M-Coalition 2019-2023

STRATEGIC PLAN

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Global Nexus Solutions, LLC
# Table of Contents

- ACRONYMS & DEFINITIONS .................................................................................................................. 2
- OUR VISION .............................................................................................................................................. 3
- OUR MISSION ............................................................................................................................................ 3
- WHO WE SERVE ..................................................................................................................................... 3
- GEOGRAPHIC SCOPE ............................................................................................................................. 3
- OUR PROGRAMS AND SERVICES ........................................................................................................... 3
- OUR GOALS: 2019 – 2023 ....................................................................................................................... 3
- BACKGROUND AND CONTEXT .............................................................................................................. 4
- MCO’S ORGANIZATIONAL COMPETENCIES ARE: .................................................................................. 4
- OUR GOALS: 2019 – 2023 ....................................................................................................................... 5
  - Goal 1: Expand access to quality HIV and other health testing services in existing and 4 new countries. .......................................................... 6
    - Strategies: .............................................................................................................................................. 6
    - Key Performance Indicators: ............................................................................................................. 6
  - Goal 2: Increase and diversify the capacity of change agents (media, NGOs, service providers, activists). ......................................................... 7
    - Strategies: .............................................................................................................................................. 7
    - Key Performance Indicator: .................................................................................................................. 7
  - Goal 3: Increase understanding of KP’s needs in health and the use of manuals, research and toolkits developed............. 8
    - Strategies: .............................................................................................................................................. 8
    - Key Performance Indicators: ............................................................................................................. 8
  - Goal 4: Increase sympathy and understanding of PLHIV, and multiply the mainstream positive voices around KPs........... 9
    - Strategies: .............................................................................................................................................. 9
    - Key Performance Indicators: ............................................................................................................. 9
- RECOMMENDATIONS ............................................................................................................................... 10
- ABOUT MCO’S STRATEGIC PLANNING PROCESS ............................................................................. 11
ACRONYMS & Definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFE</td>
<td>Arab Foundation for Freedoms and Equality</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CHEMsex</td>
<td>It’s the consumption of drugs to facilitate sexual activity</td>
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<tr>
<td>ED</td>
<td>Executive Director</td>
</tr>
<tr>
<td>ForSS</td>
<td>Former, Suivre, Soutenir program by Expertise France and 5% initiative</td>
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<tr>
<td>GAB</td>
<td>Gender and Bodily Rights Media Center</td>
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<tr>
<td>GSRC</td>
<td>Gender and Sexuality Resource Center</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>ILO</td>
<td>International Labor Organization</td>
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<tr>
<td>KP</td>
<td>Key Populations; are people who inject drugs, men who have sex with men, transgender persons, sex workers and prisoners</td>
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<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
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<tr>
<td>LBT</td>
<td>Lesbian, Bisexual and Trans</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Trans and Queer/Questioning</td>
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<tr>
<td>MCO</td>
<td>M-Coalition</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PLHIV</td>
<td>People Living with Human Immunodeficiency Virus</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>SW</td>
<td>Sex Workers</td>
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<tr>
<td>TOC</td>
<td>Theory of Change</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV and AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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# M-Coalition (MCO) Strategic Plan 2019 – 2023

## Our Vision
Achieve societies where gender and sexual health and rights, as well as mental and bodily integrity are promoted, recognized and respected.

## Our Mission
Make every one of our target population healthy.

## Who We Serve
As a comprehensive department at the Arab Foundation of Freedoms and Equality, MCO has a Middle East and North Africa (MENA) region-wide membership made of MSM, Queer Women, Trans and LGBTQ activists and over 32 organizations. Through MCO, our membership has access to health services, capacity building opportunities, tailored campaigns, advocacy strategies and toolkits, an emergency health fund, and be part of our ongoing effort to generate knowledge about HIV and LGBTQ sexual and mental in the region.

## Geographic Scope
Map Legend: green for current, purple intended, yellow to explore

## Our Programs and Services
MCO accomplishes its mission in Five Ways:  
- Providing and increasing **Access to Services**.  
- **Building capacity** of activists and organizations in MENA.  
- **Advocacy** at the local, state, regional and international levels.  
- **Produce knowledge** in MENA about MENA.  
- Establishing a **health emergency fund** for MENA.

