Speaking Out

A toolkit for MSM - led HIV & AIDS Advocacy
In Kenya











ISHTAR MSM—a community based organization that advances sexual health rights of men that have sex with men to reduce the stigma and discrimination aliened with them by creating awareness with the aim of advocating for their rights to access health care, including STI/HIV and AIDS related care and treatment. Ishtar-MSM is a Bona fida member group of The Gay & Lesbian Coalition of Kenya (GALCK).

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Speaking Out: A Toolkit for MSM-led HIV/AIDS Advocacy

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Preface from the Director, Ishtar MSM

The Global Forum on MSM and HIV (MSMGF) researched and developed a brand-new kind of advocacy toolkit in 2010—one that would provide tools and training specific to issues of HIV and Men who have Sex with Men (MSM). Taking into account a few hindrances, Ishtar MSM and the MSMGF entered into a partnership to adopt a regional toolkit.

In Africa, Ishtar MSM, a Kenyan organization, was tasked with tailoring a toolkit to fit in the Kenyan context. Ishtar MSM is a community based organization that advances sexual health rights of men that have sex with men to reduce the stigma and discrimination aliened with them by creating awareness with the aim of advocating for their rights to access health care, including STI/HIV and AIDS related care and treatment in Kenya. Ishtar-MSM is a bona fide member group of The Gay & Lesbian Coalition of Kenya (GALCK) and as of 2013 has a membership registry of 650 members.

Ishtar MSM took a participatory approach that is emphasized throughout the toolkit to foster engaged and dynamic discussions between trainers and participants in order to integrate additional feedback from the training of trainers (TOT) sessions into each country/region-specific toolkit. This was agreed upon when Ishtar staff and members sat down with the consultant in Mombasa, Kenya in 2012 to internalize the document and understand exactly what was expected of them.

Ishtar then carefully identified and recruited 15 key and promising MSM advocates to participate in the TOT. This group, which was picked from all the regions in Kenya, met at Maanzoni Lounge in Nairobi for a week-long workshop that brought about the Speaking Out Toolkit Kenya (SOTIK) draft. The 15 TOTs were trained and upon graduation will now support implementation of one Speaking Out advocacy campaign in Kenya.

After broad consultation with the TOT, consultant, Ishtar staff and members, this is the final document that was agreed upon.

On behalf of Ishtar-MSM I would like to thank the staff, Jeffery Walimbwa. Programs, Yvonne Oduor, Communications, and Peter Kimani, Finance, Angus Parkinson, the consultant, and all the participants who played a great part in seeing this project to fruition. And lastly but not least, I would like to thank the MSMGF for funding, partnering, and providing technical support during the SOTIK process.

Peter Njane



Director, Ishtar MSM.

Preface to the Global Edition - MSM-GF Toolkit

In the spring of 2010, the MSM-GF researched and developed a brand-new kind of advocacy toolkit—one that would provide tools and training specific to issues of HIV and Men who have Sex with Men (MSM).

This toolkit was first piloted in the summer of 2010 at the International AIDS Conference in Vienna, Austria, with 23 activists from 14 different countries. These trainings generated rich discussion, and we learned a lot from both the process and the advocates themselves—feedback that is included in the version of the toolkit you are reading now.

At the same time, we also discovered through the pilot process that there are serious limitations to developing an advocacy toolkit that is applicable to a global audience. On the one hand, there are certainly common issues experienced by MSM around the world—for instance, discrimination or homophobia expressed by a frontline health provider—however, we found that there were significantly different solutions and strategies put forward for advocacy action in different socioeconomic and political contexts. To oversimplify a complex issue, we found that advocacy strategies that were appropriate for Uganda were wildly different from what was effective in Australia.

As such, the Global Forum has since moved forward with developing regional adaptations of this toolkit. Working with local partners, we are working to tailor this tool to be more effective for a number of specific regions—including updated, regionally-specific HIV data; translation into the local language; and inputs and insights from local partners and advocates who will be piloting the trainings themselves.

This Kenyan version of the MSM-GF Advocacy Toolkit was developed by Ishtar MSM, a Nairobi based MSM sexual health & rights organisation, over a period of four months and involved three key review, adaptation and pilot training meetings. Whilst the toolkit had been adapted to specifically suit the Kenyan context, much of it is applicable to the broader East and Southern African region.

Two chapters originally in the generic version of the MSM-GF Advocacy Toolkit have been removed from the Kenya MSM Advocacy Toolkit as during the adaptation process, they were deemed too complicated for most audiences. They were specifically the chapter on Investment and the chapter on Human Rights Mechanisms. However, if the facilitators feel the group is sufficiently advanced to benefit from these chapters, they can be accessed at:

http://www.msmgf.org/files/msmgf/Advocacy/speakingout_global_web.pdf

Ishtar MSM, 2013

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Introduction

Introduction

The Kenya MSM Advocacy Toolkit has been adapted from the generic MSM-GF Advocacy Toolkit and created to fulfill a dire need that exists for men who have sex with men (MSM) everywhere to engage in advocacy locally, nationally, and globally as a means to end the HIV epidemic and to secure fulfilling, meaningful futures. The need is urgent, as the burden of the epidemic continues to disproportionately affect MSM communities across the globe.

The Kenya MSM Advocacy Toolkit equips individuals and organizations with tools and techniques that enable them to become advocates right now, whoever and wherever they happen to be. A thread that runs through all the exercises in the toolkit is a fundamental belief in the capacity and vibrancy of MSM communities everywhere, and that when properly channeled, their energy can make meaningful and sustainable social change.

Now, more than ever, it is important for MSM communities to identify their own strengths, weaknesses, and needs, and to self-advocate as individuals and collectives for their rights in ways that work particularly for them.

There are so many facets to the multiple ways in which MSM communities live and breathe, and it is up to these same communities to begin raising their voices on their own terms, from their own particular contexts. That is what this toolkit is all about: empowering MSM communities with the tools to become more involved in advocating for their rights, in their homes and schools as well as in government and global forums.

This toolkit is built upon other toolkits, with some key differences: (1) it is specifically MSM-focused with exercises and ideas that serve as conduits for MSM community energy and contribution; (2) it believes that organizations can start where they are, and assumes the skill sets and organizational maturity of MSM individuals and groups are wide-ranging and take time to develop; and (3) it approaches HIV & AIDS from a broad human rights framework, balancing public health and human rights approaches toward addressing MSM community susceptibility to HIV.

Intended Audience

This toolkit is designed for MSM and MSM supporters in Kenya who would like to incorporate MSM related advocacy into their current work. It assumes at least some of the participants in the trainings based on this toolkit will have basic literacy skills. It also assumes they will have a rudimentary understanding of what advocacy means; however, the toolkit has the potential to stand as an introduction to advocacy with minor supplementation with other sources.

The toolkit's exploration of advocacy as it relates to MSM and HIV in particular is a new approach, and therefore participants should expect their current definitions of advocacy to be challenged and enriched.

As the HIV epidemic is making a disproportionate impact in the Kenya and the global South, and MSM in those areas have been found to have less access to services and often face hostile circumstances when seeking HIV-related information and support, this toolkit is designed to reach MSM in low- and middle income countries making a careful attempt to address the unique challenges in those particular contexts. However, if some exercises or chapters are not relevant to a particular context or audience, trainers are encouraged to skip around, and to use what works best in their particular circumstances.



Congratulations to our team of TOTs whose input has made this Toolkit possible.

Andrew Masama > Lamu MSM, LAMU (COAST)

Douglas Masinde > Tamba Pwani, MALINDI (COAST)

Lawrence Wambua > Ukweli, MOMBASA (COAST)

Jeremiah Ekuwam > Upper rift minorities, LODWAR

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David Deo > Plag-it, KERICHO (RIFT VALLEY)

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How to use this toolkit

The toolkit is like a cookbook, offering a range of recipes for action that orient participants to core concepts with ideas for building advocacy campaigns wherever they are. It is divided into 3 main sections: (A) an overview of advocacy; (B) a group of topic areas that serve as potential advocacy foci, namely services, stigma and discrimination, research, and civil society and networks; and finally (C) 2 chapters with a special focus on working with international human rights mechanisms and working in hostile environments.

Each chapter is followed by a list of related resources in the event that groups would like to pursue the topic in more depth. In addition, there is also a set of annotations for the step-by-step advocacy skill cards found in the HIV/AIDS Alliance's Advocacy in Action toolkit, presenting each advocacy skill in light of MSM-specific concerns and challenges.

The chapters present information in an interactive format, in a manner that is intended to build upon community strengths and latent skills.

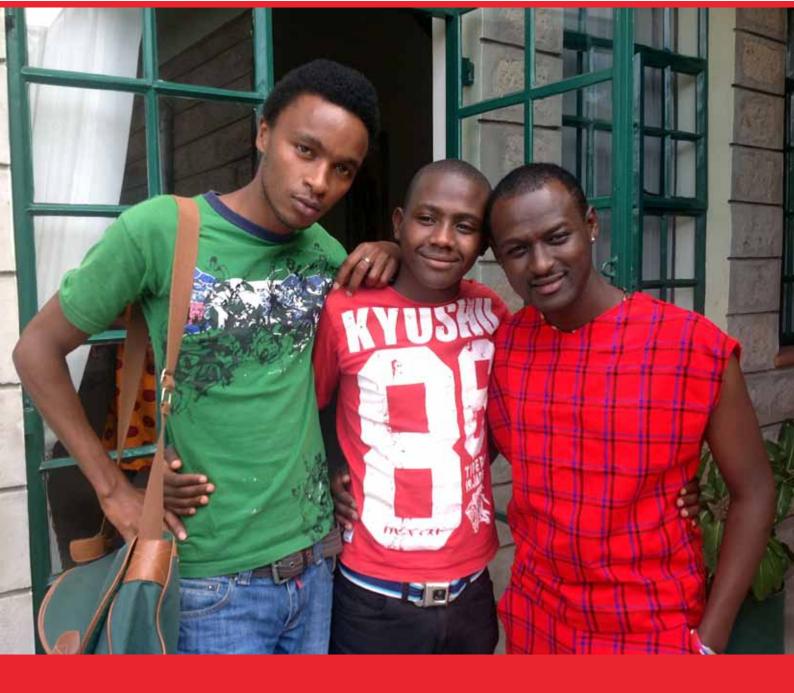
The Kenya MSM Advocacy Toolkit should be used to craft a facilitated training. It can be used in a multi-day training, or shorter half-day or full-day training. However it is used, it is intended to introduce information in a manner that is both interactive and accessible. It is suggested that facilitators include an overview of advocacy, as well as review of the annotated skill cards, which provide an orientation to the various concrete steps and processes through which an advocacy campaign is run. The other sections of the toolkit are focused on specific advocacy topics (eg, investment) and can be selected and used according to particular need

Note to the facilitator

The exercises in the Kenya MSM Advocacy Toolkit are of an extremely sensitive nature, taking up concepts and issues that will likely reach deeply into the personal lives of training participants. It is very likely that some of the concepts will run against the grain of socially and culturally sanctioned norms in the contexts where the trainings are held. It is crucial, therefore, that the information be presented in a format that is both comfortable for participants and sensitive to their particular circumstances and personal situations.

Some of the exercises call upon participants to share personal information, which may be unpleasant or difficult for them to recollect and share. Some groups may not have a highly developed degree of capacity to carry forward many of the activities presented in the toolkit. It is the job of the facilitator, then, to strike up a workable balance and cover and present material in such a manner that participants will feel inspired to take forward advocacy work with whatever skills they do possess. It is also very important to note that this toolkit is just a beginning to a successful advocacy campaign, and that advocacy work is a process that takes time and energy over an extended period.

Participants should leave the training inspired, but also with a realistic sense for advocacy's multiple processes and sometimes slow-going nature. It is suggested that individuals who have had some degree of experience leading trainings relating to HIV, AIDS, and MSM facilitate the training. If not, facilitators should prepare with the help of materials like the ones listed on page X.



Chapter 1Advocacy

Setting the Scene - Creating a Safe and Enabling Adult Training Environment

Ground rules

It's recommended that all facilitation sessions begin with a group discussion of ground rules to ensure a safe space. These should be written out clearly on a large piece of flipchart paper for the whole group to see and discuss. Review the list and ask the group for any further suggestions. Before beginning the training, ensure the group has understood and agreed to these principles.

Suggested ground rules:

- Confidentiality What is said in the room stays in the room
- Respect Do not interrupt others; speak for yourself (use "I" statements) and use constructive statements only (no "put downs")
- Right to pass In roundtable discussions, participants may "pass" if they wish
- "Step up, step back" Allow for all of the voices in the room to be heard; if you find yourself speaking often while others are silent, encourage their participation by letting others speak
- Phones off!

Chapter 1 - Advocacy

A common theme across definitions of advocacy is an engagement with power structures to bring them into better service of communities that need their support. Citizens and communities touch leaders and policy makers to make positive change happen. Advocacy is a particularly powerful and meaningful tool for communities that have been systematically excluded and underrepresented, like MSM communities.

The International HIV/AIDS Alliance defines advocacy in the following way:

"Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision makers toward a solution."

The Latin American and Caribbean Council of AIDS Service Organizations (LACCASO) describes the key element of an advocacy campaign as commitment. Advocacy is also a powerful tool that can yield positive social change, as well as community collectivization and systems strengthening as by-products. Whatever the result of individual advocacy campaigns, the process is always valuable.

Advocacy interventions ensure that MSM are perceived as an integral part of the solution to the HIV epidemic, not mere vectors of transmission. For MSM- and HIV-related advocacy projects, long-term goals can include a review of current laws and drafting new legislation for rights protection—just as the Blue Diamond Society did in its successful submission of a petition to the Supreme Court of Nepal.

This may also include repealing anti-sodomy laws, thereby legalizing sex between men, as was recently accomplished in India with the reading down of Indian Penal Code Section 377. More short-term goals might include lobbying with the country's health minister and AIDS control mechanisms for inclusion in program services and affirmation of the rights of MSM, as has happened successfully in Kenya since 2003. Projects can be local as well.

This chapter of the handbook is composed of 9 exercises geared toward orienting participants to what advocacy means, some key skills for getting started on exploring advocacy as an action direction, an overview of the unique challenges advocacy work presents for HIV & AIDS and MSM, and a listing of resources for those who would like to explore advocacy in more depth.

The scope of this toolkit does not allow for a full introduction to advocacy, nor is that the intention, as many such introductions already exists (please see Advocacy Resources section). Instead, it seeks to give participants a taste for the advocacy processes, to begin the process of brainstorming around identifying issues and target populations for advocacy in their locales, and to provide direction and resources for taking larger-scale projects forward. Participants should consider running similar facilitated discussions in their own areas.

An advocacy campaign can be described as being composed of a common set of core steps, with some variation here and there in different conceptualizations of the advocacy process. This toolkit does not attempt to provide a comprehensive introduction to each of these steps; rather, it prioritizes a set of steps that can get communities started immediately on their own campaigns. It goes into just enough depth to give participants a feel for the processes and skills that comprise advocacy, recognizing that they will most likely want to follow each step more comprehensively over the course of their actual campaign.

The toolkit provides direction to the resources required for them to do so. They key advocacy steps not covered in the toolkit are collectivization and monitoring and evaluation. The toolkit assumes that the training participants will have some degree of affiliation with an organization already, and that once their advocacy project is off the ground they can seek out resources for monitoring and evaluation independently.

Key messages:

- MSM are integral to ending the HIV epidemic
- Fear, silence, and homophobia drive the HIV epidemic
- Advocacy is possible wherever and whoever you are
- Advocacy can happen right now—start where you are

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Define advocacy
- Map local challenges
- Identify primary and secondary causes and effects of identified challenges
- Map local power structures
- Define and identify viable advocacy targets
- Explore specific fears and challenges relating to MSM-related advocacy
- Build a vision of a successful advocacy campaign in their locality
- Complete a self-assessment and identify preexisting community strengths and skills
- Develop advocacy plan for immediate action

Exercise 1.0 - What is Advocacy?

Purpose:

Participants develop an understanding of what advocacy is through some concrete examples of the various shapes it can take.

Goals:

At the end of the exercise, participants will be able to:

- Articulate a definition of advocacy
- Cite a specific example of advocacy in action
- Understand the difference between advocacy actions and targets
- Differentiate between individual and systemic advocacy

Materials:

- Uganda Anti-Homosexuality Bill articles (Handouts 1.0 (a) and (b))
- Advocacy case studies (Handout 1.1)

- 1. Facilitator gives background on the Anti-Homosexuality Bill (see articles)
- 2. Break into smaller groups and distribute Handouts 1.0 (a) and (b). Have each group address the following questions:
 - What specific examples of advocacy are explained in the article? (letter writing, personal meeting)
 - Who were the targets of the advocacy? (Ugandan president—decision makers)
 - Who were the agents of the advocacy (ie, who carried out the advocacy work)?
 - Was there local, regional and international support for the Bill?
 - What are positive immediate effects of the advocacy? What are some potential far-reaching positive effects?
 - What are some potential negative effects? (Ugandan LGBTI may face backlash as individuals)
 - The job doesn't stop here. What other efforts might be implemented in Uganda to protect LGBTI rights?
- 3. Bring the group back together and facilitate a discussion. Points to mention:
 - Advocacy works the Bill has been stalled in Parliament many times!
 - Effective advocacy efforts have clear targets—in this case, decision makers are targets of advocacy because they had the power to drop the Bill
 - Results of advocacy can include wide-reaching change; in this case, the decision to reject the Bill serves as an example to other countries
 - Involved multiple people at many different levels: from local activists to the US president

- 4. Defining advocacy through case studies:
 - Divide the group into small groups again. Distribute Handout 1.1
 - Questions for discussion:
 - What policy level did the advocacy occur on? What are some other levels that could be advocacy targets?
 - What kinds of problems were addressed in the case study examples?
 - What different approaches to advocacy work were described?
 - Why was advocacy used in the situations described?
 - Who benefited from the advocacy work?
 - Were those people involved in the advocacy work?
 - What were some of the key verbs used in the presentations to describe advocacy?
 - Lead a group discussion about what has been learned based on the handout questions.
- 5. Now ask the group to brainstorm a definition of advocacy.
 - Ensure the definition captures the following:
 - » A process that leads to positive change
 - » A process that has a target
 - » A process that has a defined goal
 - Write the following advocacy verbs on a flip-chat and facilitate a discussion about what they mean in the context of advocacy:

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Increase – Raise – Decrease – Reduce – Expand – Enlarge – Improve – Refine – Reinforce – Promote – Strengthen – Change – Modify – Elaborate – Create!
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Facilitator note:

Differentiate between 'individual-level advocacy' (e.g. speaking out to get an HIV test for an individual) and 'system advocacy' (e.g. pressuring key decision makers for increasing availability of confidential HIV testing sites).

