

A SITUATIONAL ANALYSIS OF COMMUNITY RESPONSES TO SEXUAL HEALTH AND HIV AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER POPULATIONS IN SIX METROPOLITAN CITIES IN DEVELOPED ASIA

SEX IN YOUR CITY

*between
men*



*Taipei, Seoul,
Singapore, Busan,
Hong Kong and
Kuala Lumpur*

METROPOLITAN MAN INITIATIVE

The Metropolitan Man Initiative is a regional initiative addressing key issues related to men's sexual health based at the IPPF Regional Office for the East & South East Asia and Oceania Region (ESEAOR). The overall objective of this initiative is to enhance the capacity of civil society organizations to implement and advocate for men's sexual health programming in metropolitan cities in developed Asia.

between men

SEX IN YOUR CITY

EXECUTIVE SUMMARY	2
1. INTRODUCTION	4
2. ONLINE SURVEY KEY RESULTS	8
2.1 Estimated population size	9
2.2 Programme coverage	10
2.3 Human resources	11
2.4 Services	12
2.5 Points of service	13
2.6 Sub-populations	13
3. CASE STUDIES	14
3.1 Kuala Lumpur	15
3.2 Singapore	16
3.3 Hong Kong	17
3.4 Taipei	18
3.5 Seoul and Busan	19
4. GAPS FOR ADDRESSING MEN'S SEXUAL HEALTH	20
5. RECOMMENDATIONS	21
RESOURCES	22
APPENDICES	
Appendix A: Online survey questions	26
Appendix B: In-depth interview questions	29
Appendix C: Participating organizations	30
REFERENCES	31

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EXECUTIVE SUMMARY

In response to the rapid increase in HIV infections among men who have sex with men (MSM) and transgender people in developed Asia, the International Planned Parenthood Federation (IPPF) launched its 'Metropolitan Man Initiative' in 2010 to support civil society organizations in the region to respond to issues related to men's sexual health, including HIV.

This report summarizes key findings from community organizations that provide HIV and sexual health services to the MSM and transgender populations in six metropolitan areas in developed Asia: Kuala Lumpur, Singapore, Hong Kong, Taipei, Seoul and Busan.



The assessment found that of the estimated 557,000 MSM and 21,500 transgender people across these six metropolitan areas, only 18 per cent were being reached by community-based HIV and sexual health programmes.

Although this does not include individuals using government and/or private health facilities, the data suggests a large proportion of the MSM and transgender population is not being reached by programmes. It is unlikely that any of the six metropolitan areas are achieving the suggested 60–80 per cent coverage rate of MSM and transgender people needed to reverse the HIV epidemic.

According to the findings, basic services – HIV and sexual health information, psychosocial support, voluntary counselling and testing (VCT), HIV screening, provision of condoms and lubricants – are broadly available, with at least one community organization offering these services across all six metropolitan areas. But other critical service components are lacking, including the screening and management of sexually transmitted infections (STIs), vaccination for hepatitis B, harm reduction services, mobile services, and specific sexual health services for transgender people.

Based on the in-depth interviews, the community-based organizations identified four key areas for increased action: advocacy, prevention strategies, programme evaluation, and volunteer management. This informed the development of the following recommendations:

RECOMMENDATIONS FOR SUPPORTING ADVOCACY

- ✓ Develop national networks and other mechanisms to link MSM and other lesbian, gay, bisexual and transgender (LGBT) organizations and coordinate their advocacy efforts to increase support for community-led HIV-related interventions.
- ✓ Share best practice examples of successful advocacy among the cities. For example, fostering peer-to-peer exchanges between cities with different legal and social contexts, with a focus on reducing HIV transmission among the MSM and transgender populations through policy responses.
- ✓ Take global guidelines on sexual orientation and gender identity and apply them at a local policy and service-delivery levels.

RECOMMENDATIONS FOR MOTIVATING DONORS AND SUPPORTERS

- ✓ Identify transgender organizations and provide technical and financial support for their HIV-related programmes for this long-neglected section of the population.
- ✓ Provide long-term financial support for effective community programmes to ensure their sustainability.
- ✓ Support innovative interventions to allow community organizations to pilot new approaches in addressing current HIV prevention challenges.

RECOMMENDATIONS FOR STRENGTHENING SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES

- ✓ Promote links – and avoid duplications – between organizations working in different fields, such as tackling recreational drug use and related risky behaviour, reaching out to young MSM and transgender people, and providing holistic support to MSM living with HIV.
- ✓ Tailor interventions to address the specific needs of transgender people. They face very different social, cultural, political and economic challenges from those faced by MSM; they may need referrals for such diverse issues such as sex reassignment surgery, name change registration, and safe injections for gender enhancement.

- ✓ Strengthen partnerships between key community stakeholders such as sexual and reproductive health organizations, the private sector, social media companies and counselling professionals – all of whom play a part in creating effective community-led HIV programmes.

RECOMMENDATIONS FOR BUILDING THE INSTITUTIONAL CAPACITY OF COMMUNITY ORGANIZATIONS

- ✓ Establish a policy for managing volunteers that covers recruitment, training and retention and ensures a good balance between the needs of volunteers and those of the organization. This is particularly important for newly-established community organizations such as those serving the transgender community.
- ✓ Introduce practical monitoring and evaluation tools – and provide regular follow-up mentoring – to ensure staff have the skills to assess the effectiveness of their programmes.
- ✓ Put in place good institutional policies and procedures. For example: job descriptions, appraisals, and human resources handbooks for both staff and volunteers, strategic planning, resource mobilization, competency-based board membership, board members' responsibilities and evaluation, financial and accounting policies and procedures.

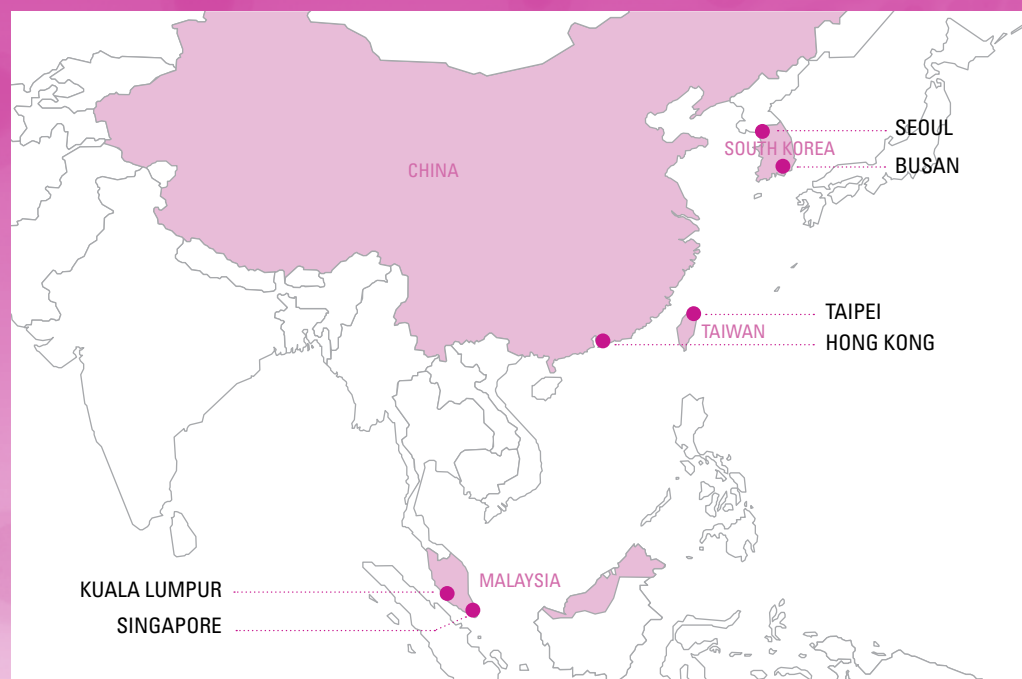


INTRODUCTION 1

The HIV epidemic in Asia is characterized by concentrated epidemics, which vary throughout the region. While developed countries in Asia are experiencing a low-level HIV epidemic (less than one per cent adult HIV prevalence among the general population), prevalence is much higher in specific populations such as men who have sex with men (MSM), sex workers, and people who use drugs. HIV prevalence estimates among MSM and transgender people range from four to five per cent in Hong Kong and Singapore, six to seven per cent in Malaysia and South Korea, and four to ten per cent in Taiwan.^{1,2} According to the Commission on AIDS in Asia, HIV transmission among MSM accounts for 10 to 30 per cent of new infections annually across the region.³ This proportion is even greater in developed Asia, where MSM account for about 15 per cent of new HIV infections in Malaysia, 28 per cent in Singapore, 33 per cent in South Korea, 56 per cent in Hong Kong, and 61 per cent in Taiwan.⁴⁻⁸

Many countries in the region do not legally recognize same-sex relationships and repress lesbian, gay, bisexual and transgender (LGBT) people.⁹ Specifically, laws in Malaysia and Singapore criminalize sex between men. These legal frameworks affect access to health services, including HIV services, and promote stigma and discrimination towards members of the LGBT community. Information on the availability of services tailored to the needs of the MSM and transgender populations is scarce.

