METHODOLOGY AND IMPLEMENTATION MANUAL FOR SIX CITIES SCANNING INITIATIVE FOR SCALE-UP OF HIV RESPONSES TO MSM AND TG PERSONS

AIDS
Projects
Management
Group

This *Six Cities Scanning Initiative Implementation Guide* describes the methodology for inquiry and analysis used in a Six Cities Scanning Initiative undertaken by UNDP in the Asia Pacific region in 2010. This Guide provides the tools used in this participatory, appreciative inquiry-based project that aimed to describe promising HIV projects and activities targeting men who have sex with men and transgender people in mega-cities across Asia and the Pacific.

This guidance manual along with the methodology, instruments and programming advice outlined here have been developed by AIDS Projects Management Group for UNDP Asia Pacific. This document was authored by Scott Berry, Asia Pacific Coordinator for APMG and has been edited by Sam Avrett and Edmund Settle HIV Policy Specialist – Human Right Gender and Sexual Diversity for UNDP Asia Pacific Regional Office with technical advice provided by Paul Causey and Peter Mok.

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SECTION ONE
METHODOLOGY

1. OVERVIEW OF THE SIX CITIES SCANNING INITIATIVE

ABOUT THE SIX CITIES SCANNING INITIATIVE

A partnership between USAID, UNDP, WHO, UNAIDS, the *Asia Pacific Coalition on Male Sexual Health* (APCOM) and the Hong Kong Health Department supported the hosting of an *MSM and TG Multi-City Action Meeting* in December 2010 in Hong Kong, China. This meeting brought six mega-cities across the Asia Pacific together to consider their current capacities and potentials for scaling up HIV responses among men who have sex with men (MSM) and transgender (TG) persons. The six cities included Bangkok, Thailand; Chengdu, China; Ho Chi Minh City, Vietnam; Yangon, Myanmar; Manila, Philippines; and Jakarta, Indonesia. These cities were identified as representative of the region and were chosen based on a combination of city population size, HIV prevalence among MSM and TG persons and/or the existence of coordinated government and civil society responses. The cities represent a spectrum of HIV prevalence among the MSM population, different types of HIV responses, and size and visibility of the MSM population.

In order to ensure practical and actionable outcomes from the Hong Kong meeting, it was agreed to undertake a scan in each city before the meeting. This scanning process had several goals: (a) to stimulate discussion, cooperation and action at the local and municipal level for the scale up of HIV services for MSM and TG people and (b) to gather information and describe promising practices, organisations and relationships in each city to assist local leaders identifying next steps for city scale-up of MSM and TG peoples' HIV responses.

Four action-steps were identified:
1. Preparation and establishment steps for the Six City Scan to identify and recruit local consultants, liaise with country mechanisms and administrations.
2. Implement the six city scan and support the development of a methodology and instrument for questioning, technical training and support.
3. Analysis and production of a Six City Synthesis Report.
4. The coordination of a Hong Kong MSM Multi-City Action Meeting.

This guide supported the work undertaken in **Step Two** of the process as described above. The outcome of Step Two was the analysis of the field reports for each city and the development of a Six City Report. This draft report was presented at the Hong Kong meeting in December 2010. The activities for Step Two commenced at end of August and were completed by end November 2010.

Step One	Step Two	Step Three	Step Four
Project preparation and coordination	Tool development, Local consultant training and Six City scans	Analysis and production of Synthesis Report	Six City MSM Multi-City Action Meeting (Hong Kong)
Leading Partner	Leading Partner	Leading Partner	Leading Partner
USAID through FHI	UNDP through APMG	USAID, UNDP through HPI	Hong Kong Health Department and USAID through FHI

THE CONTEXT OF HIV AMONG MSM AND TG PEOPLE IN THE ASIA PACIFIC

MSM and transgender people in the Asia Pacific region are increasingly vulnerable to HIV. They are nineteen times more likely to be living with HIV than the general population and HIV prevalence among them is reported as 8.7% in Phnom Pen, Cambodia[1], 8% in Ho Chi Minh City, Vietnam[2] and 30.8% in Bangkok, Thailand[3]. In Lao PDR the overall prevalence among MSM is estimated at 6% [4] while in Jakarta, Indonesia MSM prevalence is estimated at 8.1%.[5] Among TG people the data is sparse but in Indonesia the *Waria* (TG) prevalence in HIV hotspots is estimated at between 29%-34% [6] while in Thailand the overall HIV prevalence among a sample of 474 TG people in Bangkok, Chiang Mai and Phuket was 13.5%.[7] The number of HIV initiatives aimed to educate MSM and TG people is increasing and, where MSM community-led services are involved "uptake of those services tends to be impressive."[8] But the proportion of MSM reached remains low[9]. The Asia Epidemic Model estimates that MSM could represent as much as fifty percent of those new diagnosed with HIV by 2019 if the reach of targeted interventions remains at current levels.[10] There is increasing consensus among international HIV partners that improving local coordination between "municipal" governments, civil society, police and medical services at the local level is essential to interrupting the transmission of HIV among MSM and TG people and mitigating the negative impacts of HIV upon those MSM and TG people living with HIV.[11]

AIMS, OBJECTIVES AND OUTPUTS

Aim

To increase local leadership commitment and cooperation for the scaling up MSM and transgender peoples' HIV programming by undertaking and reporting on a Six City Scanning Initiative of MSM and TG persons' comprehensive HIV initiatives, goals and challenges.

Objectives

1. Document the local potential within six Asian mega-cities for the scale up of comprehensive, rights based HIV responses among MSM and transgender person including the key components of prevention, health sector, enabling environment and strategic information.
2. Identify the policy and political context, potential and already existing multi-sector collaborations, and human capacity (knowledge and skills) available in the local context
3. Document local ideas for overcoming challenges and barriers within Asian mega-cities for the scale up of rights-based responses
4. Highlight examples of successful and innovative multi-sector scale up of MSM and transgender HIV related services (those involving partnerships between governments department and civil society, and particularly those which public private partnerships with the private sector.
5. Provide an opportunity to describe good and innovative practices to key leaders in the region and to consider their implications for the local context
6. Facilitate local action plans for scale up HIV, MSM and transgender persons responses in the six mega-cities identified.

Outputs

1. Methodology for Six Cities Assessment of MSM and TG HIV responses. (Due: August 2010)
2. Instruments and Guide. (Due: August 2010)
3. Training of Local Consultants for implementation of the assessment (Due: August 2010)
4. Field support of Local Consultants for implementation and reporting (Due: September 2010)
5. City Reports-for-analysis (Due October 2010)
6. Congruency meeting on city reports Meeting. (Due: October 2010)
7. Finalization of Six city synthesis report by USAID/HPI (Due: December 2010)
8. Publication of this Methodology and a final, detailed analysis of the scan by UNDP. (February 2011)
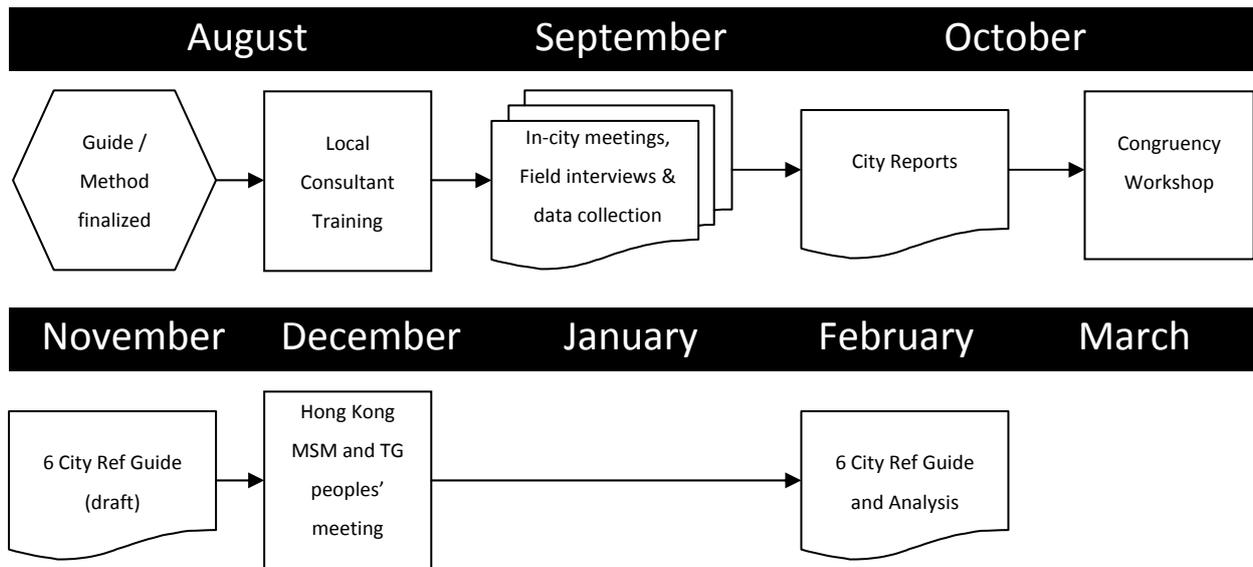
KEY PARTICIPANTS IN THE SIX CITIES SCANNING INITIATIVE

Key participants and a brief description of their contributions to the Scanning Program:

- **Lead consultants for the Multi-City Meeting** – responsible for the leadership of the Hong Kong Meeting and overview advice on development of the Six City Scan and the Synthesis Report for the HK Meeting. In this initiative, Peter Mok and Paul Causey were the lead consultants of the Multi-City Meeting Program.

- **Technical coordination of the Six City Scan** - overall coordination of the Six City Scan and responsibility for all outputs including training, technical support and advice to Local Consultants for the scan. In this initiative, Scott Berry from APMG Asia Pacific was the Technical Coordinator for the Six City Scan.

- **Local city consultants** – responsible to engage in training workshop, to undertake the scan in their respective cities, complete the daily memos and report to and discuss progress with Technical Coordinator each day of the in-country scan. Local Consultants also produce the report-for-analysis on the respective city. The local consultants for this Asia Pacific initiative include Prempreeda Pramoj Na Ayuttaya (Bangkok, Thailand), Jiang Hua (Chengdu, China) and Stephen Gu (APCOM), Thuan Nguyen (Ho Chi Minh City, Vietnam), Tono Premana (Jakarta, Indonesia), Mikael Navarra (Manila, Philippines), Kyaw Mint (Yangon, Myanmar).

- **UNAIDS or UNDP country office focal points:** – responsible to assist with coordination of in-city interviews and meetings.

- **City or national government focal points** – responsible to ensure the involvement of government and attendance at the Hong Kong Meeting in November 2010.

2. THE METHODOLOGY FOR THE SIX CITY SCANNING INITIATIVE

The Six City Scanning Initiative rather than being formal research was a more informal process of inquiry similar to the sorts of questioning that organisations and sectors undertake when building strategic plans. Nevertheless, it was important to ensure a clear methodology for questioning, for action during local city scanning and for analysis of the information collected. For this scanning initiative the two conceptual methods used for questioning were Appreciative Inquiry (for formulating questions) and Social Networking Theory (for the action required to complete the scan). Grounded Theory was used as the method for analysis of the gathered information.

