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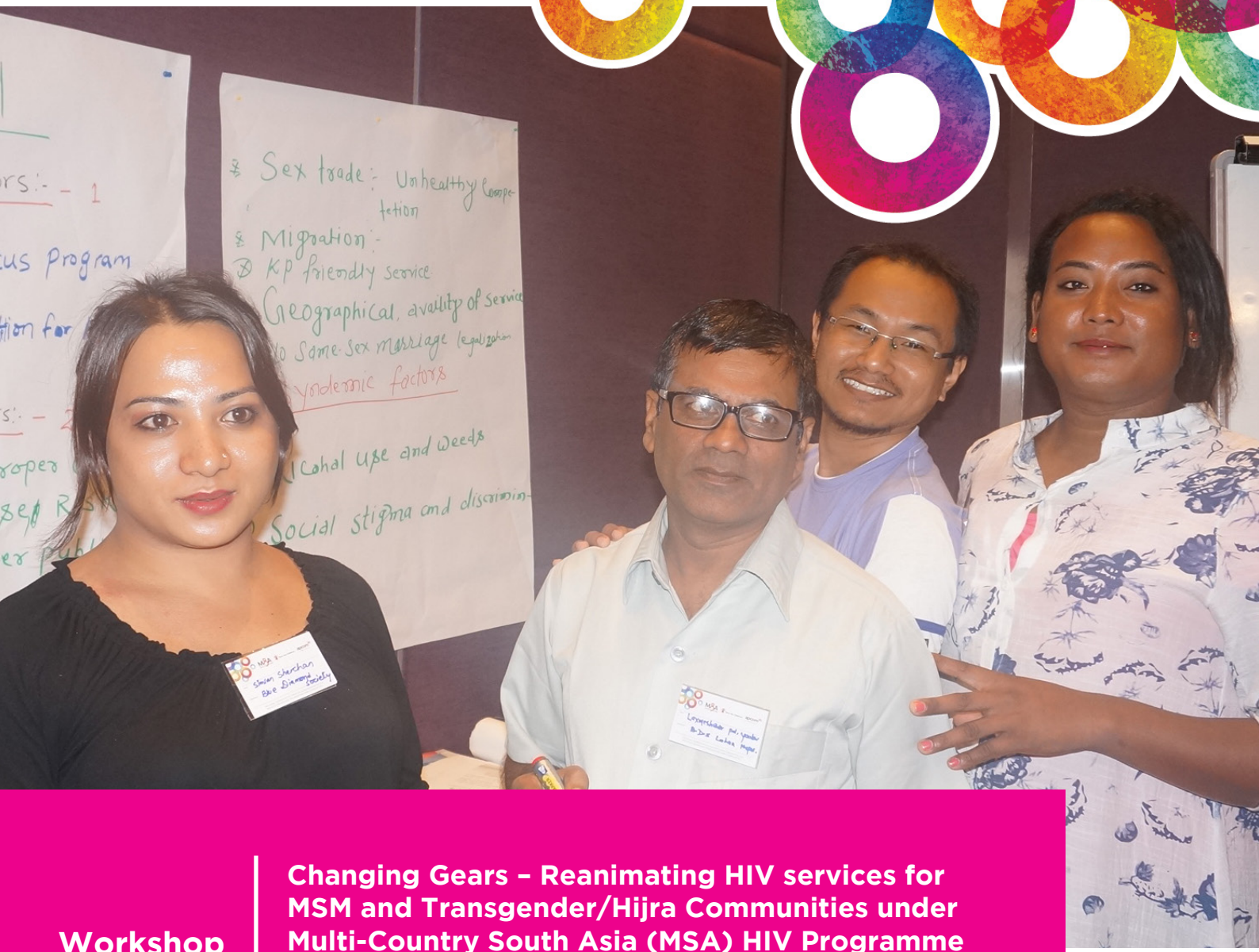

Workshop Report

Changing Gears – Reanimating HIV services for MSM and Transgender/Hijra Communities under Multi-Country South Asia (MSA) HIV Programme

Training Workshop for Batch I
September 12-16, 2017 Bangkok, Thailand

MSA Multi Country South Asia HIV Program

Save the Children

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Acknowledgements

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The report documents APCOM's Changing Gears: reanimating HIV services for MSM and Transgender/Hijra Communities Workshop for the Sub- recipients of the Multi-Country South Asia Global Fund HIV Program (Phase 2).

APCOM would like to gratefully acknowledge Ms. Sukanya Poddar and Ms. Alpana Dange from Partners In Progress Consulting LLP, India for designing, facilitating and documenting the workshop.

APCOM would also thank all the participants from the Sub-Recipient country partners for their cooperation prior to and participation during Workshop. A list of participants is included in Annexure 2 of this report.

Design and Layout: Hidayah Syahputra (APCOM)

Cover Photo: Multi-Country South Asia (MSA) Regional Workshop on Changing Gears - Reanimating HIV Services for MSM and Transgender/ Hijra Communities Held in Bangkok, Thailand.

Workshop Report:

Changing Gears – Reanimating HIV services for MSM and Transgender/Hijra Communities under Multi-Country South Asia (MSA) HIV Programme

Training Workshop for Batch I
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September 12-16, 2017 Bangkok, Thailand

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About Multi-Country South Asia Global Fund HIV Programme

The Multi-Country South Asia Global Fund HIV Programme (MSA, second phase) is a regional HIV Programme that aims to reduce the impact of, and vulnerability to, HIV of men who have sex with men (MSM), hijras and transgender people across seven South Asian countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka) through community systems strengthening (CSS). In Afghanistan, the programme focuses on HIV prevention services for men with high risk behaviour.

The Programme, currently in its third phase, is supported by a $16.7 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria and will run until 2018. Led by Save the Children – Nepal (the Principle Recipient of the Grant), MSA promotes and protects the rights of key populations of MSM and transgender people and is building a foundation to ensure that regional and country-level community networks continue to be an essential partner in the HIV response. It focuses on strengthening community systems to improve coordlination with local governments and health care providers, deliver concentrated and quality capacity development support, and provide technical assistance to ensure high intervention impact and sustainability.

As a regional Sub-Recipient of the Grant, APCOM carries out a mandate to support high-level regional and national-level policy development and advocacy, technical support and research activities. At the national and sub-national level, community strengthening and advocacy activities are directly implemented by the following community Sub-Recipient organisations:

Summary

The 4 days workshop in two batches was organized to reduce the impact of HIV among MSM and transgender population in South Asia. The workshop focus was to develop an understanding of all the relevant and emergent issues related to MSM and transgender population of South Asia region.