Many MSM and transgender people report discrimination which limits their access to health services and many other areas of public life such as education, employment and legal services. Restrictive laws that criminalize same sex relationships act as a disincentive to seek out services and therefore inform health providers about their sexual orientation. As a result, the information available from health services is sketchy at best and does not give a comprehensive picture of their needs.



To address some of these issues, the International Planned Parenthood Federation (IPPF) launched the regional 'Metropolitan Man Initiative' in 2010 to:

- » strengthen the capacity of the UNAIDS regional Technical Support Facility (TSF) to support men's sexual health initiatives in the region; and
- » enhance the competency and coordination of civil society organizations to respond to issues related to men's sexual health in selected metropolitan areas in the region.

As part of the Metropolitan Man Initiative, this report summarizes key findings of a situational analysis of community responses to sexual health and HIV among MSM and transgender people in developed Asia, using online surveys and in-depth interviews. The analysis focused on six metropolitan areas: Kuala Lumpur, Singapore, Hong Kong, Taipei, Seoul and Busan. Tokyo was initially included but was later omitted as a result of the earthquake in March 2011.

The Asia Pacific Coalition on Male Sexual Health (APCOM), a regional MSM and transgender organization, identified over 40 key community organizations delivering HIV programmes to the MSM and transgender populations in these six metropolitan areas.^{10,11} In May 2011, these organizations were invited to complete an online survey.* The survey focused on service provision, programme coverage (estimated number of people reached) and organizational information such as human and financial resources for MSM and transgender programmes (see Appendix A: Online survey questions).

21 organizations completed the survey. Follow-up in-depth phone interviews were conducted with 17 organizations in June and July 2011. These interviews focused on organizational strengths, weaknesses and technical support needs (see Appendix B: In-depth interview questions; and Appendix C: Participating organizations). In the six metropolitan areas, these organizations represent the key players delivering services to MSM and transgender communities. 16 of the community organizations included in this analysis have MSM programmes and 13 reported having programmes specifically for transgender people.

The majority (19) of these community organizations have been operational for more than five years. All but two of those with HIV programmes for MSM have been running these programmes for over five years. On the other hand, programmes for the transgender population are much younger with half of the community organizations having less than two years experience of running programmes.

On average these community-based organizations receive approximately 40 per cent of their MSM and transgender programme funds from their own governments, and they raise about 35 per cent from the local private business sector and the general public. International funding makes up only 10 per cent.

* The online survey was implemented using the SurveyMonkey platform in both English and Korean. A Chinese version of the online survey was emailed separately in a Microsoft Word document to community organizations in Taipei.

TECHNICAL SUPPORT FACILITY FOR SOUTH EAST ASIA AND THE PACIFIC

Since 2005, the IPPF Regional Office for the East & South East Asia and Oceania Region (ESEAOR) has been hosting the UNAIDS-funded Technical Support Facility for South East Asia and the Pacific (TSF SEAP). The facility was established to provide short-term technical support, and longer-term capacity development, to national level organizations implementing HIV-related programmes in the region. TSF is becoming a key provider of technical support to community service organizations (CSOs) implementing regional programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

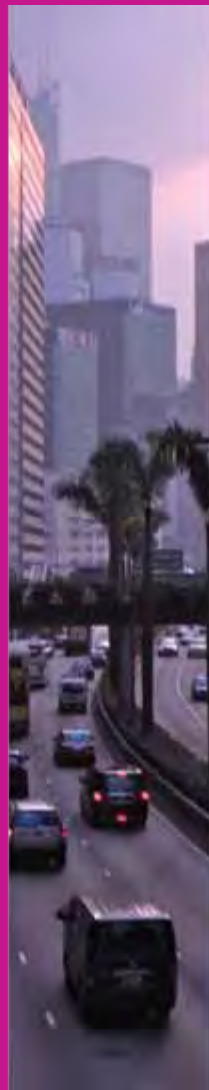
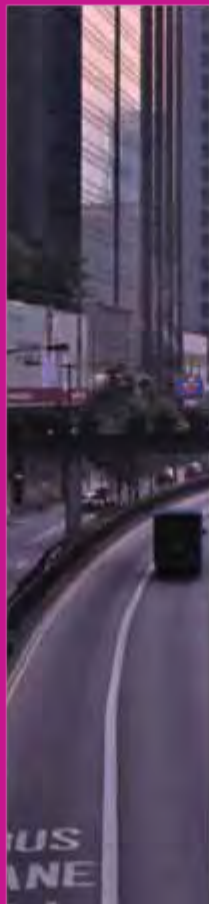
The TSF works with organizations to define their technical support needs and act as a broker between the organizations and potential support providers from a pool of over 500 approved consultants on TSF's consultant database. Its aim is to:

- » Build the capacity of national partners to manage technical assistance
- » Enhance the skills of consultants from the region to deliver technical support
- » Build capacity to implement Global Fund programmes.

Clients from developing Asia and the Pacific may apply for financial assistance to cover the full cost of the support, while clients from developed Asia receive technical assistance at cost.

Recently TSF has provided technical support to the ISEAN-Hivos initiative (assisting with Global Fund grant negotiation for their regional MSM/Transgender programme); to the Hue Province AIDS Commission in Vietnam to assess service provider capacity to deliver services for MSM; to the Greater Mekong Region Sub-Region Purple Sky MSM Network to implement their leadership development programme; and to the National AIDS Authority of Cambodia to conduct a cost-effectiveness assessment of their National MSM Action Plan for 2008-2010.

In 2011, the TSF rolled out a capacity development programme specifically targeting consultants from key affected populations in the region. The goal is to establish a new cohort of 'community consultants' who are better equipped to support CSOs implementing Global Fund programmes in the region.



ONLINE SURVEY KEY RESULTS 2

This section summarizes the key findings from the online survey. In each of the six metropolitan areas, the data revealed the size of MSM and transgender populations, the proportion of MSM and transgender persons accessing services, and the human resources capacity of programmes. Where necessary, information from Seoul and Busan are combined as there is only one community organization working in both areas.

2.1 ESTIMATED POPULATION SIZE

To estimate the size of the MSM and transgender populations in the six metropolitan areas, the following information was triangulated:

- Demographic estimates.** This approach applies an estimated percentage of MSM in the general population (taken from UNAIDS data and from community organizations) to the general male adult (aged 15–59) population of the country/territory.¹² This number is then adjusted by multiplying it by the ratio of the metropolitan area’s total population to that of the whole country/territory.¹³ The population size of transgender people is estimated to be five per cent of the MSM population in each of the six metropolitan areas. These estimates are therefore probably quite conservative as MSM and transgender people are more likely to be residing in urban rather than rural areas.
- Estimates provided by community groups** were collected through the online survey and in-depth interviews.

The estimates yielded from these two approaches were comparable and, for the purpose of this analysis, the final estimate was determined based on the median, slightly favouring estimates by community organizations (see Chart 1: IPPF population size estimates). The estimates show a total of 557,000 MSM and 21,500 transgender people across the six metropolitan areas with Seoul and Busan having the largest and smallest MSM and transgender populations respectively.

Chart 1: Estimated MSM and transgender population sizes

METROPOLITAN AREAS	KUALA LUMPUR	SINGAPORE	HONG KONG	TAIPEI	SEOUL	BUSAN
1. Demographic approach to estimate population sizes of MSM and transgender people						
(a) Country/territory total adult male population (aged 15–59) ('000,000)	9.1	1.6	2.4	8.0	17.1	17.1
(b) Assumed proportion of MSM in country/territory adult male population	2%	5%	5%	4%	2%	2%
(c) Metropolitan area total population ('000,000)	8	5	7	9	23	4
(d) Country/territory total population ('000,000)	28	5	7	23	48	48
MSM (a x b x [c/d])	52,000	83,000	118,000	118,000	164,000	31,000
Transgender (5% of MSM)	2,600	4,100	5,900	5,900	8,200	1,500
2. Community organizations' estimates of population sizes of MSM and transgender people						
MSM	50–52,000	90,000	100–150,000	80–150,000	100–200,000	10–30,000
Transgender	3.5–5,000	2,000	1.5–2,000	NA	<10,000	2–3,000
IPPF population size estimates based on 1. and 2.						
MSM	52,000	90,000	120,000	120,000	150,000	25,000
Transgender	3,500	2,500	2,500	2,000	9,000	2,000

2.2 PROGRAMME COVERAGE

Programme coverage refers to the number of individual MSM and transgender people estimated by community organizations to have utilized their HIV and sexual health-related services in the 12 months prior to the online survey (see Section 2.4: Services).

