

Facilitator's Resources

DIS-325

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A: Introduction to HIV/AIDS Advocacy

A.2 About the EAP and a Rights Based Approach to Advocacy

Power point presentation is on CD provided.

Insert hard copy of PowerPoint presentation here – 4 slides per page

A.5 Examples leading to policy change

Guest Speakers talking points:

To:

From:

Re: Speaker Invitation for "Examples leading to policy change"
EAP HIV/AIDS Advocacy Workshop on XX

Date:

The Essential Advocacy Project (EAP) will be holding an HIV/AIDS Advocacy Training Workshop in xx on xx. The training will involve approximately XX participants from (state/ district/ local NGOs/ KPs etc). This workshop is part of Avahan – the India AIDS Initiative of the Bill and Melinda Gates Foundation. The EAP works to strengthen the capacity of Avahan partners, key stakeholders and people living with and affected by HIV/AIDS to advocate for an evidence based approach to responding to HIV/AIDS, supported by effective policies and practices that protect the rights of those affected and ensure effective programming.

We are hoping that you might be able to contribute your expertise by participating in a session about your organization's advocacy work that has led to policy change. This would involve your giving a 20 - 30 minute presentation. Your presentations will be followed by a moderated discussion. This session is scheduled for xx.

The overall goal of the training is strengthen participants' understanding of advocacy and build participants' skills to carry out advocacy in their work. The purpose of the session is to provide real examples of how advocacy has led to policy change in India.

If you were available to make a presentation we would suggest that the presentation focus on a specific example of an advocacy issue your organization has worked on, by addressing the following questions:

- What was the advocacy issue or problem that you identified?
- What was the policy change you were seeking?
- Who were the targets for your advocacy efforts? Why?
- Did you work with other allies in your advocacy efforts? If so, who did you choose to work together with and why?
- How did you inform yourself about the issue and the views of the target audiences you sought to influence?
- What did your advocacy efforts involve?
- What were some of the outcomes of your advocacy efforts? What do you think you achieved?
- What challenges did you face in bringing about change and how did they address these?
- What worked well and what would you do differently?

We hope that we will be able to benefit from your valuable experience and time. Please do not hesitate to call if you have any questions. We will also plan to call you to follow-up on this invitation.

A.6 Steps in the advocacy process

Card templates

Designer to replicate card templates – steps in the advocacy process.

B: Introduction to Evidence Based Advocacy

B.4 Analyzing Behavioral and Epidemiological Data

Guidance for session preparation

Data analysis exercises, using some of the epidemiological and behavioral data available at the time of publication have been prepared and used in field testing this manual. The data tables used provides the figures and a series of questions relating to each table. The Data Analysis Exercise developed at the time of publication includes:

TABLE 1: HIV prevalence trends (%) in the anti-natal clinics (ANC) and STI clinics 2003 – 2005. This table includes percentages nationally and for the six states in which the Avahan program is operating – Karnataka, Andhra Pradesh, Maharashtra, Tamil Nadu, Manipur and Nagaland.

TABLE 2: HIV prevalence (%) among key populations 2003 – 2005. This table includes percentages nationally and for the six states.

TABLE 3: Data on knowledge and behaviour of female sex workers (2001). This table include data for each of the six states.

TABLE 4: Data on knowledge and behaviour of MSM, 2002. This table includes data across 5 locations - Delhi, Mumbai, Kolkatta, Chennai and Bangalore.

TABLE 5: Data on knowledge and behaviour of IDUs, 2002. This table includes data across 5 locations - Delhi, Mumbai, Kolkata, and Chennai. In case of Imphal, Manipur data was used as city data was not available.

These data tables need to be adapted and accompanying guidance notes for facilitators prepared to ensure the relevance and currency of these data for each state. Gathering data specific to each state and different key populations, including epidemiological, behavioral, case studies, research findings on best practice, will be an ongoing process.

Data will also change over time and better data will become available. The EAP also intends to update these data tables as new data become available, including the Integrated Bio-Behavioural Assessment (IBBA) by FHI for Avahan; National BSS 2006; National Family Health Survey (2005).

As new data become available, data analysis exercises will be developed for specific training workshops, so they are tailored to the needs of different states and different groups of participants.

Given the need for relevant and current data, **the data analysis exercises are not provided** as part of this manual. If you wish to conduct this session, you will need to contact the EAP head office to discuss your specific needs. The EAP will make every effort to assist you in conducting this session using data analysis exercises that have been developed at that time.

C: Understanding the policy process

C.1 The policy process

Guidance for session preparation

A training module that provides a standard model for the policy process does not provide this kind of insight both because the policy process in a given context rarely conforms to such models in real life and the policy process varies considerably in different contexts.