Appreciative Inquiry (AI) is a method of inquiry based on the idea that in every society, community, organisation or group some activities are working well and what we learn from these positive examples can be applied across these social systems.12 AI is most well known for its application in organisation development (OD) where it has a track record of improving
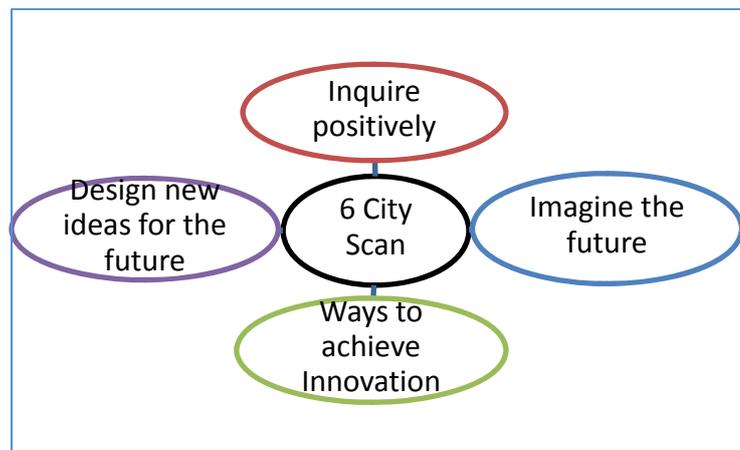
organisational effectiveness, organisational systems, cultures and morale. Appreciative Inquirers ask questions that seek to uncover promising practices, no matter how small and informal they may be, and which focus participants on how to scale up those positive experiences in the future.13 AI does not preclude criticism but avoids 'negative' and promotes 'positive' criticism by encouraging participants to identify strategies that could help resolve gaps and difficulties identified through the questioning process. It emphasises creative thinking focused upon possible strategic objectives and goals for future action. AI is an alternative to the problem-focused inquiry that has dominated OD in the past. The AI approach contends that a problem-oriented focus of review and inquiry "reduces the possibility of generating new images of social reality that might help transcend current social forms."14 In other words, these approaches recreate the 'problem' they purport to be attempting to solve and stifle change. The *EnCompass Model* of AI articulates four conceptual steps in the investigation process including *Inquiry* (determining the best of what is), *Imagining* (a process of dialogue about the possibilities for a positive vision), *Innovating* (determining how things 'should' be) and *Designing* (determining implications for implementing innovation).15 The adjacent diagram provides a visual representation of the EnCompass Model.

AI applied to research has developed in some different ways to AI applied to organisational development. AI research has become a new, qualitative method in the social sciences with

aspects in common with other qualitative social research methods although not fitting clearly in to any one. AI research is concerned with creating positive change, with the meaning and interpretations that people give the world around them and with the stories they tell. It is concerned with challenging current ways of thinking and with promoting participation and decision making by participants in the research. AI research therefore has aspects in common with action research, social constructionism, narrative theory, case studying and critical theory.16

AI questions focus on areas including the work people do, their histories, their wishes and hopes, theirs and other's involvement in success. An AI **work** related question might be "What aspects of [the issue] do you value most? Are most interesting? Meaningful? Valuable?" A **histories** question might be "What first attracted you to [this group/organisation]?" or "What keeps you here and involved?" A **wishes and hopes** question might be "If there was something you could change to make things better what would it/they be?" Finally, a **people** question might be "What did you/others do to make [the activity/organisation] a success?"

Social networks are social structures made up of individuals and their connections. Social Network analysis views social relationships in terms of network theory consisting of nodes (individual actors) and ties (the relationships between the actors). 17 The application of social networking theory in this scanning initiative was very practical. We asked participants to identify relationships with people doing innovative work in their social and professional circles. We asked for these individuals' contact details and met them to explore the innovative work they were doing. We attempted to understand the contacts, ties and connections between individuals, groups, organisations and institutions in the local context which facilitated promising practices. We attempted to understand the attributes of individuals and groups that contributed to their success.18

Grounded theory is a sociological research method concerned with the discovery of new social theory through the collection of peoples' stories systematically obtained and analysed using comparative analysis. Put simply, grounded theory aims to develop new ideas (theoretical constructs) from the stories that people tell (data).19 It is concerned to generate new information that can be practically applied and that is useful to professional practice 'on the ground'. The results of a grounded theory analysis should help in predicting human behaviour and outcomes of human action and that can provide some perspectives on human behaviour.20 In this Six City Scanning Initiative comparative analysis was used to analyse information collection through comparison and contrast of people's ideas and experiences.

THE THREE STEP SCANNING PROCESS
- **Step One** is an initial Orientation Meeting with key partners. These partners assist the local consultant to identify those who have or are engaged in innovative work in

the field for MSM and TG related to HIV. The networking task is to identify and describe these HIV entrepreneurs and their innovative approaches to HIV interventions. The result is a 'graph' of the individuals and their relationships with innovative contacts.

- **Step Two** involve site visits and individual interviews.
- **Step Three** involves these individuals and sites attending a final meeting to share their work with the original Orientation Meeting partners, to begin the initial discussions about further local actions and plans for scaling up BCC to MSM and TG.

Diagram 4: A practical three-step process
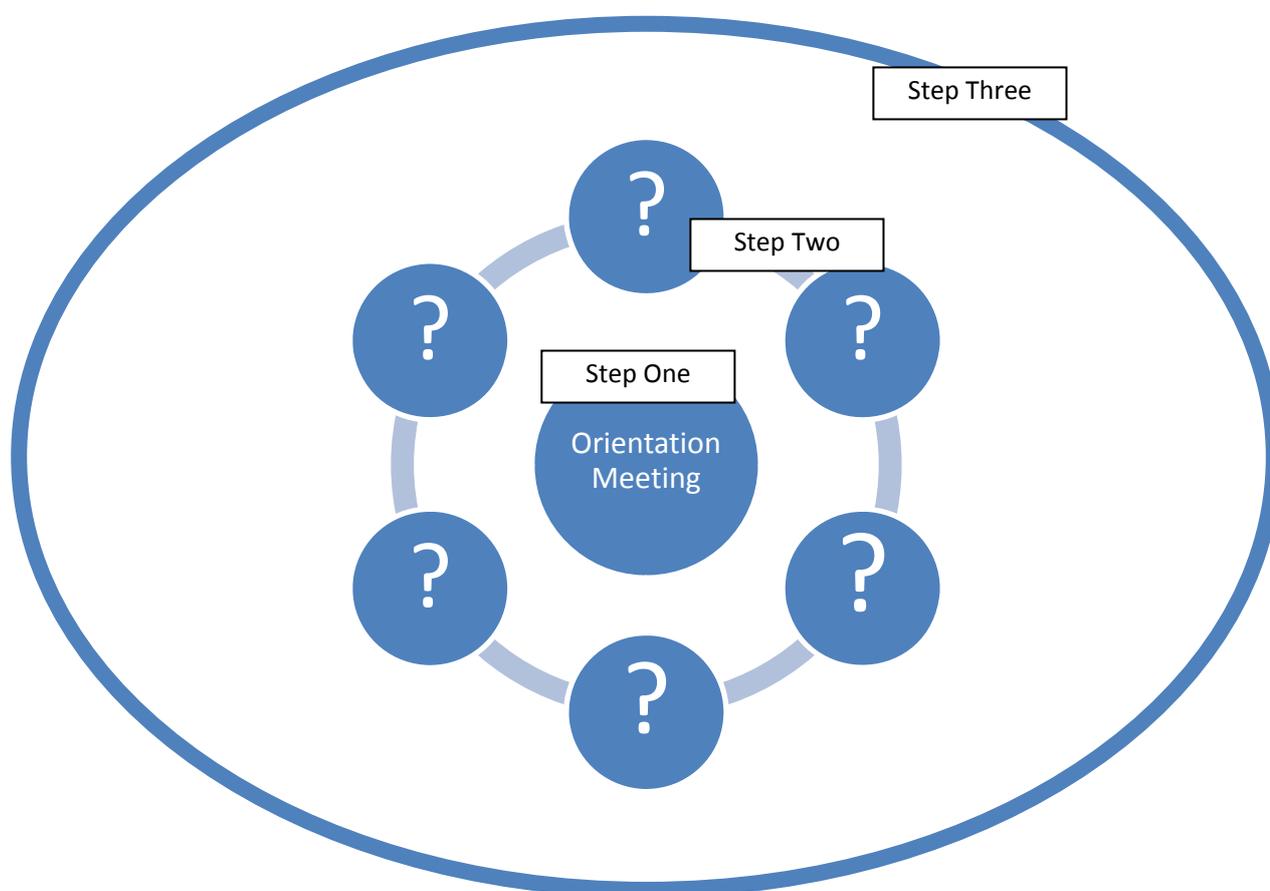
THE COMPREHENSIVE RESPONSE TO HIV SERVICE FOR MSM AND TG PEOPLE IN ASIA PACIFIC

In 2008 WHO Western Pacific Regional Office (WPRO) led the first regional consultation *on Health Sector Responses to HIV among MSM* in Hong Kong in collaboration with UNDP, UN agencies, APCOM and the Department of Health in Hong Kong. Following this a regional consultation aimed to reach agreement on a comprehensive response to HIV among those highly marginalised populations was led by UNDP, USAID, WHO, UNESCO, UNAIDS and ASEAN. These partners convened the *Regional Agreement Meeting on Developing a*

Comprehensive Response of Reduce to Reduce HIV among MSM and TG populations in Asia and the Pacific and produced a Comprehensive Response of Services intended to respond to the significant and increased burden of HIV infection documented among MSM and TG populations in Asia and the Pacific. Based on this agreement, WHO WPRO also defined the priority health sector interventions recommended to achieve universal access to prevention, treatment, care and support for HIV and STIs among MSM in the broader perspective of male sexual health21.

The comprehensive response of services and programs to support HIV prevention, treatment and care among MSM and TG is a spectrum or framework of inter-connected services, interventions and Initiatives that is tailored to engage and maintain ongoing contact with MSM and TG to assist them to reduce their risk of acquiring or transmitting HIV, be aware o their HIV status and, if living with HIV, to access the treatment, care and support services they require. This is done not just through HIV-specific initiatives, but by assisting MSM and TG to maximise their overall health and wellbeing.

The response spans a continuum from (a) HIV prevention to (b) HIV treatment and care services, supported by (c) the maintenance of an enabling environment and informed by local and relevant (d) strategic information. These four elements were incorporated in to our methodology and were central to the analysis of findings from the scanning process.

BEHAVIOUR CHANGE COMMUNICATION

One key component of the comprehensive response of services to MSM and TG is Behaviour Change Communication. And the next steps now needed are to articulate and describe best practices identified through the comprehensive response of services for MSM and TG. This Six Cities scanning began that process by describing and articulating BCC strategies. The Hong Kong Meeting and associated six city scan will assist identifying best practice models and initiatives in the region as well as action planning for local city scale up.

Behaviour Change Communication (BCC) includes two critical aspects: 1) risk reduction for both HIV positive and HIV negative MSM and TG; and, 2) health promotion focused on increasing health seeking behaviour. In order to facilitate behaviour change among MSM and TG it is critical that services for MSM and TG are accessible, MARP-friendly and appropriate; and to achieve this requires attitudinal and sometimes structural changes at all levels, especially among service providers, program decision-makers, and government planners.

