topic in detail _____)
- 85d. If yes, was this your first press event? (Yes, No, Do not know)
- 85e. Was participation in Speaking Out helpful in preparing to engage with the press? (Yes, No, Do not know)
- 85f. If yes, how was it helpful? (Describe in detail _____)
- 86a. Have you participated in an event covered by the media in the past 6 months? (Yes, No, Do not know)
- 86b. If yes, when? (Applicable date range)
- 86c. If yes, why? (Blank box to reply. Describe the media event and topic in detail.)

86d. If yes, was this your first media-covered event? (Yes, No, Do not know)

86e. Was participation in Speaking Out helpful in preparing to engage with the media? (Yes, No, Do not know)

86f. If yes, how was it helpful? (Describe in detail _____)

87a. Does your organization monitor the media for HIV- and MSM-related content? (Yes, No, Do not know)

87b. If yes, what do you do when you see content that is inaccurate or misleading? (Describe in detail _____)

88a. What are the main activities of your organization? (Blank box 1: _____. Blank box 2: _____. Blank box 3: _____. Blank box 4: _____. Blank box 5: _____ List and describe in detail)

88b. How have these activities changed in the past 6 months? (Describe in detail _____)

Thank you for taking the time to participate! If you have any questions, comments, or concerns about the survey, or would like to know more about *Speaking Out*, contact:

_____.

APPENDIX 8: Pilot Survey Preliminary Analysis from Vietnam ToT, July 2013

Results of the MSMGF *Speaking Out* surveys

In total, 26 participants responded to the *Speaking Out* pre-ToT (Survey 1), and 24 participants followed up and responded to the post-ToT (Survey 2). The dropout rate was slight, at 8%.

Expectations and experiences of the *Speaking Out* ToT

Participants of the pre-ToT survey were asked to list their training expectations (see Figure A). Results showed that participants were especially interested in gaining knowledge about stigma and discrimination and civil society and networks, with 38.5% ranking these 2 topics as “foremost important,” and 57.7% as “important.” These were followed by knowledge on advocacy and skills/tools, rated as “foremost important” by 34.6% of respondents, and as “important” by 61.5% of respondents. Knowledge on human rights and reporting mechanisms were rated as “foremost important” by 30.8% of respondents, and “less important” by 19.2%. Investment and funding, services, and research were considered “less important” overall.

Figure A. Rating Information Considered Important by pre-ToT Participant Respondents

Topics	Importance			
	Foremost	Important	Less important	Not important
Knowledge on advocacy and skills/tools	9 (34.6%)	16 (61.5%)	1 (3.8%)	
Knowledge on investment	4 (15.4%)	16 (61.5%)	6 (23.1%)	
Knowledge on services	4 (15.4%)	16 (61.5%)	5 (19.2%)	1 (3.8%)
Knowledge on stigma and discrimination	10 (38.5%)	15 (57.7%)	1 (3.8%)	
Knowledge on research	5 (19.2%)	17 (65.4%)	3 (11.5%)	1 (3.8%)
Knowledge on human rights and mechanisms	8 (30.8%)	13 (50%)	5 (19.2%)	
Knowledge on civil society and networks	10 (38.5%)	15 (57.7%)	1 (3.8%)	
Knowledge on self care and working in hostile environments	9 (34.6%)	13 (50%)	4 (15.4%)	

Figure B. Training Materials and Information Covered During the ToT

Topics	Very well covered	Covered	Mentioned	Not addressed
Knowledge on advocacy and skills/tools	19 (82.6%)	4 (17.4%)		
Knowledge on investment	4 (17.4%)	3 (13%)	5 (21.7%)	11(47.8%)
Knowledge on services	5 (21.7%)	4 (17.4%)	5 (21.7%)	9 (39.1%)
Knowledge on stigma and discrimination	12 (52.2)	8 (34.8%)	3 (13%)	
Knowledge on research	4 (17.4%)	7 (30.4%)	8 (34.8%)	4 (17.4%)
Knowledge on human rights and mechanisms	6 (26.1%)	9 (39.1%)	6 (26.1%)	2 (8.7%)
Knowledge on civil society and networks	11 (50%)	6 (27.3%)	5 (22.7%)	
Knowledge on self care and working in hostile environments	9 (39.1%)	6 (26.1%)	7 (30.4%)	1 (4.3%)
Knowledge on managing the media	15 (62.5%)	8 (33.3%)		1 (4.2%)

Nineteen of 25 respondents (82.6%) who attended the *Speaking Out* ToT felt that knowledge on advocacy and skill/tools was “very well covered,” and a further 17.4% that it was “covered” (see Figure B). This was followed by 62.5% responding that managing the media was “very well covered,” 52.2% that stigma and discrimination was “very well covered,” and 50% that civil society and networks were “very well covered.”