Partners In Progress, Consulting LLP, from India was invited to conduct the workshop in two batches, first batch from 12 -15 September and second batch from 18 to 21 September 2017, in Courtyard by Marriot hotel in Bangkok, Thailand. The workshop focused on addressing various relevant issues of HIV/AIDS programs amongst MSM/TG/HIJRA community in South Asia region.

Objectives

The overall objective of the workshop was to improve the current HIV interventions by enhancing the skills and knowledge of managers/coordinators implementing services with new evidence, strategies, tools, and techniques for strong HIV prevention and treatment programs contributing to the national program.

The workshop aimed to

1. Orient the identified managers/coordinators on various tested HIV intervention approaches and strategies for them to choose and adopt based on their programmatic and cultural context.
2. Train them to analyze the existing intervention data to review and restructure strategies, different Unique Identification Code (UIC) approaches and use of prevention and treatment cascade tool.
3. Expose and train them into developing innovative messaging-based social media strategy/campaign, advocating for PrEP as combination prevention package along with the use of condoms/lubes.
4. Equip them to reinforce local responses to address violence, stigma to create an enabling environment and strong referral linkages.

Outcomes: By the end of workshop the participants

- Learnt about various successfully tested HIV intervention approaches and strategies for MSM and TG/Hijra people.
- Developed a better understanding of the programmatic and cultural context in their own country and review what can be adapted from successful strategies for MSM and TG/Hijra people in their country specific situation.
- Developed a better understanding of how to use the data, treatment cascade tool to analyze country specific situation and practical use of UIC in informing the intervention gaps and analysis and accordingly restructuring the staff efforts and strategies.
- Learnt how to use social media and online cruising platforms to reach the untapped population and disseminate safer sex messages, promoting testing and condom/lube?
- Learnt about PrEP and how relevant it is for MSM & Transgender/Hijra intervention programs? Looking into issues of advocacy around PrEP and the institutional and community level.
- Developed a strategic understanding of how to facilitate local response in addressing stigma, discrimination, and violence for smooth facilitation of interventions and reducing barriers to access services?

The workshop successfully delivered the following

- Training methodology and workshop planning and content.
- Training Package that included module, agenda, presentations, notes, exercises, pre- and post-test questionnaire and feedback forms.
- Trained batch -I comprising 23 participants from Bangladesh, Bhutan, India, Nepal and Sri Lanka who were project/program managers, directors, M&E officers, community counselors, field managers and referral facilitators.
- Pre and post-test analysis, workshop report and common minimum action plan.

A Glimpse of Workshop Materials (Please find the links below for details)

Pre-workshop Situation Assessment Form
https://drive.google.com/open?id=0B5yKozSXdMLbYkNabm1HQ2tVSms

Training Package
https://drive.google.com/open?id=0B5yKozSXdMLbRGQ5eGdSb0VBY1E

Country Fact Sheets
https://drive.google.com/drive/folders/0B5yKozSXdMLbcXBhSk9PM0ZrcmM

Workshop Presentations
https://drive.google.com/drive/folders/0B5yKozSXdMLbNkFrTEFBTFFXVTg

Worksheets
https://drive.google.com/drive/folders/0B5yKozSXdMLbam9vSlFrRW1HT0E

Case Studies
https://drive.google.com/drive/folders/0B5yKozSXdMLbTG9EWjNkdFpvVnc

Role-play
https://drive.google.com/drive/folders/0B5yKozSXdMLbNU1EQ3Rhb0VVdGc

Energizers
https://drive.google.com/drive/folders/0B5yKozSXdMLbM1UzY25UX2Q3VXc

1.0 Workshop Day 1

1.1 Welcome Address

The workshop began with the welcome address from Mr. Midnight Poonakasetwattana, Executive Director, APCOM. He introduced APCOM team members namely Inad Rendon, Selvan Anthony and Chutamas Phanyapornsuk. He explained the program objective and purpose of the workshop and introduced the consultant resource persons for the workshop Ms. Alpana Dange and Ms. Sukanya Poddar of "Partners In Progress, Consulting LLP, from India.

1.2 Pre Workshop Evaluation Exercise

A secondary data based situational assessment of participating countries was carried out 15 days prior to the workshop. This enabled the consultants to understand the country situation and also helped in drafting the final agenda. Pre workshop evaluation questionnaire was circulated to the participants via e-mail, which they filled up and submitted to the resource persons. This was later analyzed to design the workshop agenda, training package and a pre and post-test evaluation form was designed.

1.3 Icebreaker

A fun filled icebreaker exercise was conducted to help the participants to open up and feel comfortable with each other to discuss more sensitive and serious issues without any inhibitions during the course of the day. They were asked to walk the ramp with music playing at the background and introduce themselves. It was extremely well received by participants and it helped them to be at ease.

1.4 Module 1: Understanding Syndemic, Developmental and Contextual factors

Session 1: Understanding HIV Scenario amongst MSM and TG in South Asia

A country Factsheet prepared by the resource persons with all the relevant indicators was given to the participants to have a better understanding of the country scenario. The session began with explaining the current scenario of MSM/TG/HIJRA in South Asia. It also presented the barriers to HIV/AIDS prevention and commonalities of issues amongst seven countries in South Asia. The participants received the opening session very well as the issues resonated the situation in all the countries. This was followed by slides on "way forward" with the groups and this set the scene for more discussion and learning around the issue.

Session 2: Understanding Syndemic, Developmental and Contextual Factors Affecting HIV/AIDS Situation in a Country

The session tried to build the background of the topic by providing evidences and the various social determinants that effect health, followed by a detailed understanding of what are syndemic factors and how its is related with other contextual and developmental factors. This was then explained with the help of a case study for better understanding.

This was followed by group work of each country where they tried to present the syndemic, contextual and developmental factors of their own country in a worksheet. This helped them to demystify and understand the concept. Later each country presented their case and this was followed by a lively discussion.

1.5 Module 2: Successful Practices and Interventions for MSM and TG/ Hijra Population

Session 1: Understanding Successful / Good Practices

The first presentation introduced the concept and definition of successful practice, followed by the UNAIDS guidelines and criteria of a good practice model. It was simplified by presenting the strategic pillars of a successful program, as that is the first step to move towards good practice model.