## Our Goals: 2019 – 2023
1. Expand access to quality HIV and other health testing services in existing and 4 new countries.  
2. Increase and diversify the capacity of change agents (media, NGOs, Service Providers, Activists).  
3. Increase understanding of key population’s needs in health and the use of manuals, research and toolkits developed  
4. Increase sympathy and understanding of PLHIV, and multiply the mainstream positive voices around KPs.
Background and Context

In January of 2014, activists from Lebanon, Morocco, Tunisia, Algeria and Mauritania, met in Broumana, Lebanon to discuss the shortage of knowledge and interventions for MSM within the HIV strategies of the MENA region. The meeting was supported by AFE MENA and MPact Global. As a result of the meeting, those activists together founded the M-Coalition the first and only regional network devoted for the needs of MSM specifically around HIV.

A few months later, M-Coalition announced its formation at the International AIDS conference in Melbourne where the news received enthusiasm and interest by global donors.

M-Coalition operated under a hosting agreement with AFE MENA, mostly working on knowledge production, research and tools for activists. Slowly M-Coalition started receiving regional and international attention especially after the strengthening of the marketing department.

In 2017 M-Coalition expanded from MSM and HIV to general MSM health related issues and ventured into the rights' movements, proving that PLHIV also had a voice in change.

In 2018, two new sub departments were created, the Trans Health and the Lesbian and Queer Women's health, alongside a new more inclusive branding. The new model serves LGBTQ health all over the MENA, and works on inclusivity and the concept of Universal Health for all.

At the end of 2018 and with growing funds and activities, M-Coalition discussed a merging option with AFE to become the Health Arm of a larger regional organization, as a mutual benefit for both organizations and to make sure health services reach their best impact.

MCO currently works through partners in: Morocco, Tunisia, Algeria, Egypt, Jordan, Yemen, Lebanon and Iraq. In the coming year, MCO plans to work in: Syria, Palestine, Kuwait, Oman and Sudan. Furthermore, MCO is exploring working in Libya and Iran as well.

MCO’s Organizational competencies are:

- **Provide timely, relevant and accessible education and training** MCO’s educational offerings cover topics including MSM service delivery, Trans and non-conforming individual service delivery, communication and outreach, Mental health, Media reporting on HIV and health program design.

- **Build the capacity of activists and organizations to be their own best voice** MCO builds the capacity of network members and organizations to be confident and competent voices on the issues that impact their constituents and communities by providing them with workshops, briefings and other resources.

- **Extends and expands knowledge production in MENA to provide evidence-based advocacy.** MCO’s cumulative experience and agility allows the network to continue growing, learning and adapting from successful examples in MENA. It also means that MCO collaborates with network members to produce knowledge, from the region, for the region and by the region; an approach that increases capacity of local organizations to better understand their own contacts and become better advocates.

- **Provide advocacy tools, toolkits and opportunities for advocacy campaigns** that allow the network to stay visible and engaged with right holders and duty bearers. MCO’s inclusive approach of the right to health as a human right for all, enables it to find new paths to engage governments, service providers, legislators and other stakeholders.

- **Creatively use social media campaigns and connections in the media to channel high visibility** is one core competency of MCO which will diversify the topics it will cover in the next 5 years to be more inclusive of LBT issues.
Our Goals: 2019 – 2023

Our goals span across the 4 strategic objectives which were also developed into 4 areas of programing and services at MCO:

1. Access to Services, and the Regional Health Emergency Fund
2. Capacity Building
3. Knowledge Production
4. Advocacy

These 4 strategic objectives intersect and feed into each other to create a more robust LGBTQ movement in the MENA. In fact, now that MCO is officially part of the Arab Foundation for Freedoms and Equality (AFE), many of the proposed strategies and activities will be executed through existing AFE programming and departments such as the Social Change Institute for advocacy capacity building and the Gender and Sexuality Resource Center – GSRC, and the Gender and Bodily Rights Media Center – GAB.

Our theory of change follows this model:

By increasing the quality and diversity of services provided to KPs, IDUs, MSMs, LGBTQ and SW, we will increase our reach to these populations, raise their profile and make them visible. Building on this new reality, we will engage with grassroots organizations, activists and governments to build their capacity in serving these communities, increase their knowledge and change their attitudes toward them and SRHR in general. With our evidence based and scientific approach, we will engage with the public, the media, governments and international organizations to change attitudes, promote acceptance and understand and further increase service that will achieve inclusion and well-being translated into our objective of securing healthy societies.
Goal 1: Expand access to quality HIV and other health testing services in existing and 4 new countries.