BCC has the potential to reach larger numbers of MSM and TG by utilizing media including billboards, television, radio, print media, internet and mobile technologies. Most BCC initiatives in the region are not using these media and promotional tools to influence the discourse on health and HIV among MSM and TG. Instead, BCC communication is mostly restricted to the distribution of condoms and prevention information to very targeted and

particularly at risk MSM and TG sub-populations. Interrupting the transmission of HIV among them requires the utilisation of a range of strategies and the scaling up of BCC to inform and remind a broader range of MSM and TG of the risk of acquiring and transmitting HIV. A view among HIV practitioners and leaders is that lack of experience and knowledge of scaling up BCC to MSM and TG is the major barrier to doing so.

However, a number of examples exist in the region of successful implementation and coordination of provincial and national resources in order to utilise broader health promotion social marketing campaigning and health messaging to extend the reach of BCC for HIV prevention, treatment, care and support to MSM and TG. These examples are potential case studies that can assist local leaders and practitioners in mega-cities to better understand how scale up and coordination of the range of systems and sectors might be possible.

3. TRAINING LOCAL CONSULTANTS FOR SIX CITY SCANNING

There were three broad preparation steps for the Six City Scanning process which aimed at building Local Consultants' understanding and familiarisation with the methodology, *Implementation Guide* and tools for implementation.

1. The first step was describing the methodology for implementation of the scan.
2. From the development of the methodology this *Implementation Guide* described the process for the scans and provided the tools and guidance needed to enable Local Consultants to complete the scanning process in each city.
3. The final step was a Local Consultants Training Workshop held in Bangkok, Thailand before each consultant implemented the scan in their respective city.

WHAT WE LEARNED FROM THE BANGKOK TRAINING

An evaluation of the Bangkok training of local consultants was undertaken at the end of the two days (process-based evaluation). Participants felt that the local consultant training program for Six Cities Scanning was very successful. Their evaluations indicate a high level of satisfaction, increased confidence and a high level of knowledge and skill acquisition on questioning and inquiring. Improvements to the Implementation Guide were noted during the training program and included the need for more direct and clearer advice to consultants in the Guide, clearer direction on questioning for the lived experience of MSM and TG persons and more direct questioning on collaboration and cooperation between partners. In their evaluations participants were particularly motivated by Appreciative Inquiry as a method of questioning and wanted more of this, they felt they got the most learning from Session Four in the training workshop which provided practice on individual interviewing as well as discussion and analysis of their interviewing practice. Participants wanted more time for group discussion, the sharing of experiences, skills and knowledge and how best to document best practice examples.

What follows is the agenda used in the Bangkok training of local consultants.

TRAINING AGENDA – DAY ONE

Timing	Agenda Item	Resources Needed
	DAY 1 – LOCAL CONSULTANT TRAINING WORKSHOP	
8.15am	Local Consultant Administration and Support Session	
9.00am	Introduction to the Training and Welcome Introduction of supporters for this training and thank you's Introduction of Local City Consultants	1. Lead sponsor 2. Other lead sponsors 3. Lead Consultant

9.30am	**SESSION 1: OVERVIEW AND BASICS OF THE Six CITY SCAN**
	1. Aims and Objectives of the Multi-City Meeting
	2. Aims and Objectives of the Six City Scan
	3. Introduction to the Three Step Scanning Process:
	   • **Step One:** Orientation Meeting.
	   • **Step Two:** Site visits and individual interviews.
	   • **Step Three:** Vision Meeting.
	4. Overview of the Comprehensive Response of Services for MSM and TG Asia Pacific
	5. Behaviour Change Communication
	6. Introduction to Scanning Guide, Templates and Instrument)
	7. Discussion about support available while scanning in city
		Lead Consultant

11.00am	MORNING TEA	
11.30am	**SESSION 2: APPRECIATIVE INQUIRY** Description of Appreciative Inquiry, Intro to Appreciative Interviewing and Questioning, Orientation to the focus group process, Questioning Instruments, Note-taking during interviews and documentation tips.	Lead Consultant
12.15am	Group Exercising – APPRECIATIVE QUESTIONING Step One: set up triads [interviewer / interviewee / observer] Step Two: Engage in open questioning using AI principles Step Three: Discuss the results	All participants
1.00pm	LUNCH	
2.00pm	Discussion about Appreciative Inquiry	ALL
2.45pm	**SESSION 3: STEP ONE - THE ORIENTATION MEETING** Intro to the Guide, Templates and other Instruments for Step One.	Lead Consultant
3.30pm	AFTERNOOON TEA	
4.00pm	Group Exercise: ORIENTATION MEETING 1) Hold an Orientation Meeting between you using the question: **"What is happening in your city related to HIV responses for MSM and TG that is**	Lead Consultant with ALL

Timing	Agenda Item	Resources Needed
	innovative and different?" 2) Appoint a Facilitator (use the Agenda) and a Note Taker (use the minutes template). 3) All others are participants in the Orientation Meeting.	
5.00pm	What will happen tomorrow? Finish up.	Lead consultant

TRAINING AGENDA – DAY TWO

DAY 2 - ORIENTATION AND FOCUSING WORKSHOP PROGRAM		
Timing	Agenda Item	Resources Needed
9.00am	Intro, Welcome and Discussion of Day One	ALL
10.45am	**SESSION 4: STEP TWO – INDIVIDUAL FIELD INTERVIEWS** Intro to the Guide, templates and other instruments for Step Two.	ALL
11.30am	MORNING TEA	
12.00pm	Group Exercise – INTERVIEWING USING INSTRUMENTS (3 Interviewers/3 Interviewees) 1) Choose someone in the group to interview about a promising practice in their city. 2) Use the DAY ONE Interview Template and interview them while recording the information they give you. 3) Discuss the results.	All participants
1.00pm	LUNCH	
2.00pm	Group Exercise – INTERVIEWING USING INSTRUMENTS (cont) (3 Interviewers/3 Interviewees) 1) Choose someone in the group to interview about a promising practice in their city. 2) Use the DAY ONE Interview Template and interview them while recording the information. 3) Discuss the results.	All participants
3.00pm	AFTERNOON TEA	
3.30pm	**SESSION 5: STEP THREE – THE VISION MEETING** Intro to the Guide, templates and other instruments for Step Three.	Lead Consultant
4.00pm	GROUP EXERICSE: MOCK VISION MEETING **4)** Hold a Vision Meeting between you using the question: **"What next steps are needed to scale up HIV responses for MSM and TG in our cities?"** 5) Appoint a Facilitator (use the Agenda) and a Note Taker (use the minutes template). All others are participants in the Vision Meeting.	All participants
5.00pm	Questions, Discussion and Next Steps	Lead Consultant and ALL

DETERMINING THE ORDER OF CITY SCANNING - STREAMS S1 and S2

Cities involved in the Six City Scan were divided in to two 'streams' in order to facilitate easier coordination and support to each city as you are undertaking the scan. Stream 1 (S1) cities included Bangkok, Jakarta and Yangon – these cities started preparation and implementation of their scan before the other three cities and completed their scans before the other cities. Stream 2 (S2) cities included Ho Chi Minh City, Manila and Chengdu – these cities started preparation and implementation of their scans after the Stream 1 cities and completed their scan after the other cities. The timing for each 'stream' is described in the table below.

STREAM 1: September 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
S1: Bangkok, Jakarta and Yangon begin preparation now with UCC.						
			1 S1 Preparation →	2	3	4
5	6 S1 Orientation Meeting	7	8 S1: Interviews/Site Visits	9	10 S1 Vision Meeting	11

STREAM 2: September 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
S2: Ho Chi Minh, Manila and Chengdu begin preparation now with UCC.						
	6 S2 Preparation →	7	8	9	10	
12	13 S2 Orientation Meeting	14	15 S2: Interviews/Site Visits	16	17 S2 Vision Meeting	18
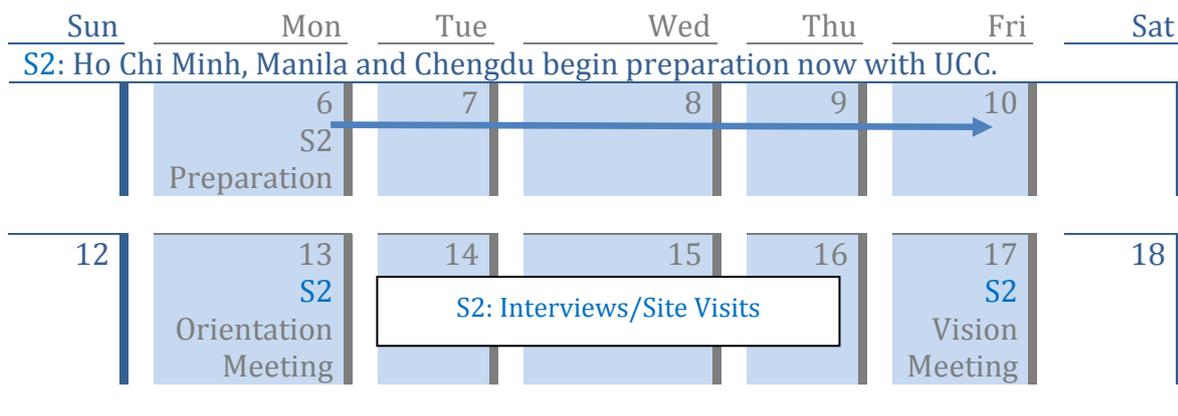
SECTION TWO: IMPLEMENTATION GUIDE AND TOOLS

1 STEP 1: THE CITY LEVEL ORIENTATION

MEETING

The city level Orientation Meeting is the first significant activity in the scanning process. In this Orientation Meeting you are seeking information about the local HIV context for MSM and transgender persons , support for and participation in the scan from important partners and information and knowledge from locals about innovative programs to pursue. The meeting will be convened by UNAIDS or designated focal point. To ensure broad support, the meeting should include participation by city government, the national AIDS Initiative, civil society organisations (including the private sector), networks, hospitals and clinics, and individual MSM and TG. This section of the Guide describes the tasks you need to complete to ensure a successful city level Orientation Meeting.

OUTCOMES FROM THE ORIENTATION MEETING

At the end of the Orientation Meeting you need to have achieved:

- support for the scanning process among key partners
- understanding among the partners of the scanning program and its goals
- information gathered from the partners about current programs for MSM and TG (including any unpublished or recently released data and reporting)
- interesting people and programs to meet with over the coming days
- commitment among partners to attend the final meeting in the in-city scanning process (Step 3)

KEY ACTIVITIES AND THE RESOURCES TO COMPLETE THEM

Key activities that you need to complete include:

1. Attend and facilitate the city level Orientation Meeting and take detailed notes.
2. Present a PowerPoint presentation on the city level scan and multi-city meeting.
3. Produce Minutes of the city level Orientation Meeting the same day and forward the minutes to the Lead Technical Consultant.
4. Have a telephone discussion with the Lead Technical Consultant at the end of the day.
5. Follow-up with contacts and arrange appointments to interview them.

Included in this Guide to Step One are instruments to assist you to complete this part of the city level scan. These instruments include:

1. A Task List with significant steps described – click here to go to the Task List.

2. An Information Brochure on the city level scanning process for distribution to contacts as you meet them – click here to go to the brochure. **Important**: you have to complete some aspects of this brochure before printing and distribution!
3. An Agenda for the Orientation Meeting – click here to go to the Agenda.
4. Orientation Meeting Minutes Template that you must use to write up the learning from the meeting – click here to go the template.

