

NACP IV  
TI Working Group Meeting

MSM Sub-group Report:  
“More and Better”

5<sup>th</sup> May 2011

New Delhi

# NACP III MSM/TG Achievements

- Expanded coverage: 2,74,000
  - Seven-fold increase from NACP-II
- More TIs: 155 exclusive and 200 composite
  - 67% coverage of high risk MSM & TG
- About 150 surveillance sites for MSM & TG
- Reporting of violence and discrimination initiated
- All states now have MSM TIs

# Gaps in National HIV Response for MSM

- Poor access to lubricants – different scenarios in different states
- Inadequate efforts to address the needs of MSM living with HIV, including “positive prevention”
- Need to improve advocacy and enabling environment with respect to methodology and approach for ensuring reversal of the HIV epidemic
- No services available for married MSM and their partners and non-self-identified sub-groups of MSM
- Need to increase investment in and support for MSM CBOs
- Limited inputs for peer educators for ongoing training and capacity building – need more resource people supporting on regular basis
- Community say in TI project design and implementation is limited – does not include elements of vulnerability reduction (mental health, family support, serving communities who do not come to DIC), appropriate commodities (lubricants)
- High emphasis on M&E

# Guiding Principles for MSM Interventions in NACP IV

- Human rights-based approaches
- Emphasize quality in MSM TIs
- Universal access – inclusion of all MSM at risk – regardless of self-identity (not limited to receptive partners)
- Stigma reduction and positive prevention
- Community systems strengthening
- Vulnerability reduction, addressing multiple vulnerabilities
- Flexibility to design locally responsive interventions

# Suggested Targets

- Universal access and saturation of all at-risk MSM on sites (4.12 lakhs)
- All A and B districts covered with at least one MSM TI
- All metro cities (national and state) must have at least one (or more) MSM TI
- All current TIs upgraded with comprehensive package of services
- 70% of MSM TIs to be transitioned to CBOs
- 100% of anal sex acts protected by condoms and lube
- At least 30% of MSM have received services for female partner or spouses (through linkages)

# NACP IV Strategies for MSM

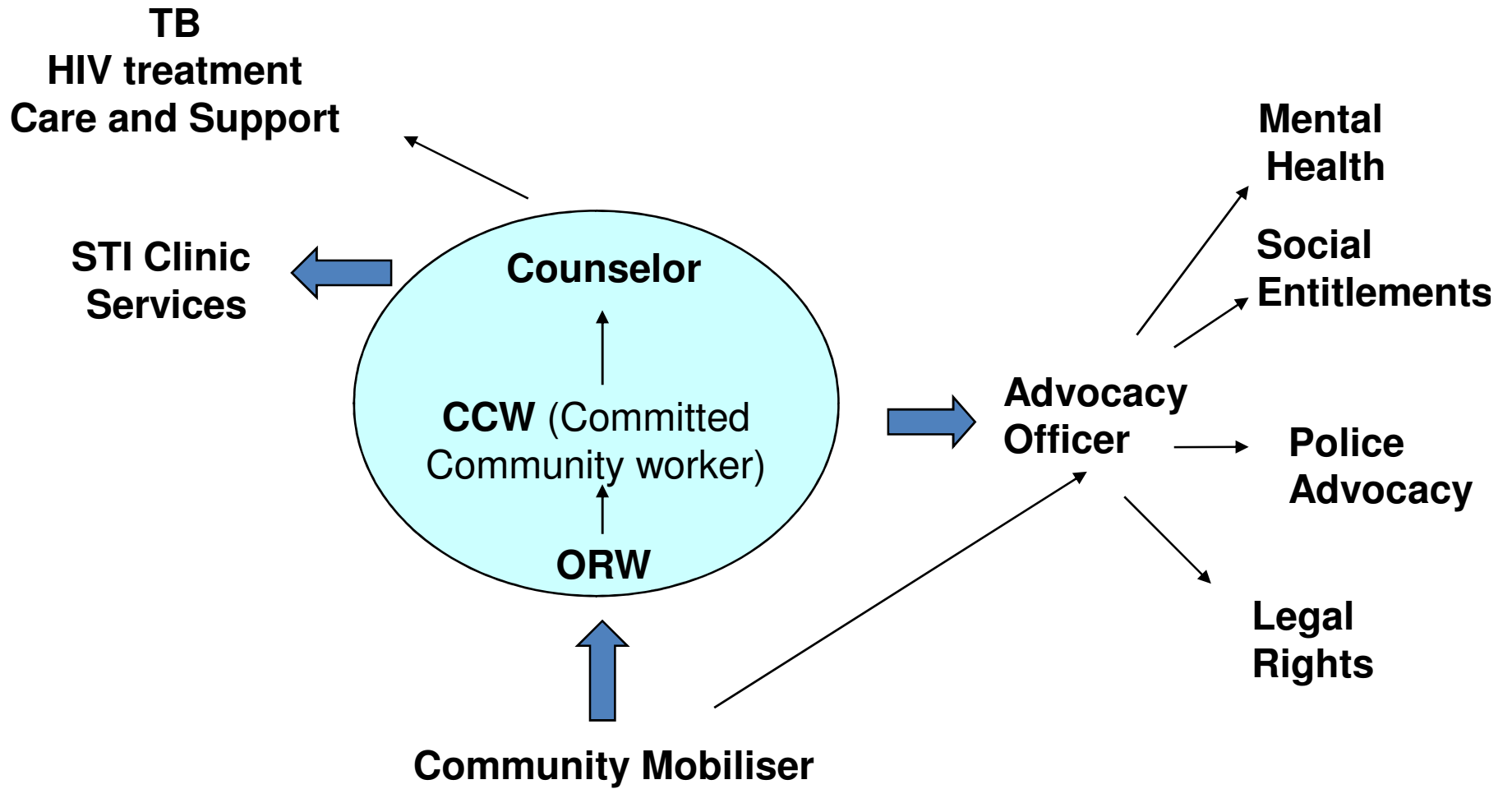
- Annual validation of at-risk MSM populations
- Designing packages of services for different concentrated groups in metros, town, dispersed groups in rural areas e.g. cluster approach, buddy approach, service package with migrant interventions
- Stronger linkages with care and treatment
- Positive prevention – stronger messaging, dedicated worker, intervention strategies
- Stronger BCC focus with linkages to anal STIs, oral hygiene, PT, married MSM, Hep B, Hep C