Exercise 1.1 - MSM and local challenges

Purpose:

To introduce participants to the process of local MSM community issue identification. This goal is not to generate a comprehensive list but to give the group a basic grasp of the identification process. Prompting questions directs the group toward MSM-GF key directions. A more in-depth exploration of problems and solutions as they relate to HIV prevention and care will occur in the services section.

Goals:

At the end of the exercise, participants will be able to:

- Understand what makes an issue viable for advocacy
- Generate 3–5 core local issues that are viable for advocacy
- Group issues into broad categories

Materials:

- Alliance toolkit drawings (pages X- X)
- Handout 1.2

Process:

- 1. Divide the group into small groups and distribute illustrations and Handout 1.2
- 2. Ask the groups to reflect on problems and challenges relating to MSM in their own communities.
 - Mention that they should not feel confined by the examples in the illustrations and questions, and should include examples that may not be depicted as well. They should identify 3–5 core issues. Have each group write each of the issues it uncovers on a post-it note or separate piece of paper. This will facilitate sharing.
- 3. Come together and share issues. Collect the post-it notes or papers from participants and group them according to the following categories: services, stigma and discrimination, research, and networks. Do not feel confined by these categories, and affirm problems/issues surfaced that do not fit neatly into them.

Facilitator note:

When grouping the core issues this exercise surfaces, keep in mind that the focus should remain on issues that are appropriate for advocacy work. The core criteria for determining whether the issue is an appropriate one for advocacy work are:

- Will a solution to this problem or issue result in a real improvement in people's lives?
- Is this an issue or problem we think we can resolve?
- Is this an issue or problem that is fairly easily understood?
- Can we tackle this issue or problem within the resources available to us?
- Is this an issue that will not divide us?

Exercise 1.2 - Identifying causes and effects

Purpose:

To introduce groups to the process of analyzing a problem's causes and effects, and to use this information to develop advocacy initiatives. Extra emphasis will be given to community problems and their connectedness to HIV risk, as this may not be immediately obvious to participants.

Goals:

At the end of the exercise, participants will be able to:

- Identify causes and effects of issues
- Differentiate between primary and secondary causes and effects
- Make connections between effects and HIV risk

Materials:

- Handout 1.3
- Index cards
- Tape

- 1. Divide participants into small groups.
- 2. Assign each group a problem (from those identified in exercise 1.1)
- 3. Ask each group to think of the problem as a tree. Explain that the roots represent the foundation, or causes, of the problem; the trunk represents the problem itself; and the branches represent problem's effects. Ask participants to organize their responses in 2 levels: primary and secondary effects and immediate and underlying causes, as they are in the diagram in Handout 1.3
- 4. Write the problem on an index card first, and tape that to the stomach (tree trunk) of a volunteer from the group. The immediate and underlying causes should be written on cards and taped to the lower legs and feet (the tree roots) and the primary and secondary effects written and taped to the arms (outstretched upward like the tree branches).
- 5. Each group should present their problem analysis to the group, with their volunteer standing with cards taped to their body as a visual representation.
- 6. The facilitator should explain that advocacy should target the core causes of problems in order to be
- 7. effective. Explain that in many cases, different problems share the same root causes (give examples from this group, if they apply). Identify the root causes as the piece of the puzzle to which advocacy can be applied for making positive change, and name them "advocacy issues." Explain that core problems are not always the same as the "advocacy issue" that can lead to their solution.

Facilitator notes:

- 1. Ensure that HIV transmission is listed as a second level effect (i.e, placed on the chest or 'tree truck'), because it is the symptom of another issue (ie, homophobia, discrimination, lack of HIV-related services, etc which should be placed at the feet or 'roots').
- 2. Highlight the way multiple root causes can contribute to HIV risk and encourage participants to see ways in which the MSM community may actually contribute to these problems; and how they can avoid this and maximize on their strengths to help solve them.

Exercise 1.3 – Identifying advocacy targets – who makes the decisions? Who helps them?

Purpose:

To introduce participants to the concepts of power mapping and primary target and secondary target identification for advocacy work. This exercise highlights the importance of approaching problems from multiple directions, and illustrates how advocacy involves multiple options. Specific examples will touch upon HIV services for MSM.

Goals:

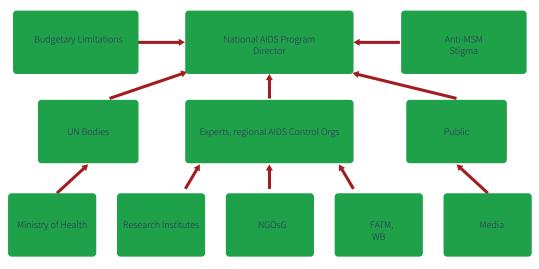
At the end of the exercise, participants will be able to:

- Analyze their local power scenario in relation to identified advocacy issues
- Differentiate between the multiple players comprising the pyramid of influence
- Draw connections between advocacy issues and power structures

Materials:

Handout 1.4

- 1. Break into groups and have each choose an advocacy issue to be analyzed (ie, social discrimination against MSM; laws criminalizing same-sex acts; lack of MSM-specific services in clinics and in the national AIDS strategy, etc). If possible, use the issues surfaced from Exercise 1.2 ("Identifying Causes and Effects")
- 2. Explain that once advocacy issues have surfaced, it is critical that groups identify the power structures that support their regulation and enforcement
- 3. Identify the decision makers who have the actual responsibility to make the decisions to change or address these problems. Then identify the opinion leaders who can influence these decision makers.
- 4. All policy makers depend on a group of advisers or specialists, without whom they cannot operate. They make decisions based on advice they receive, the political regime around them, and their own beliefs and ideologies. They may also listen to interest groups, constituencies, lobbies, and donors. Furthermore, they may be influenced by the information they receive in the media, and more importantly, how it is reported.
- 5. Map the information as a pyramid of actors and influences using the handout provided.



Exercise 1.4 - Power analysis

Purpose:

To systematically prioritize targets for advocacy based on a set of criteria.

Goals:

At the end of the exercise, participants will be able to:

- Understand the key factors for determining potential advocacy targets
- Prioritize advocacy targets in their own locales

Materials:

Handout 1.5

- 1. Once the key power audiences have been identified, the group members should analyze their positions on MSM, their key motives and their accessibility. Distribute Handout 1.5 and ask participants to fill it out to the best of their knowledge.
- 2. Facilitate a short discussion about the audiences identified. Questions should include: Are they MSM supporters, allies, or uncommitted? Might they be afraid of the MSM issue? Why do they have the stance on MSM that they do? What is their agenda, either stated or implicit? What constraints do they face that might make it difficult for them to move from their position on MSM? These may be ideological or personal, cultural or social. They might be financial (eg, for monetary gain) or political, based on the views of their supporters, patrons, and voters.
- 3. Assess how easy it will be to gain access and present the evidence or case. Which actors or influences would be difficult to convince on your issue, and why? Which may be easier to approach, and could be effective influences? Bring out interesting and new angles and approaches (eg, by linking your issue with their priority concerns).

4. Create a list of individuals in the community who possess influence and garner local respect, such as local political leaders, businesspeople, and religious leaders. Do you know any of them personally? These people are powerful entry points.

Target	Ease of Contact	Ease of being able to convince	Target makes desicions by	Target listens to	influence	Any connections already?	Rating

Exercise 1.5 – Advocacy processes, potential challenges and fears

An "advocacy tool" is the specific action used to deliver an advocacy message. (Please see the annotated list of skill cards at the end of the toolkit for an example of the many shapes an advocacy tool can take.)

Purpose:

To introduce the range of advocacy tools that can be used once advocacy objective and target audiences have been identified. Also, to address fears and apprehensions participants may foresee as the concept of an advocacy project crystallizes and becomes more tangible.

Goals:

At the end of the exercise, participants will be able to:

- Understand specific examples of the forms advocacy messages take
- List examples of specific challenges advocacy can pose to MSM communities

Materials:

- Flipchart
- Markers
- Advocacy skill sheets

- 1. Make a list of the advocacy tools at the end of the toolkit. These are:
 - Analyzing and influencing legislation or policy
 - Preparing a briefing note or position paper
 - Working from inside the system
 - Lobbying or face-to-face meetings
 - Writing and delivering a presentation
 - Persuading through drama
 - Working with the media
 - Using the Internet
- 2. Explain the concept of an advocacy tool to the group, referring to the examples above, which you have written down on a flipchart. Explain that the advocacy tool is the third part of an advocacy campaign, in addition to the advocacy message and advocacy target. The tool is the action through which the message is delivered.
- 3. Break the group into smaller sections and ask them to identify potential advocacy tools for approaching their identified target audiences. Facilitate a sharing session, wherein participants explain the tool they have chosen for their particular advocacy problem/target and the shape they imagine their campaign would take.
- 4. Ask the participants about specific challenges they foresee or apprehensions they may have when they think through approaching their advocacy target with the chosen tool(s).

These might include:

- Countries often do not observe laws; hard to hold governments accountable
- Politics can be regarded as cheap and dirty; politicians feel no need to be accountable
- Highly controversial issues; decision makers wary of getting involved
- Antagonizing powerful groups is intimidating; potential loss of support or funding
- Increased work for NGO; staff and individuals are already overcommitted/stretched
- Increased visibility for NGO not always ideal, especially in environments hostile to LGBT issues
- Increased stigma and discrimination for members if they are seen to be publicly advocating on tough issues
- Dealing with institutionalized homophobia
- Stigma and discrimination—double for HIV and MSM
- Criminalization—risk of fines, penalties, imprisonment
- Internalized homophobia
- Risks associated with public exposure—many MSM are closeted
- MSM identity—not everyone has one—some MSM are hidden from everyone but their partners

5. Role play: devil's advocate!

Ask participants to pair up. One member of the pair will play advocate, and the other will play the role of skeptic. The skeptic will mention the challenges associated with advocacy, and the advocate will speak to each challenge explaining (1) why it is worth attempting to face the challenge and (2) ways they will manage the challenge. For example:

Role player A: Countries don't even observe laws! Especially when in comes to MSM. Why bother? Even if the law changes, it won't help anything.

Role player B: You're right that it countries do not always observe laws; that is why advocacy is important, because it isn't only about changing laws but it is also about holding governments accountable. We are planning on documenting breaches in policy by local government officials as a means to hold the government to task. If we don't do it, who will?

Exercise 1.6 - Self-assessment

Purpose:

To have the participants assess the collective skills they possess as a group and see them in the context of skills required for launching an effective advocacy campaign. The importance of this lesson is helping groups to come to the realization that they can start with what they have, where they are right now.

Goals:

At the end of the exercise, participants will be able to:

- Self-assess skills and understand strengths and weaknesses
- Articulate examples of skills that are useful for advocacy

Materials:

- Paper
- Markers
- Tape
- Music

Process:

- 1. Divide the group in half.
- 2. Choose method (a) or (b) as described below:
 - a. For groups of people who know each other

Ask the participants to face each other in a circle (ie, 2 circles, 1 inside the other facing each other) or in 2 lines (ie, one-half in front of the other). Each participant is given a piece of paper, which they will write their name on and tape to their back, and a marker.

The facilitator will designate the amount of time for each person in the outer circle to spend with each person in the inner circle (ie, 2 minutes). The facilitator will start the music and stop it after a minute has passed. This is the signal for the group to move 1 person in the specified direction (clockwise or counter-clockwise).

Ask each outer circle person to write down the strongest skills and capacities of the inner circle person standing in front of him or her. Once the time is up, the external circle will move on to the next person. Once all people have been marked, participants switch circles, so the former inner circle participants write on the backs of the former outer circle participants.

For groups of people who do not know each other:
 In the case that the participants do not know each other, it will be necessary to have participants ask about core skills and capacities for the person upon whom they are writing.

Once the exercise has been completed, the facilitator will collect the papers and make a master list of the groups' skills, without mentioning whom they pertain to. Once they start repeating, the facilitator can add a check mark to the skill.

The facilitator should note that every person has skills that can be used, and that even the simplest ones can contribute value.

Skills might include:

- Active listening
- Public speaking
- Documentation
- Planning
- Project design
- Graphic design
- Media skills (video, radio, etc)
- Research
- Networking
- Persuasive writing skills
- Planning/strategic thinking
- Theatre and dramatic arts/performance
- Creativity
- Knowledge of HIV services and response
- NGO/civil society work experience
- Knowledge of decision-making processes/lawmaking

Exercise 1.7 - Celebrations and heroes

Purpose:

To help MSM participants to identify their local community's vibrancy and capability through skill identification using celebrations and local MSM role models. This is a building block for advocacy processes and should be tied in as such.

Materials:

Flipcharts

Goals:

At the end of the exercise, participants will be able to:

- Identify preexisting community skills
- Connect relevance of those skills to advocacy

- 1. Break participants into small groups.
- 2. Ask participants to identify celebrations in which many community members participate. Ask for participants to identify ways in which the community works together to make the event a success. Details should include: What does the event entail? How long do preparations take? Do non-MSM participate in the event? How do participants feel after the event? How long has the event been happening? Certain skills might include cooking and other talents, such as dancing, art, and makeup.
- 3. Ask participants to identify some customs that are unique to them. Have them list them out and perform some for the group if possible.
- 4. Ask participants to identify individuals from their local MSM community who are role models, or heroes. Ask participants to note specific examples of why they are role models. What are the core qualities that made them special? What is a story about them that illustrates their special qualities? If they are no longer living, are they remembered in a special way?
- 5. Bring the group back together and have them each present their celebration and role model, and fit them into the following chart.

Celebrations:

Why are these celebrations important to community? What personal meaning do these traditions have for you? What work does the community put in to make the event a success?

Heroes:

Why are they important to the community? What skills do the heroes possess?

- 1. Bring the group back together and explain that the community comes together as a group on specific occasions and works together to make an event successful, and heroes possess special qualities and skills that win our admiration. Group brainstorm a list of skills that are illustrated by the celebrations and heroes the small discussions surfaced.
- 2. Prioritize the list of skills from most to least important, and take a moment to reflect on how we can take steps to embody these skills.
- 3. Finish the exercise by reminding participants that MSM groups are strong and already possess many traditions and methods of connecting as a group. These bonds and strength are very relevant to advocacy work and form the foundation of any successful campaign or project.

Exercise 1.8 - Making a plan for immediate action

Purpose:

To identify a concrete set of next steps toward creating an advocacy plan.

Goals:

At the end of the exercise, participants will be able to:

• Chart immediate steps for a short-term course, with specific assigned responsibilities and time limits

Materials:

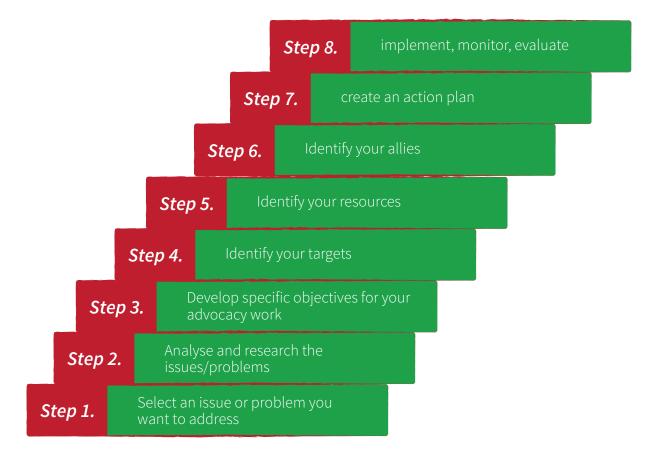
Handout 1.6

- 1. Distribute Handout 1.6.
- 2. Ask participants to think about how they can begin organizing an advocacy planning process in their own areas. Help the group understand the activity by going through the tool using one simple example.

Advocacy Objective:									
Advocacy Target:									
Activity (Advocacy Tool)	Person Responsible	Resources needed	Time Frame	Output (Immediate Effect)	Outcome (Broader Effects)	Indicator (How do you know it was done?)	Notes		

^{3.} Project or distribute the following illustration, "Framework for Planning an Advocacy Campaign," and close the exercise with an explanation of the core steps of an advocacy campaign. Remind participants that each step covered in this handbook can be explored in more depth, and that monitoring and evaluation is a step they should explore on their own.

Planning Framework for an Advocacy Campaign



F rom internatinal HIV/AIDS Alliance and the International Council of AIDS Service Organizations. Advocacy in Action

Chapter 1 - Advocacy Resources

An Introduction to Advocacy: Training Guide

Academy for Educational Development (AED) http://www.globalhealthcommunication.org/tools/15

This training guide introduces the concept of advocacy and provides a framework for developing an advocacy campaign. The guide is designed for a workshop setting, but can also be used as a self-teaching device. Divided into twelve modules, the guide presents general information on advocacy training.

Advocacy from the Ground Up: A Toolkit for Strengthening Local Responses,

Asia Pacific Council of AIDS Service Oganisations (APCASO)

http://apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66

The toolkit provides a guide to a wide range of activities with resources and reference materials for both trainers and participants. It is intended to broadly elaborate on the concept of advocacy and how it plays a key role in effective HIV interventions and AIDS services. It is currently being used to structure advocacy capacity initiatives for the ongoing Community Advocacy Initiative (CAI) project.

A-Squared Advocacy Training Manual,

United States Agency for International Development (USAID) http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=343

The manual draws from numerous HIV and advocacy resources and material from the Asia-Pacific region, and it integrates innovative approaches to advocacy and involvement in the policy development process that are specific to HIV epidemics in Asia, particularly China, Thailand, and Vietnam.

Demanding Credibility and Sustaining Activism: A Guide to Sexuality-Based Advocacy,

Global Rights

http://www.globalrights.org/site/PageServer?pagename=wwd_initiatives_lgbti

This Guide explains the human rights standards that are most relevant to the protection of LGBTI communities in terms that are easy to grasp and framed within a broad human rights context. By providing case studies, it helps illustrate how those standards are applied in real life. And it includes exercises to help advocacy organizations and activists better understand the complex social constructs that define our notions of gender, sexual health, and human sexuality.

HIV/AIDS Advocacy Guide,

International Planned Parenthood Federation (IPPF) http://www.ippfwhr.org/en/node/283

In confronting the challenges of the HIV & AIDS epidemic, this guide explains how advocacy can be a powerful tool in supporting prevention and treatment efforts and reducing the stigmatization of people living with HIV & AIDS.

Advancing the Sexual and Reproductive Health and Human Rights of People living with HIV, International Planned Parenthood Federation (IPPF)

http://www.ippf.org/en/Resources/Guidestoolkits/Advancing+the+Sexual+and+Reproductive+Health+and+Human+Rights+of+People+living+with+HIV.htm

With input from networks of people with HIV worldwide, the guidance package explains what global stakeholders in the areas of advocacy, health systems, policy making and law can do to support and advance the sexual and reproductive health of people living with HIV, and why these issues matter.