Session 2: Sharing of Successful Practices and Interventions for MSM and TG Hijra Population

This session presented three successful programs of South Asian participating country (Blue Diamond-Nepal, Bandhu- Bangladesh, Inmensa- Lima, Peru) and one successful organization (Humsafar Trust-India) who implemented their successful organizational strategies. The strategies and successful quotient were presented for the participants to understand what works and what not in developing good/best practices.

Session 3: Presentation of Successful Practices and Intervention

Participants were given worksheets to discuss and capture one successful practice of their country. This was presented turn by turn by all the groups and cross-country learning was promoted through brain storming session. The most important ones are presented below:

Country	What was the practice	Why was it successful?
Bangladesh	Media Fellowship Program	Strong relationship with Media through advocacy. TG program received "Joyeeta" award from Prime Minister
Bhutan	Sexual Identity and Gender Orientation program	Gave face to LGBT community who were otherwise hidden
India	Involvement of government by creating strong research evidences	Developed Sanchar manual for appropriate media reporting, Likho, counseling protocol, conducted several research studies
Nepal	Decriminalization of same sex behavior	Continuous advocacy with focal person in Human Rights commission and also in Ministry
Sri Lanka	Self sustainable program independent of foreign funding	Government support for running health programs and funds generated by selling condoms (top selling brand in Srilanka)

Table: 1 Country-wise Successful Practices and Intervention

Session 4: Regional Learning: Feasibility of what can be Adopted from Another Country?

In this session each country was asked to identify one practice they learnt from any other participant country and explain how they are going to implement that in their own country. Bangladesh and Bhutan mentioned some interesting learning from Sri Lanka on sustainable funding and Nepal and Bangladesh from India on conducting various researches with the segmented MSM groups.

1.6 Revision and Day 1 Feedback

The first day ended with a relook at the day's proceedings and also clearing doubts of participants on related issues. In between sessions energizers were also conducted to avoid monotony and lethargy. Bangladesh presented cultural extravaganza of dance and music on day 1. Consultants use three languages (English, Hindi and Bengali) throughout the sessions for facilitating easy understanding in their local languages.

2.0 Workshop Day 2

2.1 Recapitulation of Day 1

The day started with a dance performance by team Nepal, followed by recapitulating of first day learning. Each and every participant country contributed to plug in any gaps of previous day learning's as shared by others. This refreshed their memories as narrated by one participant from Bangladesh, " The topics that looked so difficult yesterday are so clear in my mind today".

2.2 Module 3: Data and Treatment Cascade Tool

Session 1: Role and Importance of Data

The session began with how data is part of our day-to-day life by citing examples, followed by various different aspects of data in HIV/AIDS programs. It also highlighted the key data needs, use of data, types of data, levels of data, roles of data, challenges of data, good practice in data management and how to build strong research with the help of data.

Session 2: Explaining Treatment Cascade Tool

Treatment cascade tool was explained with the help of leaky pipe diagram for easy understanding. All the different stages of treatment cascade were explained citing real life examples. It also opened the table for discussing various nuances of leaky pipe, the real issues and how to overcome it. After much brain storming the group identified that the leakage is happening all through the pipe for various reasons at various levels, some at the level of community, some at the level of NGOs and some at the level of policy makers and planners.

The group work of each country where they tried to present the syndemic, contextual and developmental factors of their own country in a worksheet.

Session 3: Country Specific Leaky Pipe in Treatment Cascade

The group work was carried out to understand the extent of leakage in the treatment cascade of the country.

Based on the previous chart an extensive group work was carried out to understand the extent of leakage in the treatment cascade of the country. The challenges of treatment cascade for each country is presented below:

Country	Reason for leakage
Bangladesh	• dentifying hidden population • 40% of geographical coverage so far • Self-stigma/blame/shame • Mobility issues in distant areas • Fear • Lack of confidentiality • Obstruction from Gurus (for TG/Hijra) • ART center are not decentralized • Limited centers for CD4 and viral load count • Lack of availability of fund to upscale programs
Bhutan	• Lack of sharing of government data (no size estimation) • Hidden population • No identified hotspots • Self-denial • Stigma and discrimination • Limited option of medicine availability • No compliance • Poor nutrition and substance abuse
India	• ART adherence • Hidden population • Stigma and discrimination • Migration • Lack of proper documentation
Nepal	• Hidden population • Lack of trained lab technicians • Limited resources • Myths and misconceptions on ART • No attractive program on ART adherence • Alcohol abuse affecting medicine uptake
Sri Lanka	• Prevention of people living with HIV • Lack of mechanism to reach married MSM living with HIV • Lack of privacy in government set up • Difficult to reach individuals who are in self-denial

Table:2 Country-wise Leaky Pipe

2.3 Module 4: Unique Identifier Code (UIC) in Service Provision

Session 1: UIC for Development

The session started with a role-play by the consultants to unlock the idea of UIC and also to understand the extent information's can travel through the UIC network. The presentation began by discussing the identity issue of people at large and then narrowing it down to the need and also labeling of people along with identity. Justifications and need for UIC were discussed. Countries like India and Pakistan have already introduced UIC and such mechanisms were discussed in details for better understanding of UIC. The last few slides linked UIC and HIV/AIDS to understand benefits and risks of the same. Discussions were built around questions related to privacy and confidentiality issues.

Session 2: Application of UIC in HIV prevention Program-Country Specific Practices

A case study of successful implementation of UIC in Papua New Guinea was shared with the participants. This gave the participants an in-depth insight of different issues related to UIC. The case study covered: what is UIC, implementation issues with UIC, outcome, lesson learnt and the advantages. A group work was also conducted to analyze the case of UIC for each country and how it is related to HIV/AIDS programs.