MCO’s operates in the MENA region through its membership on the ground. To expand access and improve quality of HIV and other health testing services, MCO is uniquely positioned to play a role as a leader in this area and set the standard for proper services. MCO’s access to large pools of funding and excellent relationships with the International donors’ community and positive reputation among the LGBTQ community in MENA are key to creating an accreditation system that helps improve the quality of service and broaden MCO’s membership. MCO will also develop the first MENA region health emergency fund that will close the gap to access to health services.

Strategies:

1. Initiate an accreditation model for health/mental health service providers in 6 countries;
2. Promote SANADI program through a Social Media campaign;
3. Develop an evaluation (feedback) portal that links all service providers to SANADI;
4. Create a referral system for mental and sexual health services;
5. Initiate membership processes with service providers / Signs MOUs where service providers commit to implement the training content and to use MCO referral system, MCO commits to provide capacity building sessions and developed toolkits;
6. Expand the mapping and programing to include more countries and test their friendliness;
7. Establish partnership SWEAT - SOUTH AFRICA - for peer-to-peer knowledge exchange on models for sex workers and trans folk;
8. Pair existing organizations working on SW & SRH services with strong counterparts in Africa based on recommendations published in report in the needs of women, men and Trans sex workers;
9. Provide small grants to kick start support groups/peer educators of SWs using the produced video for networking at national level;
10. Create a mechanism for requesting and funding health emergency funds through national partners (hotline);
11. Create a sustainable locally driven funding model;
12. Evaluate and follow up on the quality of service for cases as well as service providers standards in general annually;
13. Analyze data gathered through the emergency fund program and report;
14. Increase access and coverage of government provided Health Care Services to PLHIV;
15. Publish a yearly performance report of the emergency fund (for the System);
16. Develop a quality index that measures number of cases versus the quality of service;
17. Develop a sustainability plan for the emergency fund.

Key Performance Indicators:

1. Expand access to services in 4 new countries.
2. Accredit 30% of Service providers in countries through SANADI.
3. Improve by 50% access to HIV and STI testing.
4. Improve the quality of health services provided by 50%.
5. Increase by 30% the number of people receiving health services.
Goal 2: Increase and diversify the capacity of change agents (media, NGOs, Service Providers, Activists).

MCO understands that achieving healthy societies requires building the expertise of service providers, enhance their understanding of KP needs, and provide these services without prejudice. However, changing attitudes and perceptions requires comprehensive capacity building of change agents such as government officials, media organizations, and civil society at large. Through this five-year strategic plan, we chose to focus on those change agents that are in the immediate circle of the LGBTQ community and target population.

**Strategies:**

1. Train on digital security management while implementing HIV programing;
2. Train the Trainer on WHO MSM recommendations;
3. Train on MSM toolkit for Global Fund programming for MENA and West Africa;
4. Conduct 6 national trainings for service providers on 6 thematic (MSM, IDU, SW, Treatment, Testing and Youth);
5. Train service providers on MSM service delivery;
6. Train activists in 3 countries on facilitating support groups for people living with HIV and mental health programming;
7. Train sex work activists on advocacy based on regional research findings;
8. Train harm reduction organizations on developed CHEMsex toolkit;
9. Create a new platform for interacting with our members;
10. Train service providers on the Trans toolkit;
11. Train activists in 4 countries on online outreach and campaigning tools to improve reach and impact of social media campaigns;
12. Build capacities of service providers on LGBTQ service delivery and the emergency fund system;
13. Train heads of media organizations to enforce ethical reporting on HIV and PLHIV;
14. Train journalists on positive reporting of HIV and PLHIV.

**Key Performance Indicator:**

1. Increase the capacity of change agents (media, NGOs, Service Providers, Activists) by 40%.
2. Increase capacity of partners in Morocco by 50%.
3. Increase the number of new partners in Morocco by 25%.
Goal 3: Increase understanding of KP’s needs in health and the use of manuals, research and toolkits developed.

One of MCO’s core competencies is knowledge production, to devise advocacy founded on evidence and scientific data. This strategy will build on what has been achieved and will close the gap of knowledge and information and expand to new Key Populations. Furthermore, we will create mechanisms to measure the utility of the tools created by MCO and AFE and adapt them to the needs of our partners.