Generating Political Change: Using Advocacy to Create Political Commitment,

International Planned Parenthood Federation (IPPF)

http://www.ippf.org/en/Resources/Guides-toolkits/Generating+political+change.htm

This guide defines advocacy as any strategic activities that aim to bring about a desired change. These stories show that advocacy is not simply a series of ad hoc actions. Advocacy is a process of linked actions that, when combined, bring about change.

Handbook for Advocacy Planning,

International Planned Parenthood Federation (IPPF) http://www.ippfwhr.org/en/advocacy_planning_manual

This handbook assists in developing advocacy activities through a series of highly specialized actions. Associations must analyze political processes, state structure, current legislation at the various government levels, international commitments, and the social, economic, geopolitical, and human development context.

Advocacy Manual: A Practical Guide for Organizations of the Civil Society,

Latin America and the Caribbean Council of AIDS Service Organisation (LACASSO) http://www.laccaso.org/index_english.html

HIV/AIDS Policy Analysis and Advocacy Facilitator's Manual and Training Module,

Latin America and the Caribbean Council of AIDS Service Organisation (LACASSO) http://www.laccaso.org/index_english.html

Participatory Advocacy - A Toolkit for VSO Staff, Volunteers and Partners,

Volunteer Services Overseas

http://www.aidsportal.org/Article_Details.aspx?ID=12831

The main body of the toolkit is divided into five parts, which represent five key stages of the participatory advocacy process.

Survival is the First Freedom: Applying Democracy & Governance Approaches to HIV/AIDS work, UNAIDS

http://www.aidsportal.org/Article_Details.aspx?ID=7890

The purpose of this toolkit is to provide a collection of tools for use in applying democracy & governance (D&G) approaches to HIV & AIDS work.

Advocacy in Action: a Toolkit to Support NGOs and CBOs Responding to HIV/AIDS,

HIV/AIDS Alliance

http://www.aidsportal.org/Article_Details.aspx?ID=552

This toolkit, aims to help NGOs/CBOs develop a clear understanding of what advocacy is and how it might support the work of NGOs and CBOs, and to provide practical assistance in how to actually undertake advocacy work.

ICASO Advocacy and Primers,

International Council of AIDS Service Organisations (ICASO) http://icaso.org/advocacy_briefings.html

Advocacy Tools and Guidelines: Promoting Policy Change,

CARE

http://www.care.org/getinvolved/advocacy/tools.asp

These tools and guidelines provide a step-by-step guide for planning advocacy initiatives, as well as advice for successful implementation.

Networking for Policy Change: An Advocacy Training Manual by POLICY,

The POLICY Project

http://www.policyproject.com/pubs/AdvocacyManual.cfm

The manual is based on the principle that advocacy strategies and methods can be learned. The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns. The manual includes a section on each of these building blocks, with specific subjects presented in individual units.

Youth and the Global HIV/AIDS Crisis: A Toolkit for Action,

United Nations Association in Canada

http://www.unac.org/en/link_learn/hiv_aids/en/index.asp

This Toolkit for Action has two components. In Part One, there is a sample of youth and youth workers (based in Ottawa) explaining what prevention, education, and awareness strategies have reached them, what they think about these strategies, and their own ideas for effective youth-centred HIV & AIDS actions for their communities.

Part Two looks at a range of for- and by-youth public education initiatives from Kenya, the US, South Africa, Bangladesh, and Canada. Included at the end of the report are pointers on what kinds of strategies and programmes have worked best over the past 20 years of HIV & AIDS practice.

HIV/AIDS Advocacy and Media Relations Manual + Stigma and Discrimination Handbook,

Religions for Peace

http://religionsforpeace.org/resources/toolkits/hiv.html

Advocacy Toolkit: Tools to Advocate for LGBTQ Youth,

The Trevor Project

www.thetrevorproject.org/documents/AdvocacyToolkit.pdf

Short guide to advocacy for LGBTQ with focus on mental health and suicide prevention. Includes guide to writing to elected officials with sample letters.

AMICAALL Advocacy Toolkit,

Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICALL) http://www.amicaall.org/toolkits.html

The Alliance has developed a strategy: Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), reflecting the importance of locally led, multi-sectoral action which complements supportive national policies.

LGBT Communication Manual, The Brazilian Gay, Lesbian, Bisexual,

Transvestite and Transexual Association (TABGLT)

http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100301_Brazil_LGBT. asp

The manual is directly related to the LGBT Movement's goals of contributing towards the production of tools capable of educating and informing Brazilian society about its human rights. Furthermore, it aims to reinforce the roles played by each and every citizen in building a fairer, more human society with solidarity and full access to the rights provided for by the Brazilian Constitution.

Visualizing Information for Advocacy: An Introduction to Information Design,

Open Society Institute

http://www.soros.org/initiatives/information/focus/communication/articles_publications/publications/visualizing_20080311

A manual aimed at helping NGOs and advocates strengthen their campaigns and projects through communicating vital information with greater impact. The booklet aims to raise awareness, introduce concepts, and promote good practice in information design—a powerful tool for advocacy, outreach, research, organization, and education.

Mapping for Advocacy Case Studies,

Open Society Institute (OSI)

http://www.soros.org/initiatives/information/focus/communication/articles_publications/publications/gis_20060412

The 10 case studies selected in this publication focus on GIS mapping projects primarily in the context of advocacy work in North America.

Global Advocacy for HIV Prevention Among MSM, International AIDS Society,

Bill and Melinda Gates Foundation

http://www.rectalmicrobicides.org/docs/Global%20Advocacy%20for%20HIV%20Prevention%20Among%20 MSM.doc

The International AIDS Society and the Bill & Melinda Gates Foundation held a meeting in Geneva, Switzerland, focusing on the state of global advocacy for the HIV prevention needs of gay men and men who have sex with men (MSM). Twenty-eight invited leaders participated in a full-day discussion that included an analysis of the current landscape of global MSM-HIV advocacy, reviewed priorities for research and resource allocation, and explored opportunities for leadership and collaboration. This documents the meeting.

MSM versus IDU — policy and practice landscape,

AIDS Projects Management Group (APMG)

www. a idsprojects. com/uploads/File/IDU%20 versus%20 MSM%20 policy%20 and %20 practice%20 landscape. pdf www. a idsprojects. com/uploads/File/IDU%20 versus%20 MSM%20 policy%20 and %20 practice%20 landscape. pdf www. a idsprojects. com/uploads/File/IDU%20 versus%20 MSM%20 policy%20 and %20 practice%20 landscape. pdf www. a idsprojects. The idea of th

A comparison of IDU and MSM policy landscapes with recommendations.

Sex Worker Health and Rights Advocates' Use of Information and Communications Technologies Report,

Open Society Institute (OSI)

 $http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/technologies_20070717$

This report explores the ways in which sex worker health and rights advocacy groups currently use information and communications technology, and to discover how they could benefit from technology and training in the future.

Civil Society Perspectives on TB/HIV: Highlights from a Joint Initiative to Promote Community-Led Advocacy,

Open Society Institute (OSI)

http://www.soros.org/initiatives/health/focus/phw/articles_publications/publications/highlights_20060811

Both the project and the publication underscore the importance of enhancing community engagement in the design, implementation, and evaluation of collaborative TB/HIV programs. The report presents case studies from Indonesia, Mexico, Sierra Leon, South Africa, Ukraine, and the Caribbean, highlighting community advocates' strategies, achievements, and lessons learned. Introduction to Chapters 2–6

Key advocacy issues pertaining to MSM & HIV

The following chapters present key areas on which MSM should consider focusing their advocacy efforts, namely services, stigma and discrimination, research, and civil society and networks. These have been identified as priority MSM and HIV advocacy issues. The chapters are in no particular order, and facilitators should allow navigation through the chapters to be guided by the issues surfaced in the mapping processes in Chapter 1.

Although these areas have been identified as priority advocacy areas, the list is certainly not exhaustive. In some instances the facilitator may choose to focus on topics outside of these areas. The advocacy steps and skills can be applied to any problem surfaced by the issue identification exercise.



Chapter 2 — Services

Despite rising rates of new HIV infections among MSM, there is a disproportionately lesser amount of programming directed toward this community. Where services do exist, they often consist of a limited outreach model that is focused on condom distribution and HIV testing referral, missing other key structural and social factors that drive the epidemic such as stigma and discrimination, poverty, and substance abuse. This is the result of homophobia and enacted stigma at work within country and funding governments. It is also very likely the result of "invisibility" and silence among MSM communities, due in part to hostile stigmatizing environments in which MSM cannot freely and openly assess and advocate for their unique needs.

Services most often fail to address drivers of the epidemic such as stigma and discrimination, which are key contributors to MSM community vulnerability to HIV. It is time that health ministries, NGOs delivering health and HIV services, and others began to think outside of the box of the current services that offered and think more broadly about community needs, and how they might be met with innovative programming. Communities should do a basic assessment of the services available in their localities and develop a list of comprehensive services required to curb HIV transmission in their particular situations. These might include STI diagnosis and treatment, provision of water-based lubricants, and psychosocial support structures for helping MSM deal with violence and other forms of stigma and discrimination. Another important factor that is often missing from services for MSM is continuity between services; the crucial interconnectivity that makes a response effective. For example, what is the use of providing referral to services in a community wherein the medical establishment stigmatizes MSM and refuses their treatment?

This chapter focuses on helping communities identify their particular needs, introducing the importance of continuity of services, and encouraging participants to think outside the box of the condom/referral model through case study examples.

Key points:

- Services for MSM are often unavailable and/or limited.
- Services must go beyond simply "MSM referral" to information and services, and transform to become services that are truly MSM-friendly.
- Water-based lubricant is rarely available.
- STI care is rarely available.
- Services are disconnected, allowing for MSM to fall through the cracks.
- Initiatives should be evidence-based and include the right balance of human rights and public health focus.

Chapter goals:

- Upon completing the exercises in this chapter, participants will be able to:
- Understand some key elements comprising a comprehensive HIV response for MSM
- Map the local HIV response for MSM in their areas
- Prioritize services according to need
- Understand UNDP-defined comprehensive services for MSM and prioritize those that would be useful in their own locales according to need
- Understand concept of "continuum of care" through local examples
- Cite specific examples of innovative service provision models

Exercise 2.0 — Mapping the local response

Purpose:

To have participants map the HIV response among MSM in their area and identify gaps where they could advocate for more services.

Goals:

At the end of the exercise, participants will be able to:

- Understand some key elements comprising a comprehensive HIV response for MSM
- Map the local HIV response for MSM in their areas
- Prioritize services according to need

Materials:

Handout 2.0

Process:

- 1. Facilitator should introduce the exercise with the following:
 - Services for MSM are essential for stopping the HIV epidemic worldwide. There is no single set of services that has been empirically proven to be successful in this battle; however, there are some things we do know that are very likely to help. The purpose of this exercise is to get you thinking about what is being done in your area, and what some of the gaps might be in services for MSM.
- 2. Through a brief survey of the group members, assess their knowledge of the AIDS control program in the country and what their commitments are to MSM. If this knowledge is lacking, ensure that they get information about main agencies.
- 3. Distribute Handout 2.0 and ask participants fill it out, and total their entries in the column at the right.
- 4. Ask a participant to do a collective mapping of the individual responses. In cases where participants are from the same area, are there gaps that stand out? In cases where participants are from different places, are there interesting services listed by other groups that look interesting? Are there commonalities across the board?
- 5. Agree upon services that participants would like to see offered in their area, or changes to existing services, and make a list. Make another list of services that are offered but that are not effective. How could these be changed to make them more effective?
- 6. Prioritize the list. Rank the most urgent gap as "No. 1," and the next most urgent as "No. 2," and continue in this way until all of the issues on the list are ranked.

Exercise 3.1 — Continuum — from prevention to care

Purpose:

To introduce participants to the prevention-to-care continuum through examples, highlighting the importance of a holistic, interlinked response. Connect this exercise to cause-and-effect analysis (Exercise 1.2), explaining that this time we are starting with solutions instead of problems.

Goals:

At the end of the exercise, participants will be able to:

- Understand UNDP-defined comprehensive services for MSM
- Understand concept of "continuum of care" through local examples

Materials:

• 3–5 copies of both Handout 2.1 (a) and Handout 2.1 (b) cut into squares, depending on group size

Process:

- 1. Briefly survey the group for ideas about what constitutes a typical MSM-targeted response in their area (ie, outreach with condoms and referral to HIV testing and counseling).
- 2. Divide into small groups by geographical region.
- 3. Pass out first group of cards (Handout 2.1 (a)), which represent access to services constituting comprehensive coverage as defined by UNDP. This set of services will be familiar to many participants, and many will have access to some or all of them.
- 4. Ask participants to look at the cutouts, thinking about their own locales. Have them identify which services are available in their area and which are not, and separate the cards accordingly into 2 sections: "available" and "not yet available."
- 5. Have the group answer the following questions:
 - Looking at the services that are available in your community:
 How do the services that are provided in your community help prevent HIV? Can you think of specific people who have benefited from these services? Are some of these services less helpful or not helpful at all? Roughly, what percentage of your local MSM community access services?
 - Looking at the services that are not yet available in your community:
 Can you think of examples of people you know who have required these missing services, and what consequences they faced? What are some specific services you would like to see offered in your community from this set of examples? What are some specific services you would like to see offered in your community that are not listed on any of these cards?
- 6. Next, pass out the second set of cards (Handout 2.1 (b)), explaining that in addition to access to services there are also key elements relating to legal, policy, and social environments in a comprehensive package of actions to address HIV risk among MSM. Explain that many of these may not yet be available in their communities; however, it will be important to recognize them so they can be included in advocacy campaigns.

- 7. As with the first exercise, have the groups divide the cards according to "available" and "not yet available." Ask the groups to go through the same questions listed in number 5 above.
- 8. Bring the group back together and reinforce the following main points:
 - Comprehensive coverage for MSM includes access to services (such as HIV testing, condoms and lubricants) as well as elements relating to legal, policy, and social environments (such as referral to legal services, and enabling legal and policy environments).
 - The interlinking of services is as important as services alone.

Ask the group to share examples of individuals they might know of who fell through the cracks of interventions in their locales. What are some examples of interlinked services? What are some examples of services that promote supportive legal, policy, and social environments for MSM?

Facilitator note:

Take note of responses from the group, on flipchart paper if possible. It may be useful to end this activity with a group discussion of how the services that do exist came to be—and make note of potentially useful lessons learned from this process to advocate for implementation of those services identified as "not yet available."

Exercise 2.2 — Beyond condoms/referral — services through example

Purpose:

To introduce some best practice examples by way of case study to

- Explore options beyond rudimentary outreach and referral models
- Illustrate the prevention-to-care continuum through examples
- Give ideas for possible directions communities might want to move

Goals:

At the end of the exercise, participants will be able to:

• Cite specific examples of innovative service provision models

Materials:

• Handout 2.2

Process:

- 1. Lead a discussion among the group around a typical set of MSM HIV prevention services.
- 2. Divide participants into three groups and distribute an intervention case study to each one. Ask participants to identify core elements of the prevention to care continuum cards they see operating within the study. Which elements are missing?
- 3. Bring the group's attention to a list of studies that have been completed around the effectiveness of specific services for HIV prevention. Explain how these can be used in making the case for a need for services.

Chapter 2 - Services Resources

Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth,

Suicide Prevention Resource Center http://library.sprc.org/browse.php?catid=32

This publication addresses the special concerns related to suicide prevention among lesbian, gay, bisexual, and transgender (LGBT) youth. It summarizes the current state of knowledge about suicidality in this population, and outlines twenty-one recommendations for helping to reduce suicidal behavior among LGBT youth. Includes a resource appendix and an extensive bibliography.

Training Manual: An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men,

Naz Foundation (India) Trust

http://www.aidsalliance.org/publicationsdetails.aspx?id=91

This manual provides training modules to provide a clear understanding of the sexuality and sexual health of men who have sex with men. Published in India by the Alliance in collaboration with the Naz Foundation (India) Trust, it is intended for NGOs and CBOs in South Asia wanting to develop services for MSM and gay men, or to incorporate their issues into existing services. It addresses how to raise awareness of these sensitive issues, and how to integrate them into NGO programmes.

MSM CBO Development Manual,

Naz Foundation International http://nfi.net/training_resources.htm

This resource module provides a step-by-step approach to developing community-based organizations addressing issues affecting males who have sex with males (MSM), along with a theoretical framework. This toolkit has arisen out of the extensive community development work that the Naz Foundation International has undertaken in South Asia in addressing issues that affect MSM, since 1996.

Between Men: HIV/AIDS Prevention for Men who have Sex with Men (English, French, Spanish), HIV/AIDS Alliance

http://www.aidsalliance.org/publication-search-results.aspx

Between Men gives an overview of basic issues for men who have sex with men in the context of HIV and other STIs. The booklet also provides ideas for developing prevention programmes with and for men who have sex with men. It is intended for people or organizations who provide support to NGOs and CBOs starting HIV/STI prevention work with and for men who have sex with men.

Responding to the HIV-related Needs of MSM in Africa (link includes 2 presentations with facilitation info), HIV/AIDS Alliance

http://www.aidsalliance.org/publication-search-results.aspx

This guide has been produced for people who want to improve the response to the HIV-related needs of men who have sex with men (MSM) in Africa. The guide will help you to facilitate a participatory reflection meeting with key stakeholders who are responsible for improving local and national responses to HIV among MSM.

A Call to Act: Engaging Religious Leaders and Communities in Addressing Gender-based Violence and HIV,

USAID

http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=971

This guide was conceived and developed as the result of a USAID | Health Policy Initiative, Task Order 1, activity focusing on building the capacity of religious leaders—including women of faith—to address gender-based violence (GBV) in their communities, particularly in relation to HIV.

HIV/AIDS in Places of Detention: A Toolkit for Policymakers, Programme Managers, Prison Officers and Health Care Providers in Prison Settings (English, Russian),

World Health Organization (WHO), UNAIDS

http://www.unodc.org/unodc/en/hiv-aids/publications.html

This toolkit on HIV in prisons aims to provide information and guidance primarily to individuals and institutions with responsibilities for prisons and prisoners, and to people who work in and with prisons. In addition, it will assist everyone who has anything to do with prisons.

Management of Effective Programs addressing HIV Prevention, Treatment, Care and Support for Gay Men and other MSM and transgender people,

AIDS Projects Management Group (APMG)

http://www.aidsprojects.com/05.Publications/index.html

A training curriculum for program management of MSM and TG HIV prevention and care programs.

