



**AMSHer**

African Men for Sexual Health & Rights



**NIGERIA**



**THE MSM**

**HEALTH SCORECARD**



**AIDS Accountability**  
International



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# ABBREVIATIONS AND ACRONYMS

AAI Aids Accountability International  
AGE Advancement of Grassroots Empowerments  
AIDS Acquired Immuno-Deficiency Syndrom  
AJWS American Jewish World Service  
AMfAR American Foundation for Aids Research  
AMShEr African Men for Sexual Health and Rights  
CDC United States Centers for Disease Control and prevention  
CSO Civil Society Organisation  
DFID United Kingdom's Department For International Development  
DOD Department Of Defence  
FMOH Federal Ministry Of Health  
GFATM Global Fund against Aids Tuberculosis and Malaria  
HIV Human Immunodeficiency Virus  
IBSS Integrated Behavioral Biological Surveillance Survey  
IAH Initiative for the Advancement of Humanity  
ICARH International Centre of Advocacy for the Rights to Health  
IMH Initiative for improved Male Health  
INCREASE International Centre for Reproductive health and Sexual rights  
LEDAP Legal Defense Assistance Project  
LGBTI Lesbian, Gay, Bisexual, Transgender, Intersexual  
MARPs Most-At-Risk Populations  
MDG Millennium Development Goals  
MHAP Men's Health Advocacy Project  
MSM Men who have sex with men  
NACA National Aids Council A  
NCPI National Composite Policy Index  
NED National Endowment for Democracy fund  
NGDP National Gender and Development Policy  
ND No Data submitted  
NDP National Development Plan  
OSIWA Open Society International West Africa  
PEPFAR President's Emergency Plan For Aids Relief  
SFP Society for Family Planning  
SOGI Sexual Orientation and Gender Identity  
STI Sexually Transmitted Infection  
TIER The Initiative for Equal Rights  
UNAIDS The Joint United Nations Programme on HIV/AIDS  
USAID United States Agency for International Development



# ABOUT THE ORGANISATIONS

The African Men for Sexual Health and Rights [AMSHeR] is a regional coalition of 18 MSM – and LGBTI-led organisations in 15 African countries established in 2009 by to i. address the disproportionate effect of the HIV epidemic on MSM and LGBTI; ii. the human rights violations these populations face on the continent; iii. and to increase the visibility of MSM/LGBTI issues across all levels of policy and service delivery at global, regional and local levels. AMSHeR was formed in an attempt to devise ‘home-grown’ strategies to address local issues. Through advocacy and capacity-strengthening, AMSHeR works towards achieving its mission of ‘a healthy and empowered MSM community in Africa and human rights for all’. Although AMSHeR’s formal membership is 18 organisations, strategically chosen to maintain geographic (Central, East, Southern and West Africa), linguistic (English, French, Kiswahili and Portuguese-speaking countries), socio-legal (common law, civil law and Roman-Dutch legal systems) representation of sub-Saharan Africa, AMSHeR maintains a reach across the whole of Africa through partnerships with a network of affiliate members.

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. Our work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases, and we work on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.

Stronger leadership is required in order to ensure that universal health rights and services are provided that are accessible, affordable, acceptable and quality in nature. This also requires impact mitigation programmes to the people who need them, and rights and services that are catered to the needs of those who are most marginalized by society, policy or otherwise.

AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. We conduct only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments. We also conduct our own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared. AAI focuses on inclusion of the most marginalized in much of our work and has global reach with an African focus.

The Initiative for Equal Rights (TIERs) is a Nigeria-based registered non-for-profit organization working to protect and promote the human rights of sexual minorities nationally and regionally. We’re committed to bringing about a society that is free from discrimination and harm on the grounds of sexual orientation. We work towards this goal through education, empowerment and engagement with the many publics in Nigeria. We were founded in 2006 as a response to the discrimination and marginalization of sexual minorities in both HIV prevention programming and mainstream human rights work.



# THE MSM HEALTH ADVOCACY PROJECT

On a global level, men who have sex with men or MSM are 19 times more likely to be infected by HIV than people in the “general population”. Several key studies have shown that MSM in Africa are about 19% more susceptible to acquiring HIV than the general population.