The policy process is a dynamic and complex one. Participants need to be able to:

- understand how the policy process works in theory and in practice
- understand the array of factors that influence decision/ policy makers, and how to get to know and work with them during the policy development process
- identify supporters and opponents both among those involved in the formal policy making process and among those who have influence upon them and
- identify opportunities, both formal and informal, to influence them in a timely manner as the policy process unfolds.

This session is important for giving participants an insight into the policy process in practice. Preparation for this session is important. You will need to know whether participants are likely to be advocating at national, state, district or local level. This will inform the guest speaker you choose for this session.

The choice of guest speakers is critical. It is worth taking time to find the right people. One speaker needs to be directly involved in the policy making process in government, preferably HIV/AIDS or health related, as different department are likely to employ somewhat different approaches to policy making. The second speaker needs to be involved in influencing the policy making process, say a leader or policy advisor from an NGO. This way, through hearing from both perspectives, the participants will be provided with an overview of the policy process in that state/ district/ local context and insights into how the policy process actually unfolds in practice.

Experience in using this session in practice has shown that it can be challenging to ensure that the speakers speak to the topic. That is, to describe and analyze the policy making process from their particular perspectives within government and in influencing government policy processes. In order to assist you we have provided guest speaker's letters which will need to be amended to suit your session. Where additions are needed is indicated by xx.

We suggest that you follow up with your speakers and discuss their presentations, emphasizing what the session aims to achieve, the time allocated for each presentation and that the presentations will be followed by a moderated discussion to explore:

- how the policy process works in theory and practice
- what kind of factors affect the views of policy makers in the policy process
- what opportunities both formal and informal are available to advocates in getting to know policy makers and contribute to the policy development process
- what kinds of evidence and modes of delivery are seen as credible, using specific examples where possible.

Guest speakers talking points: Government representative

To:

From:

Re: Speaker Invitation for "The Policy Making Process in xx" Session,
EAP HIV/AIDS Advocacy Workshop on XX

Date:

The Essential Advocacy Project (EAP) will be holding an HIV/AIDS Advocacy Training Workshop in xx on xx. The training will involve approximately XX participants from (state/ district/ local NGOs/ KPs etc). This workshop is part of Avahan – the India AIDS Initiative of the Bill and Melinda Gates Foundation. The EAP works to strengthen the capacity of Avahan partners, key stakeholders and people living with and affected by HIV/AIDS to advocate for an evidence based approach to responding to HIV/AIDS, supported by effective policies and practices that protect the rights of those affected and ensure effective programming.

We are hoping that you might be able to contribute your expertise by participating in a session about the policy process in government. This would involve giving a 10 minute presentation about the "The Policy Making Process in XX" and being part of a panel for a moderated discussion. There will also be a speaker from xx who will present on their experience in influencing the policy process in government. These presentations will be followed by 40 minutes of moderated discussion. This session is scheduled for xx.

The overall goal of the training is strengthen participants' understanding of advocacy and build participants' skills to carry out advocacy in their work. The purpose of the session is to increase participants understanding of how the policy-making process works in practice.