HIV/AIDS and the Law Trainer's Manual, Module 6: The Rights of Lesbians & Gay Men,

AIDS Legal Network

http://www.aidsportal.org/Article_Details.aspx?ID=2447

This module deals with issues that affect lesbians, gay people, as well as bisexuals and transgender persons, especially those living with HIV or AIDS in South Africa.

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals,

Substance Abuse and Mental Health Services Administration (SAMHSA) http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf

This publication presents information to assist providers in improving substance abuse treatment for lesbian, gay, bisexual, and transgender (LGBT) clients by raising awareness about the issues unique to LGBT clients.

CBO/FBO Capacity Analysis: A Tool for Assessing and Building Capacities for High Quality Responses to HIV/AIDS,

CORE Initiative

http://www.coreinitiative.org/Resources/Publications/Capacity_Analysis/index.php

The tool is designed to facilitate group discussions between members of community organizations, allowing participants to assess their own strengths, weaknesses, and capacity-building needs.

Ensuring Universal Access to Comprehensive HIV Services for MSM in Asia and the Pacific,

American Foundation for AIDS Research (amfAR), MSM Initiative http://www.amfar.org/msm/

This report summarizes an assessment that was carried out in early 2009 to identify priorities for operations research to better understand effective models for HIV prevention, treatment, care, and support among men who have sex with men (MSM) in Asia and the Pacific.

Men who have sex with men - Technical policies of the UNAIDS Programme,

UNAIDS

http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/Techpolicies/men_men_sex_technical_policies.asp

The policy brief recommends actions for national and international policy makers as well as civil society partners who influence the policy environment and offers examples of the way forward including the summary of experiences of policy makers who have taken exemplary actions in this area.

Men who have Sex with Men: Key Operational Guidelines of the UNAIDS Programme,

UNIADS

http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/OperationGuidelines/men_men_sex_operational_guidelines.asp

This Framework sets out how UNAIDS will facilitate and support universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations,

WHO

http://www.who.int/hiv/pub/populations/guide_msm/en/index.html

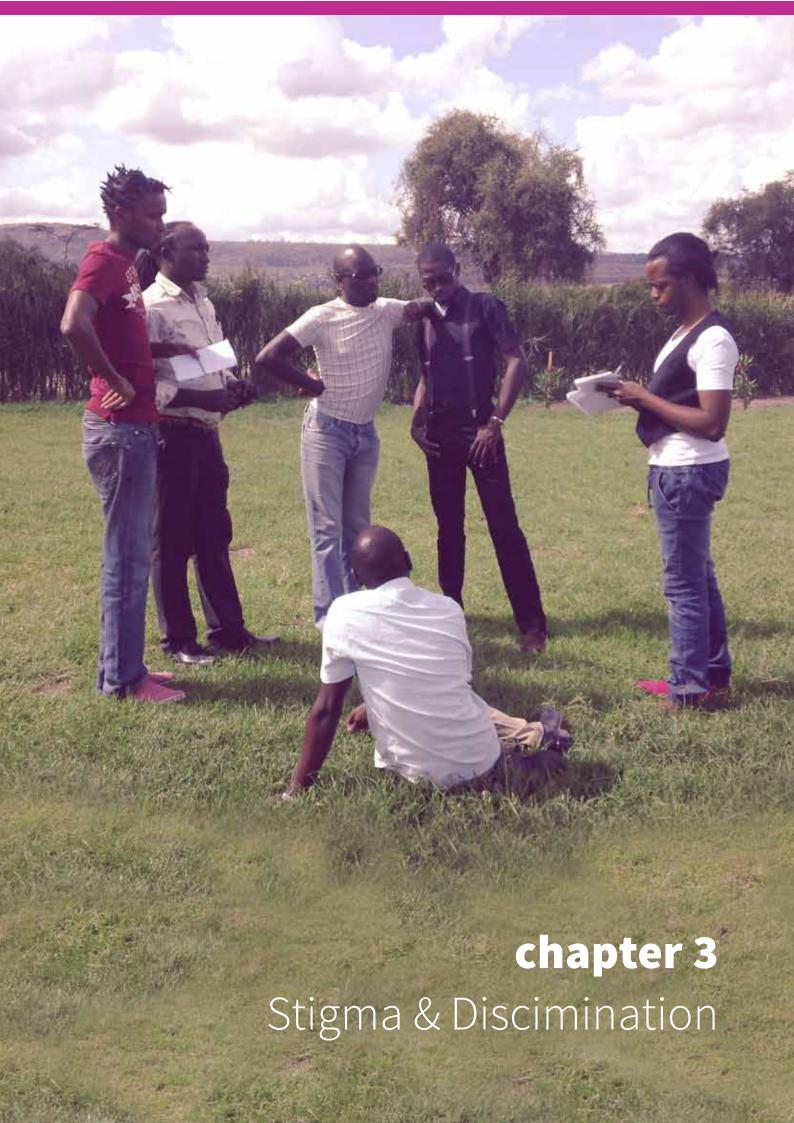
There is an urgent need to address the emerging and re-emerging epidemics of HIV and other sexually transmitted infections (STIs) among men who have sex with men (MSM) and transgender people. Strengthening strategic information systems and implementing interventions for the prevention and treatment of HIV and other STIs among MSM and transgender people should be considered a priority for all countries and regions as part of a comprehensive effort to ensure universal access to HIV prevention, care and treatment.

Best Practice publication: HIV and men who have sex with men in Asia and the Pacific,

UNAIDS

http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/

Collection of best practice interventions; advocacy is highlighted.



Chapter 3 — Stigma and Discrimination

The presence of stigma and discrimination attached to MSM and their lifestyles is a common thread that runs through many cultures and communities. It takes a range of forms and manifests across contexts, from subtle teasing at school to criminalization of same-sex acts written into countries' legal architecture. An interesting quality of stigma and discrimination is that their targets, like MSM, often internalize the stigma, leading to low self-esteem and an exponential decrease in the community's compunction to protect itself. Drug abuse and suicide are common side effects of this trend. It has been clearly demonstrated that stigma and discrimination are core drivers of HIV infection.

A careful exploration and treatment of stigma and discrimination in your particular area is highly recommended, and there are some very good tools that have been developed for this purpose (see Stigma and Discrimination Resources section). Do not feel overwhelmed or afraid to confront stigma and discrimination, despite their tendency to loom in what may seem like an impenetrable fashion. It is as simple as breaking it down into small steps and believing you can make a difference.

Acknowledging the specific ways stigma and discrimination exist is a first step toward its eradication; however, our work does not stop there. Ideas and beliefs take a long time to change. So while it is crucial that communities develop long-term strategies for eradicating MSM-related stigma and discrimination in their locales, it is equally important that they develop short-term strategies for coping with the stress and strain stigma and discrimination bring. It is also extremely important to target self stigma. Growing up in homophobic families, schools, and communities has a deep and lasting impact on MSM and their behavior as adults.

This chapter focuses on helping participants to understand stigma and discrimination and its connection to HIV risk, identifying perpetrators of stigma as potential advocacy targets, and looking within at the importance of addressing self-stigma.

Key points:

- Stigma and discrimination vary from context to context, culture to culture—good resources and toolkits are available to explore these issues.
- Stigma and discrimination don't just come from the outside—they also come from inside individuals.
- Stigma and discrimination contribute to HIV risk.
- Changing attitudes takes time; coping strategies are important.
- Strategies for change should take their audience into careful account.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Identify personal experiences of stigma and discrimination and connect with others through shared experiences
- Understand how childhood experiences lead to self-stigma later in life
- Understand specific connections between stigma and discrimination and HIV risk
- Highlight the major forms and causes of stigma and discrimination
- Understand stigma and discrimination as occurring on both individual and societal levels
- Develop strategies for coping with discrimination reactively
- Develop strategies for ending discrimination proactively through advocacy
- Cite useful strategies for beginning the process of eradicating low self-esteem
- Cite specific example of stigma and discrimination–targeted advocacy

Exercise 3.0 — Connecting stigma and discrimination and HIV

Purpose:

To get participants to interactively explore the connection between stigma and discrimination and HIV risk. A key part of planning for stigma and discrimination advocacy is to understand how the two connect.

Goals:

At the end of the exercise, participants will be able to:

• Understand the specific connection between stigma and discrimination and HIV risk

Materials:

- Handout 3.0
- Handout 3.1

Process:

- 1. Break participants up into 3 groups and have them each read the story in Handout 3.1 to their group. They should address the following questions:
 - What happened in the story?
 - Why is John behaving the way he is?
 - How does stigma affect disclosure to his partners and his use of health services?
 - How does MSM stigma result in the continuing spread of HIV?
 - If we stigmatize MSM, does it stop them from having sex with men?
 - Do you have any stories you would like to share that connect discrimination and HIV?
- 2. Lead a discussion surfacing responses and provide Handout 3.0 for the group to review.

Exercise 3.1 — Advocacy — reactive and proactive

Purpose:

To develop strategies for advocating for rights both reactively (when stigma is happening) and proactively (in general) through role play and analysis.

Goals:

At the end of the exercise, participants will be able to:

- Understand stigma and discrimination as occurring on both individual and societal levels
- Cite strategies for coping with discrimination reactively
- Cite strategies for ending discrimination proactively through advocacy

Process:

- 1. Choose 3 main issues from Exercise 3.0 and break down each into 3 paired roles (total of 6 actors, the rest audience).
 - Role A: perpetrator of discrimination
 - Role B: MSM recipient of discrimination

Issue examples include father/son, teacher/student, local rowdy/MSM, and doctor/patient. The actor pairs take turns enacting an experience of discrimination in as much detail as possible. Participants should dig deep into their own experience and make the role play as close to reality as possible.

Facilitator note:

Ask the other participants (audience) to note the ways in which the recipient of discrimination (role B) is managing the discrimination. What tactics is he or she using? How does this resonate with their own experience? How would they react?

2. Devise a list of tools for managing discrimination from the collective experience of the group.

This list might include:

- Talk to brothers or sisters who may be sympathetic and win their support.
- Be courageous and tell your family that you have a right to be different.
- Invite family members to attend MSM events so they learn more about MSM.
- Show you are productive and valuable as any other family member.
- Be courageous and demand fair treatment in a polite but assertive way.
- Don't give up. Don't walk away. Stay and demand equal treatment like other patients.
- Go to the clinic with other MSM patients.
- Tell people what you think, feel, and want clearly and forcefully. Say "I" feel, think, or would like.
- Don't apologize for saying what you think or put yourself down.
- Stand or sit straight in a relaxed way.

- Hold your head up and look the other person in the eye.
- Speak so that people can hear you clearly. Stick with your own ideas and stand up for yourself. Don't be afraid to disagree with people.
- Accept other people's right to say "No" and learn how to say "No" yourself.
- 3. Explain to the group that this list is a useful set of tools for reacting to stigma when it is enacted in day-today settings, when there is little time to think. Explain that reactively responding to stigma in an intelligent, balanced manner is a form of advocacy. Encourage participants to take some time to prepare themselves for reacting to stigma in the future.
- 4. Bring the group back together and explain that responding reactively to stigma is not enough, and that proactive steps should be taken to proactively confront stigma. Group brainstorm a list of ideas about how advocacy can be used to address stigma proactively. Some of these ideas might include:
 - Train doctors and other health workers on basic skills in the management of STIs in MSM.
 - Train health workers on how to counsel MSM patients, for example in using non-judgmental, neutral language.
 - Lobby local authorities to provide support to MSM. In some cases they are not even aware that there are MSM living in their communities.
 - MSM should hold stigma workshops to first understand stigma themselves, and then educate service providers and community leaders.
 - Build on existing HIV workplace policies with the goal of building an accepting atmosphere.
 - Reach out to the general population through health camps, film festivals, bake sales, and dramatic performance.
 - 5. Finish the exercise by emphasizing to the group the importance of building on strengths and skills they have already developed through personal experiences of stigma and discrimination. Preparation is key!

Exercise 3.2 — Advocating for yourself, within

Purpose:

To highlight the importance of dealing with self-stigma, and offer some strategies for "internal advocacy" both to cope with the stress caused by stigma and discrimination and to build self-esteem.

Goals:

At the end of the exercise, participants will be able to:

- Understand low self-esteem is a contributing factor to HIV risk for MSM
- List strategies for beginning the process of eradicating low self-esteem

Materials:

• Open space, preferably a quiet area

Process:

- 1. Explain to the participants that stigma and discrimination can lead to stress and low self-esteem. These are contributors to a community's vulnerability to HIV risk, and should be addressed. Ask participants how they manage stress.
- 2. Lead the participants in a relaxation exercise, focused on the breath or walking. There are some good resources available for this online.
- 3. Explain the importance of MSM coming together as a group on a regular basis. This exercise is fun, is a great way to decompress and de-stress, and also serves as a key step in community collectivization. Encourage the community to set a regular meeting time and place, at least monthly, to accrue the benefits of coming together.
- 4. Lead the group in a small exercise that introduces the practice of positive aspirations. Ask the participants to repeat the following:
 - a. May I love myself just as I am.
 - b. May I feel self-worth and well-being.
 - c. May I trust this world.
 - d. May I make a difference in the lives of people I touch.

Explain that clearly stated aspirations like the above serve as helpful reminders and can have a positive effect and come to being.

- 5. Exercise! Ask the participants to get up from their seats and follow the facilitator in a combination of jumping jacks, sit-ups, and push-ups. Allow this to continue for 5 minutes. Ask the participants how they feel after the exercise. Are they energized? Explain that a regular exercise routine can be a very supportive way to eradicate self-stigma.
- 6. End the exercise with a positive visualization exercise. Ask participants to close their eyes and relax. Ask them to think about a time when they felt good about themselves. It could relate to the successful completion of a project, a time when they stood up for their rights, or just a time when they were carefree and relaxed. This serves as a positive note on which to end the exercise.

Chapter 3 - Stigma and Discrimination Resources

Positive Prevention Toolkit,

International Training and Education Center for Health (I-TECH) http://www.positiveprevention.ucsf.edu/moz?page=moz-CU06INDI

The overall goals of the training are that: (1) Counselors will be able to describe the importance of follow-up counseling in terms of improving the lives of PLHAs and stopping the spread of HIV via Prevention with Positives; (2) Counselors will demonstrate appropriate ways to use the follow-up counseling toolkit with HIV+ clients.

Understanding and Challenging Stigma toward Men who have Sex with Men: Cambodia Edition, Toolkit for Action,

International Center for Research on Women (ICRW) and Pact

http://www.icrw.org/publications/understanding-and-challenging-stigma-toward-men-who-have-sex-men-cambodiaedition

This toolkit, adapted and tested with local organizations in Cambodia, includes participatory, educational exercises that can be used with a wide range of individuals and groups to stop stigma and discrimination toward men who have sex with men.

Understanding and Challenging HIV Stigma: Toolkit for Action, Module H — MSM and Stigma,

HIV/AIDS Alliance

http://www.aidsalliance.org/publication-search-results.aspx

The toolkit contains over 100 participatory exercises which can be adapted to fit different target groups and contexts. There are different sets of pictures, which help to identify stigma, discuss the rights of positive people, and help to stimulate discussions around gender and sexuality and morality issues linked to stigma.

Understanding and Challenging HIV Stigma: Toolkit for Action, Moving to Action Module,

HIV/AIDS Alliance

http://www.aidsalliance.org/publication-search-results.aspx

Guide for translating knowledge about stigma and discrimination into action.

Training Manual for Community Response to Stigma and Discrimination Related to HIV/AIDS,

Latin American and Caribbean Council of AIDS Service Organisations http://www.laccaso.org/index_english.html

Beyond Hatred,

Public Broadcasting Service (PBS) http://www.pbs.org/pov/beyondhatred/

Beyond Hatred, a feature-length (90 minutes) documentary, in French with English subtitles, provides a remarkable portrait of a family that rejected revenge in favor of a plea for tolerance and understanding. As an outreach tool, it challenges viewers to do the same. With no narrator to reinterpret events or people's words, audiences are left to draw their own conclusions about the ways in which societies, as well as individual decisions, produce killers.

Dealing with Homophobia and Homophobic Bullying in Scottish Schools,

LGBT Youth Scotland

http://www.ltscotland.org.uk/resources/d/genericresource_tcm4512285.asp

This toolkit has been developed as one of a number of equality projects covering a range of issues. It follows research to identify policy, practice, awareness and confidence around dealing with homophobic incidents. The resource aims to provide confidence and skills to support school staff in recognizing, preventing and dealing with homophobia and homophobic bullying in schools in the context of curriculum for excellence.

An Introduction to Welcoming Schools,

Human Rights Campaign (HRC) http://www.hrc.org/about_us/13336.htm

A primer version of the comprehensive Guide, An Introduction to Welcoming Schools includes an overview of Welcoming Schools and resources such as sample lesson plans and LGBT-inclusive bibliographies for children and adults.

Resource Guide to Coming Out,

Human Rights Campaign (HRC) http://www.hrc.org/about_us/13278.htm

Throughout the process of coming out and living ever more openly, you should always be in the driver's seat about how, where, when and with whom you choose to be open. This guide was designed to help through that process in realistic and practical terms. It acknowledges that the experience of coming out and living openly covers the full spectrum of human emotion—from fear to euphoria.

Order Out, Safe & Respected YOUR RIGHTS AT SCHOOL,

Lamba Legal

http://www.lambdalegal.org/publications/out-safe-respected/

This kit is designed to help students know their rights at school and make sure they're respected, and to give concrete ideas about how to make a difference in school and community.

Taking Action Against HIV Stigma and Discrimination,

UK Department for International Development http://www.aidsportal.org/Article_Details.aspx?ID=6575

The publication contains a wide range of information:

- *On stigma and discrimination and the impact
- *On AIDS responses;
- *On ways to address it, toolkits and case studies of successful programmes; and
- *On how stigma and discrimination be measured and progress evaluated.

Review of Legal Frameworks and the Situation of Human Rights related to Sexual Diversity in Low and Middle Income Countries,

UNAIDS

http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/

This study sought to review published and unpublished data and information of policies, legal frameworks and regulations, homophobic practices (including violence) and related human rights violations, as well as stigma and discrimination with a pilot study to fill the most relevant knowledge gaps in sub-Saharan Africa, Asia, the Middle East and North Africa, Eastern Europe, and Latin America and the Caribbean.



Chapter 4 — Research

Research is essential for effective tracking of epidemiological information relating to MSM, and for planning effective interventions and programs. It is also a core skill required for advocacy; solid research forms a foundation from which advocacy groups can make a case for a particular need or service. A strong evidence base enables communities to overcome the stigma that governs resource allocation in country and funding governments.

