Resources for Action

for HIV and health programming with and
for men who have sex with men (MSM)

REVISED

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

Contents

Introduction

What is the purpose of the guide?

The resource guide aims to provide a quick reference on a wide range of topics relevant to rights-based, effective, sustainable and integrated community-led and public health responses to men who have sex with men (MSM).[2] It offers guidance:

- on resources useful for reviewing and updating locally developed tools and resources for/ on MSM, or for developing new ones (for example, curricula for MSM peer outreach or for supporting MSM living with HIV, or to sensitise and train healthcare workers)
- to individuals and organisations who want to engage and work with MSM
- to individuals and organisations engaging and working with MSM who want to review and improve their services
- to individuals and organisations who are advocating for the needs and rights of MSM.

Who is the guide for?

The resource guide was originally developed primarily for MSM community-led organisations and civil society organisations supporting MSM community action in Africa. However, we believe that it can be useful for anyone who is planning to work with MSM, or who is already engaging or working with MSM, or who simply wants to learn more about MSM and their needs and rights.

How has the guide been developed?

The resource guide has been developed through an extensive global literature review and an appraisal of available tools and resources on MSM in Africa and other regions where appropriate. The review and appraisal were guided by a list of critical topics and elements that the guide should contain. These were taken from available resources and discussed and agreed with SHARP partners. They were selected from other MSM community-led organisations and civil society organisations supporting MSM community action in Africa.

What are the limitations of the guide?

The resource guide does not contain all possible references. Instead, to keep it user friendly, a selection of **five core documents** has been made that cover most of the topics. Where there are gaps in those five core documents, other resources have been included.

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2. The term "men who have sex with men" refers to all men who engage in sexual and/or romantic relations with other men. The words "men" and "sex" are interpreted differently in diverse cultures and societies and by the individuals involved. Therefore, the term encompasses the large variety of settings and contexts in which male-to-male sex takes place, regardless of multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with any particular community or social group.

However, a resource guide is only as up to date as the resources it contains. In the year since this guide was originally published, there have been many developments in the world of HIV programming. The list of available resources for MSM continues to expand as the international community focuses on key populations.[3] Discussions on PrEP are still evolving and research into specific marginalised groups such as adolescent MSM and transgender people has given greater insight into the specific needs of these populations. To reflect these changes and ensure the latest resources are included, this second edition of the guide has been produced.

How to use the guide

To use the guide as a reference, first of all look for your topic in the left-hand column headed "Topic and brief description". For example, if you want to better understand human rights – why they are important and how they impact on HIV programming with MSM – find the topic "1.1 Human rights" in the topics list. Under it, you can see a brief description of your topic. Then the resource guide tells you which chapters or modules in the five core documents cover human rights. You can click on the buttons to take you to the online document. It also provides you with other resources that may be of interest to you, especially if you want to read more on the topic.

You may find that you will need some help in working with the guide and the resources it contains. This particularly may be the case if you want to apply global guidance to your local context. This will require you to reflect on the global guidance with your local MSM community (for example, in focus group discussions or through other means) and then test what you develop to ensure that it is context specific, including in terms of language.

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3. The 2014 WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* defines key populations as "groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV ... The key populations are important to the dynamics of HIV transmission. They also are essential partners in an effective response to the epidemic." Available at: http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

Topics covered in the guide

1. Guiding principles

1.1 Human rights

1.2 Public health

1.3 Harm reduction

1.4 Holistic health and well-being

1.5 Pleasure

2. MSM health

2.1 Gender, sexuality and identity

2.2 Transgender

2.3 Anatomy and physiology

2.4 Sexual pleasure and well-being

2.5 Age

2.6 Adolescents

2.7 Sexual concurrency and female partners

2.8 Sexually transmitted infections

2.9 HIV and AIDS

2.10 Sexual and reproductive health and rights, including conception and contraception

2.11 Dual protection

2.12 Hygiene – genital and rectal

3. Health services for MSM

3.1 Mapping

3.2 Interventions to increase MSM-friendly services

3.3 Linkages and referrals

3.4 Issues related to migration

4. HIV

4.1 The HIV continuum of care

4.2 HIV testing services

4.3 HIV pre-test counselling and post-test counselling

4.4 Issues of disclosure

4.5 Issues of retention in care

4.6 Combination prevention and implementing a comprehensive package of services for prevention and treatment

4.7 Basics of behaviour change

4.8 The principles of Positive Health, Dignity and Prevention

4.9 Condom use and condom-compatible lubricants

4.10 Tuberculosis co-infection

4.11 Viral hepatitis co-infection

4.12 Serosorting

4.13 Strategic positioning

4.14 Pre-exposure prophylaxis (PrEP)

4.15 Post-exposure prophylaxis (PEP)

4.16 HIV treatment

4.17 HIV treatment adherence and viral load monitoring

5. Mental health

5.1 Self-esteem and self-worth

5.2 Stigma, self-stigma and "coming out"

About the key resources and selected others

The five key resources

1 **KEY RESOURCE 1: My life, my power: A training curriculum for peer educators and HIV prevention and risk reduction among MSM in Kenya (NASCOP, 2013)**

This training curriculum aims to develop individual agency and power among MSM in Kenya for sustainable safer sexual behaviour (**www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=14409&thisSection=Resources**). It can be used to train peer educators as facilitators or to conduct peer education with MSM groups. It contains a facilitator's guide as well as participant handouts. The manual has adopted existing tried-and-tested approaches and methodologies in HIV programming with MSM that are audience appropriate and context specific.

Historically, in HIV programming peer education has mostly been conceptualised and used to address individual-level determinants such as unsafe sexual behaviours. This curriculum recognises that behaviours do not occur in a vacuum. With respect to HIV and sexually transmitted infections (STIs), an individual's sexual risk behaviour takes place within the context of a sexual partnership or partnerships, which are in turn located within a complex social ecology of socioeconomic status, ethnicity, gender, power, education, employment, culture, and more.

The specific objectives of the course are for MSM to:

- increase their self-worth and self-esteem for health seeking
- increase their agency and power for health seeking
- explain what STIs and HIV are, and the relations between STIs and HIV
- assess effectively their risk perceptions for STIs and HIV
- understand the process of behaviour change, its role in reducing the risk of transmission of STIs and HIV, and how it can be managed
- choose and implement in their lives a menu of prevention and risk reduction options for sustainable safer sexual behaviour
- identify gender and sexual roles and power relations in sexual relationships that hinder or support sustainable safer sexual behaviour, and skills to manage these issues
- understand what alcohol and substance abuse are and their impact on risk, and identify strategies for reducing alcohol abuse
- identify prevention and risk reduction options for MSM living with HIV
- use effectively essential communication and life skills for safer sexual relationships
- use their increased agency, power and skills to access key services, such as HIV testing and STI treatment
- use their increased agency and skills to strengthen prevention networks and disseminate prevention messages
- use their increased agency and skills to promote their rights and help address stigma, discrimination and homophobia, and reduce barriers to information and services
- use their increased agency and power to lead safe and satisfying lives.

These objectives are interrelated and represent a selection of the specific objectives included in the sessions of this course.

2 KEY RESOURCE 2: Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions (UNFPA, Global Forum on MSM & HIV, UNDP, WHO, USAID, World Bank, 2015)

This tool (**www.msmgf.org/files/msmgf/documents/MSMIT_for_Web.pdf**), developed by UNFPA, MSMGF, UNDP, WHO, USAID and the World Bank, is intended for public health officials and programme managers, as well as NGOs and healthcare workers implementing HIV and STI programmes with MSM. It provides practical guidance for countries to design, plan and operationalise sexual health services for MSM, effectively covering interventions across the full HIV services continuum, including prevention, treatment, care and support. The tool describes how to design and implement high-quality, acceptable and accessible services for MSM.

The first two chapters describe approaches and principles to building programmes that are led by MSM. Chapters 3, 4 and 5 describe approaches to implementing recommended interventions for HIV prevention, care and treatment. Chapter 6 describes how to manage programmes and build the capacity of MSM organisations.

- **Chapter 1:** Community empowerment is the foundation of the tool and it describes how empowerment of MSM is both an intervention in itself as well as an essential component of planning, implementing and monitoring all aspects of HIV and STI prevention, treatment and care.

- **Chapter 2:** Addressing violence focuses on the need to protect MSM from violence, discrimination and other human rights violations as these can compromise the effectiveness of HIV and STI prevention interventions.

- **Chapter 3:** Condom and lubricant programming provides a detailed description of how to plan and implement condom and lubricant distribution activities, and covers additional topics such as planning for and managing adequate supplies, multi-level promotion of commodities and creating an enabling environment.

- **Chapter 4:** Healthcare service delivery describes the main prevention, care and treatment interventions, including risk minimisation strategies, anal health and STIs, voluntary HIV testing and counselling, pre- and post-exposure prophylaxis, antiretroviral therapy, and treatment of STIs and co-infections such as tuberculosis and viral hepatitis, mental health, and substance use. The chapter also addresses community-led service delivery and safe spaces.

- **Chapter 5:** Using information and communication technology describes the ways in which MSM use ICT, and how ICT can be used for outreach, support and advocacy for MSM in general.

- **Chapter 6:** Programme management and organisational capacity-building gives guidance on planning, starting, scaling up, managing and monitoring an effective programme. The information provided is relevant both to large organisations looking to set up a multi-site programme with centralised management, and to local community groups seeking to start or expand the provision of community-level services.

3 KEY RESOURCE 3: From top to bottom: A sex-positive approach for men who have sex with men (Anova Health Institute, 2013)

The MSM competency training package draws on the experience of the Anova Health Institute's Health4Men project that provides sexual health services for MSM in South Africa (**www.health4men.co.za/repository/manuals/Top2Bottom.pdf**). The manual is a resource to assist healthcare workers to provide appropriate and accessible psychosocial and medical care for MSM. The Health4Men project was initiated in 2008 when the South African department of health started to focus on providing HIV-related services for MSM in accordance with the national strategic plan. The Anova Health Institute has supported this initiative by developing a model for addressing MSM sexual health, with an emphasis on HIV, for implementation throughout South Africa.

The manual is divided into six sections, followed by appendices referred to in the text. Each section begins with a more in-depth overview.

- **Section 1** provides an introduction to the manual.
- **Section 2** seeks to answer the question "Who are MSM?" The section provides an overview of MSM in terms of sexuality and sexual identity, and defines terminology related to these concepts.
- **Section 3** looks at broader public health strategies relating to MSM, with a focus on communicating sexual health messages in terms of sexual health promotion and HIV prevention.
- **Section 4** explores the role of the healthcare worker in terms of providing quality, MSM-competent services.
- **Section 5** discusses the mental health problems that may affect MSM.
- **Section 6** provides practical guidelines in relation to the medical management of sexual health problems that may affect MSM.

The manual has been written for all healthcare workers, support staff and community members who encounter MSM in the normal course of their work, with a specific focus on primary healthcare-level nurses. Additional information is included for counsellors, psychologists and social workers who provide psychosocial services to MSM. The manual will be useful to staff involved in health promotion, health education and peer education with MSM, and will also be a valuable resource for the private sector, non-governmental organisations, health organisations and services with targeted interventions for MSM.