TASKS INVOLVED IN COMPLETING THE IN-CITY ORIENTATION MEETING

Each task in the preparation, implementation and follow up for the city level Orientation Meeting is described below. If it helps you, you can use the task list below to guide you day-by-day and check each check box which accompanies each task as you complete it.

[**Stream 1:** Bangkok, Jakarta & Yangon ~ **Stream 2:** Ho Chi Minh City, Phnom Penh & Chengdu]

No.	Your Task(s)	Your Deadline	Completed?
1	**Before** the meeting ensure you ☐ telephone the UNAIDS UCC or focal point ☐ meet face-to-face ☐ assist in prep for the meeting if necessary.	**Steam 1:** Fri 3 Sept **Stream 2:** Fri 10 Sept	☐ Yes ◉ No
2	**At the meeting** ☐ document the information being shared, ☐ ensure you have either appointments with key contacts doing interesting work and/or, ☐ you have the contact details of these key contacts so you can follow up on your own. Note: In some cases, people doing interesting work will be in the Meeting but in other cases you'll need to follow up.	**Steam 1:** Mon 6 Sept **Stream 2:** Mon 13 Sept	☐ Yes ☐ No
3	**After** the meeting (same day) ☐ write up the minutes	**Steam 1:** Mon 6 Sept **Stream 2:** Mon 13 Sept	☐ Yes ☐ No
4	**After** the meeting (same day) ☐ send your minutes to APMG Asia Pacific ☐ have a telephone conversation with APMG to discuss the minutes, what you learned at the meeting and the next steps in the process ☐ finalise the minutes after this conversation	**Steam 1:** Mon 6 Sept **Stream 2:** Mon 13 Sept	☐ Yes ☐ No
5	**After** the meeting follow up with contacts you were not immediately able to arrange an appointment with (the same day or soon after).	**Steam 1:** 7-9 Sept **Stream 2:** 14-16 Sept	☐ Yes ☐ No

INFORMATION LEAFLET

IN-CITY SCAN FOR SCALING-UP HIV-RELATED SERVICES TO MSM AND TG FROM Click here to enter a date. TO Click here to enter a date.

A partnership between USAID, UNDP, WHO, UNAIDS and APCOM aims to take the next steps toward scaling up HIV-related responses to MSM and TG across Asia. The first part of this initiative aims to support an MSM Multi-City Action Meeting in December 2010 in Hong Kong SAR to discuss and plan next steps toward scale up. The meeting will bring six mega-cities across Asia together to consider their current capacities and potentials for scaling up HIV BCC to MSM and TG. The six cities include Bangkok, Chengdu, Ho Chi Minh City, Rangoon, Manila and Jakarta.

In order to ensure practical and actionable outcomes from the Hong Kong meeting a scan of the six cities is being undertaken to gather information, identify promising practices, organisations and individuals in each city and assist local leaders identifying next steps for city scale-up of MSM and TG HIV-related responses. .

The In-City Scanning program begins on Click here to enter a date. It involves a city level Orientation Meeting, a series of site visits and individual interviews and the scan concludes with a Vision Meeting with all interested partners on Click here to enter a date. The result of the scan will be a report on the city's current promising programs and a Synthesis Report on all six cities to be presented at the Hong Kong Meeting in November.

If you are providing or have provided innovative or promising activities targeting MSM and TG in the city then we would like to hear from you. The Local Consultant responsible to lead the In-City Consultation here is Click here to enter text. They are contactable on this mobile phone number Click here to enter text.

AGENDA FOR THE ORIENTATION MEETING

The agenda for the In-City Orientation Meeting is provided below with prompt questions to assist you getting the information you need. During the meeting you must:

- Present a PowerPoint Presentation on the Multi City MSM and TG BCC Program.
- Describe the Comprehensive Response of Services to MSM and TG in Asia Pacific.
- Describe the steps in the In-City Scanning Process.
- Facilitate discussion and document it using the guiding questions below.

Timing	Agenda Item	Resources Needed
	AGENDA – ORIENTATION MEETING	
9.00am	Intro and Welcome	UCC Focal Point
9.30am	- Outlining the Multi City MSM and TG Project. - Describing the components of a Comprehensive Response - Answering your questions and listening to your comments.	Local Consultant
10.00am	**"What's going on in the city now for MSM and TG?"** Guiding Question: "What services, programs or activities are being delivered now for MSM and TG in the city? What government and donor funded programming and services are provided – at national, provincial, city, district levels? "What civil society engagement – small groups, networks, CBOs? "What health sector responses to HIV for MSM and TG are there? How are hospitals and clinics responding? Do they have BCC programs and services targeting MSM and TG persons? "What activities are working well? {Evidence, documented description?} "What reports, data etc do you have that would be useful to this scanning process? Can you give me those right now please? "Is there a communication forum that facilitates cooperation and information sharing? [What are the links between you?] "What are you most proud of in your response to MSM and TG? "What are the key challenges? / How might they be overcome? "Answer questions and listen to comments."	All participants
10.45am	**"What's has been or is being done for/with MSM and TG, no matter how small, that you think is interesting,**	

	different, exciting, innovative? [How does it fit with BCC?] • **"Who's doing it?** Can you please call them: make an appointment for me to meet them? Can you do that right now? Alternatively, can you give me their contact details so I can call them?"	
11.30am	**Confirming your attendance at the Vision Meeting on Friday** afternoon. • Provide details of when, where, who.	
11.45am	FINISH and Thank You's.	UCC Focal Point

TEMPLATE 1- MINUTES OF THE ORIENTATION MEETING

This template is designed to assist you ordering and documenting the discussion during the Orientation Meeting. It may be helpful for you to complete sections 1, 3 and 4 first and then return to section 2 to summarize your key findings from the meeting. Note that section 5 is for the Lead Technical Consultant to complete during your de-briefing session after the meeting.

Important recommendations to Local Consultants

- you may naturally tend to collect and ask detailed questions in the areas in which you are expert or more knowledgeable and experienced. You may also tend to naturally move toward organisations you know already or are familiar with. Look for what you don't know. Don't miss any view out no matter how unimportant you think it is. Your job is to document what is being described to you so attempt to avoid 'filtering' information without first discussing your assumptions about what is important or not with the Lead Technical Consultant.
- Consultants need to prompt participants in the Orientation Meeting for what they know about the social lives, sexual behaviours, personal preferences, aspirations, educational and socio-economic status of MSM and TG persons in the city. How do MSM and TG persons know they are at risk of HIV in this city? How do they get access to condoms, and know where to go to be tested and treated for HIV and STIs? Consultants need to assertively facilitate a discussion about the lives of MSM and TG and to prevent participants moving too quickly toward what they know about programs and services so that the scanning documents what is known about the lives of MSM and TG persons.
- Document and collect any behavioural or other research available on the lived experiences of MSM and TG persons. Give this research to the Lead Technical Consultant for inclusion in the local city report.

Choose an item. **Report on Orientation Meeting for 6 City Scan**

Date of meeting: 13/08/2010

Participants: Click here to enter text.

Minute Taker: Click here to enter text.

---

1. Process Description

Click here to enter text. *[Note: Describe the process of the meeting from your perspective]*

2. Context as described by participants

↓Summary of the key themes emerging from the meeting. [Note: you may find it easier to complete the rest of this template and then back from to this section once you're completed]

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.
7. Click here to enter text.

3. What's going on in the city now for MSM and TG?

Click here to enter text.　　　*← Describe what you learned about the range of programs, services and informal activities for MSM and TG related to HIV that are being provided in the city.*

4. Who has done or is doing innovative activities for MSM and TG?

Click here to enter text.　　　← Overview the innovation or exciting activities from the perspective of participants.

↓List each innovative activity that emerged from the meeting and the contact/lead on that activity.

No.	Title of the activity	Comprehensive Response Component
1.	Click here to enter text.	Choose an item.
Description (who, where, how, when?)		
Click here to enter text.		
Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Sector this contact is working in:	Choose an item.	

Other info: Click here to enter text.

No.	Title of the activity	Comprehensive Response
2.	Click here to enter text.	Choose an item.

Description (who, where, how, when?)	
Click here to enter text.	

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Sector this contact is working in:	Choose an item.	

Other info: Click here to enter text.

No.	Title of the activity	Comprehensive Response
3.	Click here to enter text.	Choose an item.

Description (who, where, how, when?)	
Click here to enter text.	

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Sector this contact is working in:	Choose an item.	

Other info: Click here to enter text.

No.	Title of the activity	Comprehensive Response
4.	Click here to enter text.	Choose an item.

Description (who, where, how, when?)	
Click here to enter text.	

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Sector this contact is working in:	Choose an item.	

Other info: Click here to enter text.

No.	Title of the activity	Comprehensive Response
5.	Click here to enter text.	Choose an item.

Description (who, where, how, when?)
Click here to enter text.

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.

Sector this contact is working in:	Choose an item.

Other info: Click here to enter text.

No.	Title of the activity	Comprehensive Response
6.	Click here to enter text.	Choose an item.

Description (who, where, how, when?)
Click here to enter text.

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Click here to enter text.	Click here to enter text.	Click here to enter text.

Sector this contact is working in:	Choose an item.

Other info: Click here to enter text.

5. **Discussion with Lead Technical Consultant** *[Note: this section will be completed by the Lead Technical Consultant while you are 'meeting' on the phone].*

Click here to enter text.

_____ **Report on Orientation Meeting for Six City Scan**

Name your city (above)

Date of meeting: _____ / _____ / _____

Participants:

Minute Taker: _____

1. Process Description

2. Context as described by participants

2. Summary of Key Themes Emerging

1.

2.

3.	
4.	
5.	
6.	

3. What's going on in the city now for MSM and TG?

Note 1: This question seeks information related to the "lived experiences" of MSM and TG people and their service providers in the local context.

Note 2: The question "Is there a communication forum that facilitates cooperation and information sharing? (What are the links between you?)" needs to emphasize cooperation and best practice examples of collaboration. A key outcome of the scanning should be identification of innovative approaches to collaboration, how and why these examples were successful, and then how these examples could be expanded across sector to services and interventions that have not been as successful at collaboration. Consultants should:

- Prompt for how participants and partners currently cooperate with each other.
- Identify and document innovative and successful examples of cooperation.

4. Who has done or is doing innovative activities for MSM and TG?

No.	Title of the activity	Comprehensive Response Component
1.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information
	Description (who, where, how, when?)	

	Contact and Appointment Details for this Person		
Name (below)	**Contact Information (below)**		**Appointment Details (below)**
Sector this contact is working in:			

Other info:

No.	Title of the activity	Comprehensive Response Component
2.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information
Description (who, where, how, when?)		

	Contact and Appointment Details for this Person	
Name (below)	**Contact Information (below)**	**Appointment Details (below)**

Sector this contact is working in:		

Other info:

No.	Title of the activity	Comprehensive Response Component
3.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information
Description (who, where, how, when?)		
Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Sector this contact is working in:		

Other info:

No.	Title of the activity	Comprehensive Response Component
4.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information
Description (who, where, how, when?)		
Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Sector this contact is working in:		

No.	Title of the activity	Comprehensive Response Component
5.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information

Description (who, where, how, when?)

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Sector this contact is working in:		

Other info:

No.	Title of the activity	Comprehensive Response Component
6.		☐ Prevention ☐ Treatment, Care and Support ☐ PTCS ☐ Enabling Environment ☐ Strategic Information

Description (who, where, how, when?)