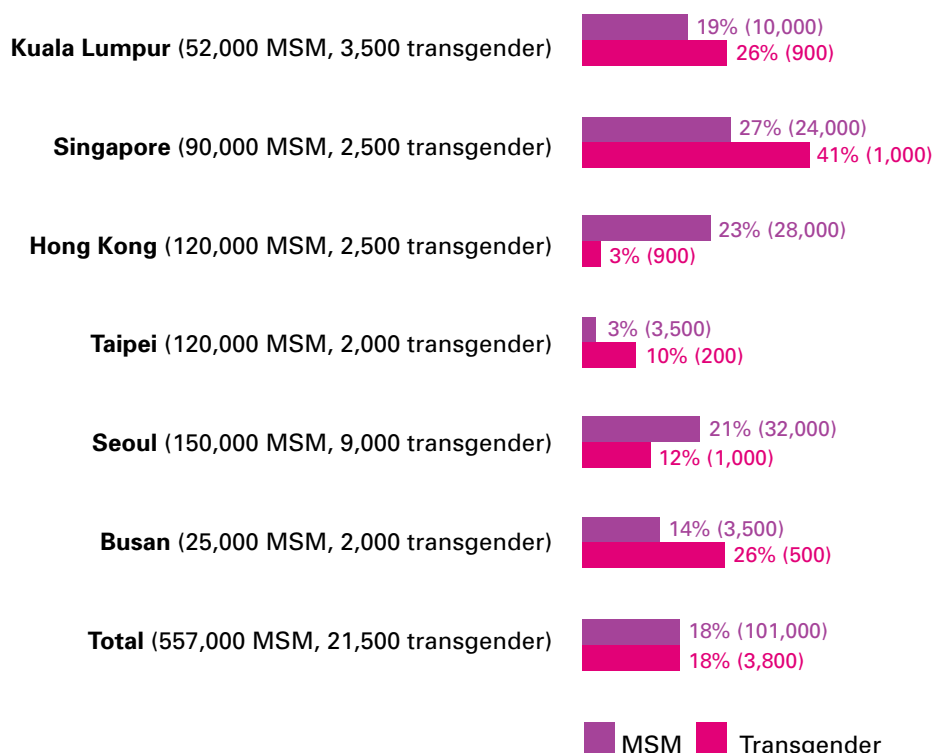
Estimates reported by community organizations (see Chart 2) show that approximately 101,000 MSM across the six metropolitan areas access services provided by the participating organizations. This represents an overall **programme coverage rate of 18 per cent among MSM in these cities**. Among the MSM accessing programme services, the community organizations estimated that approximately 18 per cent are young MSM aged below 25; less than one per cent are living with HIV; less than one per cent engage in sex work; and less than one per cent inject drugs (see Section 2.6 for the number of organizations reaching MSM sub-populations).

Combined estimates suggest that about 3,800 transgender people access the services provided by participating community organizations representing an **overall programme coverage rate of 18 per cent among the transgender population**. About 11 per cent of the transgender people reached were estimated to be sex workers; nine per cent aged below 25; three per cent people inject drugs; and one per cent were living with HIV (see Section 2.6 for the number of organizations reaching transgender sub-populations).

The estimates refer to individuals served by community-based organizations that participated in this assessment and does not account for individuals who utilized services provided by other government and/or private health facilities. Nevertheless, coverage data from these community organizations show that it is unlikely that any of the six metropolitan areas achieve the recommended coverage rate of 60–80 per cent needed to reverse the rising HIV incidence among MSM and transgender people.¹⁴ According to the data, Singapore has the highest coverage relative to the other areas, with 27 per cent of MSM and 41 per cent of transgender people reached by community organizations, and Taipei's coverage is the lowest (three per cent of MSM and 10 per cent of transgender people reached). Hong Kong's transgender population coverage is also relatively low at three per cent.

The population estimates used in the analysis are conservative; the actual coverage rates are likely to be even lower. These estimates demonstrate that current sexual health programme coverage among MSM and transgender populations across the six metropolitan areas is quite low.

Chart 2: MSM and transgender populations reached by community organizations



2.3 HUMAN RESOURCES

Community organizations in the six metropolitan areas collectively reported a total of 72 staff members and 262 volunteers working on their HIV and sexual health programmes for the MSM and transgender populations. Volunteers account for 79 per cent of human resources working on MSM and transgender programming. The staff members and volunteers working on MSM and transgender programmes account for approximately 16 per cent and 30 per cent respectively of the organizations’ total combined human resources (447 staff and 860 volunteers).

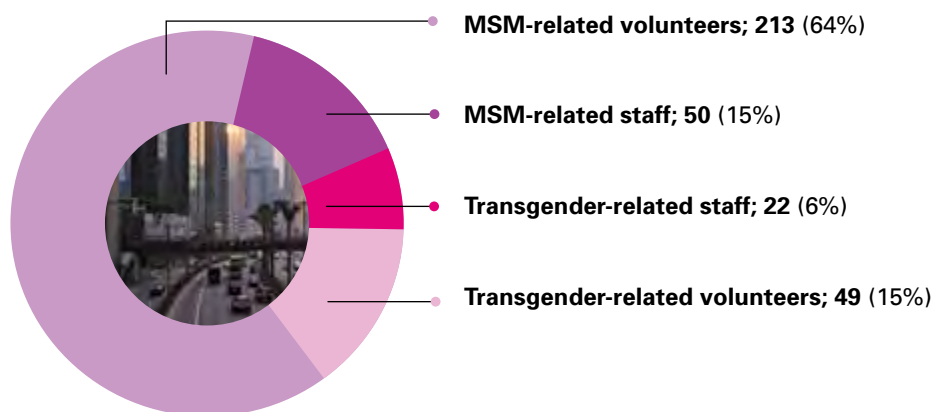


Chart 3: Staff and volunteers for MSM and transgender programmes (n=334)

While volunteers outnumber staff in all six metropolitan areas, there are some differences (see Chart 4). Only two metropolitan areas (Kuala Lumpur and Singapore) have paid staff dedicated to the HIV and sexual health programmes for the transgender population. Taipei, with the lowest number of paid staff (seven on MSM programmes and zero on transgender), also had the lowest percentage coverage of the MSM and transgender populations, despite having a significant number of volunteers working on both programme areas.

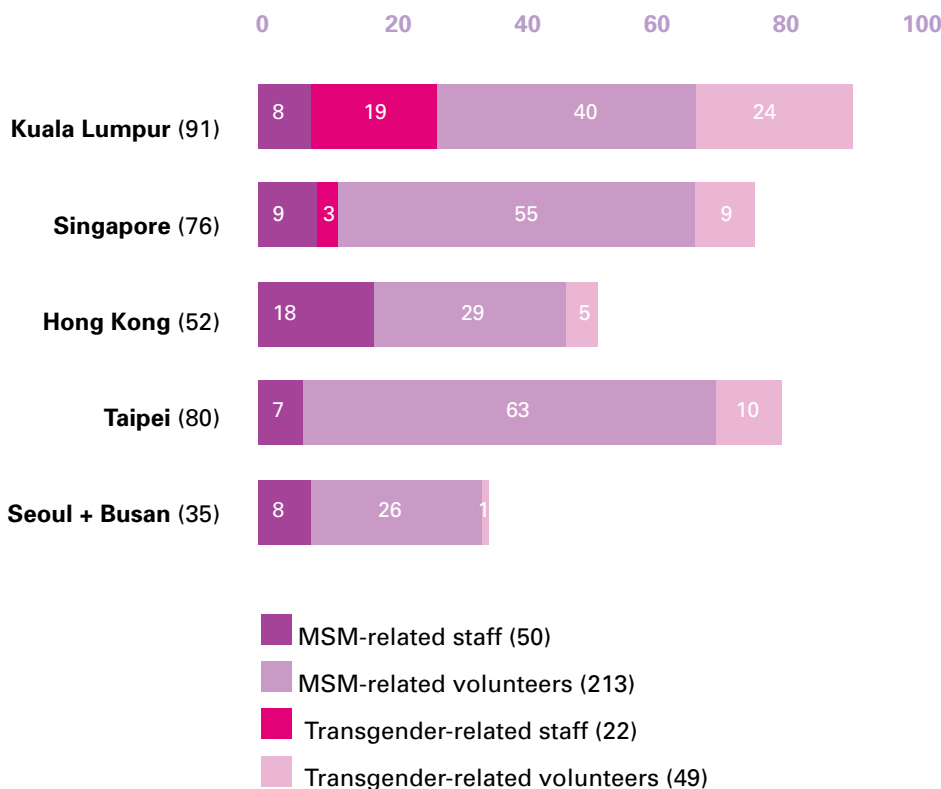


Chart 4: Staff and volunteers – by metropolitan areas

2.4 SERVICES

Of the various health-related and referral services provided directly by community organizations to the MSM and transgender populations, **five were broadly available across all six metropolitan areas** through at least one local community organization: HIV and sexual and reproductive health prevention information, psycho-social support, confidential voluntary counselling and testing (VCT)/HIV screening, provision of condoms, and provision of lubricants. Community organizations in Kuala Lumpur and Hong Kong seem to have more comprehensive service provision than the other four metropolitan areas. One community organization in Kuala Lumpur offers name change registration with government referral services for transgender people, and in Hong Kong one community organization has a gender reassignment surgery referral service for transgender people). With the exception of Seoul and Busan, MSM and transgender people have access to legal service referrals (in respect to rights violations, discrimination, etc) in all four other metropolitan areas. Community organizations in Taipei are particularly strong in this area, especially for MSM living with HIV and transgender people.