Although both of these 19s mean different things, both show alarming disregard for the health needs of MSM in Africa. Despite the grave need for urgent attention to their health needs, they remain at the margins of HIV interventions. This is evidenced by the lack of service provision to meet the specific health needs of MSM as well as the lack of comprehensive data analyzing the HIV epidemiology occurring amongst MSM, and this exclusion occurs in all regions of the continent.

The MSM Health Advocacy Project (MHAP) is run by AMSHeR and aims at improving the policy and health environment for the delivery of HIV services to MSM at all levels. The objectives of the project are: establish a baseline of current MSM health services in Cote D'Ivoire, Kenya and Nigeria; increase capacity to collect data, analyze, and report on MSM health disparities by AMSHeR member organizations in those countries; develop an advocacy program for improvements in health outcomes; build a community network for health advocacy between the three countries. The MHAP is a three years project and will utilize an MSM Health Scorecard as the tool for establishing a baseline and building accountability for MSM health services.



# THE MSM HEALTH SCORECARD

The MSM Health Scorecard is a tool developed by AMSHeR, with the technical support of AIDS Accountability International; the tool includes relevant country level indicators that help monitor accountability of governments, civil society organizations or funding partners in improving the health of MSM.

## Scorecard Elements

The MSM Health Scorecard contains sixteen elements each of which evaluates a different aspect of the response to MSM by different stakeholders: government, civil society and funding partners.

### **PART I: Holding Government Accountable**

Element 1: HIV Prevalence

Element 2: Sexually Transmitted Infections

Element 3: HIV Prevention

Element 4: HIV Testing

Element 5: Condom Use

Element 6: Reproductive Health Commodities

Element 7: Policy Environment

Element 8: Legal Environment

Element 9: Sensitization and Training of Healthcare Workers

Element 10: Budget and Financing

Element 11: Service ProvisionBudget and Financing

### **PART II: Holding Civil Society Accountable**

Element 12: Civil Society Organizations

Element 13: Civil Society Organizations Advocacy

Element 14: Civil Society OrganizationsOutreach

### **PART III: Holding Funding Partners Accountable**

Element 15: Funding for MSM Organizations

Element 16: Funders' Policy on Gender and Sexual Orientation

### **PART IV: Lessons Learned**

# AAI Scorecard Grades

AAI places countries in five broad 'grades', from A to E. The grade is based on the percentage reported by the country according to the following formula: A (81-100%); B (61-80%); C (41-60%); D (21-40%); E (0-20%) – from A (very good) to E (very poor). If a country has not reported on a particular element then the score will be marked as ND for No Data and because the value of knowing what the circumstance of your epidemic is paramount to informing and constructing your response, these indicators are given a numerical value of 0.

Score	Grade
81-100 %	A
61-80 %	B
41-60%	C
21-40%	D
0-20 %	E
No data submitted =0%	ND

Sometimes the lower the percentage, the better the health response is. This kind of situation happens for example when we examine HIV prevalence. We want lower percentages. In these circumstances in this scorecard, the grade has been based on that used by AMfAR in the MSM, HIV, and the Road to Universal Access – How Far Have We Come? Report. This roots and connects this work so that it can be compared with this global analysis report, and is AAI's own logical conclusion based on our own analysis.

Score	Grade
0-5 %	A
6-10 %	B
11-15%	C
16-20%	D
>20 %	E
No data submitted = 0%	ND

In order to calculate these grades one of two methods has been used in this scorecard.

# Developing the MSM Health Scorecard

## Methodology

An Implementation Guide was developed by AMSHeR and AAI to help understand the rationale behind each indicator, as well as what each indicator measures and the data limitations. A questionnaire was concomitantly conceived to facilitate in-country quality data collection. Workshops on how to complete the questionnaire were run by AMSHeR and the data then submitted to AAI. AAI used the data collected to analyze and produce country Scorecards and Reports.

## Methodology and data limitations

An Implementation Guide was developed by AMSHeR and AAI to help understand the rationale behind each indicator, as well as what each indicator measures and the data limitations. A questionnaire was concomitantly conceived to facilitate in-country quality data collection. Workshops on how to complete the questionnaire were run by AMSHeR and the data then submitted to AAI. AAI used the data collected to analyze and produce country Scorecards and Reports. This is available online at [www.aidsaccountability.org](http://www.aidsaccountability.org).