Country	Existing situation	Scope for improvement	Reservations/ Obstacles
Bangladesh	National ID Card and letter from NGO for HIV services	• Link with ART • Introduce biometric based UIC	• Availability of fund • Acceptance by government
Bhutan	National ID Card	• Does not believe in UIC, but desire to implement one if it is only in the hand of the patients	• Confidentiality issues • No law to punish breach of confidentiality offenders
India	Aadhaar Card	• Include Meghalaya and Jammu and Kashmir • Create a one stop window • Strengthen Aadhaar	• Confidentiality issues • The process of Integrating it with HIV program requires good understanding of different vulnerable groups
Nepal	Referral Card and letter from NGO for HIV services	• Biometric based UIC • Link it with HIV program • Pilot it to link with social entitlement	• Availability of fund Confidentiality issues • Technological skill
Sri Lanka	National ID Card and UIC for PLHIV	• UIC for key populations • Biometric based UIC	• Availability of fund Confidentiality issues • Technological skill

Table: 3 Current Practices in South Asia

Session 3: Issues of Confidentiality

The participants for this session were grouped as such that each table has one participant from one country. This was done as confidentiality issues related to UIC is a cross cutting issue across countries. Unique ideas were generated by the participants to answer most of the concerns related to confidentiality issues of UIC. They are presented below:

- Create technology driven information system (UIC) where the client has the password to access any health information
- Strong regulatory measures for breach of confidentiality offenders
- Strict data management system with consent form
- One window for all services to ensure and better management of confidentiality
- Capacity building of health care service providers on code of conduct and standard operating protocols

Session 4: From Theory to Practice

This session tried to capture how the participants are going to use the learning at the community and at policy makers and planners level through advocacy initiatives. Time was given to them to discuss it in a group. This was followed by country presentation. The details of the group work are presented below:

Country	From Theory to Practice
Bangladesh	• Strengthen peer approach • Introduce social media app • 24 hours help line
Bhutan	• Ensure two way flow of data between government and community • More consultation meetings with government
India	• Appoint peer navigator to follow up people on ART • Form PLHIV support group • Form confidential social media group • Regular capacity building of HCPs
Nepal	• Increase number of trained lab technicians • Capacity building on self-testing provision
Sri Lanka	• Introduce positive prevention among PLHIV • Increase viral load testing lab for viral load suppression • Start treatment as prevention • Promote healthy lifestyle of PLHIV

Table: 4 Learning From Theory to Practice

2.4 Revision and Day 2 Feedback

Day two of the workshop witnessed many performances from talented participants from various countries. A YouTube video explaining consent was also showed. These activities worked as good energizer for the day. The day ended with a quick revision of all the modules of day 2.

3.0 Workshop Day 3

3.1 Recapitulation of Day 2

The day started with recapitulation of day 2 sessions by the participants. All country participants contributed to the exercise with probing from the presenters. Day 3 began with dance performance by the Indian participants.

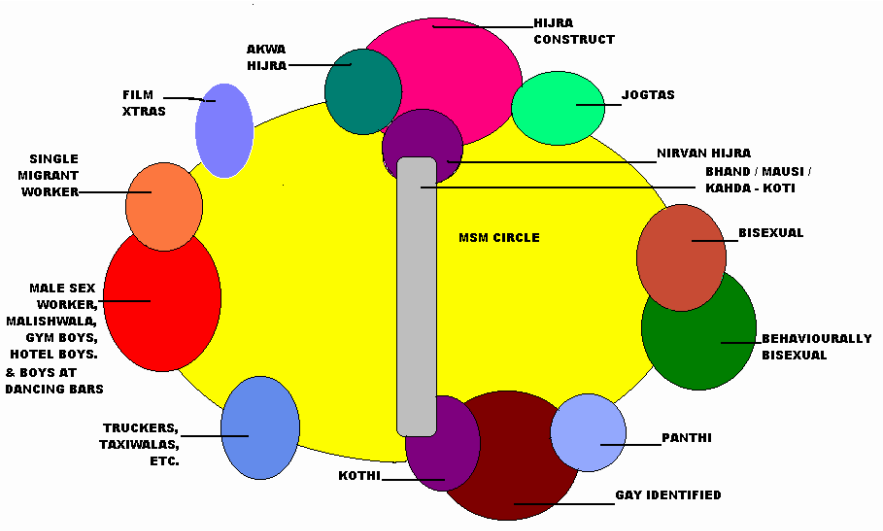
3.2 Module 5: Approaches to Outreach

Session 1: Understanding the Concept of Outreach for MSM/ TG/HIJRA

The presentation covered the definition, importance, goal, purpose, objectives, core elements, components and types of outreach. An interactive discussion helped the participants to understand the various aspects of outreach programs.

Session 2: Understanding Segmentation

To strengthen the concept of outreach, a presentation was made on segmentation of target population. In this session the concept of segmentation was explained with relevant experiences. This was also linked with health and particularly HIV/AIDS. The Humsafar Trust MSM circle was shared with participants for better understanding of the community segmentation theory. The same is presented below:



Session 3: Exploration of Outreach for MSM and TG in each Country

Each country was engaged in a group work as part of this session. They were told to look into their present out reach strategies and activities. Based on that they were told to identify the groups that are left out of their program and also the type of outreach required to reach the unreached population. The detailed exercise is presented below:

Country	Identified Groups	Methods/Type of Outreach
Bangladesh	• Rickshaw puller/ Panthis • Student and Hotel boys • TG/Hijra	• One to one/Group session • Peer volunteers/Social media • Dera based/Street based/Voice message/DIC based/Calls
Bhutan	• Monk/School/College • Army men • Substance users/sex workers • Prison inmates • Elite groups	• We chat/ Facebook • Online • One to one/Group session • Advocacy • Online app based dating sites
India	• Meghalaya Petty vendors/ Tourist/Cab drivers/IDUs • Mumbai Sea men/Hotel boys/Video parlors/Old men/Folk dancers • Nagpur/Delhi Launda dancers/Club goers/ Nacha/Escorts	• On site/email/Bulletin boards/ Chat rooms/Calls/One to one/ Group session • Online/Dating app/On site/ One to one/Group session/ Confidential chat rooms/ Facebook • Online/ Chat rooms/Calls/ Facebook
Sri Lanka	• MSM/Nakhis • Prisoners • Army men • Religious leaders • Beach boys	• Events based/One to one/ • Group session • One to one/Group session • Online • One to one/Group session On site/ One to one/Group session

Table: 5 Outreach for MSM and TG/Hijra in South Asian Countries

Session 4: In-depth Understanding of Online Outreach

The session started with a presentation explaining the concept of online outreach. The presentation highlighted the goal, recommended principles, Key steps for effective implementation/issues of confidentiality and privacy. The last few slides focused on evaluation of online outreach program. The evaluation is needed to capture data on volume, reach and quality. Two case studies in different setting were shared for better understanding.