Chart 5: Number of community organizations – by services offered directly

SERVICES		KUALA LUMPUR		SINGAPORE		HONG KONG		TAIPEI		SEOUL + BUSAN		TOTAL	
		MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER
HEALTH RELATED	HIV and sexual and reproductive health prevention information	2	4	2	3	4	1	2	1	3	2	13	11
	Psycho-social support	2	3	1	1	4	2	3	2	3	2	13	10
	Confidential voluntary counselling and testing (VCT)/HIV screening	2	2	1	2	4	1	3	1	1	1	11	7
	Provision of condoms	2	4	1	2	4	1	3	2	1	1	11	10
	Provision of lubricants	2	3	1	1	4	1	3	2	1	1	11	8
	Detection and management of sexually transmitted infections	2	4			4	1	1				7	5
	Diagnosis and/or treatment for hepatitis	1	1			3	1					4	2
	Vaccination for hepatitis A and B	1	2			1						2	2
	Home-based care	1	2			1		1				3	2
	Prophylaxis and treatment for opportunistic infections	1	1			1						2	1
	Palliative care		1			1		1				2	1
	Antiretroviral therapy	1	1									1	1
	Provision of clean needles and syringes	1	1									1	1
	Opioid substitution therapy											0	0
REFERRALS	Legal services	1	2	1	1	1	1	3	2			6	6
	Employment training		2			1		1		1	1	3	3
	Nutritional support	1	1			1		1				3	1
	Micro-finance							1				1	0

■ One organization ■ Two or more organizations

2.5 POINTS OF SERVICE

While drop-in centres are the most popular type of service delivery point for health-related issues, bars and saunas were most frequently mentioned by community organizations as the sites where they conducted outreach activities among local MSM and transgender populations. Other service points reported by community organizations (but not provided as response categories in the survey) included: 'streets' and 'brothels/massage parlours' for the transgender population, mentioned by community organizations in Kuala Lumpur; 'public forums and talks' for MSM, mentioned by one community organization in Singapore; and, 'internet' for MSM, mentioned by two community organizations in Hong Kong. Innovative approaches, such as mobile health services for MSM, were mentioned by just one community organization in Hong Kong.

Chart 6: Number of community organizations – by types of service point

POINTS OF SERVICES		KUALA LUMPUR		SINGAPORE		HONG KONG		TAIPEI		SEOUL + BUSAN		TOTAL	
		MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER
HEALTH RELATED	Drop-in centre	1	3	1	2	4	1	2	1			8	7
	Static clinic	2	2	1	1	1		1				5	3
	Government supported health facility	1	1		1	1	1	1		1	1	4	4
	Mobile services					1						1	0
OUTREACH	Bars	1	1	1		3				3	2	8	3
	Saunas	1		1		3		2		2	1	9	1
	Cruising areas	1	1	1		1				1	1	4	2

■ One organization ■ Two or more organizations

2.6 SUB-POPULATIONS

All six metropolitan areas have at least one community organization reaching out to young MSM and transgender people (see Chart 7). While some MSM sex workers and MSM living with HIV utilize services offered by their local community organizations across all six metropolitan areas, their transgender counterparts have less access to these community services, particularly in Hong Kong and Taipei. Apart from those in Kuala Lumpur, no community organizations have programmes for transgender people who use drugs. One organization in Singapore mentioned 'migrant workers' as a specific group within the transgender population it serves, and one organization operating in Seoul and Busan mentioned 'foreigners' among the MSM population reached through its programmes.

Chart 7: Number of community organizations – by sub-populations served

SUB-POPULATIONS		KUALA LUMPUR		SINGAPORE		HONG KONG		TAIPEI		SEOUL + BUSAN		TOTAL	
		MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER	MSM	TRANS-GENDER
Young people (<25 years old)		2	3	2	3	4	2	3	1	2	1	13	10
Living with HIV		2	3	2		2		3		3	2	12	5
Sex workers		2	4	1	1	1		1		1	1	6	6
People who use drugs		2	3			1		3				6	3

■ One organization ■ Two or more organizations

CASE STUDIES

3

This section provides further details on organizational strengths, areas for improvement, and technical support needs for each metropolitan area.

3.1 KUALA LUMPUR

In addition to having a large cadre of staff and volunteers from the community, another key strength of the community organizations in Kuala Lumpur lies in its wide range of services for MSM and transgender populations and sub-populations. Cultural events such as arts festivals and theatre are used to promote social acceptance and understanding of MSM and transgender communities. A recently established community-based clinic fills a gap by offering one-stop comprehensive sexual health services to the local MSM and transgender community. Services offered in this clinic include counselling and HIV testing, detection and management of STIs, hepatitis diagnosis and vaccination, treatment for opportunistic infections and antiretroviral therapy.

These community organizations also identified a few areas for improvement. Many of them agree that the lack of a nationally coordinated mechanism for HIV work among MSM and transgender people hinders their ability to provide services to these populations. The injecting-drug users' taskforce set up a few years back provides a good model. This taskforce was established to coordinate with various government departments to minimize barriers to service delivery/access, such as by reducing police raids faced by community organizations when reaching out to target clients. Another area that needs attention is monitoring and evaluation to improve their programmes and demonstrate their impact to potential donors.

The organizations identified the following areas where technical support is needed:

- » **Establishing a coordinated response:** Compile lessons learned from the injecting-drug users' taskforce in Malaysia and from existing MSM and transgender taskforces in other – preferably Muslim – countries to establish an MSM and transgender taskforce. This type of multi-sectoral mechanism can foster meaningful dialogue between various government departments, agencies, NGO sector and the MSM and transgender communities;
- » **Monitoring and evaluation:** Apply a monitoring and evaluation framework to programmes with the help of ongoing, rather than one-off workshops, and mentoring by experts;
- » **Volunteer management:** Manage volunteers (recruitment, training, retention) to align the needs of volunteers with the vision and mission of the organization in order to maximize the impact of programmes.

“Our services are completely anonymous and non-judgmental regardless of sexual orientation. Affordable and cost-based fees are charged only for tests and treatment to maximize treatment adherence.”

A community-based clinic



3.2 SINGAPORE

“The pragmatic approach taken by the health authorities in Singapore to support community organizations’ work without legal changes is invaluable in creating the space for community organizations to carry out their interventions among the MSM and transgender populations.”

A community organization



Given the relatively restrictive legal environment, Singapore’s community organizations’ strengths lie with their innovative programmes. These include utilizing social media and the internet for HIV prevention and building good working relationships with venue owners. They draw their programme staff from the community which helps develop trust between the community and venue owners.

These community organizations note that their programme effectiveness is influenced by laws that prohibit discussion of homosexuality in public places, and that they have limited ability to advocate for a change to these laws due to a dependence on governmental funding. They also recognize the challenge of reaching sub-populations such as non-English speaking, blue-collar, older MSM who tend to cruise in public areas, where it is illegal for community organizations to talk openly about homosexuality. They are also looking for new prevention approaches such as counselling, and moving beyond the traditional distribution of information and condoms to overcome so-called ‘information fatigue’ and move towards behaviour change. They realize the importance of monitoring and evaluation to support both programme improvement and resource mobilization among non-governmental donors. This would also help them to improve their advocacy with the Singapore government.

They identified the following areas where technical support is needed:

- » **Fostering South-to-South exchanges:** Promote links between senior-level government officials and community groups with their counterparts in other countries. This provides direct evidence on how governmental support (e.g. decriminalizing homosexuality and government department coordination) can contribute to reduced infections. A South-to-South approach would also position Singapore as an equal partner with other developed Asian countries;
- » **New programmatic approaches:** Adopt alternative intervention approaches such as psycho-social counselling to improve the impact of their programmes (overcoming ‘information fatigue’ and tackling behavioural change are two examples) and to target hard-to-reach sub-populations (non-English speaking, blue collar, older, migrant workers);
- » **Monitoring and evaluation:** Strengthen monitoring and evaluation capacity to improve programme impact and support fundraising from non-governmental sources. This would allow them to be less dependent on government funds and more outspoken on advocacy issues.



3.3 HONG KONG

Thanks to its government's inter-departmental coordination (community-led government-supported public campaigns) and relatively flexible funding mechanism, Hong Kong, after Kuala Lumpur, offers one of the most comprehensive ranges of community-based services to the MSM population. It also has the greatest number of organizations working with young MSM and their parents through innovative social activities. These community organizations have good working relationships with sauna owners, ensuring both condoms and condom-compatible lubricant are readily accessible to clients. While Hong Kong's community organizations collectively have the highest number of paid programme staff working with MSM among the six metropolitan areas, programming that reaches out to the transgender population has barely started. A newly-established transgender community group is now being helped by one of the more established community organizations to gain access to government funds.