The manual is part of a package that includes a facilitator manual and a handbook for participants, as well as a pocket guide for healthcare workers entitled *MSM in your pocket: sexual healthcare for MSM*. The facilitator manual includes the following components:

- Sensitising and facilitating attitudinal shifts through psychosexual content.
- Instilling knowledge through focused medical training of department of health clinicians.
- Translating knowledge into skill through mentoring department of health clinicians.
- Providing ongoing technical support to competent sites.

4 KEY RESOURCE 4: Health care provision for men who have sex with men, sex workers, and people who use drugs (Desmond Tutu HIV Foundation, 2013)

This manual was developed in order to support the sensitisation of healthcare workers who are providing services to key populations in South Africa (**http:// desmondtutuhivfoundation.org.za/wp-content/uploads/2016/05/KP-Integrated- Manual.pdf**). It has been designed specifically for individuals who already have a basic understanding of, or experience in, health service provision. This is not just limited to nurses and medical doctors: healthcare workers may also include counsellors, case managers, researchers and service providers.

The manual focuses on MSM, sex workers and people who use drugs, as these people are often stigmatised, excluded from society, and some of their behaviours may be illegal. These factors contribute to their vulnerability to HIV. These populations also experience a disproportionately high burden of HIV, but face multiple barriers to accessing healthcare. Healthcare worker sensitisation training is an essential intervention to address these barriers. Healthcare workers who become sensitised around the issues affecting key populations will be empowered to engage appropriately with them. Future training material and tools for other key population groups are planned.

The manual was designed as part of a full sensitisation training programme, but can also be used as a stand-alone resource. The full training programme includes audio-visual material, mentoring and in-person training. In-person trainings should be led by an experienced facilitator and make use of the supplemental facilitator's guide.

The manual aims to supply healthcare workers with the necessary information to provide effective care and support within South African healthcare settings for key populations. It will also provide healthcare workers with an opportunity to understand and address both social and personal stigma toward key populations.

The manual includes ten modules and is divided into the following three sections:

- **Key knowledge** includes the important information relating to key populations (including who they are), explores their common behaviours, and describes the factors and characteristics that define them as key populations. The section also addresses stigma, prejudice, discrimination and sexuality, which are subjects that will provide an important foundation of knowledge needed for later modules.
- **Key issues** includes modules that review the most critical issues affecting key populations, including the South African law, mental health, and HIV and other health-related concerns.
- **Key services** highlights the most relevant biomedical, behavioural and structural tools that can be implemented by healthcare workers to address lessons learnt in the key issues and key knowledge sections. This section also includes additional information on applying these lessons to healthcare settings.

Each module can be reviewed by itself or in sequence, and concludes with a summary of information and quick-reference facts and recommendations. Activities and exercises are designed to be completed by an individual using the manual for self-study, but can also be used in a small group or full training programme. There is also a resource list, including organisations currently providing support to key populations.

5 KEY RESOURCE 5: Positive health, dignity and prevention: operational guidelines (UNAIDS, GNP+, 2013)

The guidelines that operationalise the Positive Health Dignity and Prevention (PHDP) policy framework (**www.gnpplus.net/assets/positive_health_dignity_and_prevention_operational_guidelines_-_unaids_gnp_2013.pdf**) describe steps for implementing the framework at national level. As such, they are intended for national-level use, and in particular are designed for:

- networks of people living with HIV
- non-governmental organisations and community-based organisations (CBOs) of people living with HIV
- national governmental bodies
- national coordination mechanisms
- civil society organisations
- donors and development agencies.

The operational guidelines and the policy framework represent a two-part package. They should be seen as living documents that adapt to the evolving needs of people living with HIV, the policies and programmes that serve them, and the lessons learnt from country-level implementation. The guidelines pay particular attention to the needs of key populations living with HIV, including MSM living with HIV.

Operationalising PHDP does not involve creating new programmes, except in places where basic programmes do not exist. Rather, operationalisation focuses on creating linkages between existing programmes, and improving the efficiency and responsiveness of programmes in meeting the needs of people living with HIV. Individual programmatic elements will inevitably differ from setting to setting according to local contexts.

Programmatic components of PHDP fall under the following eight thematic areas:

- Empowerment of people living with HIV and their networks
- Health promotion and access
- Gender equality
- Human rights
- Prevention of new infections
- Sexual and reproductive health and rights (SRHR)
- Social and economic support
- Measuring impact.

The meaningful involvement and engagement of individuals and networks of people living with HIV throughout all levels and stages of the design, implementation, monitoring and evaluation of activities is a common thread running through all eight components.

For each component of PHDP, guidance is provided in terms of:

- background information and the rationale for adopting the PHDP framework
- considerations for giving particular attention to key populations living with HIV
- a detailed set of specific activities for each component and sub-component
- a suggested sequential series of activities that can support national stakeholders to assess where they are, and how to move from the current situation to outcomes and strategies that are in line with PHDP principles and values.

The operational guidelines consist of three main steps:

- Assess where you are: national policy, legal and programme environment.
- Assess and operationalise the eight components of PHDP.
- Plan and manage a comprehensive PHDP programme of action.

For each step, suggested actions are offered to guide national stakeholders on evaluating current situations and on planning and implementing actions that meet the goals of PHDP.

While the guidelines have been designed for implementation of PHDP at the national level, the PHDP components, principles and steps in operationalising PHDP are all equally relevant for implementing PHDP at the local level.

Selected other resources

Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (WHO, 2014)

The guidelines outline a public health approach to five key populations, including MSM (www.who.int/hiv/pub/guidelines/keypopulations/en/). They present and discuss new global recommendations, together with recommendations from current WHO guidelines, including the 2013 *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. They summarise the components of a comprehensive package of interventions for the five key populations addressed by the guidelines, and consider implementation issues, challenges and opportunities. The guidelines also provide help on prioritising and planning services. A number of case studies appear in Chapters 5 and 6. They include considerations for each key population group, describing a diversity of interventions and service delivery approaches across a range of country and regional programme experiences.

- **Chapter 1**: Background, context, rationale, guiding principles, objectives and the target audience
- **Chapter 2**: Methods and process for developing the guidelines
- **Chapter 3**: Comprehensive package of interventions
- **Chapter 4**: Clinical interventions for key populations
- **Chapter 5**: Critical enablers required for successful implementation
- **Chapter 6**: Service delivery issues and case studies
- **Chapter 7**: Guidance on prioritising and planning services, monitoring and evaluation, target setting, indicators and costing tools.

Compendium of technical bulletins on HIV prevention and treatment strategies for men who have sex with men (MSMGF, 2012)

The compendium includes 12 technical bulletins that provide in-depth explanations of the latest intervention strategies in the field of HIV prevention and treatment for MSM, as well as detailed information about diagnostic technology and HIV co-infection with tuberculosis (TB) and viral hepatitis (www.msmgf.org/files/msmgf//documents/TechBulletins/Announcements/TechBulletin_ Announcement_EN_A1.pdf). The compendium that is currently available online in English, Chinese, French, Russian and Spanish includes:

- Compendium overview
- Systemic (oral) pre-exposure prophylaxis (PrEP)
- Topical (microbicide) PrEP

- Post-exposure prophylaxis (PEP)
- Serosorting and strategic positioning
- Male circumcision
- HIV testing and counselling
- HIV diagnostic technology and advances
- Treatment as prevention
- Treatment 2.0
- Tuberculosis and co-infection with HIV
- Viral hepatitis and co-infection with HIV

Intended as a primer for MSM advocates and service providers, this series covers key interventions and frameworks that have been central to the current global dialogues on HIV prevention, treatment and care. Each bulletin highlights both the benefits and challenges of a given intervention based on existing evidence.

Sexual and reproductive health and rights, and HIV: 101 workshop guide (International HIV/AIDS Alliance, 2015)

Within the framework of the Link Up project (www.aidsalliance.org/resources/592-sexual-and-reproductive-health-and-rights-and-hiv-101-workshop-guide), this facilitator's guide describes how to plan, deliver and evaluate a workshop on linking up effective HIV and SRHR with young key populations. The workshop is designed to take five consecutive days in one week, although it can be adapted for shorter trainings as needed. The learning objectives for the workshop include:

- Enhance understanding of critical concepts of integration and linkages, gender and sexuality, stigma and discrimination.
- Enhance understanding among partners of entry points for the provision and uptake of integrated services for young key populations.
- Enable self-reflection around working with young key populations.

Good Practice Guide: HIV and human rights (International HIV/AIDS Alliance, 2013)

The guide assists programmers to integrate human rights through all stages of the HIV programming cycle, from design, development and implementation through to monitoring and evaluation (www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights). It gives practical guidance on the kinds of human rights programmes recommended by the Alliance and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for protecting and promoting human rights in the context of HIV, and for creating change at individual, community, service provision and law, and policy levels. It provides accessible and practical planning tools, as well as programmatic examples of how to address human rights in a way that includes affected populations, builds capacity, responds to the inequalities underlying HIV and AIDS, and promotes universal access to HIV-related health services. It also includes reference to further information and resources for more in-depth information about human rights, HIV and rights-based programming for HIV.

- **Chapter 1: HIV and human rights** is a good starting point for increasing awareness and understanding of what human rights are, why they are important for HIV programming and how they guide your work. This information may also help programmers to advocate within and outside of your organisation for increased commitment to HIV and human rights programming.

- **Chapter 2: What is a human rights-based response to HIV?** Outlines key principles of human rights-based HIV programming, such as equality and non-discrimination, full and equal participation and accountability that should form the basis for all programmes. Programmers can refer to these principles throughout the design, development and implementation of HIV and human rights programmes.

- **Chapter 3: Human rights and HIV programmes and interventions** gives you information and practical examples, together with examples of priority HIV and human rights programmes recommended by the Alliance and UNAIDS, and how these programmes bring about change at different levels.

- **Chapter 4: The HIV and human rights programme cycle** focuses on elements of the project cycle where human rights-based interventions are significantly different from other HIV interventions. There is particular focus on situational analyses, which help you gather and analyse information on HIV, legal and human rights issues for programming and setting human rights-specific goals.

- **Chapter 5: Monitoring and evaluating HIV and human rights programmes** guides you to monitor, evaluate and review all stages of your HIV programmes to see whether they incorporate human rights principles and approaches, respond to emerging human rights issues and achieve human rights goals.

Each chapter contains an introductory page containing an outline of each section; good practice programme standards relevant to that chapter, and key terms used in that chapter; examples and quotes relevant to the section; checklists to support your implementation efforts; and links to useful resources for further information.

Good Practice Guide: HIV and drug use (International HIV/AIDS Alliance, 2010)

Although not specific to MSM, this is one of the most comprehensive guides on harm reduction currently available (www.aidsalliance.org/resources/312-good-practice-guide-hiv-and-drug-use). It aims to support the scale up of community-based HIV and harm reduction programmes in developing and transitional countries. It looks at practice and research in developing and transitional countries, and at the principles underlying practice and research in resource-rich countries. It also sets out an approach to programming at the community level, where communities are fighting poverty, rapid social change, inequality and, sometimes, restrictive political cultures. The guide aims to distil some of the elements of good practice in different settings. It also aims to assist HIV programmers to think through these elements and apply them to their own setting. It encourages a "combination prevention approach", whereby programmers think not only about service delivery but also about the structural and social drivers that impact on behaviour, access to services and HIV needs.