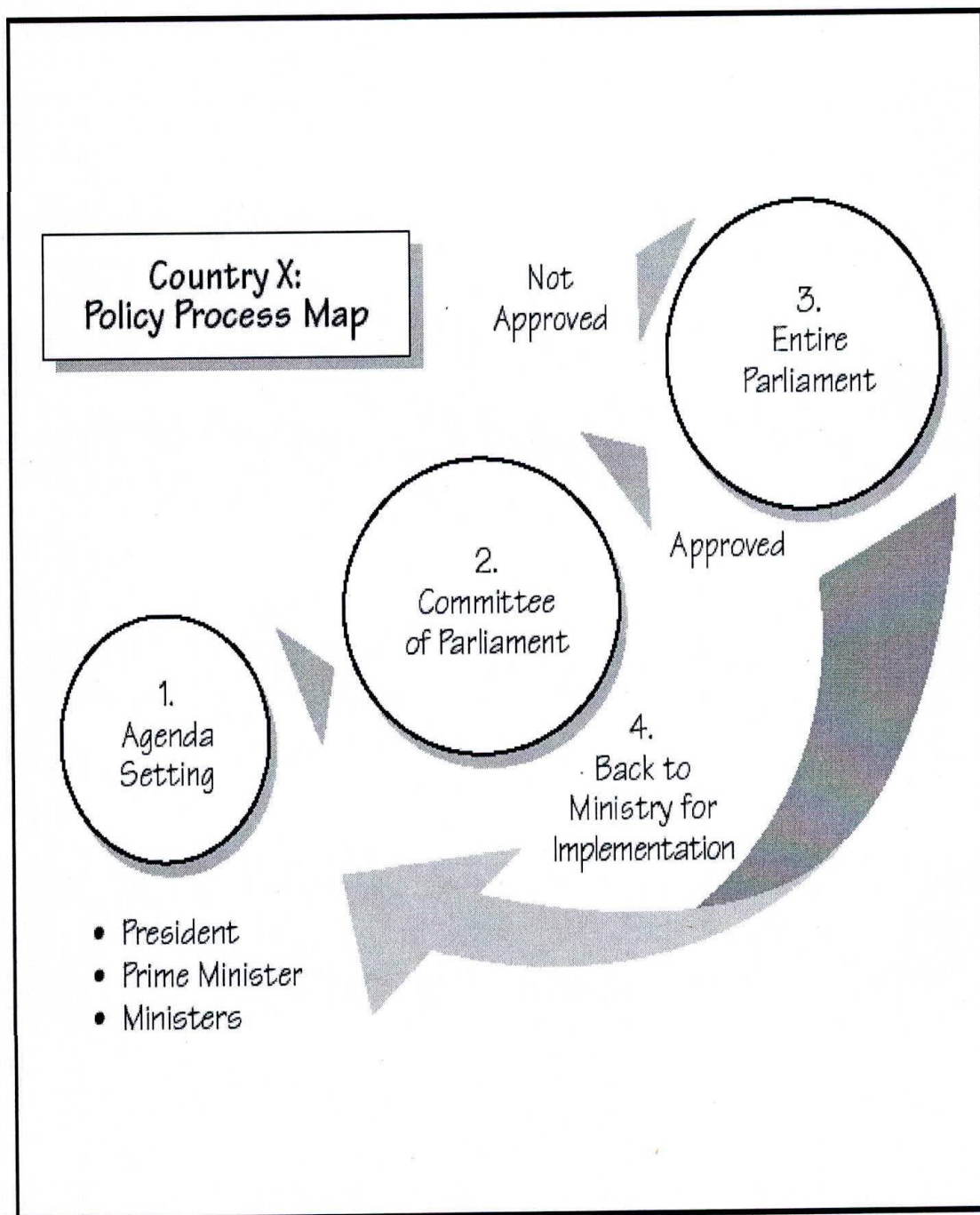
During your presentation and the moderated discussion, we would like to explore the following questions, drawing on your experience in policy processes in government:

- How are ideas or issues generated for new or revised policies?
- What sort of process is followed in making or revising policy?
- Where do policies get formulated (i.e., key committees, taskforce, etc)?
- How is a proposed issue introduced into the formal decision making process?
- What is the process for discussing, debating and, perhaps, altering the proposal? Who are the players involved?
- How is the proposal approved or rejected?
- If approved, what are the steps to move the proposal to the next level of decision making?

If you were available to make a presentation we would suggest that the presentation focus on the questions outlined above, which we can also explore in the discussion. It may also help increase participants' understanding if you could include a simple diagram of the policymaking process followed at the state/ district/ local level (two samples are attached).

We hope that we will be able to benefit from your valuable experience and time. Please do not hesitate to call if you have any questions. We will also plan to call you to follow-up this invitation.

The Power to Change: HIV/AIDS Advocacy in India – Facilitators' Resources



Guest Speakers talking points: NGO representative

To:

From:

Re: Speaker Invitation for "The HIV/AIDS Policy Making Process in xx" Session,
EAP HIV/AIDS Advocacy Workshop on XX

Date:

The Essential Advocacy Project (EAP) will be holding an HIV/AIDS Advocacy Training Workshop in xx on xx. The training will involve approximately XX participants from (state/ district/ local NGOs/ KPs etc). This workshop is part of Avahan – the India AIDS Initiative of the Bill and Melinda Gates Foundation. The EAP works to strengthen the capacity of Avahan partners, key stakeholders and people living with and affected by HIV/AIDS to advocate for an evidence based approach to responding to HIV/AIDS, supported by effective policies and practices that protect the rights of those affected and ensure effective programming.

We are hoping that you might be able to contribute your expertise by participating in a session about the policy process in government. This would involve you giving a 10 minute presentation about your experience in working to influence the policy making process in government - "Influencing the policy making process in government: An advocate's perspective. There will also be a speaker from xx who will present on the policy process in government. These presentations will be followed by 40 minutes of moderated discussion. This session is scheduled for xx.

The overall goal of the training is strengthen participants' understanding of advocacy and build participants' skills to carry out advocacy in their work. The purpose of the session is to increase participants understanding of how the policy-making process works in practice.