Session 5: Feasibility of Online Outreach and Strategies in each Country

In continuation with the earlier presentation, each country was asked to identify the available online platform in their respective country. They were also asked to strategize group specific online platform for the segmented groups. Some of the common online platforms cutting across seven countries are presented below:

- Social Media: Facebook, Whats app, We chat, Instagram, Snapchat
- Dating Apps: Grindr, Planet Romeo
- Internet: Web page, email

3.3 Module 6: Communication Plan for NGOs and CBOs

Session 1: Communication Strategies and Learning from Practical Examples for Social Media

The session began with slide presentation of a research study conducted by Humsafar Trust, India in collaboration with the Einstein University, USA titled "Chalo". This research experience was shared to give them a step-by-step guide to develop communication strategies for the organization. The study gave a great deal of insight to the participants on various issues related to the importance and need of focused communication strategies in HIV/AIDS program for the at risk MSM.

Session 2: Developing your Own Communication Plan

A work sheet based group exercise to develop their communication plan. Each country presented their communication plan and another country was asked to do peer review of the plan. The peer review findings are presented below:

Bangladesh reviewed Meghalaya (India) and their suggestions: • Change rationale for all target groups • Clarification sought for conducting awareness program • Need to promote safer sex and not HIV promotion
India reviewed Bangladesh and their suggestions: • Introduce Rights based issues to start intervention with youth
Sri Lanka reviewed Humsafar Trust (India) and their suggestions: • Include partner notification in prisoners project
Nepal reviewed Bhutan and their suggestions: • Online video promotion • Include adolescents and young people • Prison inmates plan should require more thinking • Use voice message for monk and army men
Bhutan reviewed Nepal and their suggestions: • Focus more on condom promotion than PEP and PrEP

Table: 6 Peer Paired Assessment of Communication Plan

3.4 Revision and Day 3 Feedback

Day 3 ended with a very positive feedback of all the sessions from the participants. The work of the day was revised. The sessions had fruitful discussion, useful learning and also games and cultural programs as energizer for the participants for a well achieved day.

4.0 Workshop Day 4

4.1 Recapitulation of Day 3

The final day of the workshop began with mixed feelings. Participants were happy that they were going to go back home and at the same time they were sad as the four days of being and learning together will come to an end. In these few days they made friends and also learnt from each other in many ways.

4.2 Module 7: Approaches to Outreach

Session 1: Old and New Prevention Approaches- PEP, TAP and PrEP

The first session of the final day began with the presentation on "Treatment as Prevention". This included explaining and clearing concepts on what is TAP, what is WHO "Test and Treat" strategy and also sharing the evidences surrounding this topic. This session also covered limitations, details of other methods and also the challenges involved with TAP.

Session 2: Assessment of New Prevention Approaches in South Asia

A discussion was thrown open to the house on the situation of each country on TAP. A debate broke out on the different aspects of TAP including the rationale and ethic issues related to initiate such programs for the developing countries where poorest of the poor people reside. There was much apprehension and dilemma in the group on whether to talk and promote TAP. Bhutan strongly protested about PrEP as it had many side effects, India supported more study on the issue before initiating free PrEP, Nepal cited the ongoing linkages study to understand the dynamics.

Session 3: Advocacy Issues and Challenges Around PrEP, Possible Solutions

This session was a continuation from the earlier session on PrEP.
This helped participants to understand and analyze PrEP more in depth.
It covered steps for advocacy, concerns, challenges and the real issues that need further discussion and deliberation. Current status of TAP is presented belo

Bangladesh
No existing policy

Bhutan
Started from 2016

India
Started from 2017

Nepal
Started from 2016

Sri Lanka
Started from 2016
(100% subsidised)

Session 4: New Testing Technologies and Challenges to Existing Interventions

The session highlighted the point of care technology and the related issues with POCT. The various aspects of self-test in HIV testing were presented. Lot of discussion took place centering around self-test and data management, self-test and mental health issues and also self-test and skill of people to interpret such tests at home. Doubts were cleared with real life examples and participants were asked to go back to their own country and brainstorm among team members to decide on introduction of self-test as a practice.

A movie made by the HST- Yaariyan-MTV Staying Alive were shown to the audience. The `Play safe, stay safe' focused on support, inclusion and friendship as well as PrEP, PEP and Condom usage. The audience appreciated this movie.

Session 5: An In-depth Understanding of Market Dynamics

ART medicine and market dynamics was the topic of discussion in this session. The presentation touched upon the issues related to availability of cheap ART drug dilemma and also the market dynamics involved in researching, developing, testing and marketing ART drugs. In this context the case of UNITAID was discussed at length. The case was debated and solutions were discussed. The group's stand on the issues were also presented and analyzed. A successful case study was shared and participants were asked to review and answer the questions that followed the case study. The detail analysis of the same is presented below:

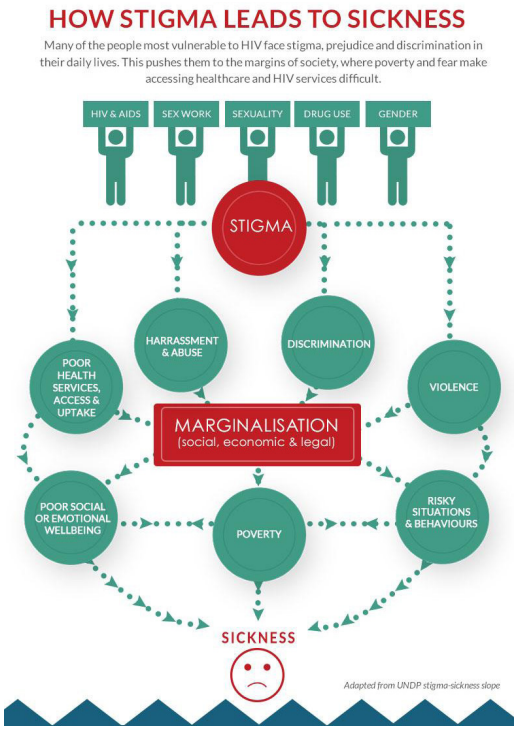
Questions for Analysis	Pakistan	Bhutan	India	Nepal	Sri Lanka
Is there a need for introducing HIV Self Test in your country?	Yes	No	Yes	Yes	Yes
Is the product already introduced in your country?	No	No	No	No	Yes
Is the target audience prepared to try the new testing method?	Not sure	No	Yes	Yes	Yes
Do you visualize a section of people in your country who can afford to pay for it with private consultation?	No	No	Yes	No	No
Is the country and its' programs equipped to handle the increased demand for services after the self-tests are introduced as a part of national program?	No	No	Not sure	Not sure	Yes
Is any UNITAID project present in your country? Is it possible to meet them for a potential project?	No. Govt call	No	Not sure	No. Govt call	Yes. With Govt
Is it possible for you to communicate across the key stakeholders to consider the possibility of HIVST?	No	No	Not sure	No. Govt call	Does not arise
Is there a scope of aligning with UNITAID for introducing HIVST at least on a pilot basis?	Can try	No	Yes	Can try	Yes
Is it possible to propose to UNITAID & BMGF for creating a South Asian consortium for HIVST project like Sub-Saharan Africa?	Not sure	No	Not sure	Not sure	Can try