Community organizations recognize that after years of delivering traditional prevention messages to the MSM population, there are signs of information fatigue, particularly among young MSM. New approaches such as presenting HIV prevention messages in social groups and offering life skills and psycho-social counselling are being tested by some community organizations. One challenge is to find appropriate strategies to deal with the increased use of social media as an avenue for speedy sexual networking.

These community organizations identified the following areas where technical support may be required:

- » **Overcome information fatigue:** Learn new outreach approaches through regular exchange between community organizations inside and outside of Hong Kong to use social media to reach young MSM, and to build prevention messages into psychosocial counselling;
- » **Monitoring and evaluation:** Embed monitoring and evaluation into programmes with the help of ongoing mentoring by experts to improve programme quality and accountability to the community;
- » **Volunteer management:** Improve the management of volunteers. This point is particularly relevant for the recently established transgender organization, which relies solely on volunteers.

“The formation of a MSM working group, with representatives from non-governmental organizations (NGOs) and the MSM community had provided an important channel to solicit inputs from various stakeholders on planning HIV prevention activities targeting MSM and receive regular feedback from them.”

‘Hong Kong Story’, Red Ribbon Centre, Department of Health, Hong Kong Government



3.4 TAIPEI



Taipei's community organizations' key strengths are their high-quality counselling for people living with HIV, legal referrals (with respect to human rights violations) and community-led prevention programmes.

These organizations reported they would like to see the government become more sensitive to community needs and less driven by quantitative targets regarding their programme funding decisions. They would also like the government to consult with community organizations on health policies that stigmatize MSM and transgender people (such as sexual orientation inquiry before blood donation). Traditional venue-based prevention programmes are also facing challenges as it is becoming increasingly difficult to reach young MSM. Many young MSM connect via social media (e.g. *Grindr*) and have sex at private home parties instead of going to bars and saunas. This makes the distribution of safe sex information, condoms and condom-compatible lubricant more difficult.

These community organizations identified the following technical support needs:

- » **Advocacy:** Advocate for the use of qualitative information as a way to evaluate programmatic success – moving away from quantitative targets. Fostering exchange visits in the region will help local groups and senior government officials learn about successful attempts to involve community organizations in the development of national strategies, and in challenging existing health policies that might stigmatize the MSM and transgender populations;
- » **New innovative approaches for HIV prevention:** Explore new strategies and techniques that can be used to reach clients such as young MSM who use social media;
- » **Monitoring and evaluation:** Develop and apply a monitoring and evaluation framework that can help improve the effectiveness of programmes; and bring in local and regional experts to mentor staff and volunteers.

“Although political support for LGBT people is increasing (pride parades) but public attitude toward homosexuality is still very conservative. Community-sensitive health and intervention funding policies could not only strengthen response to HIV but also help change public attitude.”

A local NGO



3.5 SEOUL AND BUSAN

Community organizations in Seoul and Busan consider their key organizational strengths to be: leadership and involvement of volunteers from the communities (including gay men and MSM living with HIV), high quality counselling for people living with HIV, and strong emphasis on human rights.

Although government financial support is available for local organizations, the inflexible NGO registration process makes accessing government funds quite difficult for small groups. Another challenge facing community organizations is the language barrier. Lack of English proficiency prevents them from engaging with other HIV organizations outside the country to learn about the latest developments. Language skills are necessary if they are to move beyond traditional venue-based programming into social media and internet-based interventions, especially when reaching out to young MSM.

These community organizations would like to get technical support in the following areas:

- » **Community leadership:** Identify and mentor community leaders to become public role models for MSM and MSM living with HIV to overcome low self-esteem among MSM, increase social acceptance of MSM, and reduce HIV-related stigma;
- » **Learning and sharing:** Establish a group of English-speaking staff and volunteers to investigate other countries' innovative approaches to tackling HIV such as using social media, internet, and peer education;
- » **Resource mobilisation:** Support fundraising from both government funding streams and the private sector through effective monitoring and evaluation of existing programmes. Advocacy to prompt the government to relax its stringent funding mechanism.

“In Korea coming out as gay is very difficult. It’s almost impossible to get a job once your gay identity is revealed. We need MSM role models for both the community and the public. ”

A local NGO



Despite their political and cultural differences, there is a strong commitment to HIV programmes for MSM and, to a lesser degree, the transgender population across the six metropolitan areas included in this assessment. Prevention, care and support services are provided by at least one community organization in each metropolitan area. However, with limited resources, on average, less than a fifth of the MSM and transgender populations are currently reached and none of the six metropolitan areas reaches the recommended 60–80 per cent target needed to reverse the HIV epidemic.

In addition to the need for more resources for programme expansion these community organizations identified the following generic areas of improvement.

ADVOCACY

Community organizations in different metropolitan areas have different advocacy objectives ranging from national MSM and transgender taskforces in Malaysia, changes to the legislative and policy environment in Singapore, MSM and transgender-friendly government funding and health policies in Taiwan, to streamlining the NGO registration process in South Korea. All the participating organizations view government support, in terms of law, policies and coordination between various government departments, as crucial to their work. They have also identified the private sector as an important partner and more efforts should be made to harness private sector support.

PREVENTION STRATEGIES

Changing patterns of social interaction, including the use of web-based and social media sites among young people, and information fatigue observed in traditional venue-based outreach activities, are challenging community organizations to review their current strategies. Community organizations are looking at innovative ways of re-packaging HIV-related prevention messages. For example, introducing HIV-related information on social media platforms or encouraging MSM or transgender people living with HIV to become community role models. Some groups are also introducing safer sex messages into harm reduction campaigns and developing innovative safer sex kits that are discreet and easy to carry.

MONITORING AND EVALUATION

This is an area increasingly viewed by community organizations as essential for improving their programmes and performance. They also recognize that the ability to highlight demonstrable impact and effectiveness is a strategic tool for advocacy and resource mobilization with the government and other sectors. Improving overall monitoring and evaluation also increases the organizations' accountability towards the communities they serve by showing the impact their programmes have on people's lives.

VOLUNTEER MANAGEMENT

This is a challenging area for community organizations that rely on volunteers to build community trust and deliver services – particularly for recently-established organizations which often do not have paid staff. As the number of volunteers grows, organizations find it increasingly challenging to manage human resources while ensuring a supply of volunteers to meet their changing needs. A well-designed volunteer programme requires investment and flexibility to train volunteers on new areas of work – for example in utilizing social media, monitoring and evaluation, language training or counselling skills.

Correspondingly, these above areas of improvement are comparable to the key recommendations outlined in the meeting report from the 'First Developed Asia Regional Consultation on HIV in MSM and TG', organized by Action for AIDS and Fridae in Singapore on 2–3 December 2010.¹⁵

RECOMMENDATIONS FOR SUPPORTING ADVOCACY

- ✓ Develop national networks and other mechanisms to link MSM and LGBT organizations. Co-ordinate advocacy efforts for community-led HIV-related interventions.
- ✓ Share best practice examples of successful advocacy in comparable areas of developed Asia. For example: fostering peer-to-peer exchanges between cities; focusing on how HIV transmission among the MSM and transgender populations could be reduced through such interventions as developing a national taskforce, a dedicated national budget line, community-sensitive programme funding and decriminalizing public discussion of homosexuality.
- ✓ Take global guidelines on sexual orientation and gender identities and apply them at both policy and service delivery levels to maximize the effectiveness of HIV and sexual health programmes.

RECOMMENDATIONS FOR MOTIVATING DONORS AND SUPPORTERS

- ✓ Identify transgender organizations and provide technical and financial support for their HIV-related programmes for this long-neglected section of the population.
- ✓ Provide long-term financial support for effective community programmes and other functions such as management, accounting, and staff and community leaders' development to enhance their long-term sustainability.
- ✓ Support the implementation of innovative programmes and rigorous evaluation to allow community organizations to pilot new approaches in addressing current HIV prevention challenges.

RECOMMENDATIONS FOR STRENGTHENING SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES

- ✓ Promote links – and avoid duplications – between organizations working in different fields such as tackling with recreational drug use and related risky behaviour, reaching out to young MSM and transgender people, and providing holistic support to MSM living with HIV.
- ✓ Tailor interventions to address the specific needs of transgender people. Transgender people face very different social, cultural, political and economic challenges from those faced by MSM and yet traditionally have been treated by the MSM programmes. In addition to traditional sexual health services, they may need referrals for such diverse issues such as sex reassignment surgery, name change registration, and safe injections for gender enhancement.
- ✓ Strengthen partnerships between key community stakeholders such as sexual and reproductive health organizations, the private sector, social media companies and counselling professionals who all play a part in creating effective community-led HIV programmes.

RECOMMENDATIONS FOR BUILDING THE INSTITUTIONAL CAPACITY OF COMMUNITY ORGANIZATIONS

- ✓ Establish a policy for managing volunteers that covers recruitment, training and retention and ensures a good balance between the needs of volunteers and those of the organization. This is particularly important for newly-established community organizations such as those serving the transgender community.
- ✓ Introduce practical monitoring and evaluation tools – and provide regular follow-up mentoring – to ensure staff have the skills to assess the effectiveness of their programmes.
- ✓ Put in place good institutional policies and procedures. For example: job descriptions, appraisals, and human resources handbooks for both staff and volunteers, strategic planning, resource mobilization, competency-based board membership, board members' responsibilities and evaluation, financial and accounting policies and procedures.