During your presentation and the moderated discussion, we would like to explore the following questions, drawing on your experience:

- How the policy process was intended to proceed and how did it take place in practice?
- What kind of factors affected the way the policy process unfolding?
- What factors affected the views of policy makers on the issue?
- What opportunities both formal and informal were available to you to get to know policy makers and contribute to the policy development process?
- What was your role in the policy process?
- What different strategies did you use to influence decision makers and those who had influence with decision makers?
- What kinds of evidence and modes of delivery were seen as credible to policy makers?

If you were available to make a presentation we would suggest that the presentation focus on one or two specific examples of your work in influencing the policy development process, in line with the above questions.

We hope that we will be able to benefit from your valuable experience and time. Please do not hesitate to call if you have any questions. We will also plan to call you to follow-up this invitation.

E: Implementation - Advocacy Action Plans

E.1 Implementation: Advocacy Action Plans

Implementation: Developing an Advocacy Action Plan

PowerPoint presentation on CD provided.

Xx Insert hard copy of ppt here

F: Advocacy messages and methods

F.3 An Advocate's Experience: Messages and Methods

Guest Speakers talking points: Advocate's experience

To:

From:

Re: Speaker Invitation for "An Advocate's Experience: Messages and Methods"
EAP HIV/AIDS Advocacy Workshop on XX

Date:

The Essential Advocacy Project (EAP) will be holding an HIV/AIDS Advocacy Training Workshop in xx on xx. The training will involve approximately XX participants from (state/ district/ local NGOs/ KPs etc). This workshop is part of Avahan – the India AIDS Initiative of the Bill and Melinda Gates Foundation. The EAP works to strengthen the capacity of Avahan partners, key stakeholders and people living with and affected by HIV/AIDS to advocate for an evidence based approach to responding to HIV/AIDS, supported by effective policies and practices that protect the rights of those affected and ensure effective programming.

We are hoping that you might be able to contribute your expertise to the workshop by giving a 30 minute presentation titled "An Advocate's Experience: Messages and Methods," followed by 30 minutes of questions and discussion. The presentation would be scheduled on xx.

The overall training workshop goal is to strengthen participants' understanding of advocacy and build participants' skills to carry out advocacy in their work. The purpose of your presentation is to give participants an insight into how to go about effective advocacy communication.

We would like you to focus on sharing a specific example of a successful advocacy effort you have been involved in – with an emphasis on the particular advocacy methods and messages used.

We also suggest that it might be helpful to address the following questions.

1. What was the problem?
2. What was the advocacy objective? (What did you want to achieve?)
3. Who decided to advocate to address the problem (who was involved)?
4. Who did you advocate to?
5. **What were your key messages? And what methods did you use? (main focus)**
6. What difficulties did you face and how did you overcome these?
7. What were the results of your advocacy?
8. What sources of support did you find most useful?
9. What did you learn from doing this advocacy?

We hope that we will be able to benefit from your valuable experience and time. Please do not hesitate to call if you have any questions. We will also plan to call you to follow-up on this invitation.

F.5 Written communication – Introduction to policy briefs

Sample policy briefs

Sample policy briefs are on CD provided.

XX insert hard copies of the five policy briefs here

G: Evidence for Action: Using data for advocacy

Guidance for preparation and conduct of module

Module G. is designed to provide experienced advocates with the opportunity to examine different types of data, identify how the information can be used to support the arguments they will make for specific policy changes they seek and to practice using the data. For these sessions to work effectively, this module requires thoughtful preparation.

Preparation: Compile data sets for each scenario

You will need to compile a set of documents (data sets) for each scenario, ensuring you have sufficient copies for each participant to receive a set of documents *at least* for the scenario they will be working on. So, if there are 30 participants, you will need 10 data sets for each of the three scenarios. In field testing the manual, we provided enough data sets for participants to take away sets related to all scenarios. This was well received, so this approach is encouraged. Alternatively you might distribute the suggested documents list below, so that participants can download the resources from the Internet.

The suggested documents for each scenario are provided in resources below. The website links are provided and documents are also on the enclosed CD. A range of resources are provided.

Preparation: Review scenarios and data sets

Review each scenario and the data sets thoroughly before commencing this module. In order to provide feedback on the use of the data for both the policy briefs and face to face role plays, you will need to be clear about what the main advocacy issues are in each scenario and what information in the data sets can be used to make the case for policy change related to each of these issues.

You do not need to include all of the suggested documents. You can choose a selection, but you will need to make sure that materials provided offer enough data that is relevant to and useful for *each* advocacy issue in a specific scenario. Once you have reviewed each scenario and the related documents, you'll be in a position to choose which data you want to include.