Contact and Appointment Details for this Person		
Name (below)	Contact Information (below)	Appointment Details (below)
Sector this contact is working in:		

Other info:

2 STEP 2: INDIVIDUAL FIELD

INTERVIEWING

Individual field interviewing and site visiting is the second significant step in your city level scanning program. This step is designed to find innovative, interesting or promising activities, skilled people and the evidence of effectiveness which can assist the city's HIV partners to plan for scale-up of HIV responses targeting MSM and TG persons. You are identifying key people engaged in innovative work, interviewing them, gaining information and resources from them about that work and requesting their attendance and presentation of their work at the Vision Meeting to be held on Friday. You, as the Local City Consultant, are solely responsible for organising this step in the scan. This section of the Guide assists you by describing the tasks you need to complete, providing you with advice and the instruments and templates to help you. You must arrange appointments, collect data, send through completed Memos describing the interviewing process and your findings to the Lead Technical Consultant <u>at the end of each day</u>.

OUTCOMES FROM INDIVIDUAL FIELD INTERVIEWING

At the end of the Individual Field Interviewing you need to have completed three Memos that provide information on

- Innovative approaches to HIV programming and service delivery for MSM and TG persons in the city
- Key learning from these activities about funding, involving people and organisations across sectors
- Key success factors, the key challenges and how to overcome them
- Resources and records (including movies and internet resources) that recorded or documented the activity
- Evidence of the impact of the activity including evaluations or anecdotal perspectives

KEY ACTIVITIES AND RESOURES TO COMPLETE THEM

- Follow up with contacts and arrange appointments to interview them.
- Undertake site visits and interviews using the template below to collect information.
- Submit daily Memos to the Lead Technical Consultant in Bangkok.
- De-brief each day with the Lead Technical Consultant in Bangkok.
- Collate and forward written or other evidence, resources and records to the Lead Technical Consultant.

Included in Step Two are instruments to assist you to complete this part of the city level scan. These instruments include:

1. A Task List with all significant steps described – click here to go to the Task List.
2. DAY ONE Memo for completion – click here to go to the DAY ONE Memo.
3. DAY TWO Memo for completion – click here to go to the DAY TWO Memo.
4. DAY THREE Memo for completion – click here to go to the DAY THREE Memo.
5. WRITING PAD for those who prefer handwriting interview notes – click here.

TASKS INVOLVED IN COMPLETING THE INDIVIDUAL FIELD INTERVIEWS

No.	Your Task(s)	Your Deadline	Completed?
1	☐ **Continue following up** with contacts you were not immediately able to arrange an appointment with after the Orientation Meeting.	**Steam 1:** Thurs 9 Sept **Stream 2:** Thurs 16 Sept	☐ Yes ◉ No
2	☐ **Develop or Update a Schedule of Interviews and** send through to the Lead Technical Consultant.	**Steam 1 and 2:** Daily	☐ Yes ☐ No
3	☐ **Meet with contacts and interview them,** collect resources, seek their agreement to attend the final meeting and present their innovative approach. **NB**: ask them who else is doing innovative work – get them to call those people and arrange a meeting or get contact deals so you can follow up.	**Steam 1:** 7-9 Sept **Stream 2:** 14-16 Sept	☐ Yes ☐ No
4	☐ **Submit Memos daily** to Lead Technical Consultant.	**Steam 1:** Mon 6 Sept **Stream 2:** Mon 13 Sept	☐ Yes ☐ No
5	☐ **De-brief daily** with Lead Technical Consultant.	**Steam 1:** 7-9 Sept **Stream 2:** 14-16 Sept	☐ Yes ☐ No

Choose an item. **Daily Memo**

YOUR NAME: Click here to enter text.   **DATE:** Click here to enter a date.

PLACE: Click here to enter text.   **INTERVIEWEE:** Click here to enter text.

TIME: Click here to enter text.

1. Introducing you, explaining what you are doing and getting the interview started...

There a number of ways to introduce yourself when you attend each site and begin interviewing. Here is a guiding script to help you think about what to say. You can use this as a guide; change the order, the words and the tone to suit your own personality and preferences.

You: *"Hi [their name]. My name is [your name]. I am engaged as a consultant in preparation for a multi-city meeting involving USAID, UNDP, UNAIDS and APCOM. The meeting aims to bring six mega cities across Asia and the Pacific together to consider their current capacities and potentials for scaling up HIV responses to MSM and TG persons. The six cities include Bangkok, Chengdu, Ho Chi Minh City, Rangoon, Manila and Jakarta. The meeting is due to be held in November in Hong Kong.*

"In order to ensure practical and actionable outcomes from the Hong Kong meeting a scan of each city is being undertaken to gather information, identify promising practices, organisations and individuals in each city and assist local leaders identifying next steps for city scale-up of HIV responses to MSM and TG persons.

"I have wanted to arrange to interview you because I've been told about some interesting work you've done or you are doing related to men who have sex with men and/or transgender people. The activity I've heard about is called [name the activity] and I understand it involves [describe what you've heard]. Is that correct?"

"Before I begin the interview do you have any questions or clarifications?"

2. Getting in to the details...

[Details about the activity]

1. "Can you describe the activity or activities in detail for me?*"*
2. "How did you go about doing it? What happened? What happened next? And then?"
3. "What did you do? What did you do next? And then?"

Note: *Local consultants should be aware that you are not questioning for a detailed description of organisations, their structures and their broad range of services – that information is often available through other sources. Rather, you are focusing on one or two particularly innovative approaches to the HIV response for MSM and TG persons provided by this organisation, group or individual. When you here an interviewee*

mention an innovative service or intervention (e.g. "peer support", "peer education" or "VCT") and you have determined that is the service you will question for, your task is then to focus on that one or those two service(s) and <u>get a great deal of detail on that activity</u>. Details might include when it was set up, who set it up, how service is provided, the pathway for clients from before, to during, to after engagement with the service or intervention. General descriptions are unhelpful and will not lead to the results required.

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Why it was important]

4. "What made you initiate or participate in this activity? [i.e. the catalyst that made you want to engage?]"
5. "What was most important about it to you?"
6. What was most important about it to other people involved?"
7. "Why was it so important that you felt motivated to participate in it or initiate it?"

Note re 'Why it was important' *– you should be aware that you are questioning for HIV, STIs, health related outcomes and behaviourally-related importance <u>not</u> for personal accounts of satisfaction from service providers (e.g. "I really enjoyed it"). You need to prompt assertively for these outcomes oriented responses. Information about personal motivations not related to improving health and wellbeing may be useful to capture. However, if you don't hear anything about HIV, STIs, health and behaviour al outcomes you <u>must</u> seek information about that.*

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[The people and sectors – what they contributed]

8. What did <u>you</u> do to make it such a good experience?
9. Who else helped you?
10. What did <u>they</u> do that made it such a good experience?
11. Were there other people, companies, governments, or organisations that were helpful? How and why?
12. Did these helpers bring any particular skills or experiences you needed to successfully complete the activity?

Note re 'The people and sectors – what they contributed' *– again, you need specific, clear examples and stories of "real life" contributions made by people and sectors to the innovative service or activity being investigated. The more general and unspecific the information gathered the less useful it is to the process. For example, documenting that "the government was really supportive right from the beginning" then requires*

prompting for how was it supportive, what happened before this that made the government supportive, who was supportive, what those people did that demonstrated supportiveness? What was the result of the supportiveness of government? It may be useful to focus on one particular individual in this way – "Tell me about this one person who was very supportive in government... tell me from the beginning to the end of the process exactly what they did that was so supportive? What did they do next? What did they do after that? And then what did they do?"

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Resources, evidence and information]

13. Were there particular physical resources, technology, print media or equipment you developed?
14. What information and resources do you have on the activity? Can I have copies of those resources? Click here to enter text.
15. How do you know it was effective or achieved some useful outcomes? [They might say "anecdotal reports" and if so, who said what? they may have evaluations, newspaper articles, You Tube videos recording the process etc – ask for copies of all this]. Click here to enter text.
16. Have there been any unexpected outcomes?

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Possibilities for scale-up]

17. If you were to scale up this activity [e.g. running it annually, continuously, producing more of, doing it in more sites, reaching more people], what would you need?
18. How did you fund the activity initially?
19. Would you use this source of funding if you were run the program again and at larger scale?
20. What other sources of funding are available?
21. Would you need to involve other people, sectors or communities to scale up the activity? Why, how, who?

Note re 'Possibilities for scale-up' *– the questions needs practical examples of how scale up and resources for scale up can be made available. You should prompt for practice examples.*

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

22. Is the policy environment helpful for scaling up HIV responses to MSM and TG persons? Why? Why not?

23. Does the local health sector have a published non-discrimination policy for MSM and TG persons?

24. [**If yes to 22**, can I get a copy now? If yes, is it implemented? Evidence of implementation is what exactly?]

25. [**If no to 22**, what's being done to meet the challenge of improving the health sector environment for MSM and TG persons? [e.g. health worker training, engagement with MSM and TG persons groups and organisations]. What <u>should</u> be done to improve the health service response for MSM and TG persons?

26. Is the structural environment supportive for MSM and TG persons accessing health services? [E.g. legal issues, enforcement of the laws, sex work and drug use policies and laws].

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

3. Ending the Interview...

"We've reached the end of the interview now. I wonder if there's anything I've missed that you'd like me to know? Is there something you would absolutely not want me to leave here without knowing about the work you do/have done?"

Interview 1 Discussion: Click here to enter text.
Interview 2 Discussion: Click here to enter text.
Interview 3 Discussion: Click here to enter text.

4. After the Interview(s)...

27. **List the individuals you interviewed, where they were from and the activities you focused on:**

INTERVIEW 1	INTERVIEW 2	INTERVIEW 3
Individuals' Name(s):	Individual's Name(s):	Individual's name(s):
Click here to enter text.	Click here to enter text.	Click here to enter text.
Organisation:	Organisation:	Organisation:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Activity Name:	Activity Name:	Activity Name:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Short Description:	Short Description:	Short Description:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Your views and overall impressions: Click here to enter text.

Discussion with Lead Technical Consultant *[Note: this section will be completed by the Lead Technical Consultant while you are debriefing on the phone].*

Click here to enter text.

Choose an item. **Daily Memo**

YOUR NAME: Click here to enter text.   **DATE:** Click here to enter a date.
PLACE: Click here to enter text.   **INTERVIEWEE:** Click here to enter text.
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"Before I begin the interview do you have any questions or clarifications?"

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[Resources, evidence and information]

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[Possibilities for scale-up]

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18. How did you fund the activity initially?
19. Would you use this source of funding if you were run the program again and at larger scale?
20. What other sources of funding are available?
21. Would you need to involve other people, sectors or communities to scale up the activity? Why, how, who?

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25. [**If no to 22**, what's being done to meet the challenge of improving the health sector environment for MSM and TG persons? [e.g. health worker training, engagement with MSM and TG persons groups and organisations]. What <u>should</u> be done to improve the health service response for MSM and TG persons?
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3. Ending the Interview...

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INTERVIEW 1	INTERVIEW 2	INTERVIEW 3
Individuals' Name(s): Click here to enter text.	Individual's Name(s): Click here to enter text.	Individual's name(s): Click here to enter text.
Organisation: Click here to enter text.	Organisation: Click here to enter text.	Organisation: Click here to enter text.