RESOURCES

WHAT IS IT CALLED?	WHEN WAS IT PRODUCED?	WHO PRODUCED IT?	WHAT IS IT?	WHERE CAN IT BE FOUND?
1. ADVOCACY				
Advancing the sexual and reproductive health and human rights of men who have sex with men living with HIV: A policy briefing	2010	GNP+ and MSMGF	A policy briefing focused specifically on issues concerning MSM living with HIV. The policy briefing begins with a review of important rights-based principles, continues with an examination of issues linked to the sexual and reproductive health of MSM, and concludes with a set of recommendations adapted from the original recommendations proposed in the original GNP+ Guidance Package on advancing the sexual health and human rights of people living with HIV.	www.msmsgf.org/index.cfm/id/11/aid/2227/
Demanding credibility and sustaining activism: A guide to sexuality based advocacy	2008	Global Rights: Partners for Justice	A tool to guide human rights activists through some of the tensions and challenges of human rights principles and practices, culture and society, when it comes to discussions on non-normative sexualities and genders. The guide has five core tools that explore the ways in which sexual and gender diversity intersect with other forms of exposure to human rights abuses.	www.globalrights.org/site/DocServer/Guide_sexuality_based_initiative.pdf?docID=10083
From advocacy to access: Targeted political action for change	2011	IPPF	A toolkit that offers political solutions to practical problems. It is designed for new advocates as an introduction to advocacy, and offers tips and tools to help create change at policy level.	www.ippf.org/NR/rdonlyres/E4ED7799-7C00-40C2-9B0C-81C660C9CCE6/0/From_advocacy_to_access.pdf
Handbook for advocacy planning	2010	IPPF	Developing advocacy activities entails carrying out a series of highly specialized actions. Associations must analyze political processes, current legislation at the various government levels, international commitments, and the social, economic, geopolitical, and human development context. With this information, timely changes to legislation, public policy, and government programmes can be suggested.	www.ippfwhr.org/en/advocacy_planning_manual
HIV prevention with MSM: Balancing evidence with rights-based principles of practice	2010	MSMGF	A policy brief that challenges the silence at the global level about the disproportionate impact that HIV and AIDS have on MSM, and calls for ethically implemented and methodologically sound surveillance, along with epidemiologic and social science research that could sensitively inform HIV prevention and advocacy responses around the world.	www.msmsgf.org/index.cfm/id/11/aid/2107
Social discrimination against men who have sex with men	2010	MSMGF	A policy brief that provides an overview of social discrimination as it relates to MSM and HIV, and includes recommendations for concerted action and policy development guided by a human rights framework.	www.msmsgf.org/index.cfm/id/11/aid/2106
Speaking out: A toolkit for MSM-led HIV and AIDS advocacy	2011	MSMGF	An advocacy toolkit with tools and training specific to issues of HIV and MSM.	www.msmsgf.org/index.cfm/id/11/aid/3476
The Global Fund strategy in relation to sexual orientation and gender identities	2009	Global Fund	This outlines the strategic direction that the Global Fund will adopt to ensure gender-equitable responses to AIDS, tuberculosis (TB) and malaria. It outlines concrete actions that the Global Fund, as a major international funding entity, can take to address the vulnerabilities and the needs of MSM, transgender people and sex workers in response to the three diseases.	www.theglobalfund.org/documents/core_strategies/Core_Sexual_OrientationAndGender_Identities_Strategy_en/

WHAT IS IT CALLED?	WHEN WAS IT PRODUCED?	WHO PRODUCED IT?	WHAT IS IT?	WHERE CAN IT BE FOUND?
2. PREVENTION STRATEGIES				
Love, life and HIV	2011	IPPF	The DVD contains interviews which were recorded, produced and edited by young people living with HIV to tell the world about their experiences living with HIV. The toolkit is designed to explore the issues raised in the DVD, provide information on how to reduce HIV-related stigma and discrimination, and develop a greater understanding of what it means to be young and living with HIV.	www.ippf.org/en/Resources/Guides-toolkits/Love+life+and+HIV.htm
Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people	2011	WHO Department of HIV and AIDS	The guidelines focus on the prevention and treatment of HIV and other sexually transmitted infections (STIs) among MSM and transgender people. They include evidence-based recommendations, the summary and grading of evidence, implementation issues and key research gaps. The document presents good practice recommendations that focus on ensuring an enabling environment for the recognition and protection of the human rights of MSM and transgender people.	www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html
Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach	2011	WHO	The guidelines focus on the prevention and treatment of HIV and other sexually transmitted infections (STIs) among MSM and transgender people. They include evidence-based recommendations, the summary and grading of evidence, implementation issues and key research gaps. Although the focus of this guidance is on low- and middle-income countries, WHO recommends that this guidance be available for MSM and transgender people in high-income countries as well.	www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html
Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region	2010	WHO, UNAIDS, UNDP, Department of Health Hong Kong and APCOM	A document developed to articulate clearly the contribution that the health sector could provide to respond to the HIV crises among MSM and transgender people in the region. Describes the priority health sector interventions recommended to achieve universal access for the prevention, treatment, care and support of HIV and sexually transmitted infections among MSM in the broader perspective of male sexual health.	www.searo.who.int/LinkFiles/Publications_Priority_HIVandSH_interventions_May10.pdf
Technical guidance on combination HIV prevention for men who have sex with men	2011	PEPFAR	This document responds to the urgent need to strengthen and expand HIV prevention for MSM and their partners and to improve accessibility to HIV care and treatment. This guidance also builds upon and strengthens international efforts to encourage comprehensive HIV prevention programmes for MSM in low- and middle-income countries.	www.pepfar.gov/documents/organization/164010.pdf

WHAT IS IT CALLED?	WHEN WAS IT PRODUCED?	WHO PRODUCED IT?	WHAT IS IT?	WHERE CAN IT BE FOUND?
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3. MONITORING AND EVALUATION (M&E)

12 components M&E system assessment: Guidelines to support preparation, implementation and follow up activities	2010	UNAIDS	Guidelines for country owned and country led self-assessment of the 12 components of a functional national M&E system. It enables national governments and partners to avoid duplication of efforts in assessing the M&E system and allows a comparison of the performance of the 12 components of a functional M&E system across periods, through using a comparable standardized tool. It provides step-by-step instructions, as well as a structured questionnaire that can be used to guide the assessment process.	www.unaids.org/en/media/unaids/contentassets/documents/document/2010/1_MERG_Assessment_12_Components_ME_System.pdf
Monitoring and evaluation fundamentals: Basic terminology and frameworks for monitoring and evaluation	2010	UNAIDS	A common sense introduction to a range of M&E issues. It is intended to provide the very basics: a concise explanation of the commonly used terms and frameworks in current M&E practice to encourage a common understanding between M&E professionals, policy-makers and program managers alike.	www.unaids.org/en/media/unaids/contentassets/documents/document/2010/7_1-Basic-Terminology-and-Frameworks-MEF.pdf
Monitoring and evaluation toolkit	2009	Global Fund	This toolkit was developed to provide guidance on developing robust M&E systems, to gather a selection of standard indicators to manage results and to monitor the impact achieved by the programmes in HIV, TB and malaria, including health systems strengthening. It also provides users with references to key materials and resources.	www.theglobalfund.org/documents/me/M_E_Toolkit.pdf
Strategic guidance for the evaluation of HIV prevention programmes	2010	UNAIDS	A document that provides standards for M&E capacity building. It addresses the essential competencies for those in M&E leadership positions, covering both technical and managerial competencies; and standards for the development and implementation of M&E curricula/trainings aiming to improve M&E competencies.	www.unaids.org/en/media/unaids/contentassets/documents/document/2010/12_7_MERG_Guidance_Evaluating_HIV_PreventionProgrammes.pdf