Table: 7 HIV Self Test

4.3 Module 8: Dealing with Stigma, Discrimination and Violence

Session 1: Tackling Stigma, Discrimination and Violence

This session started with explaining the definition of stigma, discrimination and violence. The main objective of this session was to link Universal Human Rights with stigma and discrimination. Therefore, the articles on Human Rights were expanded, presented and linked with stigma, discrimination and violence for the participants to understand the thread, settings and structures that violates basic Human Rights at every stage. Stigma, discrimination, violence and how it leads to sickness was also pictorially depicted and explained. Describing the multi-level approach to handle stigma, discrimination and violence followed this.



Infographic : www.avert.org/infographics

Session 2: Country wise Situation on Stigma, Discrimination and Violence

Worksheet was circulated to capture the country wise manifestation and situation of stigma, discrimination and violence. The details of the findings are presented below:

Country	Stigma	Discrimination	Violence	By whom?
Bangladesh	• Community • Self stigma • General population	• Exclusion from social occasion • Education Institutes	• Mental abuse • Sexual abuse • Physical harm	• Family • Civil Society • Friends Teachers Mastan Police
Bhutan	• Self stigma • From government • General population	• Calling names • Chasing out from public place • Isolation	• Physical harm • Physical violence • Sexual abuse	• Partner • Stranger • Family • School teachers • Peers
India	• Health care setting • General population • Work place	• Every where • Travel • Services • Social setting	• Mental • Physical • Sexual • Psycho-social	• Family • Relative • Students • Doctors • Goons • Police
Nepal	• Bullying • Self stigma • Social • Public transport	• Work place • Housing • Police thana • Property	• Sexual abuse • Physical harm • Mental abuse	• Students • Employe-rs • Landlord • Police • HCPs
Sri Lanka	• Family non acceptance • Social outcaste • Work place	• Forced marriages • Bullying • General population	• Mental abuse • Sexual abuse • Substan-ce abuse • Self harm	• Teachers • Friends • Family • Employe-rs • Spouse • Sudents • Society

Table: 8 SDV in South Asia

Session 3: Framework to overcome Stigma, Discrimination and Violence

The session was opened to participants to create a framework to tackle stigma, discrimination and violence. A broad framework of different settings on one hand and the major issues were identified. A chart paper was used to capture inputs from all the participants. The Framework is presented below:

	Institutes	Community	Family	Self
Stigma	• Law enforcement agencies • HCPs • Educational Institutes	• Religious/ faith based organizations • General population	• Father • Brother	• SOGI
Discrimination	• Work place • Health care setting	• Society	• Father • Brother • Mother	• Self
Violence	• Law enforcement agencies • Teachers • Peers	• General population • Goons/ Mastans	• Brother • Uncle • Relatives	• Intimate partners

Table: 9 Framework to Overcome SDV in South Asia

Session 4: Consensus around Common Minimum Action Plan

A common minimum action plan was presented for the participant country as a follow up take home exercise of the 4 days workshop. The details are attached in annexures.

Session 5: Revision and Day 4 Feedback

This session revised the concept that was shared on day 4 as well as all the other modules of the four days workshop. The workshop ended with positive feedback from the participants.

Session 6: Post-Test Evaluation

A post-test evaluation was carried out on the same questions as pre-test evaluation. An additional question sheet was attached to review and generate feedback on the trainer consultants. A detailed analysis of pre and post-test analysis is attached in annexures.

4.4 Closing Remarks, Certification and Group Photo

Mr. Ryan Figueiredo of APCOM gave the closing remarks and thanked everyone for contributing immensely in the workshop. Certificates to the participants were given after this. Ryan invited one country representative to give away certificates to members of the other country. Resource person Alpana Dange and Sukanya Poddar also expressed their appreciation to the participants and thanked them for their patience and APCOM for the opportunity and organizing workshop beautifully. A group photo was taken at the end of the four days workshop.

Post Workshop Participants' Recommendations

- Organize the workshop for seven countries together which is spread over 5 days to facilitate cross country learning
- Less intense agenda for internalizing concepts
- More hands free microphone for consultants
- Reimbursement in dollars and not in THB
- More representatives from APCOM for the networking dinner on day 1
- Course materials should also be made in country specific languages and not only in English

5.0 Pre and Post Workshop Evaluation

As per the standard norms of evaluation of workshop, a pre and post workshop evaluation was carried out to measure the change in participant's knowledge level. The evaluation form was a mix of structured and open-ended responses. These were marked and the scores were added for all the filled forms. However before we analyze this data further, it must be borne in mind that in this workshop, participants were a diverse set of programmatic people who had varying degrees of professional experience as well as language proficiency that could have restricted their expression power in answering certain open ended questions in English. A few errors were due to interpretation fallacy; for example one of the common mistakes was regarding tools of communication. Many participants mentioned social media platforms as tools instead of hardware such as computer, tablet and mobile phones. A few of them were first timers having no prior experience of any workshop that was curriculum driven and were intense in nature. Besides this issues of attention, social media activity (facebook and whatsapp) and in rare cases absence from the workshop could have affected some of the learning outcomes. This analysis (in annexure:) therefore reflects these factors.