- **Chapter 1** focuses on what the issues are in relation to drug use, HIV and health (why people take drugs, how drugs are taken, what dependency is, how drugs affect people's lives, drugs and HIV, and drugs and sex).

- **Chapter 2** looks at the needs of specific groups, including women, children and young people, and people in prison or detention.

- **Chapter 3** discusses what needs to change, how to develop interventions at different levels, and building social capital for health.

- **Chapters 4 and 5** look at the principles, concepts and approaches that shape harm reduction work (for example, human rights, public health and development) and describe a comprehensive intervention and service package for people who use drugs, and how to select and plan for interventions.

- **Chapter 6** discusses involving people who use drugs and other stakeholders in programming, and the key characteristics of an effective HIV programme targeting people who use drugs.

Pehchan training curriculum: MSM, transgender and hijra community systems strengthening (India HIV/AIDS Alliance, 2014)

Pehchan is one of the largest international MSM programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. To build the capacity of CBOs, Pehchan developed a robust training programme through a consultative, community-based process responsive to the specific needs of the Pehchan programme, and reflecting key priorities and capacity gaps of MSM, transgender and *hijra* CBOs in India. The Pehchan training curriculum (www.allianceindia. org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/) was developed to ensure that each member of the CBO staff understands technical issues and is able to address organisational and management challenges. While these modules have been developed for the Indian context, they can be adapted for different environments and cultural contexts. The modules have been developed primarily to build the knowledge and skills of community volunteers, counsellors and outreach workers from CBOs and other civil society organisations who work directly with the communities. The curriculum stresses participation. Depending on the objectives of each training module, the current expertise of participants and available resources, it is possible to use all or just some of the modules or sessions. Duration of sessions is described in each module. Each session outline contains a list of resources needed to run that session. Some understanding and knowledge of HIV and other issues related to the communities is desirable, but workshop facilitators do not need to be medical experts in HIV. There are 15 Pehchan modules, each described briefly below, including the themes covered.

Module A

- **A1: Organisational development**. This module is designed to help training participants: 1) understand the importance of organisational development in bringing systematic, sustainable and planned change to support growth; 2) recognise how strengthening an organisation helps the growth and development of its employees; 3) develop skills to formulate organisational goals and effective strategies to attain them with the help of structured and documented processes; and 4) create clear and empowering communication channels to make the community a resource for its own problem-solving.

- **A2: Leadership and governance**. This module is designed to help training participants: 1) understand the importance of leadership and good governance in achieving the goals of an organisation; and 2) enhance individual leadership capacity to help develop a vision to improve the quality of life in the community. Interactive sessions in this module include group work, games, live projects, audio and video clips, role playing and case studies.

- **A3: Resource mobilisation and financial management**. This module is designed to help training participants: 1) develop an understanding of resource mobilisation; 2) become familiar with resource mobilisation techniques; 3) develop a resource mobilisation strategy for the CBO; 4) develop an understanding about grant management and the basics of bookkeeping and accounting; and 5) review guidelines for strong and stable financial systems. Interactive sessions in this module include games, exercises, group discussions, presentations, case studies and slide shows.

Module B

- **B: Basics of HIV/AIDS prevention and outreach planning (Pre-TI)**. This module is designed to help training participants: 1) learn basic facts about HIV, AIDS and STIs; 2) understand the roles and responsibilities of outreach workers and peer educators; 3) appreciate the value of needs assessments, implementation planning, behaviour change communication, linkages and referrals, drop-in-centre management, condom promotion, and negotiation skills.

Module C

- **C1: Identity, gender and sexuality**. This module is designed to help training participants: 1) gain a broad understanding of language and concepts relating to identity, gender and sexuality; 2) understand differences in gender, sex and sexuality; 3) become familiar with the experience of stigma and discrimination in the lives of MSM, transgender people and *hijras* (MTH).

- **C2: Family support**. This module is designed to help training participants: 1) develop a common understanding of the term 'family' from the perspectives of MTH; 2) identify different constructs of 'family' present in MTH communities; 3) explore the importance of 'family' in a person's life; 4) understand issues faced by MTH community members with regard to their families.

- **C3: Mental health**. This module is designed to help training participants: 1) become familiar with basic concepts of counselling; 2) develop skills to form a support relationship with a programme client within an ethical framework; 3) increase awareness of common mental health concerns among MTH; 4) build capacity to assess and provide basic psychosocial support; 5) promote positive mental health.

- **C4: MSM with female partners**. This module is designed to help training participants: 1) understand the issues of MSM who also have sex with female partners; 2) become familiar with how gender impacts on health; 3) learn basic sexual anatomy and differences between males and females; 4) learn basic strategies to reach out to MSM with female partners and provide appropriate support and linkages to services.

- **C5: Transgender and *hijra* communities**. This module is designed to help training participants: 1) understand the basics of transgender and *hijra* identity; and 2) become familiar with the challenges facing transgender and *hijra* community members in the current context.

Module D

- **D1: Human and legal rights**. This module is designed to help training participants: 1) understand basic human rights and their importance in working with sexual minorities; 2) learn how to apply the principles of international human rights to local settings; 3) understand human and legal rights from the perspective of MTH; 4) build skills to recognise rights violations and mitigate them.

- **D2: Trauma and violence.** This module is designed to help training participants: 1) deepen their understanding of trauma and violence; 2) identify different forms of violence; 3) understand the connection between violence and exploitation; 4) learn strategies to address violence; 5) develop an action plan to respond to trauma and violence in their local context.

- **D3: Positive living**. This module is designed to help training participants: 1) understand the clinical basics of HIV and AIDS, with special reference to people living with HIV; 2) become familiar with antiretroviral treatment and treatment adherence; 3) identify specific needs of people living with HIV; 4) learn principles of caregiving for people living with HIV.

- **D4: Community-friendly services**. This module is designed to help training participants: 1) understand the concept of community-friendly services for MTH; 2) document existing

services in the local context; 3) access and coordinate with these services or create community-friendly services if none exist.

- **D5: Community preparedness for sustainability**. This module is designed to help training participants: 1) understand the concept of community preparedness; 2) become familiar with the rationales and processes to shift the focus of programmes for MTH from HIV centric to community centric; 3) learn strategies to help MTH communities become self-reliant and sustainable; 4) appreciate the importance of critical thought processes in planning for strong CBOs and communities.

- **D6: Life skills education**. This module is designed to help training participants: 1) understand the basic concepts and principles of life skills education for MTH; 2) provide skills to sensitise CBO staff on life skills and equip them to respond to the needs of MTH community members; 3) learn techniques to build self-worth and enhance self-esteem of CBO clients; 4) develop listening and communication skills; 5) build staff capacity to respond to difficult situations constructively.

HIV/SRHR integration for key populations: a review of experiences and lessons learned in India and globally (India HIV/AIDS Alliance, 2012)

This report summarises the findings of a review commissioned by India HIV/AIDS Alliance of experiences and lessons learnt from integrating HIV and SRHR in programmes for key populations (www.allianceindia.org/855/). The report outlines definitions and benefits of HIV/SRHR integration for key populations (including MSM), and presents some general lessons learnt about good practice. It then addresses each of the selected key populations, describing issues to consider within integrated HIV/SRHR support, sharing key strategies and providing examples of integration in action.

- **Chapter 1** looks at the rationale, context, objectives and methods of the review.
- **Chapter 2** provides an overview of HIV/SRHR integration for key populations, discussing what the SRHR needs of key populations are and why they matter; what HIV/SRHR integration means, and why it is a vital strategy for key populations; what strategies are being used for HIV/SRHR integration for key populations; what lessons have been learnt; and how organisations can get started with HIV/SRHR integration for key populations.
- **Chapter 3** discusses HIV/SRHR integration for people living with HIV; what it involves; some common strategies; lessons learnt; and case studies.
- **Chapter 4** focuses on HIV/SRHR integration for sex workers.
- **Chapter 5** looks at HIV/SRHR integration for MSM. It talks about what is involved in HIV/SRHR integration for MSM and transgender people; some common strategies; lessons learnt; and case studies.
- **Chapter 6** focuses on HIV/SRHR integration for people who use drugs.
- **Chapter 7** provides conclusions and summarises key messages.

Technical paper: review of training and programming resources on gender-based violence against key populations (AIDSTAR-Two and International HIV/AIDS Alliance, 2013)

For those wanting to read more on gender-based and other forms of violence experienced by key populations, including MSM, *see* this review of resources conducted with USAID funding (www.hivgaps.org/wp-content/uploads/2013/10/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf), including:

- **Identifying violence against most-at-risk populations: a focus on MSM and transgenders – training manual for health providers**
  Provides facilitator instructions, resources and tools for a four-day workshop to help service providers identify and respond to violence against key populations, especially MSM and transgender people. It includes 12 modules. The first five contain exercises that sensitise participants to issues of gender and sexuality, stigma, discrimination and gender-based violence, and the links between these and HIV. Additional modules include an introduction to, and practice using, the screening tool; best practices in screening; and development of a referral system and safety plans.
  www.healthpolicyinitiative.com/Publications/Documents/1097_1_GBV_MARPs_Workshop_Manual_FINAL_4_27_10_acc.pdf

- **Domestic violence: a resource for gay and bisexual men (Barking and Dagenham Primary Care Trust, National Health Service, 2008)**
  Booklet from a demonstration project in the UK, for use by MSM. Gives information to define intimate partner violence and support men to identify if they are being abused and get help. Addresses the specific nature of sexuality-based violence and how violence interrelates with chronic illness.
  www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Resource_for_Gay_Men.pdf

- **ILGA-Europe toolkit for training police officers on tackling LGBTI-phobic crime (ILGA-Europe, 2011)**
  Comprehensive guide for identifying needs and designing strategies to train the police in addressing lesbian, gay, bisexual, transgender, intersex (LGBTI)-phobic violence in Europe. Contains sections on designing, conducting and evaluating training.
  www.ilga-europe.org/sites/default/files/Attachments/toolkit_lgbtiphobic_crimes.pdf

- **Blueprint for the provision of comprehensive care to gay men and other men who have sex with men (MSM) in Latin America and the Caribbean (Pan American Health Organization, 2010)**
  Report for Latin America and the Caribbean that integrates attention to a range of gender-based violence (against and among MSM) into a comprehensive approach to their health needs. Includes a section on the consequences of ongoing and crisis violence. Emphasises the importance of clinical screening and evaluations. Provides algorithms/frameworks, such as for the interaction between clinic and community support in a human rights framework.
  http://new.paho.org/hq/index.php?option=com_content&view=article&id=2449&Itemid=1993

- **Understanding and challenging stigma toward men who have sex with men: toolkit for action (Pact and ICRW, 2010)**
  Toolkit developed in Cambodia that integrates attention to violence within a wider understanding of, and action on, stigma against MSM. Adapted and tested with local groups. Includes participatory educational exercises that can be used with a wide range of individuals/groups to stop stigma. Includes a fact sheet on hate violence.
  www.icrw.org/publications/understanding-and-challenging-stigma-toward-men-who-have-sex-men-cambodia-edition

Promoting the health of men who have sex with men worldwide: A training curriculum for providers (Global Forum on MSM & HIV, 2014)

The Global Forum on MSM & HIV (MSMGF), in partnership with Johns Hopkins University, has developed a training curriculum that aims to provide local community groups serving gay men and other MSM with the ability to implement training programmes independently in order to build cultural and clinical competency among healthcare workers serving their communities (http://msmgf.org/files/msmgf/documents/Promoting_Health/FullCurriculumFINAL.pdf). The main curriculum content is directed to training facilitators. It aims to supply them with practical approaches to training design, and help them to incorporate principles of adult learning theory to result in the most effective training possible. With a strong focus on sex positivity, the curriculum shifts away from the disease model, in which negative health outcomes are viewed as embarrassing "diseases" that are the consequences of socially unacceptable behaviour. Instead, it centres on a sexual health and harm reduction framework, focusing on health as a basic human right, with sexual health as only one component of health generally.