Conducting sessions

As participants are working in small groups planning, reviewing data and writing policy briefs, and during preparation of face to face role plays, you will need to play an active role in guiding, advising and providing critical feedback. This is as important for the participants as are the formal feedback sessions at the conclusion of each session.

You may want to schedule session G.1 to conclude at a lunch break or at the end of a day, to allow you time to review the summary policy briefs in preparation for providing feedback. See guidance for feedback sessions for G.1 Policy briefs and G.2 face to face communication for each scenario, set out below.

G.1 Policy briefs

Sample policy briefs

Sample policy briefs are on the CD provided. See hard copies of policy briefs above in materials for session F.5.

Resources for Scenario 1: Access to services for MSM and transgenders

Scenario 1

Akash, an NGO in Bangalore, provides a range of HIV prevention services. As part of their outreach activity, Akash staff is becoming increasingly aware that men who have sex with men (MSM) and transgenders are at particular risk of the HIV infection and that many in the city are already living with HIV. Yet, there seem to be barriers to access to mainstream health services. There is very little information available about sexual behaviour and HIV/STI risk among MSM and transgenders, and impact of HIV on people living with the condition.

With Akash's support, some MSM and transgenders formed an advocacy group called 'Hamare Haq' (Our rights). Members of Hamare Haq and Akash outreach workers have been talking to MSM and transgenders and documenting their experience such as their access to condoms, lubricant, HIV prevention information and services to meet their HIV treatment and care and/or sexual health needs. Together Akash and Hamare Haq have run four focus groups, in all seventy people attended these group discussions. They also conducted thirty individual interviews. A total of 100 people reported about their experiences.

They found that many MSM and transgenders report a lack of access to condoms and lubricants. Forty percent report having had the symptoms of one or more sexually transmitted infections (STIs) in the last twelve months. Of these forty people, only eight (20%), sought treatment for the infection. Fifteen people reported that the staff at one of the city's largest public hospital's Out Patients' Department are known to be dismissive of MSM and transgenders and often have no experience in handling oral and anal STIs affecting the community. There is also evidence about breach of confidentiality about sexuality and HIV status by health workers leading to family and community harassment or rejection. As a result many people say that they will not go there.

Together Akash and Hamare Haq discuss what action they could take to improve the situation for MSM and transgenders. They build partnerships with other NGOs who want to work on these issues and agree to set up a coalition, Transgender and MSM Advocacy Coalition (TRAM), to work together on an advocacy agenda. The coalition meets and agrees to focus their advocacy efforts on:

- access to condoms and lubricants, and
- access to non discriminatory and good quality HIV prevention, sexual health, HIV treatment and care services.

In addition to their own research, there is also some data that can be used to make the case for their advocacy goals.

Target audience for policy brief: SACS

Scenario 1: Suggested documents

These documents are on the CD accompanying this manual.

- *National baseline high risk and bridge population behavioural surveillance survey, 2002 (MSM and IDU)*, NACO 2002. www.nacoonline.org
 - Tables used: Self reported STI prevalence, MSM sex with female partners, MSM condom use.
- *HIV/AIDS epidemiological surveillance and estimation report for year 2005*, NACO, 2006. Comparative year-wise and state-wise HIV prevalence among IDU populations (2002 – 2005). , www.nacoonline.org
- *Containing HIV/AIDS in India: the unfinished agenda*, Chandrasekaran etc al. Lancet Infect Dis 2006; 6: 508 – 21, www.thelancet.com
- MAP Report 2005: Male-Male sex and HIV/AIDS in Asia, www.mapnetwork.org/reports.shtml
- Sexual behaviour of men who have sex with men and risk of HIV in Andhra Pradesh, India, Dandona et al, AIDS 19(17):2033-2036, November 18, 2005. www.aidsonline.com
- Resource pack for interventions with MSM and Hijra, NACO, 2006. www.nacoonline.org
- *MSM and HIV/AIDS risk in Asia: What is fuelling the epidemic among MSM and how can it be stopped*, TREAT Asia, 2006 www.amfar.org (selected extracts).
- UNAIDS: www.unaids.org
 - *Policy Position - Condom and HIV Prevention*, UNAIDS 2004
 - *Policy Brief: HIV and Sex Between Men*, UNAIDS, 2006

Scenario 1: Roles

Policy makers

- Senior policy advisor from the Health Department
- Representative of Karnataka SACS

Advocates

- Representative of Hamare Haq
- Representative of the Transgender and MSM Advocacy Coalition (TRAM)
- Representative of NGO, Akash

Scenario 1: Instructions for policy makers

These instructions are to provide some guidance to your team about how you should play your roles. Please do not share these details with the advocates, as it is important that they learn to adjust their approaches as the meeting unfolds.