In general, the training materials and information covered matched the expectations and wishes of other pre-ToT respondents. The top 3 responses to what they wanted to learn the most about were advocacy and skills/tools, stigma and discrimination, and civil society and networks. While 76.9% of respondents of the pre-ToT survey considered knowledge on investment/funding of “foremost importance,” 47.8% responded in the post-ToT survey that it was “not covered during the training. Information on services was also “not covered sufficiently”

during the training, with 39.1% of the post-ToT survey respondents mentioning that it was “not covered” during the training. It was, however, considered “less important” by 19.2% of the pre-ToT survey respondents, and a further 3.8% considered it “not important” at all.

Figure C shows advocacy sub-topics rated according to participant respondent interests. Pre-ToT respondents were most interested in learning the steps to effective advocacy (61.5%) and working with the media (57.7%). Other topics included pursuing and using research for advocacy (50%), and communications (50%). The post-ToT survey showed that interest in learning to work with the media had increased during the training to 87.5%, while 50% (down from 61.5%) were still interested in the steps to effective advocacy, and 45.8% in funding advocacy activities. Only 25% of post-ToT respondents, compared to 50% of pre-ToT respondents, wished to learn more about pursuing and using research.

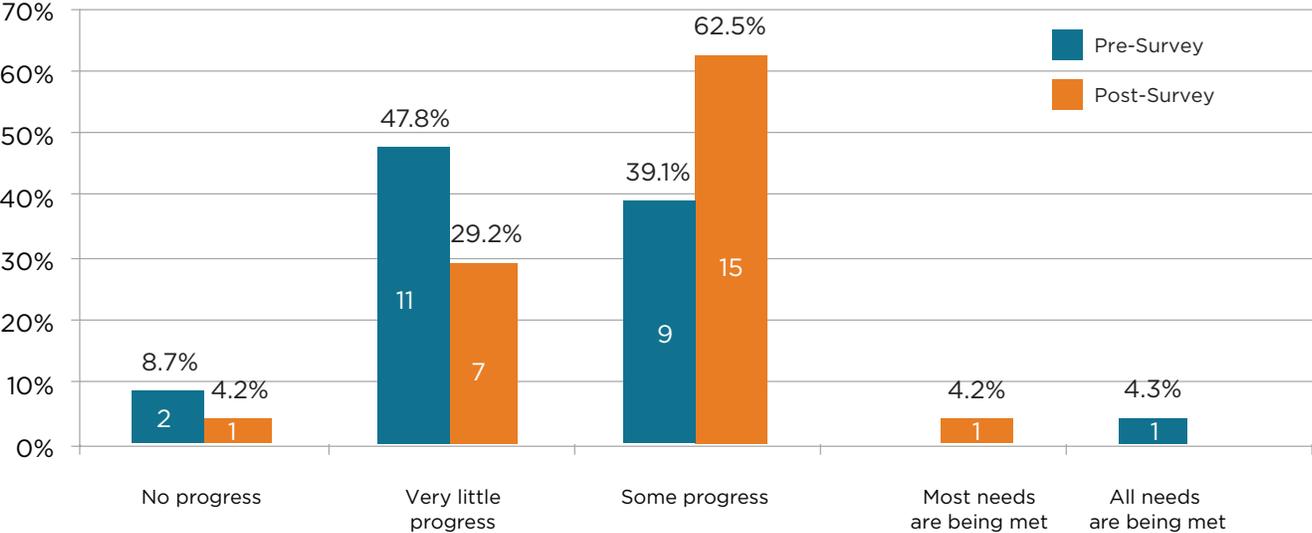
Figure C. Advocacy Sub-topics Respondents were Most Interested to Learn About

Topics	Pre-ToT	Post-Tot
Working with the media	15 (57.7%)	21 (87.5%)
Pursuing and using research for advocacy	13 (50%)	6 (25%)
Monitoring and evaluating results	9 (34.6%)	9 (37.5%)
Mapping and tracking	8 (30.8%)	5 (20.8%)
Communications	13 (50%)	9 (37.5%)
Funding advocacy activities	9 (34.6%)	11 (45.8%)
Steps to effective advocacy	16 (61.5%)	12 (50%)

Following the ToT workshop, respondents were more positive about the progress their country had made in the last 5 years toward protecting

the human rights of MSM and TG than pre-ToT participants (62.5% compared with 39.1%).