Organised across nine modules, the curriculum is designed for easy use by trainers to impact on healthcare workers' knowledge, attitudes and skills on a range of clinically relevant topics:

■ Understanding gay men and other MSM
■ Sexuality and health
■ Barriers to health
■ Creating a friendlier environment
■ Promoting mental health
■ Taking a sexual history
■ Supporting gay men and other MSM who use drugs and alcohol
■ Interventions for HIV and STI prevention
■ Clinical care for HIV and other STIs.

Each module is designed to be delivered as a stand-alone training or can be used in conjunction with other modules from the curriculum, depending on local training needs. Each module contains up-to-date technical information on a range of sub-topics; one or more pre-reading assignments; a ten-item pre- and post-test for assessment of learning; useful tips for facilitators; one or more group activities; at least one case study; and additional readings and resources.

In addition to the curriculum's main content and guidance on facilitation techniques, a participant's guide and deck of PowerPoint slides to accompany each module are available on request from MSMGF. Instruments to evaluate the process and outcomes of the training are also provided. Tools are available to conduct follow-up surveys with providers and their clients during the months and years following training to assess sustained outcomes.

Key resources by topic for working with MSM

Below are the five key resources. You can download them or read them online. Click on a button or hyperlink to take you to the resource.

Right click on a button or link and it will open in a new tab in your web browser.
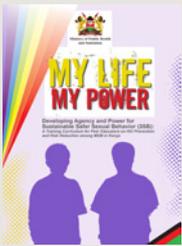
KEY RESOURCE 1: My life, my power: A training curriculum for peer educators and HIV prevention and risk reduction among MSM in Kenya (NASCOP, 2013)

www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=14409&thisSection=Resources

KEY RESOURCE 2: Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions (UNFPA, Global Forum on MSM & HIV, UNDP, WHO, USAID, World Bank, 2015)

www.msmgf.org/files/msmgf/documents/MSMIT_for_Web.pdf
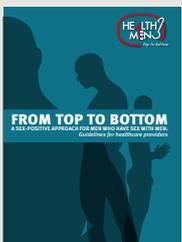
KEY RESOURCE 3: From top to bottom: A sex-positive approach for men who have sex with men (Anova Health Institute, 2013)

www.health4men.co.za/repository/manuals/Top2Bottom.pdf
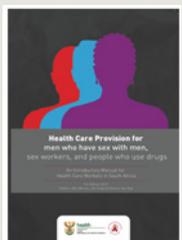
KEY RESOURCE 4: Health care provision for men who have sex with men, sex workers, and people who use drugs (Desmond Tutu HIV Foundation, 2013)

http://desmondtutuhivfoundation.org.za/wp-content/uploads/2016/05/KP-Integrated-Manual.pdf
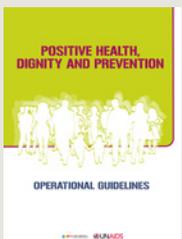
KEY RESOURCE 5: Positive health, dignity and prevention: operational guidelines (UNAIDS, GNP+, 2013)

www.gnpplus.net/assets/positive_health_dignity_and_prevention_operational_guidelines_-_unaids_gnp_2013.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
1.Guiding principles		
1.1 Human rights Human rights, understood as basic freedoms and entitlements that all people have simply by being human, are based on the idea that every person is equal and deserving of dignity. This guiding principle and its importance in relation to MSM communities and programming is well explained in these resources.	(1) Sessions 6 and 7 (2) Chapter 1, Section 1.2.5 (3) Module 5 Handbook (4) Module 5 (5) Step 2/4	**International HIV/AIDS Alliance (2014), Good Practice Guide: HIV and human rights** www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights **Code of conduct for HIV and health professionals: Strengthening human rights approaches to health, IAS July 2014** www.iasociety.org/Web/WebContent/File/2014__KAPs__Code_of_conduct.pdf
1.2 Public health Public health is about addressing the determinants of ill health and the impact of illness and disease at a population level. Together with human rights, they form the pillars of the global HIV response.	(2) Chapter 6, Section 6.2 (4) Section 3 (5) Step 2/2	**WHO (2016 update), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** www.who.int/hiv/pub/guidelines/keypopulations-2016/en **GNP+, International HIV/AIDS Alliance and STOP AIDS NOW! (2015), Driving the HIV Response: A Community Guide to the WHO Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV infection** (*see* Module I: Key Populations) www.gnpplus.net/resources/community-guide-i-hiv-and-key-populations A guide to support communities with the implementation of and advocacy for the WHO guidelines.
1.3 Harm reduction Harm reduction is an evidence-based approach that aims to limit the individual and societal harms that can be the result of recreational and injecting drug use. It recognises the dignity and agency of the person who uses drugs, and works with them to reduce harm.	(1) pp.201–2 (4) Section 3 (5) Step 2/5	**International HIV/AIDS Alliance (2012), Reaching drug users: a toolkit for outreach services** www.aidsalliance.org/resources/314-reaching-drug-users-a-toolkit-for-outreach-workers **International HIV/AIDS Alliance (2010), Good Practice Guide: HIV and drug use** www.aidsalliance.org/resources/312-good-practice-guide-hiv-and-drug-use
1.4 Holistic health and well-being Health is not just the absence of disease; it is also a state of well-being. To achieve this, it is important to pay attention to all aspects of what it means to be human: physical, mental and spiritual health. People also exist in the context of their relationships: family, sexual/intimate, friends and colleagues. Our health is affected when there is conflict in our relationships, and therefore intervention and support is sometimes needed.	(1) Cross-cutting issue in all sessions (2) Chapter 4, Section 4.1.2. (3) Chapter 3 Manual (4) Section 3 (5) Step 2	

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
1.5 Pleasure Since the early days of the HIV epidemic, sex has been seen as something that can cause problems, such as STIs, HIV and unintended pregnancy. Sex education has focused on what to avoid rather than how to enjoy sex more and still reduce risk. Sex and the way we express intimacy with others are among the most instinctual and also most pleasurable parts of being human. Evidence suggests that taking a positive approach to sexual expression (seeing sex as something good, pleasurable and essential) means that the target audience of prevention campaigns is more likely to receive health messages positively.	**1** Session 5 **3** Chapter 4.4 Manual **5** Step 2/6	**The Pleasure Project's Trainers toolkit** http://thepleasureproject.org/trainers-toolkit A toolkit for sex educators on how to promote good safer sex. It aims to get sexual health experts to become comfortable talking about pleasure and how to use it to motivate safer sex.
2. MSM health		
2.1 Gender, sexuality and identity The resources provide information on the concepts of gender and gender identity and how they relate to sexuality and sexual orientation. The common misconceptions related to these topics and the influence they have on a person's self-awareness, self-worth, role and status are also described, especially in the ways they increase MSM's vulnerability to HIV.	**1** Session 5 **2** Chapter 4, Section 4.3.3. **3** Chapter 2 Manual **4** Section 1, Module 3 **5** Step 2/6	**The Global Fund information note: Addressing sex work, MSM and transgender people in the context of the HIV epidemic (2015)** http://msmgf.org/files/msmgf/documents/R11_SOGI_InfoNote_en.pdf **Global Fund (2009), ARASA, Sexual orientation, gender identity, HIV and human rights. An advocacy toolkit** www.arasa.info/files/8414/3860/4501/ARASA_Toolkit_full_web.pdf **The Nexus of Gender and HIV among MSM in Kenya (Linkages, 2016)** www.fhi360.org/sites/default/files/media/documents/resource-linkages-kenya-msm-gender-analysis-2016.pdf **Health Policy Project (2016), Gender and sexual diversity training** www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=398 A training manual and slide deck to help country level programme implementers to understand and address the needs of gender and sexual minority communities in the context of HIV programming

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
2.2 Transgender The needs or transgender people are complex and varied and can not be adequately addressed within this tool. The resources listed are a sound starting point for finding further information.	**4** Module 3 **5** Step 2	**UNDP, IRGT, UNFPA, UNAIDS, WHO, USAID, PEPFAR (2016), Implementing Comprehensive HIV and STI Programmes with Transgender People** www.unaids.org/sites/default/files/media_asset/UNDP-et-al_2016_transgender_practical_guidance_collaborative_interventions_en.pdf **Health 4 Trans training manual** www.anovahealth.co.za/health4trans-transgender-health-training-manuals/
2.3 Anatomy and physiology Understanding male and female anatomy and physiology, and physical and physiological responses during sexual development and stimulation.	**4** Section 1, Module 3	
2.4 Sexual pleasure and well-being *See* 1.5.	**1** Session 5 **2** Chapter 3, Section 3.2.3 **3** Module 5 Handbook; Chapter 4.4 Manual **4** Section 1, Module 3 **5** Step 2/6	
2.5 Age The resources describe the specific needs of different age groups and the influence that age has on awareness, knowledge and behaviour, and how it impacts on HIV risk and vulnerability.	**1** Session 8 (8.2 Scenarios for activity); Session 13 (13.2 Sample case studies for activity) **3** Modules 3 and 10 Handbook; Chapter 5.1 Manual **4** Introduction **5** Age-related issues recognised throughout guidance	**WHO (2015), Technical brief: HIV and young men who have sex with men.** www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf This brief is one in a series addressing four young key populations. There is little guidance on working with older MSM and their particular issues. However, the National Institute on Ageing provides useful general information on **sexuality in later life** that may also apply to older men who have sex with men, although they are likely to face additional issues given their specific situation. www.nia.nih.gov/health/publication/sexuality-later-life