Senior policy advisor for Health Department

You are generally not well informed on issues, and initially, you do not appear to be that interested. However, as meeting progresses and advocate make a number of points you think are important, you become more attentive and engaged. You start to see the consequences of inaction, particularly the fact that HIV is likely to spread rapidly if transgender/MSM's sexual health and prevention needs are not met, given the extent of MSM who also have sex with women.

Representative of the SACS

You are impressed by the arguments about why better data is needed on sexual behaviour, supportive of the need for more programming efforts and open to ideas.

Resources for Scenario 2: Police raids hamper effective HIV prevention among sex workers

Scenario 2

There is a district election coming up in the north west of Karnataka and there has been considerable community pressure about cracking down on sex work in a number of blocks in the area. In the last two months, police have been regularly rounding up street sex workers and conducting random raids on brothels, arresting sex workers. In 2004, the Director General of Police in Karnataka issued a circular explaining what the police powers are under the *Immoral Trafficking Prevention Act* (ITPA). These raids do not comply with the circular and therefore with ITPA.

The sex worker collective, Mahila Sangha, is spending much of their time trying to assist sex workers who have been arrested and charged with soliciting. They report that many sex workers are being fined and are unable to pay the fine. In their experience, many men demand, and are willing to pay more for sex without condoms. Many sex workers are being forced to do so, just to make more money to pay back these fines. They report that sex workers are increasingly worried about carrying condoms or being identified as sex workers.

The NGO, Prajal Foundation runs a number of sexual health clinics for sex workers in the north west of Karnataka. They work in partnership with Mahila Sangha providing outreach to brothels and street sex workers, to ensure their access to condoms, HIV prevention information and sexual health services. In the last two months, staff have noticed a sharp drop in the numbers of sex workers attending their clinic.

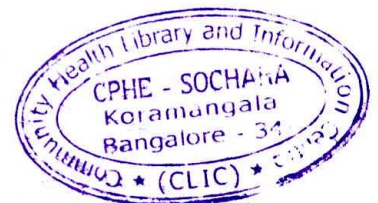
Brothel madams in the area are increasingly worried about these raids, and the effect of them on their businesses. Prajal Foundation and Mahila Sangha are finding that their working relationships with many madams have deteriorated as a result. Some madams refuse to provide condoms and safer sex resources, because they will be used as evidence that the premises are being used as a brothel.

It is more difficult to locate brothels and street sex workers. A number of brothels have moved premises to avoid police exposure. Some madams are colluding with the police offering them sex with their workers in exchange for agreeing not to raid their brothels. Frequently police insist on not using condoms and the sex workers are powerless to refuse, exposing both workers and officers to the increased risk of HIV infection.

The Avahan State Lead Partner, Prajal Foundation and Mahila Sangha meet to discuss how to take action to address these issues. They want to advocate for police to comply with the Police circular and the ITPA and to improve understanding about how the raids impede effective HIV prevention efforts.

Target audience for the policy brief: Police Department of Karnataka

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Scenario 2: Suggested documents

These documents are on the CD accompanying this manual.

- Police circular on interpretation of the *Immoral Trafficking Prevention Act (ITPA)* for Karnataka, 2004
- *National baseline high risk and bridge population behavioural surveillance survey, 2001 (Female sex workers)*, NACO 2001 www.nacoonline.org
 - Tables used: Awareness of STI and STI symptoms, STI prevalence; treatment seeking behaviour
- *HIV/AIDS epidemiological surveillance and estimation report for year 2005*, NACO, 2006. Comparative year-wise and state-wise HIV prevalence among IDU populations (2002 – 2005). , www.nacoonline.org
- *Sex work and HIV in India, Essential Advocacy Project*, Constella Futures, August 2006
- *Containing HIV/AIDS in India: the unfinished agenda*, Chandrasekaran etc al. Lancet Infect Dis 2006; 6: 508 – 21 (In Participants' Resources) www.thelancet.com
- *Sex Workers of Kerala, India: Moving beyond HIV/STI prevention*, Subhash Thottiparambil, www.kit.nl
- *India: Eviction of Sex Workers Boosts HIV Risk*, Human Right Watch 2004, www.hrw.org
- World Health Organization (WHO): www.who.int
 - *Fact sheet: Sexually transmitted infections*, www.who.int/reproductive-health/stis/docs/sti_factsheet_2004.pdf
 - *Sex Work: Key facts and figures*
- UNAIDS: www.unaids.org
 - *Policy Position - Condoms and HIV Prevention*, UNAIDS 2004
 - *Sex work and AIDS*, Technical Update, UNAIDS 2002
 - Extracts from *Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh*, UNAIDS Case Study, November 2000, (Extracts: Cover through to page 18 and case study on Sonagachi pages 57 – 90)

Scenario 2: Roles

Policy makers

- Member of the District Assembly
- Head of District Police

Advocates

- Director of the Karnataka State Lead Partner
- Director of Prajal Foundation
- Representative Mahila Sangha

Scenario 2: Instructions for policy makers

These instructions are to provide some guidance to your team about how you should play your roles. Please do not share these details with the advocates, as it is important that they learn to adjust their approaches as the meeting unfolds.