Activity Name:	Activity Name:	Activity Name:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Short Description:	Short Description:	Short Description:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Your views and overall impressions: Click here to enter text.

Discussion with Lead Technical Consultant *[Note: this section will be completed by the Lead Technical Consultant while you are debriefing on the phone].*

Click here to enter text.

Choose an item. **Daily Memo**

YOUR NAME: Click here to enter text.　　**DATE:** Click here to enter a date.
PLACE: Click here to enter text.　　**INTERVIEWEE:** Click here to enter text.
TIME: Click here to enter text.

1. Introducing you, explaining what you are doing and getting the interview started...

There a number of ways to introduce yourself when you attend each site and begin interviewing. Here is a guiding script to help you think about what to say. You can use this as a guide; change the order, the words and the tone to suit your own personality and preferences.

You:　　*"Hi [their name]. My name is [your name]. I am engaged as a consultant in preparation for a multi-city meeting involving USAID, UNDP, UNAIDS and APCOM. The meeting aims to bring six mega cities across Asia and the Pacific together to consider their current capacities and potentials for scaling up HIV responses to MSM and TG persons. The six cities include Bangkok, Chengdu, Ho Chi Minh City, Rangoon, Manila and Jakarta. The meeting is due to be held in November in Hong Kong.*

"In order to ensure practical and actionable outcomes from the Hong Kong meeting a scan of each city is being undertaken to gather information, identify promising practices, organisations and individuals in each city and assist local leaders identifying next steps for city scale-up of HIV responses to MSM and TG persons.

"I have wanted to arrange to interview you because I've been told about some interesting work you've done or you are doing related to men who have sex with men and/or transgender people. The activity I've heard about is called [name the activity] and I understand it involves [describe what you've heard]. Is that correct?"

"Before I begin the interview do you have any questions or clarifications?"

2. Getting in to the details...

[Details about the activity]
1. "Can you describe the activity or activities in detail for me?*"*
2. "How did you go about doing it? What happened? What happened next? And then?"
3. "What did you do? What did you do next? And then?"

Note: *Local consultants should be aware that you are not questioning for a detailed description of organisations, their structures and their broad range of services – that information is often available through other sources. Rather, you are focusing on one or two particularly innovative approaches to the HIV response for MSM and TG persons provided by this organisation, group or individual. When you hear an interviewee*

mention an innovative service or intervention (e.g. "peer support", "peer education" or "VCT") and you have determined that is the service you will question for, your task is then to focus on that one or those two service(s) and <u>get a great deal of detail on that activity</u>. Details might include when it was set up, who set it up, how service is provided, the pathway for clients from before, to during, to after engagement with the service or intervention. General descriptions are unhelpful and will not lead to the results required.

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Why it was important]

4. "What made you initiate or participate in this activity? [i.e. the catalyst that made you want to engage?]"
5. "What was most important about it to you?"
6. What was most important about it to other people involved?"
7. "Why was it so important that you felt motivated to participate in it or initiate it?"

Note re 'Why it was important' *– you should be aware that you are questioning for HIV, STIs, health related outcomes and behaviourally-related importance <u>not</u> for personal accounts of satisfaction from service providers (e.g. "I really enjoyed it"). You need to prompt assertively for these outcomes oriented responses. Information about personal motivations not related to improving health and wellbeing may be useful to capture. However, if you don't hear anything about HIV, STIs, health and behaviour al outcomes you <u>must</u> seek information about that.*

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[The people and sectors – what they contributed]

8. What did <u>you</u> do to make it such a good experience?
9. Who else helped you?
10. What did <u>they</u> do that made it such a good experience?
11. Were there other people, companies, governments, or organisations that were helpful? How and why?
12. Did these helpers bring any particular skills or experiences you needed to successfully complete the activity?

Note re 'The people and sectors – what they contributed' *– again, you need specific, clear examples and stories of "real life" contributions made by people and sectors to the innovative service or activity being investigated. The more general and unspecific the information gathered the less useful it is to the process. For example, documenting that "the government was really supportive right from the beginning" then requires*

prompting for how was it supportive, what happened before this that made the government supportive, who was supportive, what those people did that demonstrated supportiveness? What was the result of the supportiveness of government? It may be useful to focus on one particular individual in this way – "Tell me about this one person who was very supportive in government... tell me from the beginning to the end of the process exactly what they did that was so supportive? What did they do next? What did they do after that? And then what did they do?"

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Resources, evidence and information]

13. Were there particular physical resources, technology, print media or equipment you developed?
14. What information and resources do you have on the activity? Can I have copies of those resources?
15. How do you know it was effective or achieved some useful outcomes? [They might say "anecdotal reports" and if so, who said what? They may have evaluations, newspaper articles, You Tube videos recording the process etc – ask for copies of all this].
16. Have there been any unexpected outcomes?

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

[Possibilities for scale-up]

17. If you were to scale up this activity [e.g. running it annually, continuously, producing more of, doing it in more sites, reaching more people], what would you need?
18. How did you fund the activity initially?
19. Would you use this source of funding if you were run the program again and at larger scale?
20. What other sources of funding are available?
21. Would you need to involve other people, sectors or communities to scale up the activity? Why, how, who?

Note re 'Possibilities for scale-up' *– the questions needs practical examples of how scale up and resources for scale up can be made available. You should prompt for practice examples.*

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

22. Is the policy environment helpful for scaling up HIV responses to MSM and TG persons? Why? Why not?

23. Does the local health sector have a published non-discrimination policy for MSM and TG persons?

24. [**If yes to 22**, can I get a copy now? If yes, is it implemented? Evidence of implementation is what exactly?]

25. [**If no to 22**, what's being done to meet the challenge of improving the health sector environment for MSM and TG persons? [e.g. health worker training, engagement with MSM and TG persons groups and organisations]. What <u>should</u> be done to improve the health service response for MSM and TG persons?

26. Is the structural environment supportive for MSM and TG persons accessing health services? [E.g. legal issues, enforcement of the laws, sex work and drug use policies and laws].

Interview 1 Notes: Click here to enter text.
Interview 2 Notes: Click here to enter text.
Interview 3 Notes: Click here to enter text.

3. **Ending the Interview...**

"We've reached the end of the interview now. I wonder if there's anything I've missed that you'd like me to know? Is there something you would absolutely not want me to leave here without knowing about the work you do/have done?"

Interview 1 Discussion: Click here to enter text.
Interview 2 Discussion: Click here to enter text.
Interview 3 Discussion: Click here to enter text.

4. **After the Interview(s)...**

27. **List the individuals you interviewed, where they were from and the activities you focused on:**

INTERVIEW 1	INTERVIEW 2	INTERVIEW 3
Individuals' Name(s):	Individual's Name(s):	Individual's name(s):
Click here to enter text.	Click here to enter text.	Click here to enter text.
Organisation:	Organisation:	Organisation:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Activity Name:	Activity Name:	Activity Name:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Short Description:	Short Description:	Short Description:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Your views and overall impressions: Click here to enter text.

Discussion with Lead Technical Consultant *[Note: this section will be completed by the Lead Technical Consultant while you are debriefing on the phone].*

Click here to enter text.

_____**Daily Memo**

Insert City Name above

YOUR NAME: **DATE:**

PLACE: **INTERVIEWEE:**

TIME:

1. Introducing you, explaining what you are doing and getting the interview started...

There a number of ways to introduce yourself when you attend each site and begin interviewing. Here is a guiding script to help you think about what to say. You can use this as a guide; change the order, the words and the tone to suit your own personality and preferences.

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"In order to ensure practical and actionable outcomes from the Hong Kong meeting a scan of each city is being undertaken to gather information, identify promising practices, organisations and individuals in each city and assist local leaders identifying next steps for city scale-up of HIV responses to MSM and TG persons.
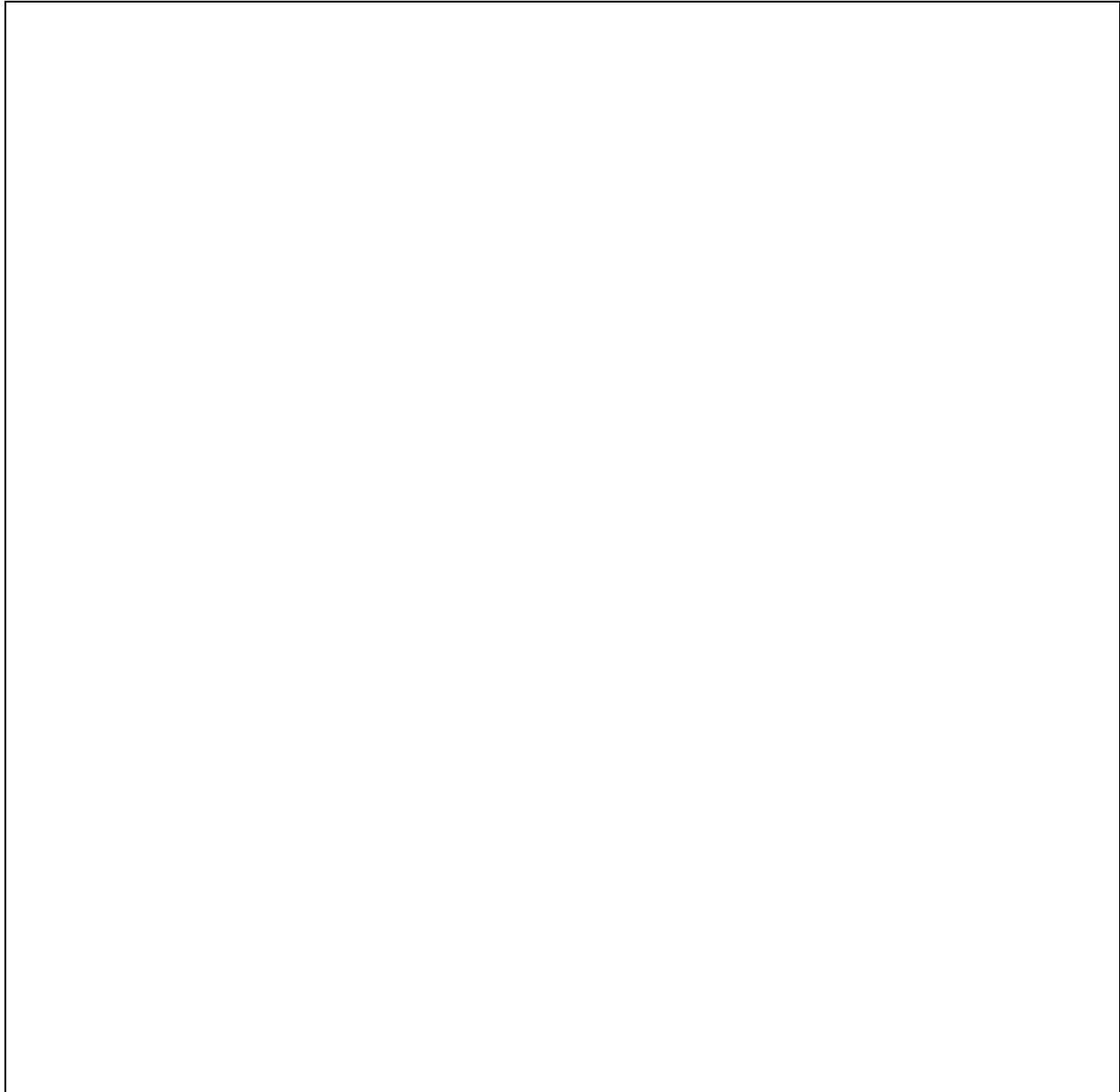
"I have wanted to arrange to interview you because I've been told about some interesting work you've done or you are doing related to men who have sex with men and/or transgender people. The activity I've heard about is called [name the activity] and I understand it involves [describe what you've heard]. Is that correct?"