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
2.6 Adolescents In addition to the needs of MSM in general, adolescents and young MSM have additional challenges. Social norms and laws relating to sexual activity for young people can be very restrictive. Policies and programmes need to take into account a young person's evolving capacity to take responsibility for their own healthcare decisions, as far as is feasible within the restrictive environment.	**(2)** Chapter 3, Section 3.2.6	**WHO technical brief HIV and young MSM (2015)** www.who.int/hiv/pub/toolkits/hiv-young-msm/en/ **International HIV/AIDS Alliance, Stop AIDS, GNP+ (2015), HIV and adolescents module H** www.aidsalliance.org/assets/000/002/276/Moducle_H_HIV_and_adolescents_original.pdf?1450263344 **FHI 360 Young People Most at Risk of HIV (2010)** www.fhi360.org/resource/young-people-most-risk-hiv-0 **IAS Journal special edition focused on HIV, adolescents and young key populations (2015)** www.jiasociety.org/index.php/jias/article/view/20076/html
2.7 Sexual concurrency and female partners Sexual concurrency refers to the sexual pattern of having more than one sexual partner at the same time, and for some MSM these may well be female partners. The resources provide insight on this topic and explore related themes such as bisexuality and disclosure to female partners.	**(4)** Addresses the issues of female partners throughout the manual; e.g. Module 8 (male sex workers)	**India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening** www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Module C4 looks at MSM with female partners. **TAST Futures Group International (2011), Women partners of men who have sex with men in India: Technical brief 2** http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/Technical%20Brief-2_WomenPartners_MSM.PDF The technical brief includes possible interventions at individual, community and policy levels. **UNDP (2012), Addressing the SRH needs of MSM and their female partners using existing SRH facilities and/or working in collaboration with existing organizations: documentation of models that have worked and replicable strategies** www.undp.org/content/dam/india/docs/HIV_and_development/a-report-on-addressing-the-srh-needs-of-msm-and-their-female-par.pdf **NACO, DFID, Futures Group (2011) Technical Brief: Women partners of men who have sex with men in India** http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/Technical%20Brief-2_WomenPartners_MSM.PDF

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
2.8 Sexually transmitted infections STIs are passed from one person to another through sexual contact, and sometimes by genital contact – the infection can be transmitted via vaginal, oral and anal intercourse. The resources provide definitions for all the most common STIs. Information on how STIs are transmitted, the symptoms they cause and the treatment required is also provided.	**1** Sessions 4, 9 and 10 **2** Chapter 4, Section 4.2.9 **3** Module 8 Handbook; Chapter 3.4 Manual **4** Section 2, Module 7 **5** Step 2/6	
2.9 HIV and AIDS The human immunodeficiency virus (HIV) is a retrovirus that compromises the human immune system and as a result the body becomes progressively more susceptible to opportunistic infections, leading to the development of acquired immune deficiency syndrome (AIDS). The resources provide detailed information on HIV and AIDS, how HIV is transmitted, the symptoms after infection and the treatment and care that should be provided to the people living with HIV.	**1** Sessions 4, 9 and 10 **3** Module 7 Handbook **4** Sections 2 & 3, Module 7 **5** Steps 2/2 and 2/5	**Amfar. Lessons from the Front Lines: Effective community-led responses to HIV and AIDS among MSM and transgender populations.** www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Lessons-Front-Lines.pdf **APCOM (2016), Changing Gears: a guide to effective HIV service programming for gay men and other men who have sex with men in Asia** www.apcom.org/wp-content/uploads/2016/07/2016-Community-Changing-Gears-A-New-Asia-Pacific-Regional-MSM-Framework.pdf
2.10 Sexual and reproductive health and rights, including conception and contraception The resources explore the SRHR needs of MSM and their sexual partners. They provide some insight into the main interventions and good practices that safeguard MSM's SRHR. The importance of integrating HIV and SRHR is also well described in the International HIV/AIDS Alliance Good Practice guide.	**4** Section 3, Module 9 **5** Step 2/6	**The Terrence Higgins Trust, Contraception** www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Contraception and **Conception** www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Pregnancy/Conception **India HIV/AIDS Alliance (2012), HIV/SHRH integration for key populations: a review of experiences and lessons learned in India and globally** www.allianceindia.org/ourwork/hivsrhr-integration-key-populations-review-experiences-lessons-learned-india-globally/ A summary of this chapter can also be found at: http://indiahivaidsalliance.files.wordpress.com/2012/07/ai_srhrintegration_msmtg_web-euflag2.pdf **International HIV/AIDS Alliance (2010), Good Practice Guide: Integration of HIV and sexual and reproductive health and rights** www.aidsalliance.org/resources/287-good-practice-guide-hiv-and-sexual-and-reproductive-health

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
2.11 Dual protection Dual protection is defined as the simultaneous prevention of an STI (including HIV) and unwanted pregnancy. This can be accomplished by the consistent use of condoms alone or by the simultaneous use of two methods at once, one of which must be condoms.	**4** Section 3, Module 9 **5** Step 2/6	**International HIV/AIDS Alliance (2010), Good Practice Guide: Integration of HIV and sexual and reproductive health and rights** www.aidsalliance.org/resources/287-good-practice-guide-hiv-and-sexual-and-reproductive-health Explains dual protection (page 50).
2.12 Hygiene – genital and rectal The websites provide basic concepts of genital and rectal hygiene.		**NHS, How to wash a penis** www.nhs.uk/Livewell/penis-health/Pages/how-to-wash-a-penis.aspx **PrideAlive, Cleaning your butt** www.pridealive.org/cleaning-your-butt.html Simple but evidence-based information on hygiene can be found at these web pages.
3. Health services for MSM		
3.1 Mapping Mapping sites and services available to MSM is key to ensuring that MSM needs are appropriately addressed across the territory. The documents listed provide useful information on how to map needs, sites and services for MSM.	**2** Chapter 6, Section 6.2.7 **5** Step 2/2, Table 1 p.85, Table 2 p.88	**International HIV/AIDS Alliance (2003), Participatory site assessments in Cambodia, Ecuador and Andhra Pradesh state in India** www.participatorymethods.org/sites/participatorymethods.org/files/participatory%20site%20assessments_frontiers%20prevention.pdf **WHO (2004), Rapid assessment and response: adaptation guidance on HIV and men who have sex with men** www.who.int/hiv/pub/msm/guide_msm/en/ **HIV and outreach programmes with men who have sex with men in the Middle East and North Africa: from a process of raising awareness to a process of commitment** www.unaids.org/sites/default/files/media_asset/20120920_MSM_MENA_en_0.pdf This handbook from the MENA region looks at the particular problems that outreach workers face in predominantly Muslim countries with hostile environments, and includes a section (2.2) on mapping, including the use of technology in mapping.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
3.2 Interventions to increase MSM-friendly services The concept of friendly services for MSM. Documenting existing services in the local context. Accessing and coordinating with these services, or creating community-friendly services if none exist.	**2** Throughout **3** Sections 5 and 6, Module 9 Handbook; Chapter 6 Manual **4** Section 3, Module 8 **5** Steps 2/2 and 2/7	**International HIV/AIDS Alliance** have a whole section of their website dedicated to working with MSM in hostile environments www.aidsalliance.org/our-impact/the-sharp-programme **Bridging the Gaps, Lessons learnt report: Engaging and reaching out to underserved key populations** www.hivgaps.org/wp-content/uploads/2015/11/Engaging-and-reaching-out-to-underserved-key-populations.pdf?9a9220 Many other reports and documents on working with key populations can be found on their website.
3.3 Linkages and referrals Why are they important? How to develop, implement and monitor linkages and referral systems. Lessons learnt and good practice examples of referrals systems.	**2** Chapter 6, Section 6.2 **3** Section 4, Module 4 Handbook; Chapter 4 Manual **4** Section 3	**India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening** www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Module D4 looks at community-friendly services.
3.4 Issues related to migration Migration, especially in emergencies, can increase the risks and vulnerabilities of MSM, as relocating to a different geographical context often means not knowing how or where to access confidential SRHR services, or it can mean losing a support network of family and friends. The resources explore the impact that migration can have on HIV and strategies to mitigate this impact.	**2** Chapter 6, Section 6.1.2 **4** Mentioned in Module 2	**UNAIDS, The Gap report 2014: migrants** www.unaids.org/sites/default/files/media_asset/04_Migrants.pdf A useful background resource to help community-based organisations to better understand the issues of migration in general, migration and HIV, and the needs of migrants.
4. HIV		
4.1 The HIV continuum of care The HIV care continuum – also referred to as the HIV treatment cascade – is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage.	**2** Chapter 4, Section 4.1	**FHI 360 (2015), HIV cascade framework for key populations** www.fhi360.org/sites/default/files/media/documents/linkages-hiv-cascade-framework-oct15.pdf Assists those responsible for the continuum of HIV services to construct, analyze and use the framework to improve HIV services for key populations and their retention in those services. **LINKAGES (2016), Key population programme inplementation guide** www.fhi360.org/sites/default/files/media/documents/linkages-program-implementation-guide.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.1 The HIV continuum of care (cont)		**International HIV/AIDS Alliance (2016), Strengthening the HIV continuum of care: the experience of Via Libre** www.aidsalliance.org/resources/842-strengthening-the-hiv-continuum-of-care-the-experience-of-via-libre **The GMT Initiative (2013), The HIV treatment cascade: Fact sheet** www.amfar.org/uploadedFiles/_amfar.org/Around_the_World/MSM(1)/GMT%20HIV%20Treat%20Cascade%2020120213.pdf
4.2 HIV testing services HIV testing services include all the services connected with providing an HIV test that is carried out to establish the HIV status of a person. Services are provided before and after HIV testing. The resources provide detailed information on HIV testing and its importance for MSM.	**②** Chapter 4, Section 4.2.6 **③** Section 6 Manual **④** Section 3, Module 9	**WHO (July 2015), Consolidated guidelines on HIV testing services** www.who.int/hiv/pub/guidelines/hiv-testing-services/en Encompassing all services related to HIV testing. It includes clear guidance on HIV testing for key populations, including MSM. **UNAIDS document on self testing** www.unaids.org/sites/default/files/media_asset/JC2603_self-testing_en_0.pdf **Forthcoming WHO guidelines on self testing are due in December 2016** www.who.int/hiv/mediacentre/news/hiv-self-testing-STAR/en
4.3 HIV pre-test counselling and post-test counselling Pre- and post-test counselling refer to two separate services normally offered to individuals or couples who are testing for HIV. The resources demonstrate how these services should be offered to MSM.	**②** Chapter 4, Section 4.2.6 **③** Module 7 Handbook **④** Section 3, Module 9	**MSMGF HIV Testing and Counselling (HTC) technical bulletin** http://msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec7MSMGF_TechBulletins2012.1.pdf
4.4 Issues of disclosure Disclosure is normally defined as the process of revealing a person's HIV status, whether positive or negative. HIV status is usually disclosed voluntarily by the person, but it can also be revealed by others with or without the person's consent. The resources explore what issues are involved in disclosing our HIV status to others and how to address these issues effectively.	**①** Sessions 13 and 15 **②** Chapter 4, Section 4.3.3 **⑤** Step 2/4	**Ontario HIV Treatment Network (2014), Rapid Response: Disclosure of HIV-Positive Status** www.ohtn.on.ca/wp-content/uploads/sites/9/2014/11/RR66-Disclosure.pdf Fact sheet summarising the latest research on disclosure and its implications for policy and practice.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.5 Issues of retention in care Retention in care is defined as the ability to adhere to critical aspects of care – attend regular follow-up appointments, scheduled lab tests, and other monitoring activities – according to health system standards and as prescribed by a healthcare provider. The resources provide useful information on the main issues involved in retaining MSM living with HIV in care. What determines retention, and how to address these issues and determinants effectively, are also addressed.	**4** Modules 9 and 10	**WHO (2016 update), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** www.who.int/hiv/pub/guidelines/keypopulations-2016/en/ Chapter 6 considers a range of approaches to support better access, retention and adherence models. **LINKAGES newsletter (2015), Focus on MSM: Making services meaningful** www.fhi360.org/sites/default/files/media/documents/linkages-newsletter-apr15.pdf
4.6 Combination prevention and implementing a comprehensive package of services for prevention and treatment Combination prevention involves combining and integrating biomedical, behavioural, community-level and structural approaches to prevent new HIV infections. In combination prevention, different prevention methods are combined in a comprehensive package that is specifically tailored to the needs of MSM in the country/region where they live. Comprehensive packages of HIV services for MSM usually include combination prevention as well as HIV treatment services. The resources explore what are the benefits of comprehensive packages and what a comprehensive package for MSM usually includes.	**1** Chapter 2 and session 12 **2** Chapter 4, Section 4.2 **3** Module 7 Handbook; Chapter 3 Manual **4** Section 3 **5** Step 2	**International HIV/AIDS Alliance and UNAIDS (2016) Advancing combination HIV prevention: an advocacy brief for community led organisations** www.aidsalliance.org/assets/000/002/472/web_AllianceUnaids_Comb_prevention_original.pdf?1459762561 **WHO (2016 update), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** www.who.int/hiv/pub/guidelines/keypopulations-2016/en Emphasises the need for combining behavioural, structural and biomedical interventions. It recommends a comprehensive package of interventions for key populations, while also highlighting specifics for each population group, including MSM (Chapter 3).
4.7 Basics of behaviour change Behaviour change interventions discourage risky behaviours and reinforce protective ones through the provision of knowledge, attitudes, skills and beliefs (knowledge, accurate perception of risk, self-efficacy, negotiating safer sex, maintaining behaviour change, etc.). The resources explain the different types of behavioural interventions that are normally used with MSM.	**1** Sessions 4, 7, 12–15 **2** Chapter 4, Section 4.2 **3** Module 7 Handbook; Chapter 3.3 Manual **4** Section 3, Module 10 **5** Steps 2/2, 2/5, 2/6	**Fhi 360 (2011) Social and behaviour change tools for men who have sex with men** www.fhi360.org/resource/social-and-behavior-change-tools-men-who-have-sex-men