## Lessons learnt

The main challenges in the development of MSM Scorecard Guidelines and Questionnaire were the lack of available official data on indicators for MSM health in Africa and the disparity of data sources for same indicators in different countries. AMSHeR mapping and baseline reporting projects will have to provide many indicators through primary data collection.

# Using the MSM Health Scorecard

## Objective

The Scorecards will be used by AMSHeR and member organizations for advocacy and tracking of progress on strategic indicators of MSM health. The reports will summarize the analysis of the data, detailing key assumptions, identifying challenges and successes to data analysis, and providing recommendations for improvements for future versions.

## Next steps

Training will be provided at a later stage in health policy advocacy, combined with support to develop and execute a national health policy advocacy strategy targeted to engagement with Ministries of Health, national AIDS councils, Country Coordinating Mechanisms, PEPFAR and their programme implementers, and advocacy bodies on behalf of MSM.

## Introduction to the human rights situation of MSM in Nigeria

What is happening in Nigeria right now?	The same –sex marriage (prohibition) act, 2013, a law prohibiting same sex relationships, public display of same sex affection and organizations rendering services to LGBTI community has been enacted, which has led to an increased level of rights violations (mob attacks, hate crimes) of individuals based on their real or perceived sexual orientation and gender identity/ expression.
What is the climate regarding gay rights now?	The general atmosphere is tense, hostile and unsettling as the LGBTI community in Nigeria have further gone into seclusion and underground out of fear of persecution and arrest for being gay, a witch hunt to persecute LGBTI persons have been set in motion as state actors and non-state actors violate rights of individual, extort and blackmail persons for being gay and with tougher sanctions if caught in the act.
What was the climate for gay rights in the past?	Recognition of rights before now was not in existence which fuels harsh treatment of individuals perceived to be gay regularly. The sodomy laws under the criminal and penal codes and the Shariah law that is practiced in some northern states in Nigeria created the repressive environment. While this law have been there for years, most of the rights violations were mostly common in the Northern Nigeria but since the signing of the Same-Sex Marriage Prohibition Act, the general atmosphere has been tense across the country.
What do you hope will happen in the next year or two?	With the enactment of the Same Sex Marriage (Prohibition) law, the LGBTI community in Nigeria are bound to face tougher acts of violence and discrimination (which is on-going) as the Act gives leverage to both state and non- state actors to trample upon LGBTI persons fundamental human rights and mete inhuman treatment of perceived LGBTI persons.  More and more rights violations will be experienced by LGBTI person across the country as a result of signed law and exiting law that criminalizes LGBTI persons and the act itself.
What do you think will happen in the next ten years for gay rights in Nigeria?	The conversation on LGBTI rights will shift to a more progressive conversation where discriminatory law might be going through repeal or already repealed. We might also see a constitution that will further ensure protection of all including LGBTI persons.
What are your biggest challenges?	Limited access to healthcare services due to stigma and discrimination of gay persons, Poor knowledge of healthcare providers and social workers about sex and sexuality Discriminating and criminalizing laws against LGBTI persons, organization and staff of such organizations working for the LGBTI community in Nigeria Non-Promotion and protection of rights of LGBTI persons Inability of LGBTI person to access justice
What do you need others to do to help?	By liaising with the local activists: individuals and organizations in Nigeria, to help develop a strategic plan to that will combat these discriminatory and criminalizing laws that are against LGBTI persons and organizations serving the marginalised group.  Such liaison/support may be through development of advocacy toolkit for stakeholder and policy makers, provision of comprehensive training on sex and sexuality for law makers, religious leaders etc In addition, ensuring protection of LGBTI person through (e.g. legal aid) that would aid the LGBTI movement in repealing anti-gay laws.
What must others NOT do, so that the situation for gay people gets better?	Public downgrading of the government will further worsen situation for LGBTI persons. This might not directly come from the government but from the larger society who see the government criminalizing LGBTI as an achievement. Aid threat and conditionality should not be public, if at all it will be done.
Who are your biggest and most influential allies? Why?	At the moment the LGBTI movement doesn't have solid support from mainstream civil society but there has been some influential people within the country who have expressed their displeasure about the witch hunt toward LGBTI persons. Some of the persons include Professor Wole Soyinka, Ayo Obe, Cihidi Odinkalu and some other individuals within mainstream civil society.
Who are your biggest and most influential enemies? Why?	Religious fundamentalist based on their influence, they fan the flame of hatred through their religious spaces that always have huge followership. These followers mostly make their informed opinion through the information they have received from these respected leaders within the religious space. They also influence policy makers who have now seen the religious space as a means to also enhance their political presence, especially during election period.