4. GENERAL

Rapid assessment tool for SRH and HIV linkages	2009	IPPF	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. Countries are encouraged to review the questions and the scope of the assessment and modify it according to the local situation.	www.ippf.org/en/Resources/Guides-toolkits/Rapid+Assessment+Tool+for+Sexual+Reproductive+Health+and+HIV+Linkages.htm
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WHAT IS IT CALLED?	WHEN WAS IT PRODUCED?	WHO PRODUCED IT?	WHAT IS IT?	WHERE CAN IT BE FOUND?
5. INSTITUTIONAL CAPACITY BUILDING				
Engaging with men who have sex with men in the clinical setting: A primer for physicians, nurses, and other health care providers	2011	MSMGF	The primer aims to improve the standard of clinical care for MSM by providing basic knowledge about homosexuality and MSM health needs, as well as offering a set of principles for effective engagement of MSM in a healthcare setting. The primer includes a roadmap for healthcare providers, providing guidance on leading community-level engagement with MSM and enhancing local capacity to meet MSM needs.	www.msmgf.org/files/msmgf/Publications/MSMGF_Healthcare_Primer.pdf
How to develop a strategic plan: A tool for NGOs and CBOs HR toolkit: Getting the right people	2007	CORE Initiative, International HIV/AIDS Alliance	This tool was designed to enable community-based organizations to develop sound, effective strategic plans. It helps organizations understand how developing strategic plans can improve the way they work. The publication begins with an overview of strategic planning. Through a series of twelve separate activities, organizations are guided through a step-by-step process, resulting in the development of a strategic plan. The tool covers topics from conducting a situational analysis to developing a mission statement, goals, strategies, and activities.	www.aidsalliance.org/publicationsdetails.aspx?id=344
HR toolkit: Getting the right people	2009	HR Council for the Non-Profit Sector	The toolkit offers information and tools to help organizations revise existing job descriptions or develop new ones. These tools include a job description template, job profiles of some common staff positions in non-profit organizations along with sample job descriptions from non-profit organizations.	www.hrvc.ca/hr-toolkit/right-people-job-descriptions.cfm
Human resource toolkit	2009	HR Council for the Non-Profit Sector	The toolkit is a comprehensive online resource designed to help managers, employees and board members better understand, address and manage issues relating to HR in non-profit organizations.	www.hrvc.ca/hr-toolkit/access-point-board.cfm
Keeping the right people: Performance management	2009	HR Council for the Non-Profit Sector	A guide on how to improve employee effectiveness. It is a continuous process where managers and employees work together to plan, monitor and review an employee's work objectives or goals and his or her overall contribution to the organization.	www.hrvc.ca/hr-toolkit/keeping-people-performance-management.cfm
NGO/CBO support and organizational development tools: A resource pack	2010	International HIV/AIDS Alliance	A resource pack containing tools to provide NGOs and CBOs with practical technical support for a variety of issues – ranging from resource mobilization, communication and capacity building.	www.aidsalliance.org/publicationsdetails.aspx?id=435
Procurement and financial procedures manual: For use by community-based organizations	1999	World Bank, Ghana Office	This manual provides procurement and financial procedures for use by formally structured community-based organizations that wish to manage and utilize their resources in an economic manner, with due care to accountability and transparency. The manual is useful to CBOs during the time of putting up a facility as well as during the maintenance and operation phase.	http://siteresources.worldbank.org/INTSF/Resources/395669-1124228448379/1563169-1133371159393/Mbungu_Procurement-Man_CBOs.pdf

APPENDIX A: ONLINE SURVEY QUESTIONS

THE 'METROPOLITAN MAN' SURVEY

This survey will gather information from organizations in selected cities in developed Asia. This information will be used to highlight the existing gaps to address the sexual health needs of men who have sex with men (MSM) and transgender people. It is intended that the information collected in this survey will inform future interventions to address men's sexual health in selected cities.

ABOUT YOUR ORGANIZATION

1. Name of the organization:
2. Address of the organization:
3. Contact person name and email address:
4. Is your organization a: (Please tick all that apply)
 - a) HIV/AIDS service organization
 - b) LGBT organization
 - c) Organizations working on HIV-related issues
 - d) Sexual and reproductive health organization
 - e) Government supported organization/entity
 - f) Other (specify):
5. Where do you work? (Please tick all that apply)
 - a) Urban areas
 - b) Semi urban areas
 - c) Rural areas
6. Name the primary metropolitan area(s) where your organization works (for example, Tokyo, Singapore):
7. How many people work in your organization: (please complete all fields)
 - a) Full-time staff
 - b) Part-time staff
 - c) Volunteers
 - d) Others
8. Among all your staff and volunteers you reported above, how many are health care professionals such as medical doctors and nurses?

A BRIEF HISTORY

9. What year was your organization first formed?
10. Briefly outline the history, mission and values of your organization. (300 words maximum)

TARGET GROUPS

11. Which key populations do you currently provide sexual health and/or HIV information and services to? (Tick all that apply)
 - a) People who use drugs (for example, harm reduction)
 - b) Men who have sex with men (MSM)
 - c) Sex workers
 - d) Transgender people
 - e) Other vulnerable populations (specify):
12. If you indicated 'MSM' and/or 'Transgender people' above, do you have any rough estimates on how many are living in your metropolitan area today?
 - a) MSM
 - b) Transgender people

13. How many years your organization has been working with these populations?

	N/A	<1	1-2	3-4	5+
a) MSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Approximately how many people has your programme reached in the last 12 months?

a) MSM	<input type="text"/>
b) Transgender people	<input type="text"/>

15. We would like to know if you work with specific sub-groups within the MSM and transgender communities. (Please tick all that apply)

	MSM	Transgender
a) Young (<25 years old)	<input type="checkbox"/>	<input type="checkbox"/>
b) Living with HIV	<input type="checkbox"/>	<input type="checkbox"/>
c) Sex workers	<input type="checkbox"/>	<input type="checkbox"/>
d) Drug users	<input type="checkbox"/>	<input type="checkbox"/>
e) Others (please specify):	<input type="text"/>	

16. For sub-groups you checked above, please tell us how long your organization has been providing service to each of them.

	N/A	<1	1-2	3-4	5+
a) Young MSM (<25 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Young transgender (<25 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) MSM living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Transgender people living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) MSM sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Transgender sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) MSM who use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Transgender people who use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Others (specify):	<input type="text"/>				

17. For the sub-groups you checked above, approximately how many people has your programme reached in the last 12 months?

a) Young MSM (<25 years)	<input type="text"/>
b) Young transgender (<25 years)	<input type="text"/>
c) MSM living with HIV	<input type="text"/>
d) Transgender people living with HIV	<input type="text"/>
e) MSM sex workers	<input type="text"/>
f) Transgender sex workers	<input type="text"/>
g) MSM who use drugs	<input type="text"/>
h) Transgender people who use drugs	<input type="text"/>
i) Others (specify):	<input type="text"/>

PROVISION OF INFORMATION AND SERVICES

18. Which key services do you currently provide in your metropolitan area directly for MSM and transgender people? (Please tick all that apply)

	MSM	Transgender
a) Confidential voluntary counseling and testing (VCT)/HIV screening	<input type="checkbox"/>	<input type="checkbox"/>
b) Detection and management of sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>
c) Prophylaxis and treatment for opportunistic infections	<input type="checkbox"/>	<input type="checkbox"/>
d) Psycho-social support	<input type="checkbox"/>	<input type="checkbox"/>
e) Antiretroviral therapy	<input type="checkbox"/>	<input type="checkbox"/>
f) Home-based care	<input type="checkbox"/>	<input type="checkbox"/>
g) Palliative care	<input type="checkbox"/>	<input type="checkbox"/>
h) HIV and sexual and reproductive health prevention information	<input type="checkbox"/>	<input type="checkbox"/>
i) Diagnosis and treatment of hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
j) Vaccination for hepatitis A and B	<input type="checkbox"/>	<input type="checkbox"/>
k) Provision of condoms	<input type="checkbox"/>	<input type="checkbox"/>
l) Provision of lubricants	<input type="checkbox"/>	<input type="checkbox"/>
m) Provision of clean needles and syringes	<input type="checkbox"/>	<input type="checkbox"/>
n) Opioid substitution therapy	<input type="checkbox"/>	<input type="checkbox"/>
o) Other services (specify):	<input type="text"/>	

19. Which referral systems do you currently provide in your metropolitan area for MSM and transgender people? (Please tick all that apply)

	MSM	Transgender
a) Legal services	<input type="checkbox"/>	<input type="checkbox"/>
b) Nutritional support	<input type="checkbox"/>	<input type="checkbox"/>
c) Micro-finance	<input type="checkbox"/>	<input type="checkbox"/>
d) Employment training	<input type="checkbox"/>	<input type="checkbox"/>
e) Others (specify):	<input type="text"/>	

20. Where do you currently provide health services to MSM and transgender people?

	MSM	Transgender
a) Static clinic	<input type="checkbox"/>	<input type="checkbox"/>
b) Mobile services	<input type="checkbox"/>	<input type="checkbox"/>
c) Government supported health facility	<input type="checkbox"/>	<input type="checkbox"/>
d) Drop in centre	<input type="checkbox"/>	<input type="checkbox"/>

21. Where do you currently provide outreach work to MSM and transgender people?

	MSM	Transgender
a) Bars	<input type="checkbox"/>	<input type="checkbox"/>
b) Saunas	<input type="checkbox"/>	<input type="checkbox"/>
c) Cruising areas	<input type="checkbox"/>	<input type="checkbox"/>
d) Others (specify):	<input type="text"/>	

22. What are your organization's current financial and human resources to conduct this work?

a) Annual budget for MSM work (specify currency):	<input type="text"/>
b) Estimated number of full-time equivalent staff for MSM work:	<input type="text"/>
c) Estimated number of full-time equivalent volunteers for MSM work:	<input type="text"/>
d) Annual budget for transgender work (specify currency):	<input type="text"/>
e) Estimated number of full-time equivalent staff for transgender work:	<input type="text"/>
f) Estimated number of full-time equivalent volunteers for transgender work:	<input type="text"/>

23. Of your combined annual budget for work with MSM and transgender people, what is the approximate percentage split by funding source? (The following six categories should add up to 100%)

	%
a) National government	<input type="text"/>
b) Local city government	<input type="text"/>
c) Private sector	<input type="text"/>
d) International donors	<input type="text"/>
e) Fundraising from the general public	<input type="text"/>
f) Others (specify)	<input type="text"/>

ISSUES AFFECTING MSM AND TRANSGENDER PEOPLE LIVING IN METROPOLITAN CITIES

24. From your experience of providing information and/or services, what are the three (3) most critical issues affecting MSM and transgender people in your metropolitan area?