"Before I begin the interview do you have any questions or clarifications?"

2. Getting in to the details...

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3. "What did you do? What did you do next? And then?"

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5. "What was most important about it to you?"

6. What was most important about it to other people involved?"

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8. What did <u>you</u> do to make it such a good experience?

9. Who else helped you?

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16. Have there been any unexpected outcomes?

17. If you were to scale up this activity [e.g. running it annually, continuously, producing more of, doing it in more sites, reaching more people], what would you need?

18. How did you fund the activity initially?

19. Would you use this source of funding if you were run the program again and at larger scale?

20. What other sources of funding are available?

21. Would you need to involve other people, sectors or communities to scale up the activity? Why, how, who?

22. Is the policy environment helpful for scaling up HIV responses to MSM and TG persons? Why? Why not?

23. Does the local health sector have a published non-discrimination policy for MSM and TG persons?

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25. [**If no to 22**, what's being done to meet the challenge of improving the health sector environment for MSM and TG persons? [e.g. health worker training, engagement with MSM and TG persons groups and organisations]. What <u>should</u> be done to improve the health service response for MSM and TG persons?

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INTERVIEW 1	INTERVIEW 2	INTERVIEW 3

Individuals' Name(s):	Individual's Name(s):	Individual's name(s):
Organisation:	Organisation:	Organisation:
Activity Name:	Activity Name:	Activity Name:
Short Description:	Short Description:	Short Description:

Your views and overall impressions:
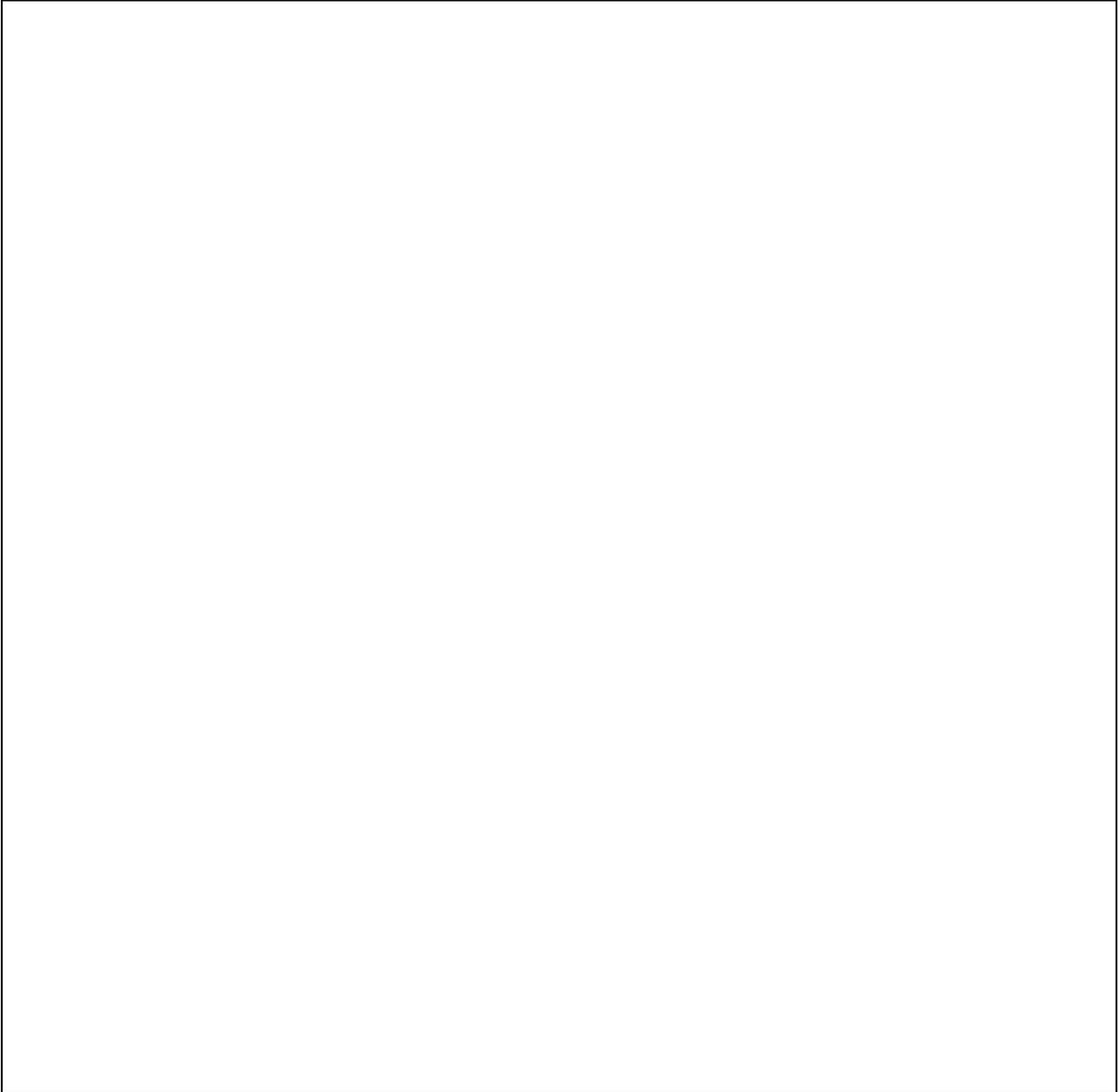
3 STEP 3: THE CITY-LEVEL VISION MEETING

The Vision Meeting is the third and final step in your city level scanning project. It is designed to bring together all the people who have participated in the scan and help them begin thinking together about scaling up HIV responses for and with MSM and TG persons. The UNAIDS UCC or other focal point will help you to prepare for and convene this meeting. Through the process of your individual interviews and site visits you will have identified interesting activities, invited individuals, groups and organisations to attend this Vision Meeting and invited some of those people to present their activity at the Vision Meeting. You, as the Local City Consultant, are solely responsible for organising the agenda for this meeting (but the UNAIDS UCC or other focal point will help with administration, coordination and logistics). This section of the Guide assists you by describes the tasks you need to complete, providing you with advice and the instruments and templates to help you. You must invite people to attend, arrange for presentations at the meeting, facilitate the meeting itself, take notes and provide those notes and discuss them with the Lead Technical Consultant at the end of the process.

OUTCOMES FROM THE VISION MEETING

At the end of the Vision Meeting you need to have completed Minutes that provide information on

- The process of the meeting
- Details on the presentations by individuals at the meeting
- The discussions and agreements for the future of HIV responses to MSM and TG persons made by participants in the Vision Meeting
- other resources and information that emerged from the Vision Meeting

KEY ACTIVITIES AND RESOURES TO COMPLETE THEM

Key activities that you need to complete:

- Invite interviewees to the Vision Meeting (letter provided in this section)
- Arrange for up to four presentations by interviewees at the Vision Meeting
- Take notes from the meeting and complete minutes on the meeting
- De-brief with the Lead Technical Consultant in Bangkok
- Collate and forward written or other evidence, resources and records to the Lead Technical Consultant.

Included in Step Three are instruments to assist you to complete this part of the city level scan. These instruments include:

6. A Task List with all significant steps described – click here to go to the Task List.

7. Invitation to The Vision Meeting – click here to go to the Invitation. **Important**: you must complete some parts of the Invitation before printing and disseminating!
8. Minutes of the Vision Meeting – click here to go to the Minutes template.
9. Writing Pad for hand writing to record info from the Vision Meeting click here.

TASKS INVOLVED IN COMPLETING THE VISION MEETING

No.	Your Task(s)	Your Deadline	Completed?
1	☐ **INVITE** all interviewees to The Vision Meeting (provide them with the Invitation Letter attached here).	**Steam 1 and 2:** throughout	☐ Yes ◉ No
2	☐ **REQUEST up to** four (4) interviewees to formally present their activity at The Vision Meeting (this is a ten minute presentation only).	**Steam 1 and 2:** throughout	☐ Yes ☐ No
3	☐ **Facilitate** The Vision Meeting and take notes.	**Steam 1:** Fri 10 Sept **Stream 2:** Fri 17 Sept	☐ Yes ☐ No
4	☐ **De-brief** with Lead Technical Consultant.	**Steam 1:** Fri 10 Sept **Stream 2:** Fri 17 Sept	☐ Yes ☐ No
5	☐ **Submit Minutes of The Vision Meeting** to Lead Technical Consultant.	**Steam 1:** Mon 13 Sept **Stream 2:** Mon 20 Sept	☐ Yes ☐ No

INVITATION

VISION MEETING for Scaling up HIV-services to MSM and TG

When? Click here to enter text.

Where? Click here to enter text.

Get more info: Click here to enter text.

Please accept this letter as an invitation to attend the city level scanning Vision Meeting to be held on Click here to enter a date. The meeting will bring together partners in the response to HIV across our city to discuss the scaling up HIV responses for MSM and TG persons.

The agenda for the meeting includes:

- Presentation on the key findings from the city level scanning HIV responses to MSM and TG persons
- Presentations from key actors who are delivering or who have delivered innovative and promising HIV activities to MSM and TG persons in our city.
- Discussion of other projects and activities and their potential for scale-up.
- Considering next steps for the goal of scaling up HIV responses to MSM and TG persons in the city.

Refreshments will be provided at the meeting and I very much hope to see you there. For more information please call **Click here to enter text.**

The agenda for the Vision Meeting is provided below with prompt questions to assist you getting the information you need. During the meeting you must:

- Present a PowerPoint Presentation on your preliminary findings from the city level scan on HIV responses to MSM and TG persons.
- Facilitate presentations by four (4) individuals related to their promising work.
- Facilitate discussion about the example set by their promising activities and their potential for scale up.
- Facilitate discussion on next steps and processes for HIV response scale up and document the discussion using minutes template provided.

AGENDA – VISION MEETING		
Timing	Agenda Item	Resources Needed
1.00pm	Intro and Welcome	UCC Focal Point
1.30pm	Preliminary Findings from the city level scanning for HIV responses to MSM and TG and discussion.	Local Consultant
2.00pm	Presentations on innovative and promising projects in the city and discussion.	Local Presenters
3.00pm	Discussion of other innovative and promising activities, their possibility or scale-up.	All participants
3.30pm	Next steps in scaling up HIV responses for MSM and TG in the city – What is needed? Who should be involved? What are the possibilities and how to begin engaging with these? What are the challenges and how best to overcome them?	All participants
4.00pm	What will happen now?	UCC Focal Point
4.10pm	FINISH and Thank You's	UCC Focal Point

This template is designed to assist you ordering and documenting the discussion during the Vision Meeting. Note that section 5 is for the Lead Technical Consultant to complete during your de-briefing session after the meeting.

Choose an item. **Report on Vision Meeting for Six City Scan**

Date of meeting: 13/08/2010

Participants: Click here to enter text.