## Overall Scorecard

<b>PART I: Holding Government Accountable</b>	<b>Overall Score: D</b>
Element 1: HIV Prevalence	Overall Score: D
Element 2: Sexually Transmitted Infections	Overall Score: E
Element 3: HIV Prevention	Overall Score: B
Element 4: HIV Testing	Overall Score: D
Element 5: Condom Use	Overall Score: C
Element 6: Reproductive Health Commodities	Overall Score: E
Element 7: Policy Environment	Overall Score: D
Element 8: Legal Environment	Overall Score: D
Element 9: Sensitization and Training of Healthcare Workers	Overall Score: E
Element 10: Budget and Financing	Overall Score: ND
Element 11: Service ProvisionBudget and Financing	Overall Score: D
<b>PART II: Holding Civil Society Accountable</b>	<b>Overall Score: D</b>
Element 12: Civil Society Organizations	Overall Score: D
Element 13: Civil Society Organizations Advocacy	Overall Score: D
Element 14: Civil Society Organizations Outreach	Overall Score: D
<b>PART III: Holding Funding Partners Accountable</b>	<b>Overall Score: D</b>
Element 15: Funding for MSM Organizations	Overall Score: D
Element 16: Funders' Policy on Gender and Sexual Orientation	Overall Score: ND

<b>PART I: Holding Government Accountable</b>		<b>Overall Score: D</b>
<b>Element 1: HIV Prevalence</b>		<b>Overall Score: D</b>
Indicator name	Indicator %	Source
<b>Indicator 1a</b> HIV prevalence among men who have sex with men (%)	<b>17.2% (25%)</b>	<b>IBBS 2010</b>
Notes: IBBS Report is available.		
Challenges: The coverage of the IBBS 2010 was not nationwide, only 6 states were surveyed. There's need for data in 31 other states.		
Recommendations/way forward: The coverage of the IBBS 2010 was not nationwide, only 6 states were surveyed. There's need for data in more than six state for proper programming and response to the HIV epidemic.		
<b>Element 2: Sexually Transmitted Infections</b>		<b>Overall Score: E</b>
Indicator name	Indicator %	Source
<b>Indicator 2a</b> Percentage of men who have sex with men who report having an STI in the past 12 months	<b>15%</b>	<b>IBBS 2010</b>
Notes: IBBS Report is available.		
Challenges: The coverage of the IBBS 2010 was not nationwide, only 6 states were surveyed. There's need for data in 31 other states.		
Recommendations/way forward: The coverage of the IBBS 2010 was not nationwide, only 6 states were surveyed. There's need for data in more than six state for proper programming and quality data information.		
<b>Element 3: HIV Prevention</b>		<b>Overall Score: B</b>
Indicator name	Indicator %	Source
<b>Indicator 3a</b> Percentage of men who have sex with men reached with HIV prevention programmes	<b>77%</b>	<b>IBBS 2010</b>
Notes: 1045 MSM were surveyed for the IBBS 2010.		
Challenges: No national statistics on MSM reached with HIV prevention.		
Recommendations/way forward: National statistics can only be available if programming are moved the current state IBBS survey was carried out. Therefore, research and program need to move beyond six states before statistics like this can be available.		

Element 4: HIV Testing		Overall Score: D
Indicator name	Indicator %	Source
<b>Indicator 4a</b> Percentage of men who have sex with men that have received an HIV test in their lifetime	<b>53.3% (C)</b>	<b>IBBS 2010</b>
<b>Indicator 4b</b> Percentage of men who have sex with men that have received an HIV test in the last 12 months and who know their results	<b>31% (D)</b>	<b>NACA Fact Sheet 2011</b>
Notes: Limited coverage of IBBS. For 4b, methodology needs to be clarified.		
Challenges: The data is more of secondary data than primary and it is based on the assumptions of the IBBS, 2010.		
Recommendations/way forward: NACA needs to involve MSM/LGBTI groups in reporting on MSM issues. The scope and coverage of MSM HIV interventions and related research needs to be expanded.		
Element 5: Condom Use		Overall Score: C
Indicator name	Indicator %	Source
<b>Indicator 5a</b> Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	<b>52%</b>	<b>IBBS 2010</b>
Notes: Inconsistency with data reported in the UNAIDS report 2010 (NACA claims 59.7%).		
Challenges: Also the data analysis did not put disaggregate whether the condoms were used with lubricants or just condoms alone, which can affect the durability of the condoms.		
Recommendations/way forward: There is need for clarification, proper coordination and monitoring of figures at states and national level. More CSO engagement.		