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.8 The principles of Positive Health, Dignity and Prevention The primary goals of Positive Health, Dignity and Prevention (PHDP) are to improve the dignity, quality and length of life of people living with HIV. If achieved, this will in turn have beneficial effects on their partners, families and communities, including reducing the likelihood of new infections. PHDP encompasses the full range of health and social justice issues for people living with HIV, and espouses the fundamental principles that responsibility for HIV prevention should be shared, and that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV.	(1) Session 13 (3) Section 4, Module 5 Handbook (4) Section 3 (5) Introduction	
4.9 Condom use and condom-compatible lubricants Condoms, including the female versions, are the most effective barrier method currently available to sexually active MSM who require protection from HIV and other STIs. Male condoms reduce the risk of HIV by 80% or more when used correctly and consistently. Additionally, condom use must be accompanied by appropriate condom-compatible lubricants. The resources provide information on how to use condoms and lubricants, and how to promote their use.	(1) Session 11 (2) Chapter 3 (3) Section 3, Module 7 Handbook; Chapter 3.3 Manual (4) Section 3 (5) Step 2/5	**AVERT fact sheet (2016), HIV and men who have sex with men** www.avert.org/sites/default/files/fact-sheet-hiv-men-who-have-sex-men-2016.pdf This includes information on condom use.
4.10 Tuberculosis co-infection People living with HIV are more likely than others to become sick with TB. Worldwide, TB is one of the leading causes of death among people living with HIV, and for this reason people living with HIV are tested for TB infection. If found to have TB infection, further tests are needed to rule out TB disease. The resources provide some basic information on screening and treatment option for TB–HIV co-infection.	(2) Chapter 4, Section 4.3.2 (4) Module 9	**International HIV AIDS Alliance (2013), Good Practice Guide: Community-based HIV and TB integration** www.aidsalliance.org/resources/325-good-practice-guide-communitybased-tbhiv-integration Offers useful information on how to design and implement community-based programmes on TB and HIV co-infection, plus interesting case studies on the topic specifically related to key populations.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.11 Viral hepatitis co-infection Viral hepatitis co-infection refers to the condition of living with HIV and being concurrently infected with the hepatitis virus (A , B , C, D or E). Gay men and other MSM are disproportionately affected by hepatitis A, B and C. The co-infection with HIV makes it more difficult for the body to clear the hepatitis virus. People living with HIV who are co-infected by hepatitis B or C are also at increased risk of cirrhosis or liver disease.	**2** Chapter 4, Section 4.2.9 **3** Section 6, Manual **4** Module 9	**i-base guide to new HCV infections in HIV positive gay men** http://i-base.info/guides/hepc/new-infections-and-gay-men **WHO guideline for the screening, care and treatment of persons with hepatitis C infection** http://apps.who.int/iris/bitstream/10665/111747/1/9789241548755_eng.pdf?ua=1&ua=1
4.12 Serosorting Serosorting is defined as a "person choosing a sexual partner known to be of the same HIV serostatus, often to engage in unprotected sex, in order to reduce the risk of acquiring or transmitting HIV". It is a sexual risk management approach that has been identified among many groups of gay men and other MSM, mostly in higher-income countries.	**2** Chapter 4, Section 4.2.3 **3** Section 3, Module 7 Handbook; Chapter 3.3 Manual	**MSMGF technical bulletin on serosorting and strategic positioning** http://msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec5MSMGF_TechBulletins2012.pdf
4.13 Strategic positioning Strategic positioning, also known as sero-positioning, is the act of choosing a different sexual position depending on the serostatus of your partner. Typically, a person living with HIV chooses to take the receptive position ("bottom") during unprotected anal sex with a partner believed to be HIV negative. The practice is based on evidence that there is a lower relative risk for HIV to be transmitted from a receptive partner to an insertive partner ("top") compared to receptive anal sex with an HIV-positive partner.	**2** Chapter 4, Section 4.2. **3** Section 3, Module 7 Handbook; Chapter 3.3 Manual	See above

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.14 Pre-exposure prophylaxis (PrEP) Systemic pre-exposure prophylaxis (PrEP), also known as oral PrEP, is a prevention method whereby an HIV-negative person takes antiretroviral medications (ARVs) regularly in order to reduce the risk of contracting HIV. Topical PrEP is the use of a microbicide – a gel, lubricant, douche or enema infused with ARVs – applied to the vagina and/or rectum in order to prevent sexual transmission of HIV.	**1** Session 11 **2** Chapter 4, Section 4.2.7 **3** Section 3, Module 7 Handbook; Chapter 3.4 Manual **4** Section 3, Module 9 **5** Step 2/5	**MSMGF have two technical bulletins one on systemic (oral) PrEP and one on topical (microbicide) PrEP** http://msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec2MSMGF_TechBulletins2012.1.pdf and http://msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec3MSMGF_TechBulletins2012.1.pdf **WHO Policy brief on PREP** http://apps.who.int/iris/bitstream/10665/197906/1/WHO_HIV_2015.48_eng.pdf **AVAC** www.avac.org The website provides community-friendly information on HIV prevention research and new prevention options. Frequent updates on PrEP research and roll out are posted on www.avac.org/prevention-option/prep **PrEP Watch** www.prepwatch.org The website is a clearinghouse for information on PrEP for HIV prevention.
4.15 Post-exposure prophylaxis (PEP) Post-exposure prophylaxis (PEP) is a biomedical HIV prevention intervention that involves HIV-negative individuals taking ARVs after potential exposure to HIV through blood, semen, rectal or vaginal fluids, or breast milk.	**2** Chapter 4, Section 4.2.8	**WHO, Post-exposure prophylaxis** www.who.int/hiv/topics/prophylaxis/en **MSMGF technical bulletin on PEP** www.msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec4MSMGF_TechBulletins2012.pdf
4.16 HIV treatment The primary purpose of antiretroviral treatment (ART) is to treat HIV disease in order to improve health and extend lifespan. Prevention is a secondary benefit of ART, usually referred to as treatment as prevention (TasP), and occurs because a person living with HIV and successfully adhering to ART normally achieves viral suppression; a state in which the sexual transmission of HIV is unlikely to occur.	**2** Chapter 4, Section 4.3.1 **3** Module 7 Handbook; Chapter 3.4 Manual **5** Step 2/5	**WHO (2016 update), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** www.who.int/hiv/pub/guidelines/keypopulations-2016/en/ It outlines a public health approach to five key populations, including MSM, and presents and discusses new recommendations, and a range of recommendations and guidance from current WHO guidelines. **WHO (Second edition 2016), Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection** www.who.int/hiv/pub/arv/arv-2016/en/ For more in-depth information on using ARVs for treating and preventing, and the evidence behind this strategy, see the 2016 guidelines, particularly Chapter 4: Clinical guidelines: Antiretroviral therapy.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
4.17 HIV treatment adherence and viral load monitoring Viral load testing confirms the level of HIV in a person's blood, as opposed to CD4 cell monitoring, which assesses the number of white blood cells that organise the immune system's response to infections. Viral load is more accurate in detecting a person's response to ART than CD4 testing, which is commonly used today. Viral load testing can also prevent people from being unnecessarily switched to more expensive second-line medicines by determining whether a CD4 cell decline is due to a rebound in viral load. Adherence support is a critical strategy to achieve undetectable viral load.	**2** Chapter 4, Section 4.3.1 **3** Section 3, Module 7 Handbook; Chapter 3.4 Manual **4** Section 3, Module 9 **5** Step 2/2	**The International Conference on HIV Treatment and Prevention Adherence** www.iapac.org/AdherenceConference/Adherence_2013.html Useful presentations and guidelines on adherence and retention in care, including the latest evidence and discussions. **Médecins Sans Frontières (2012), Speed Up Scale-Up: strategies, tools and policies to get the best HIV treatment to more people sooner** www.msfaccess.org/sites/default/files/MSF_assets/HIV_AIDS/Docs/AIDS_report_SpeedUpScaleUp_ENG_2012.pdf Useful strategies for improving access to ART in resource-limited settings that can also be applied to MSM living with HIV. **FHI 360 (2013), Designing effective clinic-to-community referral systems: analysis of best practices to inform LIFT technical assistance** http://theliftproject.org/wp-content/uploads/2013/12/Referral-Literature-Review-and-Technical-Brief-FINAL.pdf
5. Mental health		
Basic concepts of counselling. Skills needed to form a supportive relationship with a client within an ethical framework. How to increase awareness of common mental health concerns among MSM, build capacity to assess and provide basic psychosocial support, and promote positive mental health.	**2** Chapter 4, Section 4.3 **3** Chapter 5 Manual **5** Step 2/2	**India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening** www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Module C3 looks at mental health.
5.1 Self-esteem and self-worth The importance of self-esteem and self-worth in working with MSM and their impact on HIV.	**1** Sessions 1–8 **3** Section 5, Module 10 Handbook **4** Modules 2, 4, 6, 10 **5** Step 2/1	
5.2 Stigma, self-stigma and "coming out" Issues around stigma, including self-stigma, and "coming out", and how they impact on MSM and HIV.	**1** Sessions 1–8 **2** Chapter 1, Section 1.2 **3** Chapter 5.1 Manual **4** Modules 2, 4, 6, 10	**International HIV/AIDS Alliance (2007), Understanding and challenging HIV stigma: toolkit for action. Module H: MSM and stigma** www.aidsalliance.org/resources/370-toolkit-understanding-and-challenging-hiv-stigma