Strategies:
1. Conduct a regional Assessment on LGBTQ Refugees in 5 target MENA countries;
2. Study overall conditions of MSM and HIV response in the region;
3. Conduct a mental and emotional health needs assessment for lesbian, queer and bisexual women in 4 countries;
4. Develop a CHEMsex toolkit to be disseminated for use by harm reduction organizations;
5. Conduct a regional assessment on Transgender needs;
6. Research decriminalization and access to health with global partners;
7. Assess the effects of homophobia on country economics;
8. Conduct national consultations and recommendations based on (research activity): "Sex work for Women, Men and Trans sex workers conditions and needs" findings;
9. Assess needs and conditions of Women, Men and Trans sex workers;
10. Develop a toolkit on Trans and non-conforming folk’s health;
11. Create a data gathering report to inform sustainability of services for key population beyond the Global Fund;
12. Conduct a progress study on overall MSM conditions;
13. Develop a toolkit on lesbian, queer and bisexual women health for service providers;
14. Create a legal guideline for LGBTQ asylum seekers;
15. Create a toolkit on how to live with Long term HIV exposure for PLHIV;
16. Translate and/or disseminate existing resources on HIV and safe sex (into Arabic / to organizations working with Arab-speaking Refugees);
17. Conduct a study on workplace policies, insurance companies and universities for PLHIV in target countries with ILO;
18. Evaluate existing emergency health fund programs at M-coalition and from the region to create program parameters;
19. Create a vulnerability assessment toolkit;
20. Compile country laws around LGBTQ criminalization and HIV.

Key Performance Indicators:
1. 60% of targeted service providers use developed LBQ health.
2. Achieve 30% increase from baseline data in the knowledge of our target service providers.
3. 60% of targeted service providers use developed trans health toolkit.
4. 60% of targeted service providers use of developed harm reduction toolkit.
5. Increase by 50% service providers and duty bearers the understanding of Key Populations needs in health.
Goal 4: Increase sympathy and understanding of PLHIV, and multiply the mainstream positive voices around KPs.

One of MCO’s core competencies is advocacy at the grassroots, government and international levels. Using our evidence-based approach, our outreach built through our capacity building programs, and utilizing our wide network of AFE and MCO alumni, we will forge new partnerships with change agents, create messages that alleviate the stigma around LGBTQ and PL/HIV, create new campaigns and identify partners that can support us financially and politically in our advocacy efforts. MCO will use the right-to-healthcare approach as a strategy to increase acceptance and empathy with LGBTQ persons and PL/HIV.

Strategies:

1. Build partnerships with local agents (service providers, NGOs, Government agencies);
2. Advocate for increase in emergency funding for health;
3. Conduct a national AIDS day advocacy activity in Alliance with ForSS partners;
4. Issue reports about the status of men, women and Trans sex workers;
5. Create a Journalist campaign targeting journalists to report on HIV from a new lens;
6. Create a media watchdog reporting to document media representation of HIV;
7. Develop national strategies towards decriminalization;
8. Draft a new labor and consumer protection laws that protect PLHIV in 3 countries;
9. Present a draft law to decriminalize sexual practices outside Marriage in at least one country;
10. Present a draft law with partner organizations to decriminalize drug use in at least one country;
11. Establish relations with appropriate donors;
12. Map existing funding and emergency funding on HIV and LGBTQ health;
13. Publish a thematic yearly video campaign on sexual and mental health;
14. Monitor perceptions and discourse around HIV and PLHIV in the media;
15. Publish an update report on Journalist reporting and public perceptions of HIV and LGBTQ;
16. Create a video campaign around LGBTQ Health - theme 1;
17. Create a video campaign around LGBTQ Health - theme 2.

Key Performance Indicators:

1. Increase accepting attitudes toward HIV, PLHIV and LGBTQ in the 3 target countries (Morocco, Tunisia and Lebanon) by 40%.
2. Increase quantity and frequency of positive journalist reporting on HIV, PLHIV and LGBTQ in the 3 target countries by 40%.
Recommendations

During the strategic planning retreat, a number of recommendations were proposed to answer some of the key challenges faced by MCO. These recommendations are not ready-made solutions for the proposed challenges but rather pathways for MCO to explore. We will list these recommendations by category as an aide-memoire for MCO to go back to when attempting to address these challenges.