Element 6: Reproductive Health Commodities				Overall Score: E
Indicator name	Indicator %			Source
<b>Indicator 6a</b> Men who have sex with men reporting ever using lubricant during anal sex with man	No DATA			TIER's Procurement Policy
Indicator name	Yes	In Progress	No	Source
<b>Indicator 6b</b> Lubricant on the list of essential drugs			X	
<b>Indicator 6c</b> Mechanisms of procurement for lubricant in place.			X	
Notes: Although there is no procurement mechanism in place at national level for lube, a few organisations (SFH – Society for Family Planning, TIER, Heartland Alliance, ICARH, IMH, AGE, IAH) have put their own mechanisms in place.				
Challenges: The national condom policy is biased and excludes lubricants.				
Recommendations/way forward: Needs for mechanisms of procurement on local, state and national levels. The need to include lubricants in the national condom policy.				
Element 7: Policy Environment				Overall Score: D
Indicator name	YES	No	Source	
<b>Indicator 7a</b> Are there policy provisions for men who have sex with men in National Development Plan?		X	No NDP since the one from 1999-2003. Did Nigeria start allying its targets with MDG? Are there later NDP that are not published? Yes, it's called Vision 2020	
If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):				
<b>Indicator 7b</b> Are there policy provisions for men who have sex with men in Common country assessment / UN Development assistance framework?				
If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):				

<p><b>Indicator 7c</b> Are there policy provisions for men who have sex with men in National HIV Communication Plan?</p>		<p>X</p>	<p>No national communication plan. In the National HIV/AIDS Strategic Framework 2010-2015, under the promotion of behavioural change and prevention of new infections, thematic area prevention intervention, MARPS are mentioned.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			
<p><b>Indicator 7d</b> Are there policy provisions for men who have sex with men in National STI Policy/policy guidelines?</p>		<p>X</p>	<p>National STI Management Policy</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			
<p><b>Indicator 7e</b> Are there policy provisions for men who have sex with men in National Sexual and Reproductive Health and Rights policy or policy guidelines?</p>		<p>X</p>	<p>National Strategy Framework on the health of youth and adolescent people of Nigeria. No mention of MSM.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			
<p><b>Indicator 7f</b> Are there policy provisions for men who have sex with men in National HIV/AIDS Strategic Plans?</p>	<p>X</p>		<p>National HIV/AIDS Strategic Plan.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?): The policy seeks to create enabling environment and programmes targeting MSM.</p>			
<p><b>Indicator 7g</b> Are there policy provisions for men who have sex with men in National Health Policy?</p>		<p>X</p>	<p>National Health Policy 2004. MSM not mentioned.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			

<p><b>Indicator 7h</b> Are there policy provisions for men who have sex with men in National Composite Policy Index (NCPI)?</p>	<p><b>X</b></p>		<p>National Composite Policy Index. Page 2. The multi-sectorial strategy addresses MSM.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			
<p><b>Indicator 7i</b> Are there policy provisions for men who have sex with men in National Health Policy?</p>		<p><b>X</b></p>	<p>The NGDP is specifically on women. MSM are not addressed.</p>
<p>If men who have sex with men are mentioned, please provide more details (What is the policy? Is the policy discriminatory or supportive?):</p>			
<p><b>Notes:</b></p>			
<p><b>Challenges:</b> Low availability of policy documents to the general public and even for CSOs, those available often need an update.</p>			
<p><b>Recommendations/way forward:</b> There is need for policy dissemination through the media and other forms of new media and the need for translation of such policies into local languages for better understanding by the general populace.</p>			