Minute Taker: Click here to enter text.

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3. Process Description

Click here to enter text. *[Note: Describe the process of the meeting from your perspective]*

4. Feedback from participants on the findings of your In-City Scan

Click here to enter text.

6. Four local presentations (Note: get their PowerPoint Presentations if they used them)
Presentation 1: Click here to enter text.
Presentation 2: Click here to enter text.
Presentation 3: Click here to enter text.
Presentation 4: Click here to enter text.

5. Discussion on innovative and promising practices and their potential for future scale up:
Click here to enter text.

6. Next steps (potentials and challenges) in the process from here:
Click here to enter text.

5. Key Themes and Issues that emerged for the future

8. Click here to enter text.
9. Click here to enter text.
10. Click here to enter text.
11. Click here to enter text.
12. Click here to enter text.
13. Click here to enter text.

7. Your thoughts and perspectives (after the meeting)

Click here to enter text.

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8. Discussion with Lead Technical Consultant *[Note: this section will be completed by the Lead Technical Consultant while you are 'meeting' on the phone].*

Click here to enter text.

_____ **Report on Vision Meeting for Six City Scan**

Name your city (above)

Date of meeting: _____ / _____ / _____
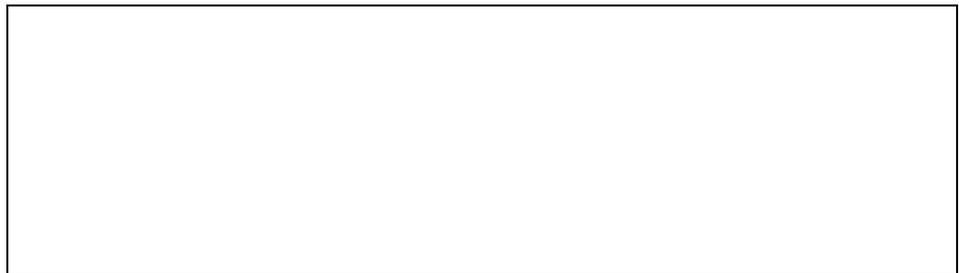
Participants:

Minute Taker: _____

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5. Process Description

6. Feedback from participants on the findings of your In-City Scan
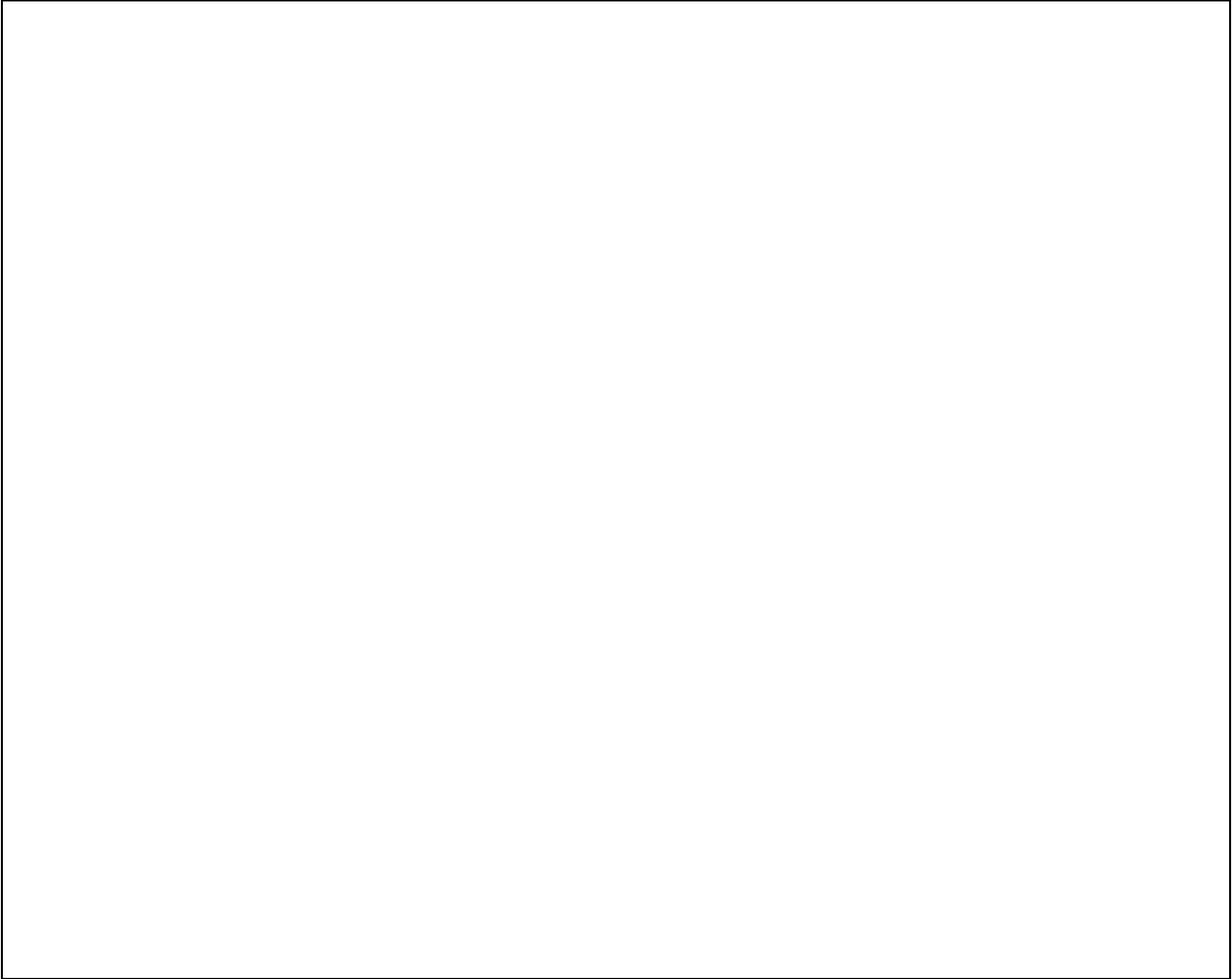
7. **Four local presentations (Note:** get their PowerPoint Presentations if they used them**)**
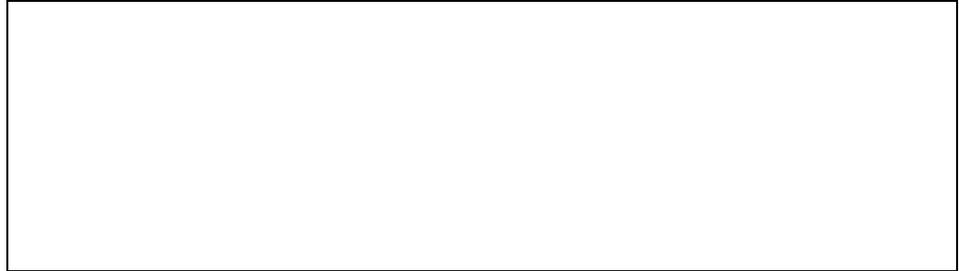**Presentation 1:**

Presentation 2:
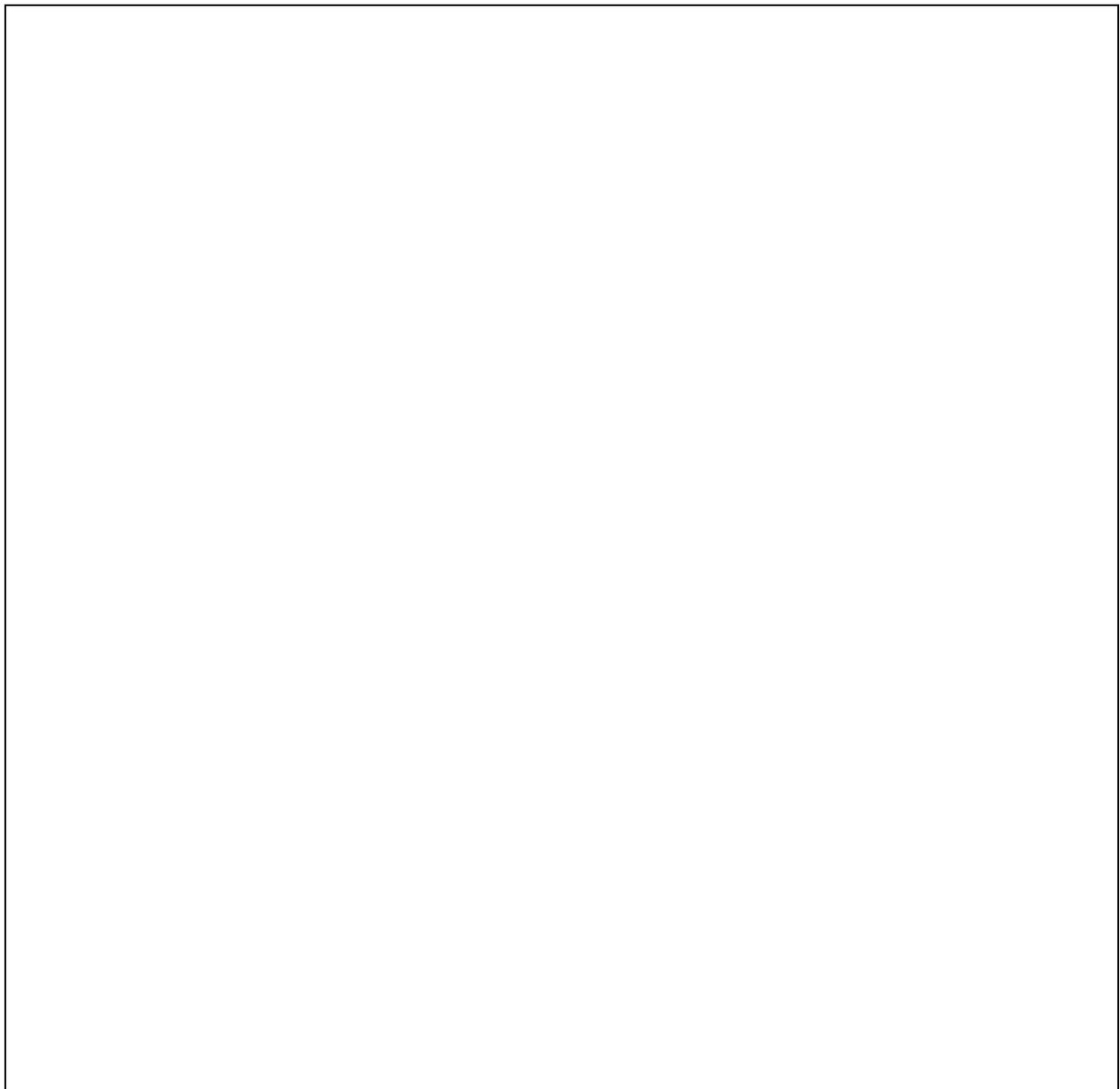
Presentation 3:

Presentation 4:

8. **Discussion on innovative and promising practices and their potential for future scale up:**

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9. Next steps (potentials and challenges) in the process from here:

Note: Next Steps needs to emphasize the potential collaborations which can yield improved results and scale-up. In particular, consultants need to focus participants on finding solutions to increased collaboration and increased resourcing to support collaboration.

6. Key Themes and Issues that emerged for the future

1.
2.
3.
4.
5.
6.
7.

10. Your thoughts and perspectives (after the meeting)

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