# NACP IV Strategies for MSM

- Link with NRHM and other services for referrals for female partners and spouses, including capacity building of health systems
- Formally link MSM TIs to other services like mental health, legal aid, social entitlements and welfare.
- Design innovative IEC strategies to reach MSM who use Internet and mobiles for accessing partners.
- Clarify roles of NGOs (as facilitation/catalysts) and CBOs and design clear process of transition of ownership with timelines
- Design technically sound, community-friendly and systematic transition plan for STI management from TI-based to government facility over a period of five years with community participation
- Establish formal links with Ministry of Home, Health department, Medical curriculum to include issues of MSM, Ministry of Panchayati Raj to work on MSM issues

# Realigning MSM TIs in NACP IV

Supported by M and E, Accounts and Project Coordinator





# Roles and Responsibilities

Community Mobilizer: (former PE)

- Microplanning detailed link to 30 – 50 members, condoms and lubes, crisis response, site dynamics

ORW:

- Line listing, monitoring and supervision, facilitate documentation and sending data onwards to M an E
- Directing flow of clients to counselor and CCW and field visits

Committed Community Worker (CCW):

- Pivot for encouraging health seeking behavior (basic care)
- Initiator of care and support services
- Facilitation of positive prevention services

# NACP-IV MSM TI M&E and Documentation

- Reduce redundant and repetitive documentation among Community Mobilisers, ORW, counselors and PCs.
  - Revisit performance indicators, target setting and documentation within MSM TIs.
- Simplify documentation so that it better reflects the work of Community Mobilisers
  - Maintain Peer Diary and simplify data collection tools and formats
  - Map sites once a year
  - Develop gap analysis from M&E data analysis twice a year

# M&E and Documentation

- Provide specific data analysis software for TI level, State level and National level and ensure a feedback loop.
  - Need to build capacity at local levels
- Review evaluation tool for TIs
  - Drop mundane indicators which do not reflect quality of TI and are sometimes contradictory.
  - Reduce emphasis on structure of governance in case of CBOs (disadvantage to CBO).
  - Unrealistic targets – it is standard irrespective of geographical or community composition.

# M&E and Documentation

- Rationalize monitoring systems from national to state to district levels
  - More money is spent in monitoring than on implementation (National level – TOs and NTSU; State level – TSU , SACS PO, STRC; and District level – DAPCUs).
- Form committees based on need
  - Too many committees at present
- Revisit target and performance indicators
- Allocate separate training budget for Community Mobilisers within the TI

# Cross-cutting suggestions to strengthen NACP IV overall

- Standardize training modules for all tiers for the TIs at TI levels.
- Develop IEC materials that addressing issues of spouses and other female partners of MSM.
- Address the risks of anal sex in all transmission and prevention-related messaging and IEC materials
  - High risk of HIV transmission
  - Behavior practiced by heterosexual couples as well as MSM
- Expand stigma reduction projects as a core part of NACP IV
  - Care and support group should consider this

Thank you!