Member of the District Assembly

You start by raising the issue of community concerns about sex work, and your need to be responsive to community views on this (as that is what you are directly concerned about). You are surprised to hear about the police circular and you want to know more about it. As the discussion unfolds, and you start understanding that the raids will not reduce sex work, they will only move somewhere else in the area. Meanwhile STIs and HIV infections will rise.

Towards the end of the meeting you openly make suggestions about the way forward and are open to ideas about what you can do to raise these issues with other members of the District Assembly.

Head of District Police

You became head of District Police about six months ago and only became aware of the circular in preparation for this meeting. You are open to hearing what the advocates have to say. You acknowledge that more needs to be done to ensure that officers in your district know about the circular and comply with it. You express concern about the allegations of police corruption, and want to know what evidence they have to support the allegations. When they have made their case on this point, you say you are prepared to look into the matter, but you'll need to document some case for investigation. You are concerned that your police officers may be exposing themselves to risk of HIV and indeed, some may already be infected. You are open to hearing and discussing options for action.

Resources for Scenario 3: Resistance to harm reduction and a changing epidemic

Scenario 3

There is a high HIV prevalence among injecting drug users (IDUs) in Manipur. There are a number of NGOs working to implement a range of strategies to reduce HIV infection among IDUs and address the treatment and care needs of those living with HIV. Ukhzul Foundation is an NGO that provides Needle and Syringe Programmes (NSPs), peer outreach, IEC, advocates for access to appropriate and non-discriminatory drug treatment and HIV treatment and care, as well as increasing community awareness about the effectiveness of harm reduction approaches to injecting drug use and the contribution that this makes to reduce HIV transmission.

Ukhzul also works with an IDU network, of current and ex-users, that they have been training as peer educators. Through the network's work with their peers, they want to take action about the many challenges that IDUs are facing. Together they started to document the challenges that the IDUs are facing through focus group discussions and one on one interviews. Eighty people participate. The work reveals that most IDUs have poor access to appropriate drug treatment services such as drug substitution programmes. While 50% of those surveyed had been detained and forced in to detoxification programmes, with no support or follow up upon release. The survey also found that 45% of those surveyed were HIV positive. Of these, 90% had experienced discrimination in accessing HIV related health care.

There is also considerable community resistance to the harm reduction work of NGOs particularly by a vocal women's group that is advocating that the NSP will increase injecting drug use. This is building community resistance, and created a climate of fear and violence against IDUs. Increasingly, IDUs are not carrying injecting equipment because they fear this will lead to their arrest by police or violence from 'pressure groups'.

Ukhzul has gathered data in Manipur that show a trend of increasing STIs among women, which suggest that they are increasingly exposed to HIV, likely through their male IDU partners. There is inadequate evidence to confirm this trend, but Ukhzul and MAC are aware that few programs exist that address the HIV prevention needs of partners of IDUs or HIV/AIDS treatment and care needs of IDUs, partners and others living with HIV/AIDS. Existing programs and services do not necessarily have the capacity to expand their work without additional funding and support to meet these emerging needs.

Ukhzul and the Network find other allies and form an advocacy group, called the Manipur Action Coalition (MAC) to take action together. MAC meets to discuss what action they could take to address these issues. They want to:

- increase understanding of harm reduction and how it contributes to preventing the spread of HIV;
- ensure access to appropriate drug treatment, HIV related treatment and care for IDUs and their partners;
- address stigma and discrimination by pressure groups and services and
- address programs gaps, particularly the needs of female partners of male IDUs.

Target audience for policy brief: SACS

Scenario 3: Suggested documents

These documents are on the CD accompanying this manual.

- *National baseline high risk and bridge population behavioural surveillance survey, 2002 (MSM and IDU)*, NACO 2002, www.nacoonline.org

Tables extracted from this document for data sets: Last time condom use with commercial, non regular and regular partners; Needle and syringe sharing behaviour – knowledge of availability of new/unused needles and syringes; Needle and syringe sharing behaviour - frequency of sharing cooker, vial, container in past month; Treatment for drug use; Treatment for drug use – type of treatment/ help received.