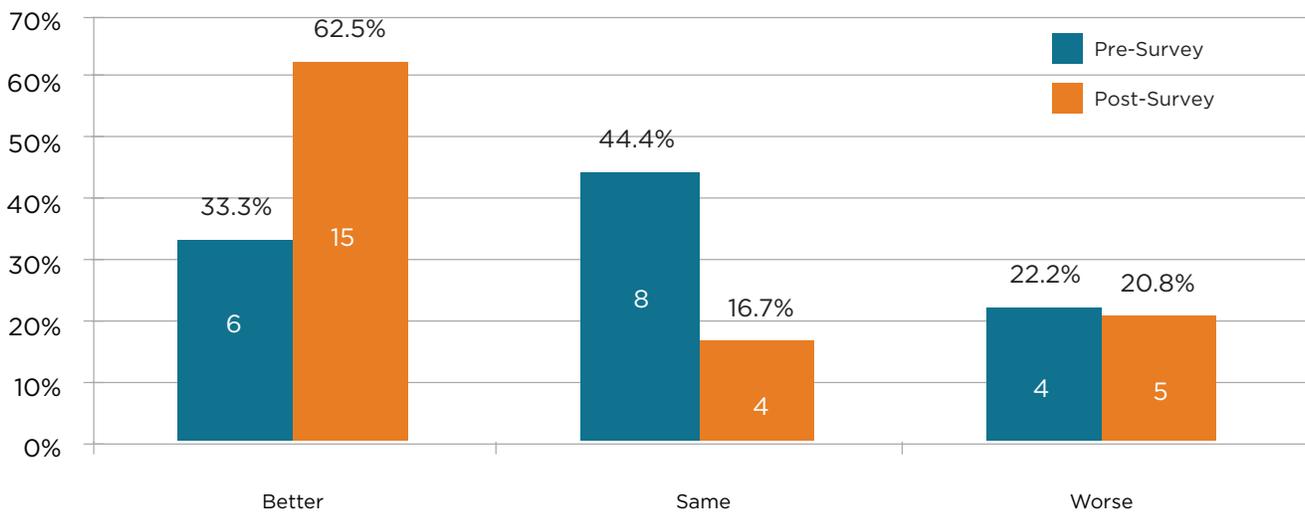
Figure D. Interpretation of the Progress their Country had made Toward Protecting Human Rights of MSM and TG Individuals in the Previous 5 Years



Post-ToT respondents were also more positive about the progress their country had made compared to other countries in the region, with

62.5% stating that progress was better, versus 33.3% of pre-ToT respondents.

Figure E. Interpretation of the Progress of their Country Compared to other Countries in the Region



Interpretation of advocacy

Participants who attended the ToT workshop could almost all correctly state what advocacy is (95.7%, N=23), answering that advocacy “is a set of communications activities with specific goals and plans, geared toward completing the platform of policies, creating necessary resources and gaining support from public response in order to implement activities for the community’s benefits.” The one remaining participant answered that advocacy “is a tool to mobilize resources, human resources, material resources, and intellectual resources.” Pre-ToT respondents were more varied in their answers to this question, with 45% (N=20) responding that advocacy “is asking for support for a particular community or group,” and others responding that it “is working with the local government, influencing stakeholders and/or changing policies, learning about government policies and educating the community on those policies, and

asking for funding.” One respondent mentioned that advocacy relied on communications to make others do something according to certain policies or trends, and one participant answered “don’t know” to the question.

Challenges to an effective and comprehensive program

When asked what the greatest challenges to an effective and comprehensive program to address the multiple and complex needs of MSM and TG individuals in their country of residence are, 38.5% of respondents noted “stigma and/or discrimination,” followed by “financial limitations” (19.2%), “discrimination” (19.2%), “lack of policy or government” (15.4%), “the law” (15.4%) “funding and lack of resources” (11.5%), “social barriers” (7.7%), “community gatherings” (7.7%), “no allies” (7.7%), “lack of understanding” (7.7%), and “low awareness” (7.7%).

Training presentation

Figures F and G show the efficacy scores on training materials. Pre-ToT respondents considered video to be the “most effective” training material. Most of the post-ToT respondents considered PowerPoint presentations, video, and audio as “extremely effective” during the training.

Both pre- and post-ToT respondents were positive about a participatory training method. Fifteen of 26 (57.7%) of the pre-ToT respondents and 13 of 24 (54.2%) of the post-ToT respondents felt that participatory methods were “extremely effective” (see Figure H).