This poses a challenge for MSM groups that want to move forward with advocacy projects, as there is a general lack of epidemiological and sociological research relating to MSM. Communities often find themselves in a position of needing and desiring to advocate for HIV-related programs and services for MSM without local epidemiological and social research to back their claims and lend evidence to their case that these services are needed. MSM must be creative in the way they approach advocating for programs, services, and research in light of this gap. The good news is much MSM epidemiological and sociological research has been conducted around the world, and this can be a useful tool in instances when local research and data are not readily available.

This chapter is divided into 2 main sections; research on MSM and research by MSM. The first section guides groups in assessing their country's current MSM research scenario, gives ideas for where MSM might think about directing advocacy for research, facilitates brainstorming about key issues and topics that research should cover in their locales, and provides guidance on how to move forward right now, despite gaps in the availability of localized research. Emphasis in the chapter is given to using research as a tool to help advocate for MSM-targeted programs and services, over advocating with governments and research institutions to include MSM in their overarching research agendas, The second section gives ideas about how MSM communities can apply simple research techniques themselves.

Key points:

- MSM-related data are crucial for organizing effective advocacy for programs.
- MSM are missing from many countries' surveillance data.
- Research into effectiveness and cost-effectiveness of programs—evaluation is an oft-neglected yet important step.
- Epidemiological and socio-behavioral research is needed.
- Communities can use basic research tools to begin this work.
- Research should be applied appropriately for different audiences.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Understand how research can be effective for the purposes of completing an action
- Identify core research areas for MSM
- Brainstorm core questions for their specific locale
- Understand that research can be transferable for the purposes of advocacy
- Apply research from other contexts to contexts where no research has been completed
- Cite specific ways to translate research into specific steps in an advocacy campaign

Exercise 4.0 — Why research?

Purpose:

To bring participants to an understanding of research's importance to advocacy in a fun and interactive way.

Goals:

At the end of the exercise, participants will be able to:

• Understand how research can be effective for the purposes of completing an action

Materials:

• Candy bars, or other inexpensive material incentives (enough for the whole group), hidden in a bag

Process:

- 1. Divide the group into three smaller groups. Explain to the participants that a number of special prizes have just become available for which they have a chance to qualify. The only catch is they must provide information that they meet the requirements and must provide evidence that they do.
- 2. Explain to the group that they must meet the following criteria to be eligible for the prize, and must show proof. Give each group one of the following research hypotheses below:
 - Most people working at this training centre live less than 5 miles from it
 - There are more than ten species of flowering plant in the local area
 - There are more than ten different rocks and minerals found in the local area (if these hypotheses are not relevant or convenient, the facilitator should be creative but ensure that all hypothesis are equally easy/difficult to prove)
- 3. Give the group time to do the research and return with findings.
- 4. Bring the group members back together and thank them for their hard work. Ask for proof that they meet the eligibility requirements for the prize.
- 5. Explain that the group has just participated in research, which was later applied to further an action (proving that they are eligible for the prize). Explain that this is a very basic example of how research works in advocacy and how communities contain most of the skills required to complete research and/or advocate with research without even realizing it. Reward them all with a prize.

Exercise 4.1 — Which research topics?

Purpose:

To identify core research topics relevant for MSM groups and potential advocacy targets for each.

Goals:

At the end of the exercise, participants will be able to:

- Identify core research areas for MSM
- Brainstorm core questions for their specific locale

Process:

1. Break into three groups, assigning each group one of the following 3 research topics: epidemiological, behavioral, and services.

Without calling the groups by those particular names, as the terms may be unfamiliar, call the groups A, B, and C. Explain that the basis of research is a set of questions that need to be answered.

Ask each group to brainstorm questions relating to the following topics:

- Group A: Patterns of HIV infection in their local MSM community
- Group B: Individual and collective behaviors that put MSM at higher risk for HIV transmission.
- Group C: Effectiveness of services currently available and what set of services would be the most effective possible for MSM
- 2. Ask the group members to brainstorm questions for research exploration according to their topic. Clarify that the research objective is to build a better understanding of HIV and MSM communities in their locales.
- 3. Bring the group back together and compile a master list of potential topics for research. Responses might include

Group A Epidermiological	Group B Behavioral	Group C Services
How many MSM?	Which MSM are more susceptible to the virus	How effective are intervention services?
How many infected with HIV?	What is the socialcultural context in which male -to - male sex occurs?	How transparent is current resource allocation for services among all stakeholders?
How many MSM requiring care and treatment?	What behaviors contribute to MSM risk?	What is the optimal spectrum of services supporting HIV prevention and care?
How many MSM wives are HIV positive?	What behaviors associated with rosk are the result of stigma and discrimination?	What are the best strategies for engaging diverse populations of MSM?
		What is the best way to track service delivery and effects?

Adapted from USAID Health Initiative, Policy Brief: Investing in HIV Prevention for Mwn who have sex with Men: Averting a "Perfect Storm"

4. Explain to the participants that these questions all represent viable research topics for MSM in their area. Lead a group discussion based on the following questions: are any members of the group aware of research that has already explored some of the questions they raised? Who completed the research? In general, who completes research? Where can MSM go to advocate for this research to be included in agendas? Identify a list of potential targets. These could include: BSS, National AIDS Control, GFATM Country Coordinating Mechanisms, universities, research institutions (consult MSMGF Web site for ideas)

Exercise 4.2 — Using what we already have

Purpose:

Local universities are potential targets for advocacy. Many universities require their students to complete research. Building connections with universities and students is a great way for communities to get in touch with research skills and might even drive some locally-based research.

In most instances, communities will find that there is a dearth of data in their areas. There has, however, been much MSM related research conducted across the globe. This exercise is designed to assist groups in thinking about how to use research that is already available to make a case for research in their locales.

Goals:

At the end of the exercise, participants will be able to:

- Understand that research can be transferable for the purposes of advocacy
- Apply research from other contexts to contexts where no research has been completed

Materials:

Research articles available at:

http://www.icrh.org/files/Thesis%20Scott%20Geibel%20Final%20text.pdf

Process:

- 1. Explain that one of the nice things about research is that it can be applied, which means that it is not necessary that it be tied to the particular area where it was completed for it to be relevant, as long as there is some degree of similarity shared between the 2 areas. For example, research completed in MSM populations in Indonesia can be relevant to MSM populations in Vietnam.
- 2. Distribute the research articles contained collectively at: http://www.icrh.org/files/Thesis%20Scott%20Geibel%20Final%20text.pdf
- 3. Ask the groups to each write a short advocacy statement based on the research article they have been give. Encourage them to use data from the article and other evidence contained within it.

Often times, the most effective advocacy messages are concise. Encourage groups to keep this writing sample to less than 1 page; half a page is even better!

4. Return in plenary and share results.

Facilitator note:

At the end of this exercise, point participants to the MSMGF Web site, which has country pages for each country around the world where research, reports, and other data are posted. If a particular country of interest lacks data, it may be useful to draw upon data from a nearby country in the region as an example.

Research Resources

START: Simple toolkit for advocacy research techniques,

Volunteer Services Overseas (VSO) http://www.search4dev.nl/record/288477

VSO's advocacy research toolkit, based on VSO's own experience of low-cost, non-academic professional research.

HIV Triangulation Resource Guide,

World Health Organization (WHO)

http://www.who.int/hiv/pub/surveillance/triangulation/en/index.html

This guide offers a 12-step, systematic approach to conducting a data triangulation analysis. The examples used are adapted from real-life situations in countries affected by HIV and are interspersed throughout this guide.

The Handbook for Excellence in Focus Group Research,

Academy for Educational Development (AED)

http://www.globalhealthcommunication.org/tools/60

This document provides practical guidelines in appropriately using focus group research, as well as suggestions for modifications to developing world realities. This exhaustive handbook includes an overview of qualitative research and guidelines for setting up and implementing focus group research.

Guidelines for Effective Use of Data from HIV Surveillance Systems (English, Spanish),

World Health Organization (WHO)

http://www.who.int/hiv/strategic/surveillance/hivpubsurveillance/en/index.html

This section gives an overview of some of the principles involved in the effective use of surveillance data for advocacy and then discusses how to package data for specific audiences. Later sections give practical guidance on how to prepare presentations and reports for greatest effect.

Rapid Assessment and Response Adaptation Guide on HIV and Men who have Sex with Men

World Health Organization (WHO)

http://www.who.int/hiv/pub/populations/guide_msm/en/index.html

This adaptation guide for work with men who have sex with men offers guidelines on how to conduct a Rapid Assessment and Response (RAR) focusing on lifestyles, behaviors, and HIV & AIDS concerns. It outlines a series of simple and practical activities that may be used to explore the circumstances, experiences and needs of men who have sex with men across a variety of settings. It is designed to be used either in conjunction with the WHO Rapid Assessment and Response Technical Guide (TG-RAR) or as an independent resource.

Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages,

International Planned Parenthood Federation (IPPF)

http://www.ippf.org/en/Resources/Guidestoolkits/Rapid+Assessment+Tool+for+Sexual+Reproductive+Health+a nd+HIV+Linkages.htm

This generic tool covers a broad range of linkages issues, such as policy, systems, and services. By design, it aims to provide a guide for assessing linkages that can be adapted as needed to regional or national contexts based on a number of factors.

MSM and HIV/AIDS Risk in Asia,

The American Foundation for AIDS Research (amfAR) http://www.amfar.org/community/article.aspx?id=3710

This TREAT Asia special report examines the scope and surprising diversity of male-male sexual activity throughout Asia, illuminates its role in contributing to the spread of HIV infection, and offers solutions for reducing vulnerability to infection among these hard-to-reach populations.

Off the Map: How HIV/AIDS Programming is Failing Same-Sex Practicing People in Africa, International Gay and Lesbian Human Rights Commission (ILGHRC) http://www.aidsportal.org/Article_Details.aspx?ID=4103

Explores the ways in which HIV/AID stakeholders are potentially jeopardizing overall efforts to combat the AIDS epidemic.

LGBT Health and Rights in East Africa: A Snapshot of Successes and Challenges for the Advocacy Community, Open Society Institute (OSI)

http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/lgbteastafrica_20070930

The information in this report is organized into five topics: Challenges to the LBGT movement; LGBT groups operating in East Africa; reports and convenings focusing on LGBT issues in Africa; potential opportunities for future advocacy on LGBT issues; and recommended next steps for funders.



chapter 5Civil Society and Networks

Chapter 5 — Civil Society and Networks

Networks strengthen advocacy's power by multiplying the number of voices and the spectrum of representation for taking action on a particular issue. Networks become increasingly important for movements like MSM and HIV advocacy, which can very often be isolated and cut off from support structures in their local environments.

Networking within the movement for MSM rights with organizations working directly with MSM and HIV issues is as important as networking outside the movement and building alliances with groups working in different areas. The power of groups and coalitions to leverage decision makers is oftentimes much stronger than individual group power. For example, MSM groups have built very strong connections with political parties, women's rights organizations, and sex worker collectives, to name a few.

Another important aspect of civil society and networks to keep in mind when working with MSM is the conflict that can occur when many organizations are competing for the same funding or services. Relationships between MSM groups can and do become strained, especially in situations when limited funds become available to a large number of groups, causing competition. At all costs, MSM groups should keep networks with other MSM groups healthy and strong, which requires groups to develop a clear mandate moving forward to avoid hostility and territorialism between groups, to encourage sharing and support, and to avoid reduplication of efforts and wheel reinvention.

This chapter trains participants in the importance of networking, instills within participants an understanding of networking as it relates to advocacy, and provides the resources for MSM to do network mapping for their locale to identify viable networking directions in which to navigate. It also brings participant attention to the issues of territorialism.

Key points:

- Networks have a multiplying effect on advocacy's power.
- Groups should network with preexisting networks.
- Groups should forge networks with exisiting agencies and bodies working on MSM and HIV issues, such as the Global Fund's Country Coordination Mechanism (CCM).
- Communities should consider forming their own networks.
- Territorialism and work reduplication are not inevitable and can be avoided.
- The MSMGF Web site is a "1-stop shop" for valuable information and resources.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Understand the importance of networks to achieving an advocacy goal
- Understand the Yogyakarta Principles, and how they came about through networking
- Differentiate between an advocacy target and an ally
- Identify local allies and potential network partners
- Map challenges within individual organizations and networks that prevent work from happening effectively
- Brainstorm ideas for dealing with these challenges
- Identify next steps for networking

Exercise 5.0 — Benefits of networks

Purpose:

To give participants a solid example of how advocacy networks can yield very positive results.

Goals:

At the end of the exercise, participants will be able to:

- Understand the importance of networks to achieving a goal
- Understand the Yogyakarta Principles, and how they came about through networking

Materials:

- Ball of string or rolls of stitching thread (in different colours)
- Chair or other common heavy object
- Handout 4.0

Process:

- 1. Distribute 1 single long piece of string to each participant. Ask participants to attempt to hang the chair (or other heavy object) with the thread. The thread should snap every time.
- 2. Ask participants to come up with a way to hang the chair without snapping the thread. Wrapping multiple pieces of thread together to form a stronger twine can accomplish this.
- 3. Distribute copies of Handout 4.0 and have participants read the story of the creation of the Yogyakarta Principles.

You can access the full version of the Yogyakarta Principles here:

http://www.yogyakartaprinciples.org/principles_en.htm

After reading the materials, have the group answer the following:

- What is the connection between the thread exercise and the handout reading?
- Give 2–3 examples of network advocacy in the examples you just read.
- How did networking add special value to a process?
- What are some examples of networking you have engaged in?

Some responses might include:

- Accomplish something together that you could not accomplish alone; more effective research
- Influence others inside and outside the network
- Broaden the understanding of an issue or struggle by bringing together different constituencies (human rights groups, health/medicine organizations, students, academics, men and women, gay and straight, etc).
- Share the work
- Reduce duplication efforts and wasting resources
- Promote the exchanges of ideas, insights, experiences, and skills

- Provide a needed sense of solidarity and moral and psychological support
- Under certain circumstances, mobilize financial resources
- Enhance legitimacy—many united voices calling for action collectively can be more powerful than a single individual's statement

Exercise 5.1 — Networking and advocacy

Purpose:

To give participants specific ideas about how networking can work, through role play.1

Goals:

At the end of the exercise, participants will be able to:

Understand how networking specifically relates to advocacy campaigns

Materials:

Masking tape

Process:

- 1. Set up a role play with the following roles:
 - a. Three persons to play members of the Local Council Committee, which is considering whether to set up an MSM clinic where integrated services will be provided—they are not necessarily opposed to it, but are concerned about what the local community will say
 - b. Three persons to play activists who are trying to influence the committee members to decide in favor of the clinic (increase or decrease the number in this group depending on the total number of participants but it should be about a third or less of the total number).
 - c. The rest should be paired up to represent other NGOs, which, while also involved in HIV & AIDS, did not arrive at this meeting in support of initiating services for MSM—this could be for a number of different reasons. Assign different perspectives and considerations (eg, we do not have time, we do not have enough staff/funds, we will be seen as anti-government, we represent a different constituency, we want a clinic in our area, we are worried about losing donor funding if we work with this marginalized group, etc) or ask them to come up with their own excuses. Encourage participants to take on an excuse that they often hear given to them in their own home communities.
- 2. Put a line down the middle of the room using masking tape to separate the 3 activists from the rest of the NGOs. The task is for the 3 activists to convince others to cross over and join them in getting the Committee to agree to the clinic being set up. Let this go on for about 15 minutes.
- 3. As the facilitator, you can introduce changes midway through the role play (eg, turnover of staff, executive director has decided that he or she does not like the 3 activists because they are too vocal, etc). Put a little pressure on the activists by telling them that they really need to get at least half of the representatives to join them if they want to convince any of the Local Council Committee. Announce the time loudly so that they feel some pressure, too. Extend the time if you feel they have just gotten into their respective roles. Halfway through the exercise, allow the 3 activists to call on 1 ally each to help them appeal to the other groups. They get to name their ally according to who they think would be most useful.
- 4. Stop the role play when you think enough issues have surfaced for a discussion. Ask for a round of applause and thank everyone.

Processing the role play:

- a. Ask each person to describe his or her experience. How did they feel playing their assigned role?
- b. Was it difficult? Easy? Frustrating? Why?
- c. Why bother getting the others in? Why didn't the 3 activists simply go in alone?
- d. What were your biggest considerations in crossing the line (changing your mind)?
- e. By the way, what was the line?
- f. What would it take for you to cross the line? Why do you think the NGOs did not want to cross the line? Did any of the activists go toward the NGOs to ask them why they were reluctant to cross?
- g. Did you do more talking than listening, or more listening than talking? Did you ever tell the group on the other side of the line that you agree with 1 of their points?
- h. What different sets of skills are required in doing networking? How do we go about building these skills?
- i. Is this something we see in our own networking experiences?
- j. What were the challenges?
- 5. While this discussion is taking place, have a volunteer write key words used in the discussion on flipchart paper.
- 6. After the discussion is over, reflect as a group, circling key challenges, skills, and advantages related to networking.

What the group will recognize are the challenges of building and sustaining a network, but also, more importantly, how critical it is for effective advocacy.

Exercise 5.2 — Network mapping

Purpose:

To map local networks of allies.

Goals:

At the end of the exercise, participants will be able to:

- Understand the difference between an advocacy target and an ally
- Identify local allies and potential network partners

Materials:

Handout 4.1

Process:

- 1. The facilitator should first clarify the difference between a target and an ally, and how some allies can also be indirect targets.
- 2. Facilitate a discussion with the participants to share their experiences of working in non-advocacy related partnerships or coalitions for their work.

Focus the discussion on working in partnerships specifically for advocacy.

Questions might include:

Challenges/considerations within individual organizations that may prevent them from networking	Challenges within the networks that may hinder effective advocay
Insecurities Lack os a clear advocacy objective scattered leadership Single issue focus Lack of Recources	Territorialism Narrow work focus Scattered work focus lack of consensus

- What are your experiences of work with others?
- What were the main advantages and disadvantages you identified in working with others?
- Have you worked with others on advocacy projects?
- What are the differences and similarities between partnerships for advocacy and partnerships for other activities?

- 3. Distribute Handout 4.2 and ask the participants to draw their potential allies in the diagram provided, as well as their targets. Give them the following guideline questions:
 - Who else could have a positive impact on the issue that has been chosen?
 - Who else is already working on this issue?
 - Who are usually your "natural" allies? Are they true allies for this issue?
 - Are they happy to work in a coalition?
- 4. Ask the participants to include in their diagram, for each ally:
 - What will they gain by joining your alliance?
 - What can they offer to the advocacy work?
 - What are their limitations?

Exercise 5.3 — Network trouble

Purpose:

To get groups thinking about potential challenges that may hinder effective networking. Careful attention is given to territorialism and work reduplication.