Membership and Leadership

1. For organizations, consider the quality index and accreditation with UNAIDS or another major UN organization or donor as one pathway to bring in active membership.
2. Document the benefits of being members of MCO by conducting an evaluation of membership participation, use it as a baseline to develop new guidelines for MCO membership. The evaluation should also cover the experience of beneficiaries and partners.
3. Giving priority for partnership with members is a good incentive to increase membership, but it has the potential to backfire by narrowing down the diversity of partners and missing out at the opportunity of working with those who are best fit to do the work.
4. MCO’s advisory council need not to be a conventional council that meets regularly but rather a group of professional and expert individuals who lend MCO their advice and support when needed.

Policies and Approaches

1. MCO is encouraged to adopt a feminist approach in its work. This approach should not only be about the programming, it should show how MCO is developing and implementing inclusive policies in hiring (more women), include more women in decision making positions, increase funding allocation for women projects and increase the number of women partners and organizations.

Time Allocation and Sub Contracting

1. Prior to merging with AFE, MCO relied on subcontracting AFE experts who provided expertise and knowhow. Continuing on that path will be difficult for MCO since many donors will consider such costs as personnel costs and would not be allowable. It was suggested that AFE considers creating a expertise pool among its staff which are never working 100% on a specific task wh can take on consulting for MCO. It was also suggested that such pool of experts needs to be created within and outside of AFE to facilitate the recruitment of approved vendors for MCO.
2. MCO will apot AFE’s staff appraisal plan for continued staff career development. It was suggested that staff should have a role in identifying areas of growth and in shaping their career development needs.

Measuring Impact

1. MCO should hire an external evaluator to evaluate its impact in the past 5 years and capture how it is viewed by the wider audience, especially the new populaiton it aims to target: women, sex workers and LBT.
2. The evaluation will serve as a baseline study for many of the actions planned in this strategy.
About MCO’s Strategic Planning Process

MCO’s 2019-2023 strategic planning process began in December 2018 and included a discovery process that encompassed organizational literature review, 3 interviews with MCO executive director and survey in the form of email shared with the ED who in turn gathered the information back to Global Nexus Solutions, LLC, recruited by 5% to design, facilitate, lead and report on the strategic planning process. The process then included a 3-day retreat with MCO steering committee members, staff, AFE board of directors, donor partners and advisors. The process was intentional about gathering information from a variety of sources and people that would help provide important insight into MCO’s future direction.

This report discusses the process and the strategies proposed during the 3-day strategic planning session. The attached matrix lays out the deadlines and timeline plan for MCO’s strategies which is a live document that should be reconciled with MCO’s merger with AFE.

Strategic Planning Committee Members

**MCO Steering Committee Members:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Ragheb Bahri</td>
<td>CCM Tunisia</td>
</tr>
<tr>
<td>Alim El Ghaddari</td>
<td>ITPC MENA, Morocco</td>
</tr>
<tr>
<td>Nour Sultan</td>
<td>Director of Bedayaa, Sudan/Egypt</td>
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**Observers:**

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<tr>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Simone Salem</td>
<td>UNAIDS Regional Office, Egypt</td>
</tr>
<tr>
<td>Souhaila Bensaid</td>
<td>ATP+, Tunisia</td>
</tr>
<tr>
<td>Anaïs Mit</td>
<td>Solidarité Sida, France</td>
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<tr>
<td>Sharifa</td>
<td>Trans Activist, Tunisia</td>
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<tr>
<td>Enrique Restoy</td>
<td>International HIV/AIDS Alliance, United Kingdom</td>
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**MCoalition Team:**

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Elie Ballan</td>
<td>Executive Director</td>
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<tr>
<td>Sally Shamas</td>
<td>Project Manager</td>
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<tr>
<td>Dany Hanna</td>
<td>Project Manager</td>
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**AFE MENA Team:**

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<th>Position</th>
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<tbody>
<tr>
<td>Georges Azzi</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Nour Nasr</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Thea Khoury</td>
<td>MEAL Coordinator</td>
</tr>
<tr>
<td>Mahdi Charafeddine</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Myra Abdallah</td>
<td>Director of GAB</td>
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<tr>
<td>Mohamad Yatim</td>
<td>Image Consultant</td>
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**Facilitator and report author:**

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