



**AIDS Accountability**  
International



**POSITIVE  
ACTION**

# Snapshot: African MSM Health Scorecards

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. The Scorecards form part of the MSM Health Advocacy Project at AMSHeR (see below).

[Cote d'Ivoire MSM Health Scorecard](#)

[Kenya MSM Health Scorecard](#)

[Nigeria MSM Health Scorecard](#)

## **The African MSM Health 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.

## **Developing the African MSM Health Scorecard**

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 Guide will be made available after the launch of the MSM Health Scorecards in March 2015.

## **Using the African MSM Health Scorecard**

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.

**CoteD'Ivoire**   
CARTE SCORE  
SUR LA SANTÉ DES HSH



### Government

In Cote D'Ivoire we see data for MSM on HIV prevalence, testing, and testing and knowing results, and the statistics reported are much better than those reported in Nigeria or Kenya. This data collection was funded by PEPFAR (United States President's Emergency Plan for AIDS Relief) and is not a government source.

Policy is looking good including the inclusion of MSM in the National Strategic Plan for Health. Progress is being made in policy also with regards to the prohibition of discrimination on the basis of sexual orientation and gender identity (SOGI), but there are no active programming steps from government such as sensitization and training of health care workers or budget allocation, even though the report indicates three MSM friendly clinics in Abidjan which is a good start.

### Civil Society Organisations.

Happily we see MSM registered organisations in Cote d'Ivoire and another 7 clinics being managed by these groups, which is a positive indicator of a safe environment. However if compared to other issues such as women, there remains a long way to go.

### Funding Partners

The amounts and number of CSOs receiving funding is available, which is a good indicator of safety and also indicates that support is transparent. The amounts however remain very low given the needs.

Cote d'Ivoire could be said to be taking an  
AD HOC/EASY TARGET/STRATEGIC APPROACH

**NIGERIA**   
THE MSM  
HEALTH SCORECARD



### Government

Nigeria is collecting data on HIV and MSM (prevalence, reporting having an STI, reached with HIV programmes, HIV test and knowing status, as well as condom use. This may indicate Nigeria is progressing. Importantly, this data is collected by government. Note that collection of data can be used both to progress access and oppress and in the wrong hands can be problematic. Fluctuations on the official stance on SOGI warn us to remain alert to this.

We see no positive movement in policy except for the inclusion of MSM in the National Strategic Plan on Health (NSP) and data in the National Composite Policy Index (NCPI). There is no budget allocation. The Constitution of Nigeria could be interpreted to protect the rights of citizens on the basis of SOGI but this remains to be tested in a court of law.

### Civil Society Organisations

There are a larger number of organisations but none registered under SOGI names. Mainstream human rights organisations are receiving funds to do SOGI work. AAI research suggests that some SOGI groups allege that mainstream CSOs do not conduct this SOGI work, leading to tensions.

### Funding Partners

The number of recipients is provided but amounts is not available, considering the contention issued above of the work is being done by human rights organisations and not SOGI CSOs this could speak to a lack of transparency rather than safety reasons.

Nigeria could be said to be taking an  
EPIDEMIOLOGICAL APPROACH

**KENYA**   
THE MSM  
HEALTH SCORECARD



### Government

For Kenya we see good grades (A) on policy, sensitization and training of Health Care Workers (HCW) and some data on HIV prevalence amongst MSM, data on STIs (albeit Nairobi only) and data on HIV testing. However there remain huge gaps in data collection for Men reached with HIV prevention programmes, knowing HIV test results, use a condom, and using lubricant.

Contradictory to this, we see that the legal environment has not yet advanced although there is constitutional prohibition on the grounds of sexual orientation which is very important. However policy on lube is not yet completed and similarly there is no budget allocation yet indicating a lack of actual implementation.

### Civil Society Organisations

We see very few sexual orientation and gender identity (SOGI) focussed CSOs, or mainstream human rights organisations that prioritise SOGI in their work. If compared to how many CSOs work on children for example these numbers are remarkably low.

### Funding Partners

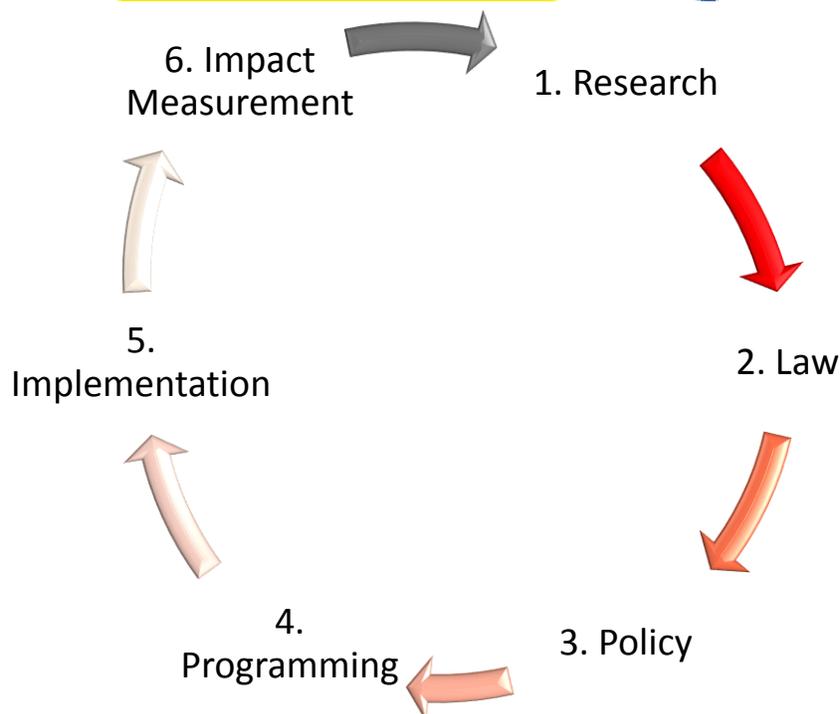
Funding Partners in Kenya do seem to have a policy which is excellent news but transparency around funding amounts is not forthcoming, although this may be to protect recipients rather than an issue of transparency.

Kenya could be said to be taking a  
HUMAN RIGHTS APPROACH

# Comparative Scorecard Results

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

## Further Analysis of Approaches



## AAI 6 Step Health Development Cycle

In simplistic terms the health development cycle can be explained as follows:

1. Research is conducted into what the extent of the problem is and who and where communities are affected and how and why.
2. Law is put into place that addresses a certain issue.
3. Policy guidelines are developed, often at the same time.
4. Programming needs to happen which is the more practical understanding of how the law and policy will roll out at community level.
5. Implementation needs to take place with real activities at community level.
6. Impact measurement is vital in that without monitoring and evaluation of impact, unintended negative consequences and failed programmes do not get addressed.

Where changes are necessary further research is required this may lead to legal or policy changes and the cycle starts again.

**Nigeria could be said to be at Step 1 (Research) of this cycle whilst Kenya could be said to be at Step 2 (law and Policy).**

**Cote D'Ivoire is taking a different approach and dealing with all aspects at once, a method which is not at all proven to be un-useful but rather often focusses on low-hanging fruit.**

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