Goals:

At the end of the exercise, participants will be able to:

- Map challenges within individual organizations and networks that prevent work from happening effectively
- Brainstorm ideas for dealing with these challenges
- Identify next steps for networking

Materials:

Handout 4.3

Process:

- 1. Ask the participants to return to their small groups.
- 2. Reflecting on the last exercise, ask the groups to list down the challenges that they observed and whether these are from within their organizations or from within the networks (15 minutes). Are there other challenges that may not have come up during the case studies or role plays? Ask that they write these down as well.

Examples:

- 3. Ask the group to discuss strategies to overcome these challenges, both short-term, immediate actions and longer-term strategies that need to be adopted. Distribute Handout 6.3 and ask participants to fill it in.
- 4. Rejoin as a group and discuss.
- 5. The facilitator should ensure the discussion touches upon territorialism, as this is a very common problem in spaces where funding is as limited as it is for MSM. Explain that groups should expect a bit of competitiveness and territorialism when it comes to getting grants. Encourage groups to develop a plan of action for when this occurs, either now for a short time in the session or once they return to their locales. Some ideas are:
 - a. Organizations should develop a plan for when 1 group or more is working in the same area to avoid reduplication. One option would be to make a policy that organizations will not work on the same issue in the same locale. Another solution would be to insist on weekly meetings and build partnerships with groups working in close proximity.
 - b. Sometimes funding and resource agencies offer monetary and in-kind incentives for participation in projects. MSM community groups should develop a method for handling these handouts, i.e, participate in studies/accept incentives insofar as they are not divisive to the community. Communities should be aware that incentives dry up quickly and they are certainly not worth fighting over.
 - c. Encourage MSM community groups to develop a regular monthly meeting plan that is independent of outside funding agencies and projects. When communities strengthen core systems independently,

- they build up a strength that is less easily swayed and divided by outside forces. Allow the shared lack of resources and services to be a point of bonding around which to cohere, rather than a source of division and competition.
- 6. Close session by distributing Handout 4.1. Explain to participants that are organizations with which they should ensure they are connected. They can fill it out immediately, or use it as a checklist to guide networking later.

Networking Resources

Advocacy from the Ground Up: A Toolkit for Strengthening Local Responses,

Asia Pacific Council of AIDS Service Organizations (APCASO), Section 3 http://apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66

The toolkit provides a guide to a wide range of activities with resources and reference materials for both trainers and participants. It is intended to broadly elaborate on the concept of advocacy and how it plays a key role in effective HIV interventions and AIDS services. It is currently being used to structure advocacy capacity initiatives for the ongoing Community Advocacy Initiative (CAI) project.

Networking for Policy Change: An Advocacy Training Manual by POLICY,

The POLICY Project

http://www.policyproject.com/pubs/AdvocacyManual.cfm

The manual is based on the principle that advocacy strategies and methods can be learned. The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns.



Chapter 6 — Self-care and Working in Hostile Environments

The global landscape is composed of a range of support levels for MSM and other differently sexually and gender oriented populations, ranging from very supportive to unsupportive to hostile. As advocacy requires MSM and their allies to be open about their needs and beliefs and to make a stand for them in public ways, this poses a serious threat in environments that are hostile and sometimes even violent toward MSM. The recent arrests (and eventual pardon) of a couple whose engagement ceremony raised community ire in Malawi are an example of what can happen when MSM identity and culture finds its way into the public space, and the very serious denial of personal freedoms that can occur in hostile environments. And even though their situation fortunately worked out, the threat is very real. In some countries sex between men is punishable by death. Safety and self-care become very important consideration for groups living in under such circumstances.

Despite the threat of imprisonment and even death, many MSM activists and groups continue their battle for very basic rights that many MSM in other parts of the world take for granted. And even for those MSM living in "accepting" and "affirming" environments, there are still pockets and places where bigotry against MSM is the status quo. The spirit and strength of MSM who persevere in the face of this adversity is inspiring, and is testament to the fact that change is possible even in the most difficult of circumstances. Many MSM have been forced to develop coping tools for mitigating unfriendly, hostile situations from the youngest of ages.

In any advocacy efforts for MSM, whether they are in environments that are mostly hostile or environments that are only sometimes hostile, the safety of community members should always be at the top of the priority list of every action plan, every step toward bringing injustices and needs to light.

To provide a comprehensive approach to situations of hostility and risk is certainly beyond the scope of this toolkit; however, the following chapter presents some ideas for preparing for hostility so groups are better equipped to cope if and when advocacy results in damage to the community in the form of detention or violence.

Key points:

- MSM community safety should always be a top priority.
- Communities should have a safe space in their locales for MSM to gather.
- MSM communities should have a "violence plan" in place.
- Documentation of violence can be a powerful advocacy tool.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Define hate violence
- Cite shared experiences of hate violence
- List safety strategies for dealing with hate violence, self-care, and healing

Exercise 6.1 — Practical safety strategies

Purpose:

To facilitate thinking around strategies for working safely in hostile environments.

Goals:

At the end of the exercise, participants will be able to:

• List some safety strategies for dealing with hate violence

Process:

- 1. Group brainstorm ideas for the specific ways hostility manifests as an obstacle to advocacy work. Facilitator should note these on a flipchart.
- 2. Divide the group into smaller groups and assign each team 1 of the obstacles. Some examples may include police violence, blackmail from local rowdies, and vandalism of MSM offices/work space.
- 3. Ask each group to brainstorm the most effective solution they can come up with for the obstacle they have been assigned. Have each group role-play a "before" scenario, depicting the obstacle; followed by an "after" scenario, in which its solution is depicted. The other groups guess which solution has been implemented.
- 4. After each role-play session, the facilitator opens the discussion up to the participants and asks if this resonates with their own experience. Do they agree that the solution chosen by the group is the most effective? Would they do something differently? What has worked in their communities?

Safety strategies:

- Set up phone trees for efficient network activation in emergency situations.
- Have a "fact-finding team" trained and on call, in the event it needs to be dispatched.
- Establish inconspicuous safe spaces.
- Develop exit strategies/plans for local emergency situations, such as violence. These should include certain "musts," such as getting authorized medical reports with documentation after cases of violence. These reports can be used for future advocacy.
- Build local networks with lawyers and advocates, who can serve as allies when necessary.
- Strengthen connectedness with Internet groups; this can be an effective way to reach beyond the confines of a hostile country.
- Set aside emergency funds for bail/support.
- Develop a checklist for police identification (badges, time of shift, location). If these details are noted during an incident of violence, filing a case later becomes possible even when literacy skills are lacking.
- Consider investing in self-defense classes and other trainings for the community.

Exercise 6.2 — Self-care

Purpose:

To bring group attention to care of the self and its connection to strong advocacy.

Goals:

At the end of the exercise, participants will be able to:

• List some safety strategies for self-care and self-healing

Process:

- 1. Explain how MSM advocacy work can be incredibly energizing and rewarding, but can also be exhausting and sap individual and group energy. There are also other aspects of MSM life that can be mentally and emotionally exhausting; leading a double life and dealing with lovers are just 2 examples!
 - Ask the group to divide into pairs and discuss a time they felt emotionally exhausted with the group. This can be related to anything, not just advocacy work with MSM. Ask the participants to share with their partners how they managed those experiences.
- 2. Return in plenary and share as a group the situations that sapped the group members' energy and the ways they managed to reenergize and move past the difficult time. The facilitator should keep notes in 2 columns on a flipchart; 1 titled "problem" and the other titled "solution."

Some ideas for solutions:

- Living as an MSM can be incredibly difficult; especially in cultures where marriage is virtually impossible to avoid. MSM spend a lot of energy keeping up appearances and playing roles out of a need to survive. In cases like this, connecting with other MSM in a social, relaxed manner can be incredibly helpful. Organize get-togethers at least once a month, away from the stress of the double life. What would be a hit in your community? A fashion show? A cook-off?
- MSM also often bottle up the stress and strain that come from romantic pursuits. In the event that you are experiencing stress related to relationships and sex, reach out to other men in your community; someone else will have already experienced what you are going through. Sharing (1) releases some of the tension and (2) can lead to coping strategies.
- Mark and celebrate even the small victories when they occur. These lead to big victories.
- Cultivate a spiritual practice. Meditation and prayer have been proven to reduce stress. Experience the
 collective spirit of your MSM community. If your religious establishment is not welcoming or affirming,
 mobilize the community to do something spiritual together.
- 3. End this session with a "backrub chain." Have the group form a circle, then turn to the person to their right (maintaining a circle formation). Ask that the participants place their hands on the shoulders of the people in front of them and give a 2–3 minute massage. (Be aware that not all participants may be comfortable with this level of body contact with other participants so be sure to explain the exercise fully and give any unwilling participants the opportunity to not participate!)

Self-care Resources

AVP Community Rapid Incident Response Manual,

Anti-Violence Project http://www.avp.org/publications.htm

This Guide to Community Rapid Incident Response (or CRIR guide) focuses specifically on anti-LGBTQH hate violence and in doing so addresses some of the unique factors that may need to be considered in before launching a response to this type of violence.

This CRIR guide can be used by anyone, but it has been specifically developed with a beginner or a less experienced community activist in mind to provide a number of helpful tips, each of which are simple enough to be learned over a lunch break.

Creating Safe Space for GLBTQ Youth: A Toolkit,

Advocates for Youth

http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=608&Itemid=177

This special section of Advocates for Youth's web site is devoted to helping communities create safe spaces for young people of all sexual orientations and gender identities. Because homophobia is a real problem, for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) and straight youth, this online toolkit is a timely guide.

Runaway & Homeless Youth and Relationship Violence Toolkit,

The National Resource Center on Domestic Violence (NRCDV) http://www.nrcdv.org/rhydvtoolkit/terms-definitions/

Developed by and for experts and advocates in both the runaway and homeless youth (RHY) and the domestic and sexual violence (DV/SA) fields, the Toolkit provides information, resources, tips, and tools to better address relationship violence with runaway and homeless youth.

Out At Work: A Tool Kit for Workplace Equality,

Lamda Legal

http://www.lambdalegal.org/take-action/tool-kits/out-at-work/

More and more LGBT people are coming out at work. No matter where you work or what you do, you'll feel more secure in your job if you know your rights. For more than three decades, workplace equality has been a top priority for Lambda Legal. This tool kit gives the information needed to help guide LGBT groups through your work life.

Identifying Violnece Against Most-at-risk Populations: A Focus on MSM and Transgenders,

USAID

http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=1097

Negative attitudes and violence toward MSM and TG are common worldwide and, in fact, are condoned by many societies. In this way, violence against MSM and TG is a form of gender-based violence (GBV). Researchers have only recently begun to explore the intersection between violence and HIV vulnerability in most-at-risk populations (MARPs). Nonetheless, strong evidence points to the importance of these linkages. Health professionals have the potential to play a key role in the promotion of sexual health, including the prevention of GBV associated with stigma and discrimination in most-at-risk populations for HIV.

Training Manual for Health Providers Gender Identity and Violence in MSM and Transgenders, USAID

http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=1101

There are two primary goals of this review. First, it aims to synthesize the literature on violence and related forms of stigma and discrimination among MSM and TG, particularly those engaging in sex work, through a gender perspective. In doing so, it analyzes ways in which violence and S&D among MSM and TG are gender based. Second, the review looks at how violence and related S&D against MSM and TG affects vulnerability to HIV.



Chapter 7 — How-to Resources and Core Reference Documents

In addition to the resources included at the end of each chapter, this section has been included as an easy reference. It contains a collection of annotations that match up with the HIV/AIDS Alliance's Advocacy in Action toolkit and attunes the skill cards to MSM communities. The skills are the medium through which advocacy messages are delivered, and are broken down into easy-to-understand steps.

Also included are links to 2 core reference documents: (1) the Yogyakarta Principles and (2) the UNGASS Declaration of Commitment on HIV & AIDS. These are very useful for references when drafting advocacy documents. Find them at the end of this section. It is suggested that toolkit users download the Advocacy in Action toolkit and read the skill cards in tandem with the annotations below. The following information is included:

- Analyzing and influencing legislation or policies
- Preparing a briefing note or position paper
- Working from inside the system
- Lobbying or face-to-face meetings
- Writing and delivering a presentation
- Persuading through drama
- Working with the media
- Writing and using a press release
- Carrying out a media interview
- Preparing a press conference
- Using the Internet

Please access the HIV/AIDS Alliance's Advocacy in Action toolkit skill cards at the following link: http://www.aidsalliance.org/publicationsdetails.aspx?id=142

Please note that another very good set of skill cards is available in the APCASO Advocacy toolkit accessible at: http://www.apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66

Skill Card Annotations:

Analyzing and influencing legislation or policies

In some countries, anal intercourse and other expressions of same-sex union are criminalized, leading to incarceration and execution. These policies not only affect individuals, but also obstruct MSM rights by officially condoning anti-MSM attitudes and obstructing HIV prevention efforts.

There are also more subtle ways that policy can impede freedom of movement and expression for MSM communities. For example, in many countries vagrancy laws against petty theft, "public nuisance," and drugs are often regularly and falsely used against MSM in certain communities. In these cases, MSM are charged and taken into police custody in an effort to clear them from public areas. Of course, it is not enough to stop at analyzing legislation and policies that impede and obstruct MSM individual and collective rights. It is also important to work for new policies that safeguard the rights of MSM and other groups with different sexual and gender identities. In many communities this may not happen for a number of years; nonetheless, it is important to begin thinking and working for these protective policies immediately.

Action step(s):

• Lead focus group discussions or interviews among MSM community members in your area to determine which legislation or policies are serving as obstructions. These might include penal code criminalization of MSM and local vagrancy laws that are used regularly to keep MSM out of the public space.

Preparing a briefing note or position paper

It is clear that there is much work to be done for MSM populations, which means there will be a number of positions and stands to take on multiple issues. In a situation like this, advocacy messages can be amplified by getting consensus from as many groups working with MSM as possible on stances around issues and how issues rank according to priority. Otherwise, the community runs the risk of sending mixed signals, or diluting the potential of their advocacy efforts to make change.

- Network with other MSM groups in your area and learn about their stances on particular issues, as well as their own advocacy agendas and priority items.
- When possible, come to a consensus on these issues as well as their priority ranking to avoid sending mixed signals.

Working from inside the system

It is alarming how disproportionate the amount of MSM community representation is in systems that are purportedly working for MSM rights and protection. Luckily, there is increasing support for involving community members in decision-making processes, especially in HIV prevention planning bodies. As this need for greater involvement has been articulated in a number of international forums, there is a great deal of scope for leveraging these stated priorities to secure a place for more MSM in decision- and policy-making forums.

It is also important to note that representation is also very often limited to a particular segment of the MSM population; usually the educated, English-speaking, and socially mobile segments. If this is the case in your country, it is important to diversify MSM community representation so it reflects as much of the spectrum of MSM identities as possible, including MSM who may have less education, language ability, or mobility. MSM living with HIV should also be included as a very important voice.

- Map potential bodies and committees to which community members can potentially contribute their voice as regular or guest participants.
- Identify commitments made by well-respected organizations on the topic of "community ownership" and "greater involvement" of MSM and marginalized communities. These can be leveraged to make a case for participation.
- Be cognizant of what MSM community members are participating and who is missing. Rotate opportunities to represent MSM among diverse types of MSM.

Lobbying or face-to-face meetings

In advocacy work with MSM, terminology is always an important question. As a general rule, use language that your advocacy target audience will understand. For example, the term "MSM" comes from the world of HIV research and prevention, and will certainly not be understood by the majority of audiences. It is also a difficult term in cultural contexts where "sex" as a term is not used openly. The terms gay, bisexual, and homosexual may work in some cultural contexts, but in others they may not properly represent the MSM population doing the advocacy or may also be very stigmatized terms. Many communities have advocated successfully with targets in conservative cultural settings by using creative terminology to refer to MSM (for example, "ostracized men," "feminine men," "men with the hearts of women"). Making your advocacy target comfortable is key; tactful language use can allow for a meeting to run smoothly and for a longer duration. Another tactic in conservative settings is to consider how appearance can positively or negatively impact a meeting, and your goal should be to make your audience as comfortable as possible. MSM should not feel as if they are compromising their identity; tact is an incredibly important part of making advocacy effective.

- Lead participatory discussions with MSM in your area to create a list of terms that can be used with various audiences on the basis of their being the most "appropriate" and "palpable" for that particular audience.
- Create a dress code policy as well. For example, when is it appropriate to use drag as a tool to raise awareness, and when is it more appropriate for the community to represent itself more conservatively?

Writing and delivering a presentation

The situation in which many MSM communities find themselves is shot through with gaps, missing pieces, and shortfalls. When making presentations, avoid the tendency to focus on the negative. Build into presentations a sense of positivity and possibility without getting bogged down in what is wrong, what is missing, and what is unworkable about a given situation. Be sure to include at least some examples of what is working or what has worked elsewhere, and articulate clear steps toward a solution to an articulated problem.

Action step(s):

• Designate a community member as editor for all publications and presentations to read documents for language that (1) could potentially offend important advocacy targets, such as National AIDS Program bodies, and (2) assess the degree to which a piece of writing gives readers a sense of positivity and workability.

Persuading through drama

Drama is a very powerful medium through which communities can reach the local public, especially in rural locales. Drama suits MSM community groups for a few reasons. In many cultures MSM are traditionally the keepers of the art of theater and costume, and already have the tools to put up a compelling performance. In many cultures, drama and theater are culturally sanctioned and important parts of day-to-day life. Bringing messages about MSM to the general population in a familiar cultural medium will increase the chances that the message will reach people. Drama is also a wonderful way for communities to deliver multiple messages, depending on the theme and story of the performance, which the community can control. This makes it an incredibly flexible medium that can be changed according to context.

Action step(s):

• Convene a working group composed of MSM community members who have some degree of experience in performance or theater to assess the possibility of using drama as an advocacy tool. Consider potential actors, potential audiences (local decision makers, schools, festivals where dramas are regularly performed), and messages the community might deliver through a performance.

Working with the media:

Note: These annotations relate to the following skill cards:

- 1. Writing and using a press release
- 2. Carrying out a media interview
- 3. Preparing a press conference

When approaching and working with the media, MSM should remember that the media is not an objective force that necessarily sees the truth in a particular group's message or struggle, despite many people's deep trust in media outlets. Particularly in cultural contexts where MSM rights are still in a nascent stage, or where MSM identities are relegated to a particular societal segment or profession, the media can perpetuate stereotypes even though many often go to the media to learn the "truth."