- *HIV/AIDS epidemiological surveillance and estimation report for year 2005*, NACO, 2006. Comparative year-wise and state-wise HIV prevalence among IDU populations (2002 – 2005). , www.nacoonline.org
- *Containing HIV/AIDS in India: the unfinished agenda*, Chandrasekaran etc al. Lancet Infect Dis 2006; 6: 508 – 21 (in Participants' Resources) www.thelancet.com
- *Drug injection and HIV/AIDS in Asia*, MAP Report 2005, www.mapnetwork.org/reports.shtml
- Asian Harm Reduction Network (AHRN): www.ahrn.net
 - Evidence based HIV/AIDS prevention
 - Evidence for harm reduction
- WHO, Evidence for Action Series 2004, www.who.int
 - *Policy Brief: Provision of sterile injecting equipment to reduce HIV transmission*
 - *Policy brief: Reduction of HIV transmission through outreach*
 - *Policy Brief: Reduction of HIV transmission through drug dependence treatment*
- *Fact sheet: Harm reduction approaches to injecting drug use*, WHO www.who.int/hiv/topics/harm/reduction/en/#what

Scenario 3: Roles

Policy makers

- Senior advisor from the Health Department
- Representative of Manipur SACS

Advocates

- Ukzhul Foundation – Executive Director
- Representative from the Manipur Action Coalition
- Representative from the IDU network, who is an experienced IDU peer outreach worker and was central in the survey that Ukzhul and the network undertook.

Scenario 3: Instructions for policy makers

These instructions are to provide some guidance to your team about how you should play your roles. Please do not share these details with the advocates, as it is important that they learn to adjust their approaches as the meeting unfolds.

Senior policy advisor, Health Department

Initially you are concerned about community outcry about NSP because of the political implications, given the Meirapibies' lobbying against harm reduction approaches. On hearing the advocates' case, about the evidence of effectiveness of NSPs, drug treatment and outreach approaches, you are more inclined to listen to the advocates and are open to at least discussing strategies for increasing acceptance of harm reduction within the community.

Representative of the SACS

You focus your attention on the issue about the changing epidemic in Manipur and the fact that different approaches are needed to meet emerging needs.

Guidance on feedback for policy briefs (G.1) and role plays (G.2)

Scenario 1: Access to services for MSM and transgenders

When providing feedback on summary policy briefs and on the content of the role plays for this scenario consider whether teams used available data to make the case for resources and programming to address the needs of MSM and transgenders and address barriers in accessing services.

For example did they use data to support or illustrate the following issues:

- MSM disproportionately affected by HIV in India compared with general population (NACO 2005; compare MSM and ANC national data)
- While available data shows high prevalence among MSM in India; there is a need for better data, both epidemiological and behavioural to understand and address HIV risk among MSM, and transgenders (e.g. Lancet; NACO 2005; Dandona)
- Effectiveness of condoms (UNAIDS 2006), yet lack of access to condoms and lubricants and/or lack of use with male partners (e.g. NACO Resource Pack; NACO BSS 2001; Dandona; own research study)
- High rates of STI among MSM (e.g. NACO BSS 2001)
- Untreated STIs, and how this increases risk of HIV transmission (e.g. MAP 2005)
- MSM often also have female sexual partners and implications for spread of HIV (Dandona)
- Stigma and discrimination impedes efforts to respond effectively to HIV risk and impact among MSM and transgenders (e.g. UNAIDS 2006; TREAT Asia; MAP 2005; own research)
- Role that addressing stigma and discrimination has in responding effectively to HIV and sexual health needs of MSM and transgenders (e.g. UNAIDS 2006; TREAT Asia; MAP 2005).

Scenario 2: Police raids hamper effective HIV prevention among sex workers

When providing feedback on summary policy briefs and on the content of the role plays for this scenario consider whether teams used available data to make the case for police compliance with the ITPA circular and specific strategies to improve police understanding of how these raids impact on the rights of sex workers and the effectiveness of HIV prevention efforts.

For example did they use data to support or illustrate the following points:

- District police practices are inconsistent with State police policy and ITPA (e.g. Circular; EAP Sex work brief; Thottiparambil)
- Data on HIV prevalence among female sex workers in Karnataka shows that sex workers still disproportionately affected by HIV compared with the general population (NACO 2005; compare FSW and ANC national data)
- Effectiveness of condoms in HIV prevention (UNAIDS 2004), but access to condoms reduced by raids
- Evidence of successful HIV prevention in brothel setting is also being undermined by raids (WHO Sex work fact sheet)