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
5.3 Impact on health-seeking behaviour The resources provide information on what determines health-seeking behaviour among MSM and how to change this behaviour.	**1** Sessions 1–8 **2** Introduction **4** Modules 2, 4, 6, 10	
5.4 Impact on prevention practices What impacts on prevention practices (safer sex, safer injecting, etc.) and how to mitigate the impact.	**1** Sessions 1–8 **4** Modules 2, 4, 6, 10	
5.5 Depression, anxiety and well-being Defining depression and anxiety, and how they impact on well-being. How to mitigate their impact and manage them.	**1** Sessions 1–8 **3** Section 5, Module 10 Handbook **4** Module 6 **5** Step 2/2	
5.6 Life skills Basic concepts and principles of life skills education for MSM. How to sensitise staff on life skills and equip them to respond to the needs of MSM community members. Techniques to build self-worth and enhance self-esteem of MSM. Listening and communication skills, and building staff capacity to respond to difficult situations constructively.		**India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening** www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Module D6 focuses on life skills education.
6. Drug and alcohol use		
A significant concern among health professionals and advocates who work to improve the health and well-being of MSM, relates to the prevalence of drug use within the population, its uses and its associated harms.		**Harm Reduction International (2016), The Global State of Harm Reduction 2016** www.hri.global/files/2016/11/14/GSHR2016_14nov.pdf A biennial report that tracks developments in harm reduction and assesses global progress. **Harm Reduction International (2012), The Global State of Harm Reduction 2012: towards an integrated response** www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf This older report explores several key issues for developing an integrated harm reduction response, including drug use among MSM (*see* Chapter 3: Drug use among MSM: implications for harm reduction) www.ihra.net/files/2012/09/04/Chapter_3.3_MSM_.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
6.1 Recreational drug use What are recreational drugs? How do they affect HIV? How do they interact with ARVs?	**1** Session 11 **2** Chapter 4, Section 4.3.4 **3** Section 5, Module 10 Handbook **4** Section 1, Module 4; Section 2, Module 6	
6.2 Injecting drug use Injecting drug use as one of the main modes of HIV transmission. What are injecting drugs? How do they increase HIV risk and vulnerability? How do they interact with ARVs? What are unsafe injecting practices?	**1** Session 11 **2** Chapter 4, Section 4.3.4 **3** Module 7 Handbook **4** Section 1, Module 4; Section 2, Module 6 **5** Steps 2/4 and 2/5	**International HIV/AIDS Alliance, Harm Reduction International, Save the Children, Youth Rise (2015), Step by Step: Preparing for work with children and young people who inject drugs** www.aidsalliance.org/assets/000/001/831/Step_by_step_original.pdf?1444128280 **AVERT website:** www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs A wealth of information on people who inject drugs and HIV can be found on the AVERT website.
6.3 Harm reduction Harm reduction is an evidence-based approach that aims to limit the individual and societal harms that can be the result of recreational and injecting drug use. It recognises the dignity and agency of the person who uses drugs, and works with them to reduce harm.	**1** pp.201–2 **2** Chapter 4, Section 4.3.4 **4** Section 3 **5** Step 2/5	**International HIV/AIDS Alliance (2010), Good Practice Guide: HIV and drug use** www.aidsalliance.org/resources/312-good-practice-guide-hiv-and-drug-use For more on harm reduction and injecting drug use.
7. Selling sex		
Selling sex	**1** Sessions 4, 8, 12 and 14	
7.1 Who, what and where? Understanding sex work and transactional sex, and their links to HIV, including types of sexual partners (paying and non-paying), intergenerational sex, transactional sex and sexual exploitation.	**1** Chapter 2.1 **3** Module 2 Handbook **4** Sections 1 and 2	**NSWP, Briefing paper 08: The needs and rights of male sex workers** www.nswp.org/sites/nswp.org/files/Male%20SWs.pdf The briefing paper presents an overview of some of the main issues faced by male sex workers globally, and highlights advocacy and activism efforts by male sex worker communities that have challenged these issues.
7.2 Prevention – special considerations for sex work Understanding the specific prevention needs of MSM engaging in sex work, transactional sex, intergenerational sex or who are sexually exploited.	**2** Chapter 3, Section 3.2.6 **3** Chapter 3.4 Manual **4** Section 3 **5** Step 2/6	**NSWP, Good practice in sex worker-led HIV programming in Africa** www.nswp.org/sites/nswp.org/files/Regional%20Report%20Africa.pdf This report documents good practices for sex worker-led organisations in Kenya, Uganda, Cameroon and South Africa.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
7.3 Negotiating safety Understanding what safety and security mean in the context of sex work and transactional sex, and how to support people in negotiating safety with paying and non-paying sexual partners.	**2** Chapter 2, Section 2.2.4 **4** Sections 1 & 3, Module 4	**TTAG, Asia Catalyst, Dongjen Centre for Human Rights Education and Action, Prove it: documenting rights abuses** www.nswp.org/sites/nswp.org/files/prove-it_english.pdf This is a rights-based curriculum for grassroots groups series in the Know it, Prove it, Change it series created specifically to help grassroots organisations in communities affected by HIV to understand their basic rights, document rights abuses, and design and implement advocacy campaigns. Each book includes a manual, which describes the steps to take, and a trainer's supplement, which has the same information in the form of lesson plans, sample exercises and templates to use in trainings. **International HIV/AIDS Alliance (2008), Sex work, violence and HIV: a guide for programmes with sex workers** www.aidsalliance.org/resources/319-sex-work-violence-and-hiv This practical programming guide can be applied to any gender. **NSWP (2012) Documenting good practice by sex worker-led organisations: Addressing violence against sex workers** www.nswp.org/sites/nswp.org/files/DGP%20Violence_0.pdf
7.4 Healthcare and support Understanding the specific healthcare and support needs of MSM engaging in sex work.	**4** Section 3 **5** Step 2/2	
8. Communication and approaches to exchanging information and support		
Communication and approaches to exchanging information and support	**3** Chapter 3.2 Manual	
8.1 Effective communication/ counselling skills Why are communication and counselling so important? What are effective communication and counselling skills? Who needs to have those skills? In what settings should they be applied?	**1** Sessions 14 and 15 **3** Chapter 5.7 Same sex couple counselling Manual **4** Section 3, Appendix 4	**UNICEF, FHI, WHO (2009), HIV counselling trainer's manual for the Asia-Pacific** www.unicef.org/eapro/HIV_manual.pdf Covers three main areas: VCT, provider-initiated testing and counselling, and treatment and care counselling. **FHI360 Ghana, Peer educators training manual for HIV prevention: It's my turn!** www.fhi360.org/sites/default/files/media/documents/Manual%20MSM%20Peer%20Educators_0.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
8.2 Peer outreach What is peer outreach, including peer education, peer counselling and other peer-driven interventions? How effective are they? What does a peer outreach worker need to know? What skills do they need, what support, what tools?	**2** Chapter 4, Section 4.4.2	**UNAIDS (2012), HIV and outreach programmes with men who have sex with men in the Middle East and North Africa: from a process of raising awareness to a process of commitment** www.unaids.org/sites/default/files/media_asset/20120920_MSM_MENA_en_0.pdf The peer outreach manual from the MENA region looks at the particular problems that outreach workers face in predominantly Muslim countries with hostile environments. **International HIV/AIDS Alliance (2015), Sexual and reproductive health and rights, and HIV: 101 workshop guide** www.aidsalliance.org/resources/592-sexual-and-reproductive-health-and-rights-and-hiv-101-workshop-guide The guide describes how to plan, deliver and evaluate a workshop on linking up HIV and SRHR with young key populations. The workshop is designed to take five consecutive days in one week, although it can be adapted for shorter trainings as needed. **Bridging the Gaps (2015), Engaging and reaching out to underserved key populations** www.hivgaps.org/wp-content/uploads/2015/11/Engaging-and-reaching-out-to-underserved-key-populations.pdf?9a9220
8.3 One-to-one contact and home visits How to work with individual MSM, and how to provide support and care at home or during home visits. What works and what doesn't work? What are the benefits and risks? What skills are required?	**1** Session 13	**Pathfinder (2006), Community home-based-care for people and communities affected by HIV/AIDS** www2.pathfinder.org/site/DocServer/CHBC_HB_Complete.pdf?docID=7961
8.4 Group sessions Different types of group sessions (information, prevention, support). How to facilitate/conduct group sessions. What works and what doesn't work? What are the benefits and risks? What skills are required?	**2** Chapters 1 and 4, Sections 1.2.3 and 4.2.1	**WHO (2005), Mental health and HIV/AIDS: psychosocial support groups in anti-retroviral (ARV) therapy programmes** http://apps.who.int/iris/bitstream/10665/43199/1/9241593105_eng.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
8.5 Community-level interventions What are community-level interventions? How do they work? Different types of community level interventions. Good practices. What are the benefits and risks? How to implement interventions.	② Chapter 1	**Centers for Disease Control and Protection, Mpowerment** https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/Mpowerment.aspx This evidence-based community-level intervention from the USA can serve as an example for a community-level intervention with MSM. It comes with a set of tools and resources: https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/Mpowerment/ResourcesTools.aspx
8.6 Family support/counselling What is a "family" from the perspective of MSM? The importance of "family" in a person's life. Issues faced by MSM community members with regard to their families. Principles of family support and possible interventions.		**India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening**: www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Pehchan is one of the largest Global Fund-funded HIV and MSM programmes in the world. Module C.2 focuses on family support. **Coalition for Children Affected by AIDS, GNP+ (2014), Difficult decisions: a tool for care workers. Managing ethical dilemmas when caring for children and families of key populations: people living with HIV, people who use drugs, sex workers, transgender people, gay men, and other men who have sex with men**: http://careworkerethics.org For those caring for children and families of key populations, this tool may be of interest.
8.7 Information, education and communication material How to develop targeted and adequate information, education and communication material for LGBTI people. Planning, need analysis, message and material development, design and graphics, pre-testing, printing and dissemination, monitoring and evaluation.		**SAfAIDS, ICAP, Bridging the gap: IEC 4 LGBTI handbook** http://catalogue.safaids.net/sites/default/files/publications/BridgingTheGap_IEC4LGBTI_Handbook_300813%20(3).pdf This LGBT handbook was developed within the framework of the key population programme, Bridging the Gap.
8.8 Radio and television Radio and television actions with MSM. The resources provide insight into how they could be used for MSM programming.		**USAID and C-Change (2011), HIV communication for MSM, PLHIV and sex workers in the Bahamas: action media findings and communication brief** www.c-changeprogram.org/sites/default/files/Action_Media_Bahamas_Nov2011.FinalReport.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
8.9 Mobile technology – SMS Innovative uses of mobile technology with MSM. Experiences, examples, lessons learnt.	**2** Chapter 5	**USAID and C-Change (2011), HIV communication for MSM, PLHIV and sex workers in the Bahamas: action media findings and communication brief** www.c-changeprogram.org/sites/default/files/Action_Media_Bahamas_Nov2011.FinalReport.pdf **FHI360 Ghana, Peer educators training manual for HIV prevention: It's my turn!** www.fhi360.org/sites/default/files/media/documents/Manual%20MSM%20Peer%20Educators_0.pdf **AIDSTAR-One (2013), Innovative uses of communication technology for HIV programming for MSM & TG populations** www.jsi.com/JSIlnternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=13975&thisSection=Resources Report and presentations from a two-day technical consultation on the issue held in Washington, USA, in 2013.
8.10 Internet and social media Innovative uses of the internet and social media with MSM. Experiences, examples, lessons learnt.	**2** Chapter 5	**USAID and C-Change (2011), HIV communication for MSM, PLHIV and sex workers in the Bahamas: action media findings and communication brief** www.c-changeprogram.org/sites/default/files/Action_Media_Bahamas_Nov2011.FinalReport.pdf **AIDSTAR-One (2013), Innovative uses of communication technology for HIV programming for MSM & TG populations** www.jsi.com/JSIlnternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=13975&thisSection=Resources
8.11 Helplines How to establish a telephone helpline.		**NAZ Foundation International, Reaching the invisible: a guide to establishing your own telephone helpline service for MSM**: www.nfi.net/downloads/knowledge_centre/NFI%20publications/Training%20resources/Telephone%20Guide.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
9. MSM and the law		
9.1 Law and its implications How policy and legal frameworks impact on HIV and MSM. How to mitigate the impact, reduce legal barriers to service access and uptake, and progressively realise the rights of MSM.	**1** Session 7 **2** Chapters 1 and 2, Sections 1.2.6 and 2.2.2 **3** Chapter 4 Manual **4** Module 2 **5** Steps 1 and 2/4	**International HIV/AIDS Alliance (2014), Good Practice Guide: HIV and human rights**: www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights **India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening**: www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Module D1 looks at human and legal rights. **The Global Commission on HIV and the Law: Men who have sex with men** www.opensocietyfoundations.org/sites/default/files/HIV-and-the-Law-Men-Who-Have-Sex-with-Men-20130930_0.pdf
9.2 Criminalisation Criminalisation of homosexuality refers to the practice of governments putting in place obstructive laws that criminalise same-sex behaviours. Criminalisation negatively affects the health of MSM and compromises public health approaches that try to provide services to MSM.	**4** Module 5	**International HIV/AIDS Alliance, Rights-Evidence-ACTion (REAct)** is a community-based system for monitoring and responding to human rights-related barriers in accessing HIV and health services. www.aidsalliance.org/resources/506-react-guide
10. Violence against MSM and gender inequality		
10.1 Violence against MSM Understanding trauma and violence; identifying different forms of violence (including gender-based violence); understanding the connection between violence and exploitation, and violence and HIV; vulnerability and risk; and learning strategies to address violence in the local context.	**1** Sessions 4 and 5 **2** Chapter 2 **3** Chapter 5.7 Manual **4** Modules 4, 5 and 6 **5** Steps 2/3 and 2/4	**Services under Siege: The Impact of Anti-LGBT Violence on HIV Programs, MSMGF (2015)** http://msmgf.org/wp-content/uploads/2015/12/MSMGF-ViolenceBrief9_Final-120215.pdf **LINKAGES (2016), Link Newsletter** www.fhi360.org/sites/default/files/media/documents/linkages-newsletter-jul16.pdf This issue of the newsletter focuses on violence and response. **India HIV/AIDS Alliance (2014), Pehchan training curriculum: MSM, transgender and hijra community systems strengthening**: www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb/ Chapter D2 focuses on trauma and violence.