Figure F. Training Material Efficacy Ratings, pre-ToT Respondents

Materials	Rating			
	Most effective	Somewhat effective	Effective	Not effective
Brochures	2 (8%)	15 (60%)	8 (32%)	
Books and booklets	5 (19.2%)	11 (42.3%)	10 (38.5%)	
PP presentations	8 (30.8%)	11 (42.3%)	5 (19.2%)	1 (3.8%)
Video	11 (42.3%)	6 (23.1%)	6 (23.1%)	1 (3.8%)
Audio	3 (11.5%)	12 (46.2%)	7 (26.9%)	1 (3.8%)
Internet links	8 (30.8%)	12 (46.2%)	4 (15.4%)	1 (3.8%)

Figure G. Training Material Efficacy Ratings, post-ToT Respondents

Materials	Rating			
	Extremely effective	Somewhat effective	Less effective	Not effective
Brochures	9 (40.9%)	12 (54.5%)		1 (4.5%)
Books and booklets	7 (31.8%)	14 (63.6%)		1 (4.5%)
PP presentations	15 (65.2%)	8 (34.8%)		
Video	15 (65.2%)	8 (34.8%)		
Audio	12 (52.2%)	11 (47.8%)		
Internet links	10 (47.6%)	11 (52.4%)		

Figure H. Effectiveness of Participatory Training Methods

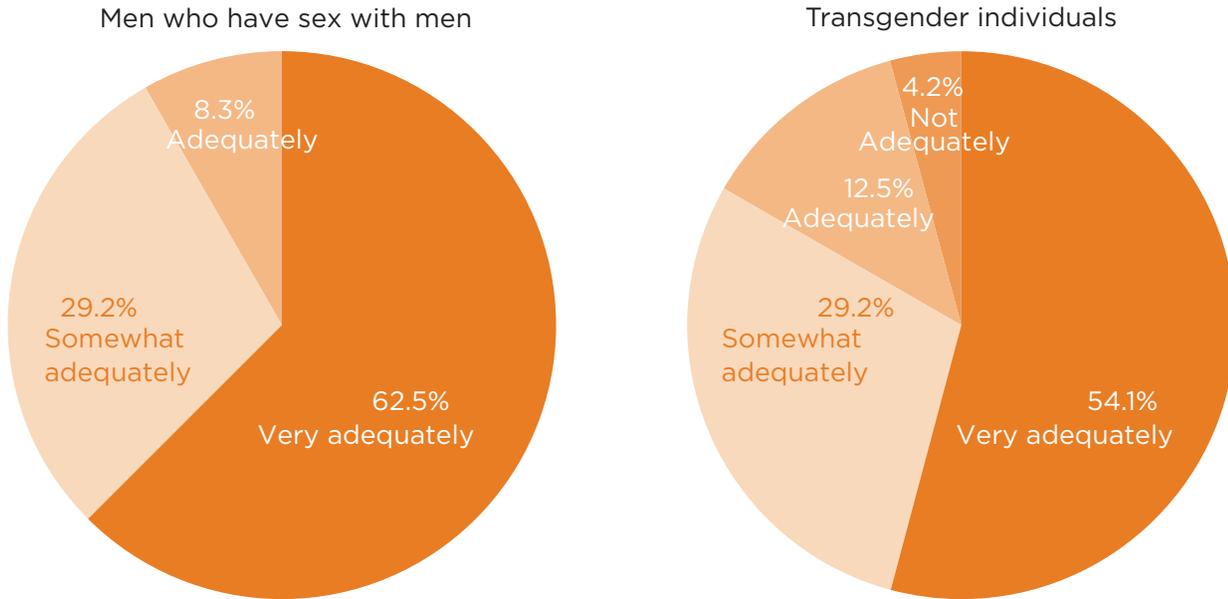
	Pre-ToT	Post-ToT
Extremely effective	15 (57.7%)	13 (54.2%)
Somewhat effective	9 (34.6%)	9 (37.5%)
Less effective	2 (7.7%)	2 (8.3%)

Toolkit content

Most of the ToT participants rated the Toolkit as adequately addressing the issues of MSM (52.5%) and TG (54.2%) individuals. However,

3 (12.5%) respondents thought that TG issues were only addressed “adequately,” and 1 that TG issues were “not addressed adequately” at all (see Figure J).

Figure J. Rating of Toolkit Adequacy in Addressing MSM and TG Individual Issues



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The Global Forum on MSM & HIV (MSMGF) is a coalition of advocates working to ensure an effective response to HIV among MSM. Our coalition includes a wide range of people, including HIV-positive and HIV-negative gay men directly affected by the HIV epidemic, and other experts in health, human rights, research, and policy work. What we share is our willingness to step forward and act to address the lack of HIV responses targeted to MSM, end AIDS, and promote health and rights for all. We also share a particular concern for the health and rights of gay men/MSM who: are living with HIV; are young; are from low and middle income countries; are poor; are migrant; belong to racial/ethnic minority or indigenous communities; engage in sex work; use drugs; and/or identify as transgender.

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Evaluation of the *Speaking Out* Initiative

November 2013

This is an independent third-party evaluation conducted by Health & Development Consulting International LLC (HDCi) and commissioned by the Global Forum on MSM & HIV (MSMGF)

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