In batch-I, the pre workshop score was an average of 3.7 and post workshop, it was 6.8 there by giving an 85% change in knowledge experienced after the workshop. An organization-wise % change in knowledge after the workshop is presented below:

Country	Name of the Organization	Pre-test Average Score	Post-test Average Score	% Change in Knowledge
Bangladesh	Bandhu Social Welfare Society	3.0	8.0	140
Bhutan	Lhak Sam	4.0	6.0	44
India	The Humsafar Trust & VHS	3.0	7.0	115
Nepal	Blue Diamond Society	3.0	7.0	108
Sri Lanka	Sri Lanka	5.0	7.0	40
	Cumulative Score	4	7	85

Table: 10 Participants' Evaluation

5.1 Overall Training Evaluation

These were a set of qualitative open-ended questions that were posed in order to gain a better insight into what was the takeaway for the participants. On each of the issues, responses that were written by the participants are presented in table:

Measures Participants would take with a different approach after attending this training
• Implement learning from different countries • Explore new approaches • Improve field implementation • Strengthen advocacy • Develop good practice • Develop online communication strategy • Develop UIC • Improve data management system • Improve existing CBOs • Implement innovative ideas • Introduce online outreach • Generate evidence for advocacy • Strengthen media outreach
Strengths of the training
• Equal participation • Excellent PrEP and treatment cascade presentation • Reliable data • New concepts • Time management • Crisp and to the point presentations • Clear and simplified communication • Sharing of different country information • Awesome facilitating skills • Pace was just right • Easy to understand language • Collective approach
Weaknesses of the training
• Too much loaded with information • Less time was given for group work • Very intense schedule
Areas of improvement
• Time management • Present learning's from all countries • Use more tools like audio and video
Additional training needs
• Communication • M&E • Human Rights • Advocacy • Knowledge Management • Partnership building • Proposal development • Capacity building on program issues • HIV/STI • Internet outreach strategy • Treatment literacy • Psycho-social issues

Table: 11 Overall Evaluation of Training

5.2 Scoring Training Programme

The training programme was evaluated on a 5 point Likert Scale[1]. In all 90 percent of the participants agreed/ strongly agreed and gave a very high rating between 4 & 5. On three parameters viz achieved learning needs, trainer's initiative to involve participants and confidence building the participants gave a very high rating of 93 percent. This rating along with the qualitative feedback that participants would go back and do some of the things differently as well as the strengths mentioned reflects overall success of the changing gears workshop.

Measures of Training Programme	Total Score	Score Achieved	% Achievement
Curriculum level	110	93	85
Applicability of learning	110	98	89
Achieved learning needs	110	102	93
Trainers' initiative to involve	110	102	93
Confidence building	110	102	93
Total	550	497	90

Table: 12 Scores of Training Programme

[1] Likert Scale

1 Strongly Disagree	2 Disagree	3 Don't' Know	4 Agree	5 Strongly Agree

Annexure 1: Workshop Agenda

Agenda - Day 1

	Registration	8.30 - 9.00	
Serial No.	**SESSION TOPIC**	**TIME**	**METHOD**
1.	Welcome and Introduction	9.00 – 9.15	
2.	Pre-Workshop Evaluation	9.15 –9.30	
3.	Icebreaker	9.30 –9.45	
	Module 1: Understanding Syndemic, Developmental and Contextual factors affecting HIV/AIDS Situation		
4.	Understanding HIV Scenario among MSM and TG in South Asia	9.45–10.00	Presentation
5.	Understanding syndemic, developmental and contextual factors affecting HIV/AIDS situation in a country	10.00 –10.30	Presentation
	Tea break	10.30– 10.45	
6.	Group formation	10.45 –10.50	Country/NGO-wise
7.	Analyzing Country Specific Situation	10.50 –11.30	Brain storming and Group work
8.	Presentation of Group Work	11.30 –12.30	Presentation of Worksheet and Chart papers
	Lunch break	12.30– 13.30	
9.	Summarizing country specific situations that require intervention	13.30 – 13.40	Flipchart/ whiteboard
	Module 2: Successful Practices and Interventions for MSM and TG/Hijra Population		
10.	Understanding successful / good practices	13.40 –14.00	Presentation
11.	Sharing of successful practices and interventions for MSM and TG Hijra Population	14.00 –14.30	Presentation
12.	Record successful practices and interventions from your country	14.30 –15.00	Peer discussion and worksheet
	Tea break	15.00 – 15.15	
13.	Presentation of successful practices and intervention	15.15 –16.15	Presentation
14.	Regional learning: Feasibility of what can be adopted from another country?	16.15 –17.15	Presentation and discussion
15.	Revision and Day 1 feedback	17.15 – 17.30	Revision by Participants
	Day 1 Closure	17.30	

Agenda - Day 2

Serial No.	SESSION TOPIC	TIME	METHOD
1.	Recap of Day 1 and Preview	9.00– 9.15	Discussion by participants
	Module 3: Data and Treatment Cascade Tool		
2.	Role and Importance of Data	9.15– 9.45	Presentation
3.	Explaining Treatment Cascade Tool	9.45 –10.15	Presentation
4.	Country specific leaky pipe in treatment cascade	10.15 –10.30	Group work on a chart paper
	Tea break	10.30 –10.45	
5.	Analyzing country specific situation for treatment cascade	10.45 –11.15	Presentation of Group Work
6.	Strategies to overcome leakages in treatment cascade	11.15 –11.45	Discussion and Flipchart/ white board recording
7.	Treatment Care cascade: A Case Study of Vietnam	11.45 –12.30	Presentation
	Lunch break	12.30 –13.30	
	Module 4: Unique Identifier Code (UIC) in Service Provision		
8.	Unique Identification Code	13.30 –13.45	Role Play
9.	UIC for development	13.45 –14.00	Presentation
10.	UIC Case Study Reading and Discussion	14.00 –14.30	Case Study Sheet
11.	Application of UIC in HIV Prevention Program – Country specific practices	14.30 –15.00	Discussion and Flipchart/ white board recording
	Tea break	15.00 –15.15	
12.	Application of UIC in HIV Prevention Program – Country specific practicesProgram – Country specific practices	15.15 –16.00	Discussion and Flipchart/ white board recording
13.	Issues of Confidentiality	16.00 –16.30	Discussion and Flipchart/ white board recording
14.	From Theory to Practice: Practical learning from HIV Care Cascade and UIC	16.30 –17.15	Discussion and Flipchart/ white board recording
15.	Revision and Day 2 feedback	17.15 –17.30	Revision by Participants
	Day 2 Closure	17.30	