Element 8: Legal Environment			Overall Score: D
Indicator name	YES	No	Source
<b>Indicator 8a</b> Are homosexual acts legal?		X	Criminal Code, chapter 21, section 214, 289. Proposed Same-Sex Marriage Prohibition Bill
<b>Indicator 8b</b> Death penalty is not used as punishment for homosexual acts?		X	The Sharia Law in Northern States
<b>Indicator 8c</b> Is there equal age of consent for homosexual and heterosexual acts?		X	There's no provision on age of consent for homosexual acts, but that of consent for heterosexual acts under the criminal code
<b>Indicator 8d</b> Is there prohibition of discrimination in employment based on sexual orientation?		X	
<b>Indicator 8e</b> Is there constitutional prohibition of discrimination based on sexual orientation?	X		Constitution 99. Chapter 2, section 17, sub-section 3a-h. But the provision is not specific.
<b>Indicator 8f</b> Is marriage legal for same-sex couples?		X	Same-sex Marriage Prohibition Bill.
<b>Indicator 8g</b> Is joint adoption by same-sex couples legal?		X	The Law is silent
<p><b>Notes:</b> The existence of the Bill has brought about increased level of violence meted against person by virtue of their real or perceived sexual orientation and gender identity, invasion of privacy and freedom to express and assemble has been render illegal for members of the LGBTI community by virtue of the Same-Sex Prohibition Bill.</p> <p>Also organizations rendering services to the LGBTI community have been illegal by virtue of the provisions of Section 4 (1) . the rippled effect of the emergence of the bill is negative and fast spreading, extortion, blackmail etc, have become a norm and perpetrators of such are members of the society (Non-State Actors) and the law enforcement agents (State Actors).</p>			
<p><b>Challenges:</b> As an organization, rendering human rights information, sexual health information and distribution of safer sex commodities and other service for the community have become difficult, as members of the LGBTI community no longer access the organization's community centre out of fear of been arrested or otherwise.</p> <p>Also the safety and security of Social and development workers are now at risk by virtue of the Same Sex Marriage (Prohibition) Bill.</p>			
<p><b>Recommendations/way forward:</b> Need to abolish laws that are discriminatory to LGBTI persons and anyone who engage in same sex.</p>			

Element 9: Sensitization and Training of Healthcare Workers			Overall Score: E
Indicator name	YES	No	Source
<b>Indicator 9a</b> Inclusion of MSM sensitization and/or specific health needs for prevention, diagnosis and treatment in training manuals for health care workers.		X	Population Council has organised trainings healthcare workers on MARPs, but only PowerPoint presentations were made available.
<b>Notes:</b>			
<b>Challenges:</b> The challenges of ethical and moral issues			
<b>Recommendations/way forward:</b> The need to upgrade curriculum of health care workers on sexual and gender diversity issues is important.			
Element 10: Budget and financing			Overall Score: ND
Indicator name	Indicator %		Source
<b>Indicator 10a</b> Percentage of government budget allocation for health activities which focus on men who have sex with men			
<b>Notes:</b>			
<b>Challenges:</b> The lack of information on the budgetary process and the minimal public education on this.			
<b>Recommendations/way forward:</b> The need for LGBT organizations to be involved in the budgetary process through evidence based advocacy and input.			
Element 11: Service ProvisionBudget and Financing			Overall Score: D
Indicator name	Indicator %		Source
<b>Indicator 11a</b> Number of public clinics providing services to men who have sex with men.	7 in Lagos		TIER's Referral List
<b>Notes:</b>			
<b>Challenges:</b> There's no directory available of public clinics for MSM.			
<b>Recommendations/way forward:</b> The need to get public hospitals to have a non-discriminatory policy irrespective of sexual orientation and gender identity is important.			