25. List three (3) key challenges your organization is currently faced with in reaching MSM and transgender people in your metropolitan area.

26. List three (3) most critical service gaps among the MSM and transgender communities in your metropolitan area.

27. What strategies would your organization use to address the current challenges and service gaps you listed above?

28. Do you have other comments, suggestions and/or recommendations for the 'Metropolitan Man Initiative'?

APPENDIX B: IN-DEPTH INTERVIEW QUESTIONS

1. Strengths of your organization's MSM and transgender people programmes. Why?

(Probe: How do these strengths directly or indirectly contribute to HIV programming outcomes such as access to services among the MSM and transgender people?)

2. Areas of your organization's MSM and transgender programme that need strengthening or improvement. Why?

(Probe organizational capacity areas such as professional knowledge, programming know-how, advocacy, organization's management structure, fundraising abilities, collaborating with other community organizations, volunteer management, strategic thinking, governance, accountability, etc.)

3. What skills does your organization (and/or other community organizations) need and can be achieved (i.e., realistic) in the short-term (within the next two years) and in the long-term (2–5 years)? Why? Source and delivery format (e.g., one-off workshop, peer-to-peer, of technical support)?

(Probe: How would these help your organization's MSM and transgender people? How would these directly or indirectly contribute to HIV programming such as increase in access to services among the MSM and transgender people communities?)

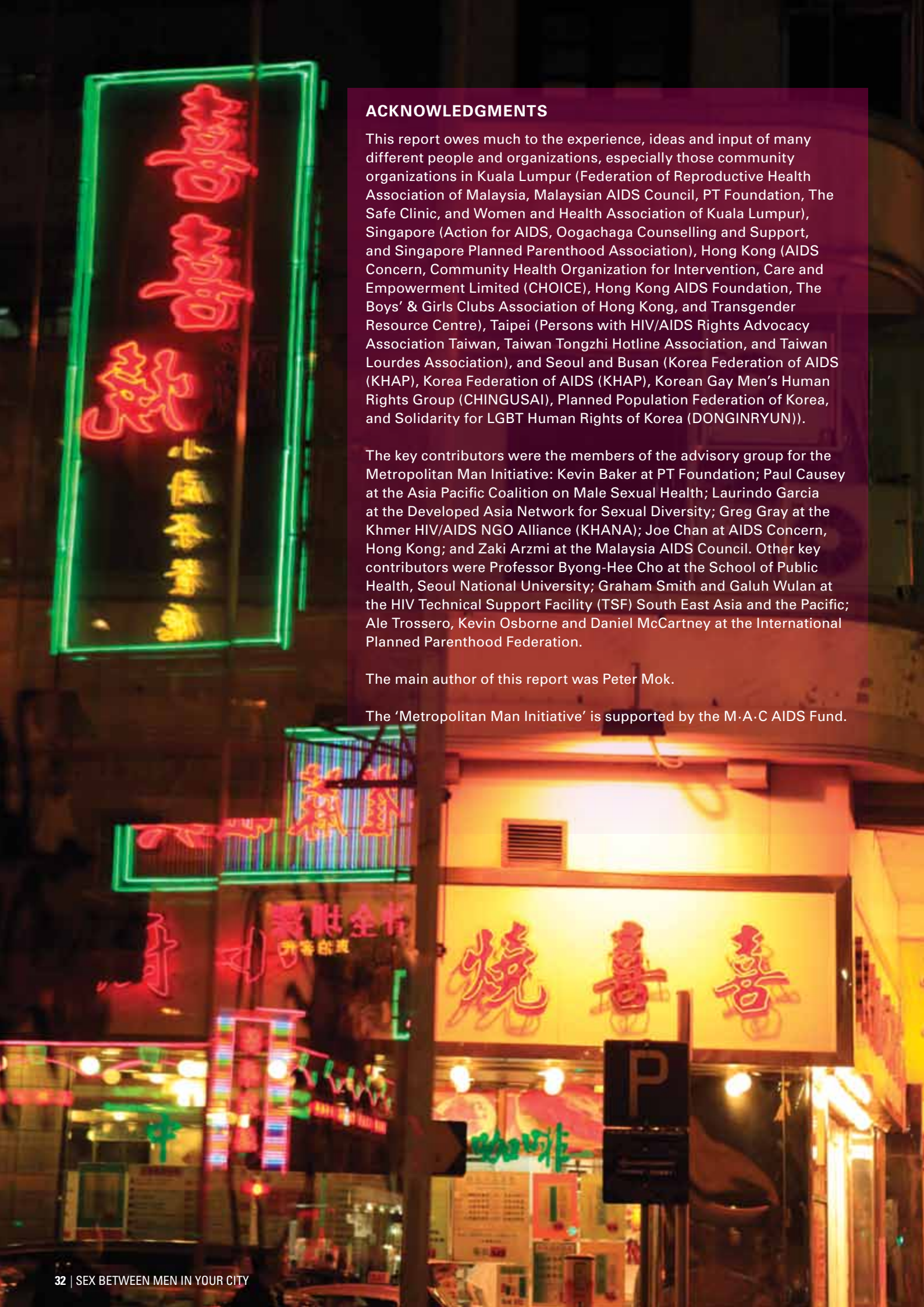
4. Other comments/suggestions?

APPENDIX C: PARTICIPATING ORGANIZATIONS

METROPOLITAN AREA	ORGANIZATION	ONLINE SURVEY	IN-DEPTH INTERVIEW
KUALA LUMPUR	Federation of Reproductive Health Association of Malaysia	✓	
	Malaysian AIDS Council	✓	✓
	PT Foundation	✓	✓
	The Safe Clinic	✓	✓
	Women and Health Association of Kuala Lumpur (WAKE)	✓	✓
SINGAPORE	Action for AIDS	✓	✓
	Oogachaga Counselling and Support	✓	✓
	Singapore Planned Parenthood Association	✓	
HONG KONG	AIDS Concern	✓	✓
	Community Health Organization for Intervention, Care and Empowerment Limited (CHOICE)	✓	
	Hong Kong AIDS Foundation	✓	✓
	The Boys' & Girls Clubs Association of Hong Kong	✓	✓
	Transgender Resource Centre	✓	✓
TAIPEI	Persons with HIV/AIDS Rights Advocacy Association Taiwan	✓	✓
	Taiwan Tongzhi Hotline Association	✓	✓
	Taiwan Lourdes Association	✓	✓
SEOUL	Korea HIV / AIDS Network of Solidarity (KANOS)	✓	✓
	Korean Gay Men's Human Rights Group (CHINGUSAI)	✓	✓
	Solidarity for LGBT Human Rights of Korea (DONGINRYUN)	✓	✓
SEOUL AND BUSAN	Korea Federation of AIDS (KHAP)	✓	✓
	Planned Population Federation of Korea	✓	
TOTAL		21	17

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The key contributors were the members of the advisory group for the Metropolitan Man Initiative: Kevin Baker at PT Foundation; Paul Causey at the Asia Pacific Coalition on Male Sexual Health; Laurindo Garcia at the Developed Asia Network for Sexual Diversity; Greg Gray at the Khmer HIV/AIDS NGO Alliance (KHANA); Joe Chan at AIDS Concern, Hong Kong; and Zaki Arzmi at the Malaysia AIDS Council. Other key contributors were Professor Byong-Hee Cho at the School of Public Health, Seoul National University; Graham Smith and Galuh Wulan at the HIV Technical Support Facility (TSF) South East Asia and the Pacific; Ale Trossero, Kevin Osborne and Daniel McCartney at the International Planned Parenthood Federation.

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ABOUT IPPF

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals. IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

IPPF believes that sexual and reproductive rights should be guaranteed for everyone as they are internationally recognized basic human rights. We are committed to eliminating the discrimination which threatens individual well being and leads to the widespread violation of health and human rights. *Sexual Rights: an IPPF Declaration* aims to explicitly identify sexual rights and support an inclusive vision of sexuality. This vision seeks to respect, protect and advance the rights of all persons to sexual autonomy and to promote sexual health and rights within a framework of non-discrimination.



Photos by: Pg 1, 4, 11, 17 (top), 32: IPPF/Peter Caton/Hong Kong/2009. Pg 15, 19 (top): PT Foundation/Malaysia/2009. Pg 16 (top): Tommy Tan/Singapore/2011. Pg 18 (top) TW LGBT Pride/Taiwan/2010.

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