Agenda - Day 3

Serial No.	SESSION TOPIC	TIME	METHOD
1.	Recap of Day 2 and Preview	9.00– 9.15	Discussion by participants
	Module 5: Approaches to Outreach		
2.	Understanding the concept of outreach for MSM and TG	9.15 – 10.00	Presentation
3.	Understanding Segmentation	10.00 –10.30	Presentation followed by worksheet
	Tea break	10.30 –10.45	
4.	Exploration of outreach for MSM and TG in each country	10.45 –11.15	Group work and presentation
5.	Understanding online outreach, importance of online outreach	11.45 –12.15	Presentation
6.	Developing an in-depth understanding of online outreach	12.15 –12.30	Case Study
	Lunch break	12.30 –13.30	
7.	Exploring feasibility of Online outreach and strategies in each country	13.30 –13.45	Group work and presentation
	Module 6: Communication Plan for CBOs/NGOs		
8.	Communication Strategies for Social Media	14.00 –14.30	Presentation
9.	Learning from Practical Examples (Research Studies)	14.30 –15.00	Presentation
	Tea break	15.00 –15.15	
10.	Developing your own communication plan	15.15 – 16.15	Worksheets and Group work
11.	Peer Review of communication plan	16.15 – 17.00	Paired mutual review
12.	Learning from Outreach approaches and communication plan	17.00 – 17.15	Discussion
13.	Revision and Day 3 feedback	17.15 –17.30	Revision by Participants
	Day 3 Closure	17.30	

Agenda - Day 4

Serial No.	SESSION TOPIC	TIME	METHOD
1.	Recap of Day 3 and Preview	9.00– 9.15	Discussion by participants
	Module 7: Explaining Old and New Prevention Approaches		
2.	Old and New prevention approaches – PEP, TAP & PrEP	9.15 –10.00	Presentation
3.	PrEP, rationale and WHO guidelines	10.00 –10.30	Presentation
	Tea break	10.30 –10.45	
4.	Assessment of new prevention approaches in SA region	10.45 – 11.00	Presentation and discussion
5.	Advocacy issues and challenges around PrEP, possible solutions	11.00 –11.30	Presentation and discussion
6.	New testing technologies and challenges to existing interventions	11.30 –12.30	Presentation and discussion
	Lunch break	12.30 –13.30	
7.	Understanding market dynamics and implications on pricing	13.30 – 14.00	Presentation
8.	An in-depth understanding of market dynamics	14.00 –14.30	Case Study
	Module: 8 Dealing with Stigma, Discrimination and Violence		
9.	Tackling stigma, discrimination and violence	14.30 –15.00	Presentation
	Tea break	15.00 –15.15	
10.	Country-wise situation on stigma, discrimination and violence	15.15 –15.45	Worksheet and Group work
11.	Framework to overcome stigma, discrimination and violence and facilitate access to service	15.45 –16.45	Worksheet and Group work and presentations by groups
12.	Consensus around Common Minimum Action on New Testing and Prevention Technology, Stigma, discrimination and violence: Action required by NGOs/ CBOs	16.45 –17.00	Presentation and discussion
13.	Revision, Post-Test Evaluation, Feedback Questionnaire Filling, Certification, Group Photo and **Closing**	17.00 –17.30	Revision and Evaluation by Participants

Annexure 2: List of Participants

Country	Name of the Organization	Name of the participants
Bangladesh	Bandhu Social Welfare Society	Mr. AKM Anisuzzaman
		Mr. Hasanur Rahman
		Md. Nazmul Haque
		Ms. Arifa Yesmin Moyari
Bhutan	Lhak Sam	Mr. Wangda Dorji
		Mr. Kezang Thinley
		Mr. Tenzin Gyeltshen
		Ms. Ugyen Yangchen
India	The Humasafar Trust	Anand Ishware
		Deepak Tripathi
		Manoj Benjawal
		Mohammad Yusuf Nongkynrih
	VHS	Anchal Varma
		Gurmeet Singh
Nepal	Blue Diamond Society	Abinash Tharu
		Laxmeshwar Prasad Yadav
		Umesh Shrestah
		Nabin Serchan
Sri Lanka	FPA	Ms. Madusha Dissanayake
		Mr. Muttiah Suresh
		Mr. Sumudu Chamara
		Mr. Thushara Manoj

Annexure 3: Pre/ Post Evaluation Forms

1. What are the communication tools to introduce online outreach? (Mention minimum 3)

2. What is the purpose of doing online outreach?

3. Why is treatment cascade tool important for policy makers?
   - To use this for discrimination against MSM/TG/Hijra
   - Size estimation of testing, ART adherence and Viral suppression
   - To get an understanding of HIV epidemic and reduce cost for various services

4. What is the role of size estimation in treatment cascade?
   - To track key populations from testing to ART
   - To track key populations who are on ART
   - To track key populations in the treatment cascade cycle
   - To track key populations from identification to viral load testing and beyond

5. What are the challenging issues of PrEP implementation?

6. What is "Test and Treat Strategy"? (Circle the correct one)
   - Test all people for HIV
   - Put all people diagnosed with HIV on ART
   - Test all people for viral load

7. List three challenges of "Test and Treat" Strategy.

8. How is the use of Unique Identification Code related to HIV/AIDS?
   - Provides a confidential and reliable system for tracking members of key populations (and general population) through prevention, treatment and care services
   - Count activities and not individuals
   - To access confidential information for better planning

9. **How is advocacy related to stigma, discrimination and violence?**
   - **Awareness through advocacy increase police atrocities as they get many details of the community**
   - **Stigma and discrimination increases when social media is used for advocacy**
   - **Lack of awareness in people on socio cultural norms and behaviors leads to SDV**

10. **Circle the syndemic factors listed below**
    - **Depression and suicidal thoughts**
    - **Age specific needs**
    - **Violence and sexual abuse**
    - **Residency status and migration**

11. **What is the importance of identifying sources of data in data management?**

12. **What are the UNAIDS essential factors for a good practice model?**
    - **Ethical soundness and Effectiveness**
    - **Sustainability and relevance**
    - **Efficiency and Availability**
    - **None of the above**

13. **In countries where same sex behavior is criminalized, what advocacy agenda can be driven to better the access to services for MSM and TG?**

Overall Evaluation Of Training

What will you do differently in your practice/service setting as a result of this training?

What do you feel were the strengths of this training?

What do you feel were the weaknesses of this training?

How can we improve this training?

What additional training do you require for renaminating services for MSM and TG/ Hijra?

Please rate the following statements using a 1 through 5 scale where:

1 Strongly Disagree	2 Disagree	3 Don't' Know	4 Agree	5 Strongly Agree

_____ The curriculum level was just right

_____ I can apply the information in my practice/service setting

_____ The presentation met my professional learning needs

_____ The trainer actively involved me in the learning process

_____ As a result of this training, I feel more confident in my capacity to develop to take new initiatives pertaining to HIV prevention program

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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