<b>PART II: Holding Civil Society Accountable</b>			<b>Overall Score: D</b>
<b>Element 12: Civil Society Organizations</b>			<b>Overall Score: D</b>
Indicator name	Indicate # (Legally Registered)	Indicate # (Not Registered)	Source
<b>Indicator 12a</b> Number of MSM civil society organizations in the country	<b>4</b>	<b>1</b>	Heartland Alliance Nigeria
<p><b>Notes:</b>  Registered - TIER – The Initiative for Equal Rights  ICARH – International Centre for Advocacy for the Rights to Health  IMH - The Initiative for improved Male Health  AGE – Advancement for Grassroots Empowerment  Total Health Empowerment and Development Initiative  IAH – Initiative for the Advancement of Humanity  Improved Youth Health Initiative  House of Rainbow, Nigeria</p> <p>Not registered - Queer Alliance, MARPS Behavioural Initiative, Hope Alive Initiative, African Focus For Youth Development, Alliance for Behavioural Change, Living in Dignity.</p>			
<p><b>Challenges:</b> No directory of MSM/LGBTI organizations in Nigeria, and the difficulty in obtaining national registration for such organizations.</p>			
<p><b>Recommendations/way forward:</b> There is need for LGBT organizations to be structured and also getting registered.</p>			
<b>Element 13: Civil Society Organizations Advocacy</b>			<b>Overall Score: D</b>
Indicator name	Indicator #		Source
<b>Indicator 13a</b> Number of CSO members of the National Human Rights Network that support Sexual Orientation and Gender Identity as a human rights issue.	<b>4</b>		TIER's records
<p><b>INCREASE</b> – International Centre for Reproductive health and Sexual rights, LEDAP – Legal Defence Assistance Project, IAH – Initiative for Advancement of Humanity, Lawyers Alert.</p>			
<p><b>Notes:</b> There's no national human rights network.</p>			
<p><b>Challenges:</b> The division between within the human rights groups on human rights generally has also affected the protection of LGBT rights.</p>			
<p><b>Recommendations/way forward:</b> There is need for sensitization within the human rights movement on sexual diversity</p>			

Element 14: Civil Society Organizations Outreach		Overall Score: D
Indicator name	Indicator #	Source
<b>Indicator 14a</b> Number of civil society organizations, clinics and service delivery points that provide healthcare services to men who have sex with men.	4	TIER's records
<b>Notes:</b> Population Council, Pro Health Initiative, Centre for Rights to Health, Lagoon, IMH-I		
<b>Challenges:</b> No directory for such organizations or clinics. This indicator does not take into account those organisations that do advocacy and policy work.		
<b>Recommendations/way forward:</b> Develop a directory.		
PART III: Holding Funding Partners Accountable		Overall Score: D
Element 15: Funding for MSM Organizations		Overall Score: C
Indicator name	Indicator #	Source
<b>Indicator 15a</b> Number of MSM organizations that are recipients of funding partners.	7	TIER's records.
<b>Indicator 15b</b> Total estimated amount allocated to MSM CSOs in country over 2010-2013	No Data	
<b>Notes:</b> There are 6 non MSM organisations that receive funding for MSM work: ALCO, recipient of GFATM Population Council, recipient of CDC, DOD – UK Department of Defence CRH, subrecipient of USAID SFH, recipient for GF of USAID NAVMAS, recipient of SIDA Heartland Alliance, recipient of USAID, GFATM  <b>LGBT Organizations that are receiving funds for MSM work through implementing agencies:</b>  Queer Alliance, MTV Stay Alive Foundation IYHI, various sources, Astraea Foundation TIER, sub recipient of USAID through Heartland Alliance, sub recipient of CDC funded project through Population Council, sub sub recipient of GF Round 9 through Population Council via SFH, recipient of Freedom Foundation, OSIWA, Astraea, AJWS, sub recipient of VIIV Positive Action through AMSHeR, recipient of Heartland Alliance, International ICARH, sub recipient of USAID through Heartland Alliance, sub recipient of DOD, recipient of NED – National Endowment for Democracy Fund, AGE, sub recipient of USAID through Heartland Alliance IMH, sub recipient of USAID through Heartland Alliance, recipient of HIV Young Leaders Fund IHA, sub recipient of USAID through Heartland Alliance		

<b>Challenges:</b> Non-disclosure by organizations.			
<b>Recommendations/way forward:</b> Info on funding on <a href="http://www.foundationcenter.org">www.foundationcenter.org</a>			
<b>Element 16: Funders' Policy on Gender and Sexual Orientation</b>			<b>Overall Score: ND</b>
Indicator name	Yes	No	Source
<b>Indicator 16a</b> Do the top five funders in country (by \$ amount) have a strategy that includes men who have sex with men?			
<b>Notes:</b> NO data available from any of the following: GFATM USAID DFID DOD OSIWA CDC			
<b>Challenges:</b> None disclosure and the lack of organization in interventions programmes.			
<b>Recommendations/way forward:</b> There is need to synergize and leverage on programme interventions.			

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