The media can be used strategically and effectively to sensitize the general public about MSM issues. To do this, consider a few things:

- What is the current depiction of MSM by the local media? What kinds of stories are reported about MSM, and how are MSM portrayed? Is there a particular story that repeats regularly? What terms are used to refer to MSM? Are these in alignment with the truth of the MSM in your community? If not, what are the core stereotypes, and what parts of the story are not being told?
- Like doctors, members of the media are trained in their profession. During their training under most circumstances they do not learn about ethically and sensitively covering MSM. Consider organizing trainings for working media personnel as well as local media college faculty and students to raise awareness about what constitutes ethical and sensitive MSM community portrayal.
- Another way to sensitize media to MSM concerns is to prepare a leaflet with key points about sensitive coverage, eg, what terminology to use, what stereotypes to avoid, etc. This "takeaway" can assist them when they are putting together their final article or news segment.
- For many MSM, participating in anything media-related can be a terrifying experience because there is the potential for people finding out their MSM status. For this reason confidentiality is a key concern. For the media, communities can prepare a set of regulations around use of names, as well as photographing community members. For a community organization, it is important to train members of the community so they understand these issues, particularly the risks of being exposed. Many MSM who were hiding their identities have been made public by the media because they did not have the knowledge to protect themselves.
- Consent forms are another good way to regulate media coverage of community names and faces. Create a template and require that media people get a signature before publishing names or faces.
- Media also includes film and TV in which the portrayal of MSM is another way stereotypes are perpetuated and learned. What are some examples in your community of MSM in film and TV? What stereotypes repeat regularly?

- Do a mapping of the local media and its portrayal of MSM. Identify stereotypes that are being perpetuated by these portrayals, as well as aspects that are missing from the story the media is telling.
- Identify media colleges in your area and network with them in the interest of leading a training on ethical and sensitive portrayal of MSM.
- Bring local MSM community members to an awareness of "do's and don't's" when engaging with media to assist them in protecting their privacy if they do not want their names or photographs to appear in the

- media. Develop a similar list for media people who cover events where MSM are present.
- As a community, come up with a core set of simple, easy-to-articulate points relating to an issue that all participating community members can master in preparation for an event where media will likely be present. This increases the chances that a clear message will reach the media.

Internet

Two key resources that may be useful when writing for advocacy are:

Yogyakarta Principles — a set of international principles relating to the application of international human rights law to issues of sexual orientation and gender identity, centered on affirming binding international legal standards with which all states must comply.

http://www.yogyakartaprinciples.org/

UNGASS Declaration of Commitment on HIV/AIDS — a framework of action to halt and reverse the spread of HIV, agreed to by governments and including specific milestones and deadlines. http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/default.asp

Groups should consider launching an e-advocacy campaign through the Internet, which is accessible in many cultures and a very cost effective option. This can be done in a number of ways. There are e-forums that host discussions on a number of topics relating to MSM, human rights, and HIV in various regions of the world. It can also be achieved through creating a blog about a particular body of work or issue. E-mail blasts can be used to send a number of select recipients documents about particular issues. And social networking pages can be used to get the word out about issues that relate to MSM.

Action step(s):

• Designate an Internet action plan and delegate specific responsibilities (eg, blogger, e-forum manager, facebook manager) to community members with computer skills.

VISION MISSION SOLUTION PROBLEM IDENTAFIED AIM OBJECTIVES ACTIVITY METHODO OUT MEA **Handouts**

Handout 1.0 (a)

Obama and Clinton Must Again Speak Out Against Uganda's 'Kill the Gays' Bill

Posted: 11/29/2012 3:14 pm – Huffington Post

This week the Ugandan parliament is expected to begin debating the draconian and barbaric Anti-Homosexuality Bill, also known as the "kill the gays" bill. The proposed legislation -- partly inspired and unabashedly endorsed by several prominent American evangelicals -- would incarcerate LGBT people, sometimes for life; punish same-sex Ugandan couples marrying abroad with lifetime prison sentences when they return home; outlaw all advocacy on behalf of LGBT people, including the provision of medical care, lodging and basic services; and require citizens to report to the police any LGBT people they know. (Failing to do so would constitute "aiding and abetting homosexuality," a crime that would carry a 7-year jail sentence.) And despite claims to the contrary made in a BBC News report released last week, LGBT activists in Uganda confirmed yesterday in an international press briefing organized by All Out that the bill still prescribes the death penalty for cases of so-called "aggravated homosexuality." Speaker Rebecca Kadaga has promised to pass the Anti-Homosexuality Bill as a "Christmas gift" to the Ugandan people, who she claims are demanding it.

I wrote earlier this month about the United States Conference of Catholic Bishops' refusal to publicly denounce this outrageous bill, which their colleagues in Uganda are supporting. But while I've sadly come to expect silence and inaction on LGBT human rights issues from the Roman Catholic hierarchy, I'm disturbed by the official silence on this bill that's coming from a very unlikely place: the Obama administration.

Let me be clear: I am in no way suggesting that the current administration is anti-gay. To the contrary, President Obama is the most outspokenly pro-LGBT president in American history, and his administration's lengthy list of first-term accomplishments reflects his support of our community. In previous years the administration has also made its position on Uganda's Anti-Homosexuality Bill abundantly clear: President Obama and Secretary of State Hillary Clinton both condemned it at the 2010 National Prayer Breakfast, and last year a State Department spokesperson called the bill "odious." Also last year Clinton delivered a landmark address to the United Nations on LGBT rights in recognition of International Human Rights Day; she famously declared that "gay rights are human rights, and human rights are gay rights."

But during this latest iteration of the Anti-Homosexuality Bill, when it appears closer to passage than ever before, the White House and the State Department have so far declined to make any further comment about the legislation. The State Department sent a top official to meet with Ugandan leaders over the weekend and ask them to "look very carefully" at the "kill the gays" bill, but as of this writing the State Department has not outlined any potential consequences for Uganda should it pass. And in a daily briefing Monday, a department spokeswoman refused to answer reporters' questions about whether the United States would join nations like Sweden and the United Kingdom in cutting off Uganda's foreign aid in the event that the Anti-Homosexuality Bill becomes law. (American aid to Uganda currently amounts to nearly half a billion dollars.)

Mr. President and Madam Secretary: Your demonstrated commitment to advancing equality at home and professed support for the worldwide spread of LGBT rights is commendable, but it's time to put a little foreign policy muscle behind your encouraging words. When thousands of LGBT Ugandans face the very real threat of death or life imprisonment for the "crime" of simply being who they are, silence is not an option. You must speak out again about this reprehensible bill and publicly urge Ugandan President Yoweri Museveni to make good on his 2009 promise to veto it if it should ever reach his desk. You should also seriously consider reducing or even eliminating foreign aid payments to Uganda if that nation chooses to embrace genocide, and encouraging prominent NGOs like the Clinton Foundation and the Bill & Melinda Gates Foundation to do the same. After all, if the bill passes and American assistance continues to flow into Uganda uninterrupted, it will send a message to Uganda and other anti-gay countries across the globe that American statements of support for LGBT human rights abroad are totally toothless -- mere words.

The whole world is watching. Millions of LGBT people across the globe count on the United States to stand up and speak out for our imperilled siblings in Uganda. And LGBT Ugandans look to you because their very lives hang in the balance.

Handout 1.0 (b)

Uganda's 'anti-homosexuality bill' would be disastrous for HIV response

Posted on trust.org / November 2012

The International HIV/AIDS Alliance warned today that Uganda's "Anti-Homosexuality Bill" would have a disastrous impact on the country's HIV response if it becomes law. The Ugandan Parliament is poised to pass a bill which would see any person alleged to be homosexual at risk of life imprisonment. Other clauses within the bill mean that the reputation of anyone working with the gay or lesbian population such as medical doctors working on HIV and AIDS and civil society leaders active in the field of sexual and reproductive health could be severely compromised.

If the bill is passed it could lead to even more HIV infections in marginalised populations, especially among men who have sex with men. They will be prevented from having access to essential public health information, such as how to protect themselves from HIV and how to access life saving treatment and support services that are stigmafree.

With an HIV prevalence rate of 6.5% Uganda is a country where a large number of people living with HIV do not know their status and where access to treatment is still below 60%. Recent national data indicates a decline in condom use and public health programming generally is impeded due to the criminalisation of homosexual behaviour and the related widespread stigma. Denying men who have sex with men and transgender people access to HIV-related services puts all of the country's citizens at risk.

The passing of the bill would be in stark contradiction to the Ugandan government's previous outward concern about the impact of discriminatory legislation on HIV. Last September, Commonwealth Ministers of Foreign Affairs, including Uganda, agreed that "Heads of Government should take steps to encourage the repeal of discriminatory laws that impede the effective response of Commonwealth countries to the HIV/AIDS epidemic, and commit to programmes of education that would help a process of repeal of such laws."

The Global Commission on HIV and the Law recently presented incontrovertible evidence that discriminatory legislation such as criminalization of homosexuality has a devastating impact and enhances HIV-related risks among men who have sex with men and other vulnerable groups most at risk of the epidemic. As the latest UNAIDS report on the Global Epidemic published this week indicates, it is such politically and socially isolated groups who bear the brunt of the HIV epidemic.

The Commission also stressed the need to have "laws that protect human rights to save lives, save money and end the epidemic."

According to Christine Stegling, Associate Director of Best Practice at the Alliance: "The Anti-Homosexuality Bill has massive implications for delivery of HIV and broader health services in Uganda. An adverse legal environment where most at risk groups face being criminalised for their behaviour and made a target for harassment and violence is not the answer if we want to see the epidemic brought under control.

"To see a truly effective HIV response, civil society and health care providers have to be in a position to be able to work with all marginalised groups and be able to provide stigma-free services. It would be ironic if it wasn't so tragic that World AIDS Day - a day when people worldwide unite in the fight against HIV - occurs next week. If the bill is passed, it will change the course of the epidemic in the country in completely the wrong direction and put the lives of thousands at risk."

1. Local

MSM were facing regular harassment in their community in a local park where they gathered in the evenings. Young men, some posing as policemen would often try to blackmail them, saying if they did not pay them, they would report them or arrest them. Members of the MSM community banded together and took matters into their own hands. The MSM did an analysis of the major decision makers in their area and decided to network with 2 key individuals: (1) the local municipal leader and (2) an influential businessman known to one of the MSM. They had personal meetings with both. They asked the municipal leader to pass a resolution that the rights of MSM would be protected in their locality, and also asked the businessman to speak to the chief of police, who was a regular customer of his. The group had to speak politely and in a manner that the leader and businessman would understand.

Instead of directly naming themselves as MSM, they referred to themselves as 'marginalized men', getting their point across in polite language that their targets could understand. The municipal leader signed the resolution, and the businessman spoke to his chief of police friend, who in turn spoke to the police force and city council askaris and asked them to provide extra protection for MSM in the park. The municipal leader suggested the MSM register as a formal society, which they did. The harassment in the park stopped completely.

2. National

A number of local television programmes were portraying MSM in a negative light, reinforcing stereotypes and leading to teasing and harassment of MSM, both in schools and also in their communities. This was despite the television censorship board's official guideline against hate speech or discrimination toward any groups. A number of MSM groups banded together to speak out about this issue, including an NGO that has been working in the field of HIV/AIDS prevention for over 15 years. The group reached out to the television stations, producers, the Minister of Culture, the television censorship board, fan clubs of the actor in the programmes, the actor himself, the local Human Rights Commission, and the press. They reached these groups through letter-writing and filing a complaint with the local Human Rights Commission. Initially, the boards and ministries were ignoring their requests. Later, a letter of support was obtained from the Human Rights Commission, which enabled the group to put pressure on the television network. The scenes negatively portraying MSM stopped and the censorship board invited MSM community members to train their staff on sexuality and related stereotypes.

3. International

There was a lack of sexual orientation related protections in the human rights treatises and bodies in the United Nations system. A coalition of NGOs and experts banded together and decided to do something. They approached the UN High Commissioner of Human Rights and expressed concern about this issue. Although it took time, with patience and persistence the Commission on Human Rights called together a working group and drafted a set of principles geared toward protecting individuals' rights with regard to sexual orientation and gender identity.

Questions for discussion:

- On what level did the advocacy occur?
- What kinds of issues were being addressed in the case studies?
- What different approaches to advocacy work were described?
- Why was advocacy used in the situations described?
- Who benefited from the advocacy work?
- Were those people involved in the advocacy work?
- What were some of the key verbs used in the presentations to describe advocacy?

Stigma and Discrimination

Do MSM marry women and produce children? Do some stay single?

How many MSM are out in your community?

Where do MSM look for sex? Do they face problems from police?

Are MSM arrested in your area, and if so, under what laws?

How educated are the MSM in your area?

How common is alcohol and drug use in your local MSM community?

Are suicides common in your community?

Are thugs a threat in your area? Have MSM been blackmailed?

Are MSM portrayed on TV, in movies, and in newspapers? How?

Research

How much is known about MSM in your area?

Has there been research exploring the following questions, or do you just have a general idea?

How many MSM are living with HIV in your area?

How many MSM practice safer sex?

Is there stigma against HIV within the MSM community?

What do MSM in your area use condoms for?

How many MSM are married with wives and children? Do their families know?

How many MSM experienced sexual abuse as children?

Services

Does the government have special programs for MSM? Trainings? Services?

Are condoms available in your area? Water-based lubricant? Where do MSM get their condoms?

Where do MSM congregate in your area?

Is there a health clinic for MSM in your area?

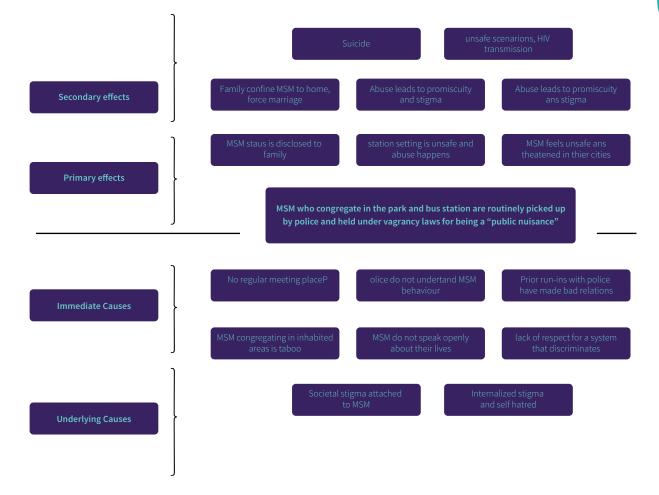
Are there support groups for MSM youth?

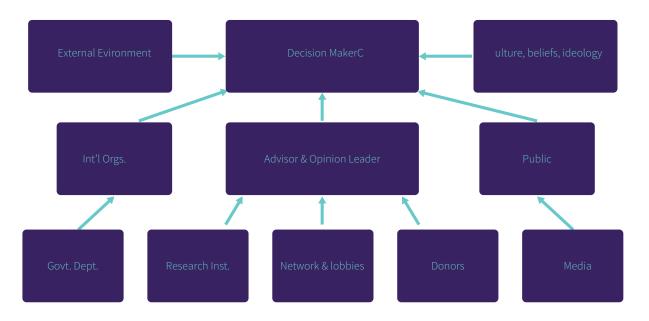
What does someone in your community do if they need a lawyer?

Where do MSM go to seek justice in their communities?

Do the MSM in your area understand HIV/AIDS?

What do MSM in your area do for work?





Target	East of Contact	Ease of being able to convince	Target makes desicions by	Target listens to	How to influence target	Any connections already?	Rating

Advocacy Objective:							
Advocacy Target:							
Activity (Advocacy Tool)	Person Responsible	Resources needed	Time Frame	Output (Immediate Effect)	Outcome (Broader Effects)	Indicator (How do you know it was done?)	Notes

Handout 2.0

Local Service	Govt	Networks	CBO/NGO	INGO	Hospital	University	Private Sector	Total
MSM Community representation in HIV/ AIDS response								
Design								
Implementation								
Funding support for MSM related programs and interventions run by NGOs and CBOs								
Access to other health services for MSM, including mental health and substance abuse treatment								
STI diagnosis ans treatment services								
Community education and outreach services targeting MSM								
Condoms and water based lubricants								
Programs for MSM that address poverty, sitgma and discrimination and unemployment								
Health facilities and care providers that are friendly toward MSM								
Easy access to voluntary testing and counselling for HIV								
Sexuality education in schoold promoting sexual diversity								
Easy access to treatment and care for HIV positive MSM								
Safe space community for MSM to congregate and decompress								

Handout 2.1 (a)

Comprehensive Package of HIV Services for MSM

Access to information and education about HIV and other STIs and support for safer sex and safer drug use through appropriate services (including poorled, managed and provided services)	Access to condoms and water based lubricants	Access to confidential, voluntary HIV counselling and testing	Access to STI detection and management through the provision of clinical services (by staff members trained to deal with STIs as they affect MSM)
Access to referral systems for legal, welfare and health services and access to appropriate services; safer drug-use commodities and services	Access to appropriate antiretroviral and related treatments,where neccesary, together with HIV care and support	Access to prevention and treatment of viral hopatitis	Access to referrals between prevention, care and treatment services and services that address the HIV related risks and neeeds of the female sexual partners of MSM

Handout 2.1 (b)

Key elements relating to legal ,policy and social environments in a comprehensive package of actions to address HIV risk among MSM

Protection from discimination and the removal of legal barriers to access to appropriate HIV - related prevention, treatment, care and support services, such as laws that criminate sex between males	Understanding of the numbers, charateristics and needs of MSM regarding HIV and related issues.	Ensuring that MSM are appropriately addressed in national and local AIDS plans, that stufficient funding is budgeted for work and that this work is planned and undertaken by suitably qualified and appropriate staff
Empowering MSM communities to participate equally o social and political life	Ensuring the participation of MSM in the planning implementation and review of HIV related responses	Public campaigns to address homophobia
Training and sensitization of healthcare providers to avoid discriminating aganist MSM, and ensuring the provision of appropriate HIV - related services to MSM	Access to medical and legal assistance for those who experience or have experienced sexual abuse	The promotion of multi-sectorial links ans coordinated policy - making, planning and programming inluding health, justice (including the police), home, social welfare, similar and related ministries, at the national, regional and local levels

Handout 2.2

Malaysia's PT Foundation

PT Foundation started in 1987 as Pink Triangle in Kuala Lumpur. It provided HIV prevention and sex advice to MSM through telephone counseling. It later expanded to respond to various appeals by communities experiencing discrimination because of HIV and their sexuality. PT now provides services to a range of at-risk communities through a complex model that includes prevention-based outreach, VCT and other clinical referral services, community drop-in centers, telephone counseling, and advocacy. It provides VCT to most-at-risk-populations in Penang and Kuala Lumpur, including sex workers, transgendered people, IDUs, and MSM. It also provides a followup service for clients who test HIV positive at local hospitals and clinics. The latest evaluation shows that around 90 percent of these newly diagnosed people access follow-up services. PT Foundation supports HIV treatment, care, and support through close relationships between its peer workers and the staff of government HIV treatment services. This allows it to assist in treatment adherence and support for MSM. PT Foundation does this in the midst of a relatively hostile policing environment, in which carrying condoms is seen as a sign of sex work or immorality. The Foundation wants to expand its reach into East Malaysia and Johore. It has developed effective local models, but wants assistance in packaging these for expansion to reach scale. PT plans to expand into a hub of training, mentoring, and generating new knowledge for HIV clinical prevention and care that would incorporate training healthcare workers and physicians, working alongside nurses in clinics, and accompanying patients to hospital services. PT is also planning to establish MSM-friendly clinics in collaboration with state health departments by bringing in MSM friendly visiting doctors and other health workers to make use of government clinics after hours and linking this to its outreach and drop-in work. The PT model shows the kind of innovation that can lead to a rapid increase in coverage of populations once isolated from HIV prevention and care. A focus on state-level rather than national-level health service planners helps clients access direct health services. Bringing in visiting health staff to a separate clinic for most-at-risk populations avoids the fear of some health workers that increasing their client load of these populations in their own clinics might somehow alienate their other clients.

Bandhu Social Welfare Society

Bandhu Social Welfare Society was formed in 1996 to address concerns of human rights abuse and denial of sexual health rights, and provide a rights-based approach to health and social services for one of the most stigmatized and vulnerable populations in Bangladesh, kothis/hijras and their partners. The organization was born in response to surveillance studies and a needs assessment that identified MSM as a population in need of services in Bangladesh. BSWS has been officially registered since 1997. It started with a staff of 2 and a small program in Central Dhaka. Over the years it has emerged as a national MSM NGO with more than 200 employees who currently provide social and health services to a broad range of MSM in 14 districts. A core objective of BSWS' work is to advocate and provide an environment that assures the respect and dignity of all MSM and transgendered people—irrespective of their specific gender and/or sexual identity. It also works to create a supportive social, policy, and legal environment to ensure the basic human rights of MSM in Bangladesh, including their right to sexual health.

The BSWS model is based on field offices that provide drop-in centers. The centers provide safe space for the MSM community, HIV prevention services, and referrals for STI treatment and care. The current services that BSWS provides to MSM (including hijras and other transgendered people) reflect the key objective of community strengthening and mobilizing to engage more effectively in governance, policy development, and sexual health and rights service delivery. Services focus on 3 key areas:

- Community development and response: Provision of safe spaces for community development and mobilization; outreach and community-building services; health education; distribution of sexual health products; knowledge generation; capacity building; and networking, information dissemination, policy development, and advocacy.
- 2. Social welfare and support services: Social support services, psychosexual and psychosocial counseling, and a livelihood skills program.
- 3. Health services: STI management and general health treatment services, HIV VCT, care and support services; and referrals for ART and other health services. Clinical services include STI and general health treatment, HIV VCT, and psychosexual counseling. BSWS hires doctors on a part-time basis to provide these services, but would eventually like to develop its own clinical team rather than procure services from others. There is a low prevalence rate among the clients of BSWS and it does not provide extensive services to HIV-positive MSM.

Field services include outreach and friendship building, community development and mobilization, social meetings, education and awareness, behavior change communications, condom distribution, and referrals to clinics. Center-based activities include socializing and support groups, vocational training and skill building, drop-in services, and community-building activities. BSWS is developing VCT services for MSM, and also provides subsidized STI treatment, counseling, and support at some of its sites.

BSWS also uses a case management model in which clients move from receiving field services to becoming regular members. This is possible for the kothi (feminized MSM) who identify as part of a community, but not for panthi (masculine MSM) who come from all walks of life. Therefore, most services are aimed at kothi, while panthi and other non-kothi access clinical services. Transgendered people have their own group, Shustha Jiban (Happy Life), which was established in October 2000 as a part of BSWS, and then became independent in May 2005. BSWS provides them with support and capacity building. The organization was recognized as a best practice model by UNAIDS in 2001 and, in coordination with a national AIDS/STD program in Bangladesh, it is in the process of forming a national taskforce on HIV and human rights for MSM and transgendered populations.

Mumbai's Humsafar Trust

Humsafar was set up in 1989 by a small group of friends who had chosen to live as gay men and not to marry women, but were concerned about isolation and loneliness as they grew older. Out of that group came Bombay Dost, a gay magazine that later became a successful community communication tool for MSM. The founding board decided early in Humsafar's life that it would be an organization committed to dialogue and negotiation with authorities rather than confrontation. They decided that they would not duplicate or substitute services provided by the state, but would work on getting access to these services for their constituents.

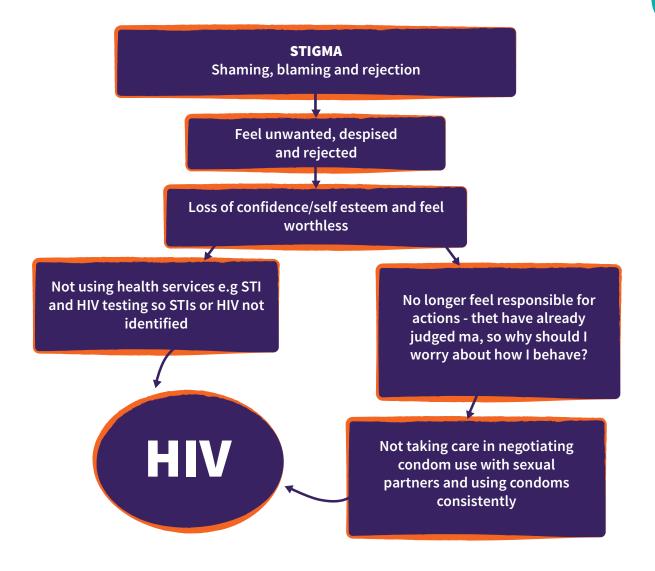
They began with an HIV information service for MSM, provided via phone and mail, along with a drop-in center, and conducted outreach at sites where MSM gathered socially or where they had sex. They developed a good relationship with a Mumbai government hospital (Sion) and developed a unique referral system that minimized the discrimination and poor treatment that MSM had been experiencing when they tried to access STI services. This involved giving out cards at outreach sites that qualified MSM for quick and MSM-friendly services at the hospital and having outreach staff accompany people to clinics. Gradually, with the assistance of Sion hospital doctors, they introduced their own clinical services at the drop-in center and now have 3 centers across Mumbai with drop-in and clinical services for MSM sub-populations. Humsafar also provides legal advice and other welfare services at these centers. Humsafar now has 206 staff and 198 of these are MSM. It acts as a mentoring agency for emerging MSM CBOs, helping them to build the capacity they need to serve their communities. While Humsafar works with a variety of sub-populations—male sex workers, transgendered people, homeless MSM—it does not make assumptions about HIV risk based on an individual's perceived membership of a particular MSM sub-population, but bases risk assessment and service development on the individual's actual risk behaviors.

Humsafar found that male sex workers were not using its drop-in and clinical services as much as other MSM, so it set up a separate service for this group, linking this sub- population into its wider network. As clinical services developed, Humsafar recognized the need for particular support for MSM with HIV and now operate a peer volunteer support system for MSM with HIV and a support group called Safe Sailors. In keeping with its non-substitution philosophy, Humsafar does not provide ART, but helps its clients to participate in the government's HIV treatment program. It does, however, provide an ART start-up program for people who may find it difficult to qualify for the government system—transgendered people without the correct identity papers for example—and then assists them in accessing government services.

Humsafar is now funded from a range of sources, but primary among them are the Maharashtra State and Mumbai District AIDS Control Societies. This recognition by government AIDS response groups is essential to Humsafar's sustainability. Humsafar's success contains some important lessons on MSM NGO involvement:

- >> It started with drop-in and outreach, and expanded gradually into providing on-site clinical services as it became more stable and confident
- » It is firmly established as part of the state and local government response
- » It avoids duplication of government services whenever possible
- » It contributes to achieving scale by mentoring other local MSM CBOs and NGOs

Handout 3.0



Handout 3.1

John started to have sex with men when he was a teenager, and managed to hide this from his family. He knew that being MSM was natural for him, but he was worried his family would find out and make his life miserable. Other MSM friends had been 'discovered' by their parents and their lives had become hell and he wanted to avoid this.

When he grew older he lived in the same town as his family, but lived on his own. His family suspected he might be MSM, but they didn't bother him until he was 30, when they started to pressure him to get married. He agreed to the marriage to get them off his back.

Soon after getting married, he found out that one of his previous male partners had tested HIV positive, so he started to worry about his own status. What would people think if he was HIV positive? Would they find out that he was MSM? How would he be treated?

He went to the clinic to take an HIV test, but the counselor made him feel very uncomfortable. He asked lots of questions about John's sex life. When John mentioned having had sex with men, the counselor said, "No, you are not one of those! You seem different!" John left the clinic without taking the test and told himself he would never go back.

He started to worry about infecting his wife and his new male partner. He insisted on using condoms with his wife, but she got angry and said he must be having an affair. He was so worried about losing his new male partner that he had sex with her without using a condom. He became very depressed and worried about what he would do next.

Handout 4.0

Yogyakarta Principles

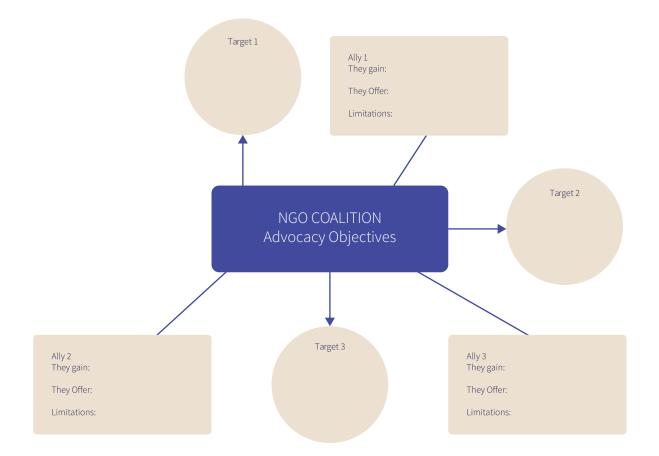
"It is in this context of such diverse approaches, inconsistency, gaps and opportunities that the Yogyakarta Principles on the applications of international human rights laws in relation to sexual orientation and gender identity (the Yogyakarta Principles) 134 were conceived. The proposal to develop the Yogyakarta Principles originated, in 2005, with a coalition of human rights NGOs that was subsequently facilitated by the International Service for Human Rights and the International Commission of Jurists. It was proposed that the Principles have a tri-partite function. 135 in the first place they should constitute a mapping of the experience of human rights violations experienced by people of diverse sexual orientations and gender identities. This exercise should be inclusive and wide ranging as possible, taking account of the distinct ways in which human rights violations may be experienced in different regions of the world. Second, the application of International human rights law to such experiences should be articulated in as clear and precise a manner as possible. Finally, the principles should spell out in some detail the nature of the obligation on States for effective Implementation of each of the human rights obligations.

Twenty-nine experts ere invited to undertake the drafting of the Principles. They came from 25 countries representative of all geographic regions. They include former UN High Commissioner for Human Rights (Mary Robinson, also a former head of State), 13 current of former UN human Rights special mechanism office holders or treaty body members, 2 serving judges of domestic courts and a number of academics and activists. Seventeen of the experts were women."

Handout 4.1 — Networking checklist:

Connected	Group	Contact Information
	Regional E-Forums	
	Regional UNAIDS Country Coordinator	
	Global Fund to fight AIDS, TB and Malaria (MFATM) - advocate for involvement in CSS	
	USAID, PEPFAR	
	DFID	
	National AIDS Control Program	
	UN treaty, body memeners fromy our country	

Handout 4.2



Handout 4.3

Challenges within networks that may inder effective advocacy

Handout 7.1

Type of violence	
Perpetrator	
Coping Strategy	
Intimidation	
Harassment	
Physical force	
Threat of physical force	
Other	

Handout 8.1xvii

The Violations of the Rights of Lesbian, Gay, Bisexual and Transgender Persons in ZAMBIA

Submitted to the Human Rights Committee by:

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Introduction

Zambia is state party of the International Covenant on Civil and Political Rights (ICCPR) following its accession on April 10, 1984, and will present its third periodic report due on June 30, 1998 before the U.N. Human Rights Committee.

The Constitution of Zambia of 1991, as amended by Act no. 17 of 1996, establishes in its article 11 that "every person in Zambia has been and shall continue to be entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, color, creed, sex or marital status (...)". Furthermore, article 23(1) of the Constitution states that "no law shall make any provision that is discriminatory either of itself or in its effect". The constitutional antidiscrimination clause is established by article 23(2) that reads "no person shall be treated in a discriminatory manner by any person acting by virtue of any written law or in the performance of the functions of any public office or any public authority" whereby discrimination is defined, according to article 23(3), any "different treatment to different persons attributable, wholly or mainly to their respective descriptions by race, tribe, sex, place of origin, marital status, political opinions color or creed whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description".

Substantive Violations of the Convention

Articles 2(1), 26 (Non-discrimination) and 17 (Freedom from Arbitrary Interference with Privacy, Family, Home)

In 1994, in Toonen v Australia1, the Human Rights Committee found that the criminalization of same-sex sexual conducts between consenting adults violated Articles 2(1), 17, and 26 of the Covenant. According to the Committee the notion of sex of Articles 2(1) and 26 must be interpreted as including sexual orientation. That decision constitutes an important term of reference for the Committee as well as for other treaty bodies and U.N. special procedures with reference to discrimination on grounds of sexual orientation in the light of the ICCPR.

1 Toonen v. Australia, Communication no. 488/1992, U.N. Doc CCPR/C/50/D/488/1992 (1994).

The most egregious violation of LGBT rights in Zambia is constituted by the Zambian penal code that still criminalizes same-sex sexual conducts in private between consenting adults contravening to Articles 2(1), 17 and 26 of the ICCPR.

Section 155 of the Penal Code Act of 1995, Chapter 87 of the Laws of Zambia (as amended by Act no. 26 of 1933), establishes that "Any person who- (a) has carnal knowledge of any person against the order of nature; or (b) has carnal knowledge of an animal; or (c) permits a male person to have carnal knowledge of him or her against the order of nature; is guilty of a felony and is liable to imprisonment for fourteen years". Similarly to the Tasmanian statute outlawed by the Human Rights Committee in Toonen, section 155 punishes the crime of "unnatural offences". Section 156 punishes with imprisonment for seven year the "attempt to commit unnatural offences".

Section 157 of the Penal Code explicitly targets same-sex sexual conducts with the provision that criminalizes "indecent practices between males". Section 157 reads "Any male person who, whether in public or private, commits any act of gross indecency with another male person, or procures another male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony and is liable to imprisonment for five years".

As indicated below, the criminal provisions above mentioned not only per se violate the ICCPR, but reinforce social stigma and homophobia against sexual and gender non normative behaviour, whether perceived or real, that may easily cause discrimination or more serious forms of human rights abuses, such as crimes motivated by hatred that attempt to life or physical integrity of individuals perceived as gay, lesbian, bisexual or transgender.

Practical Impact of these Violations

The retention of codes that criminalize sexual relationships between same-sex consenting adults has a devastating impact on same-sex practicing people in Zambia. Gays, lesbians, and bisexuals in Zambia live in constant fear of arbitrary detention, discrimination in education, employment, housing, and access to services, and extortion—all buttressed by the existence of sections 155 - 157 and lack of specific legal protections for LGBT under Zambian law.

Zambians who have fought against discrimination related to sexual orientation or gender identity have been systematically silenced. On 23 September 1998 in a statement to parliament, published in the Times of Zambia, Zambian Vice President Christon Tempo vowed that, "If anybody promotes gay rights after this statement, the law will take its course. We need to protect public morality. Human rights do not operate in a vacuum." It was a clear instruction for arrests by the police of anybody who identified or supported gays and lesbians. As a result an NGO calling itself Zambia Against People with Abnormal Sexual Acts [ZAPASA] was formed to fight against homosexuals.

When LGBT organizers appeared in the newspaper to announce their wishes to register the organization, government officials warned that any attempt to register the group or hold public meetings would be met with arrests. The then Home Affairs Minister Peter Machungwa ordered police to arrest anyone who attempted to register a group advocating for homosexual rights. Registrar of Societies Herbert Nyendwa, who is responsible for processing requests for legal recognition of civic groups, swore he personally would never register an LGBT group. LGBT activists were forced to go underground.

Francis Chisambisa, one of the founding members of Lesbians Gays and Transgender Association (LEGATRA), was forced to flee Zambia in 1988, after local newspapers printed articles exposing his sexuality in a highly inflammatory manner. Chisambisa was eventually granted political asylum in South Africa where he has been living for the past nine years away from his family, friends and with limited financial support.

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Extortion of gay men remains a major problem, and is often conducted with police participation. Gay men interviewed for this note all reported that blackmail of men believed to be gay was a regular occurrence and often led its victims to financial ruin, depression and ostracism from family and community. A recent report on a Zambian human rights website included an report by a police officer in which he described the targeting of gay men—both Zambian and foreigners—for police-instigated extortion attempts.

Equally disturbing, given Zambia's HIV seroprevalence rates which runs about 17% among adults, at present, there are no programs—governmentsponsored or privately funded—that respond to the HIV-related needs of same-sex practicing men in Zambia. Statistics gathered throughout Africa have shown that men who have sex with men are at increased risk for HIV transmission. The government of Zambia's National AIDS Control Program fails to even mention men who have sex with men. Concluding Notes Sections 155-157 of the Zambian Penal Code criminalize any form of consensual same sex conduct in private between consenting adults providing for the possibility of imprisonment from seven to fourteen yeas. Such provisions reinforce social stigma against gay, lesbian, bisexual and transgender individuals and expose them to the risk of deprivation of liberty, life, physical integrity and health. Sections 155-157 of the Zambian Penal Code are contrary to the equality principle and anti-discrimination clause of the Zambian Constitution and violate Articles 2(1), 17 and 26 of the ICCPR.

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Resources for facilitation

There have been a number of comprehensive guides to facilitating trainings in other places. It is suggested that facilitators go to these resources and prepare before leading a training:

The Naz Foundation (India) Trust. Training manual: an introduction to promoting sexual health for men who have sex with men and gay men.

(http://data.unaids.org/Publications/IRC-pub07/jc901-msmasiapacific_en.pdf) Published 2001. See pages 1–6

Pact Inc. and the International Center for Research on Women. Understanding and challenging stigma toward men who have sex with men: toolkit for action. Adapted version for use in Cambodia.

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Published 2010. See pages 12-24

International Planned Parenthood Federation. Handbook for advocacy planning. (http://www.ippfwhr.org/en/advocacy_planning_manual)
Published 2010. See pages 17–23

















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