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
10.1 Violence against MSM (cont)		**GNP+, International HIV/AIDS Alliance, STOP AIDS NOW! (2013), Technical paper: Review of training and programming resources on gender-based violence against key populations** www.hivgaps.org/wp-content/uploads/2013/10/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf **USAID/Health Policy Initiative, Task Order 1 (2009), Identifying violence against most-at-risk populations: a focus on MSM and transgenders** www.healthpolicyinitiative.com/Publications/Documents/1097_1_GBV_MARPs_Workshop_Manual_FINAL_4_27_10_acc.pdf A training manual for health providers.
10.2 Issues of gender equality Gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviours, aspirations and needs of women and men are equally valued and favoured. The absence of gender equality is known as gender inequality and can affect MSM, making them more prone to abuse and violence. The resources provide some basic information on the concept.	**2** Chapter 2, Section 2.1 **4** Module 3 **5** Step 2/3	
11. Stigma and discrimination and how to reduce them		
11.1 Stigma and discrimination Stigma is a discrediting attitude that shames an individual or group of individuals in the eyes of others. Discrimination is the manifestation of stigma, and although stigma does not always lead to discrimination, negative attitudes associated with stigma can be harmful to MSM. In this sense, stigma, and discrimination are social determinants of health that can affect physical and mental health, whether MSM seek and are able to obtain health services, and the quality of the services they receive. The resources better define the two concepts.	**2** Chapter 1, Section 1.2.1 **4** Module 2 **5** Steps 1, 2/1, 2/4, 3	**STRIVE, Reducing stigma to improve engagement in HIV care among men who have sex with men** http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/ICRW_STRIVE%20case%20study-HST.pdf Case study on stigma reducing programmes in India **MSMGF, Rights in action: Access to HIV services among Men who have sex with Men** http://msmgf.org/wp-content/uploads/2015/12/KP-Brief-MSM-FINAL.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
11.2 Sensitising "influentials" – government, community and civic leaders The resources provide information and guidance on why it is critical to sensitise members of government, communities and civic leaders to the needs of MSM, and how to do it.	**3** Section 4, Modules 4 and 5 Handbook **5** Step 3	**International HIV/AIDS Alliance (2009), Responding to the HIV-related needs of MSM in Africa: a guide to facilitating a consultation workshop with stakeholders.** www.aidsalliance.org/resources/308-responding-to-the-hivrelated-needs-of-msm-in-africa
11.3 Sensitising faith leaders The role of religion in the lives of MSM can be highly complicated. The resources provide some guidance on ways of opening up dialogue with faith leaders specifically on health issues and HIV.	**2** Box 1.8	**Framework for Dialogue (2015)** www.frameworkfordialogue.net A tool for developing joint actions and ongoing discussion between religious leaders, faith-based organisations and networks of people living with HIV. **Testing Faith** http://testingfaith.org A UK-based programme encouraging faith leaders to engage in the HIV response (not specific to MSM)
11.4 Sensitising police/law enforcement The resources provide information and guidance on why it is critical to sensitise police and law enforcement actors to the needs of MSM, and how to do it.	**2** Chapter 2, Section 2.2.3 **4** Modules 2, 4, 5 and 8 **5** Step 3	**International HIV/AIDS Alliance (2009), Responding to the HIV-related needs of MSM in Africa: a guide to facilitating a consultation workshop with stakeholders** www.aidsalliance.org/resources/308-responding-to-the-hivrelated-needs-of-msm-in-africa **A Guide for South African Police Service Officers to the rights of sex workers and the LGBTI community (2014)** www.leahn.org/wp-content/uploads/2013/08/SAPS-POLICE-manual-LONG-v3.pdf A police sensitisation training manual.
11.5 Prisons MSM in prisons are acutely vulnerable and can face stigma and discrimination from other inmates and prison staff. In countries where homosexuality is criminalised, protecting the rights of MSM in closed settings is particularly challenging.	**2** Chapter 2, Section 2.2.3	**UNODC (2013), Policy Brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions** www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf **WHO (2007), Technical paper. Interventions to address HIV in prisons: Prevention of sexual transmission** www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20sexual_transmission.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
11.5 Prisons (cont)		**amfAR, The penitentiary initiative: Reaching MSM in prisons (Ukraine)** www.amfar.org/uploadedFiles/Articles/Articles/ Around_The_World/MSM/MSM_Grantees_and_ Profiles/Penitentiary%20Initiative%20Ukraine. pdf?n=8430 **AVERT, Prisoners and HIV/AIDS** www.avert.org/professionals/hiv-social-issues/ key-affected-populations/prisoners
11.6 Sensitising healthcare workers The resources provide information and guidance on why it is critical to sensitise healthcare workers to the needs of MSM, and how to do it.	(2) Chapter 6, Section 6.2 Section 4, Module 4 (3) Handbook; Chapter 4 Manual (4) Section 3 (5) Step 3	
12. Political and structural changes		
12.1 Defining what needs to change The resources provide useful guidance for understanding what needs to change in the local political and structural context, and for identifying priority issues.	(2) Chapter 1.2 (3) Section 4, Modules 2, 4, 5 and 7 Handbook (4) Section 2 (5) Step 1	**International HIV/AIDS Alliance (2009), Responding to the HIV-related needs of MSM in Africa: a guide to facilitating a consultation workshop with stakeholders** www.aidsalliance.org/resources/308-responding-to-the-hivrelated-needs-of-msm-in-africa **APCOM, Bite Size Brief: Understanding WHO's Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** https://apcom.org/2014/09/24/understanding-whos-consolidated-guidelines-on-hiv-prevention-diagnosis-treatment-and-care-for-key-populations/ **GNP+, International HIV/AIDS Alliance, STOP AIDS NOW! (2013), Driving the HIV Response: A community guide to the WHO 2013 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection** www.aidsalliance.org/resources/368-driving-the-hiv-response A guide to support communities with the implementation of and advocacy for the WHO guidelines. *See* **Module I: HIV and key populations** www.gnpplus.net/assets/wbb_file_ updown/4810/Community%20Guide_I_HIV%20 and%20key%20populations.pdf

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
12.2 Collaboration and partnerships Understanding the importance of collaboration, and strategic and operational partnerships, in addressing political and structural barriers to an effective and sustainable HIV response to MSM. How to go about broadening engagement with other community and civil society organisations/coalitions and other sectors.	**1** Session 16 **2** Chapter 6, Section 6.5.7 **3** Sections 5 and 6, Module 9 Handbook **5** Step 3	**International HIV/AIDS Alliance (2014) EMPowerment for ADvocacy: the EMPAD policy framework for national advocacy by and for key populations** www.aidsalliance.org/resources/307-advocacy-toolkit-for-key-populations
12.3 Policy and advocacy Policy is usually described as a principle or a set of rules to guide decisions and achieve predictable outcomes. In this sense, advocacy can be understood as a set of activities that are implemented in order to influence policy-making in one way or another. The resources explore in greater depth the concept of advocacy and the kinds of activities that are usually put in place when conducting advocacy for MSM. Lessons learnt, case studies and good practices are provided as well.	**2** Chapter 1, Section 1.2.6 **5** Step 3	**International HIV/AIDS Alliance (2009), Responding to the HIV-related needs of MSM in Africa: a guide to facilitating a consultation workshop with stakeholders** www.aidsalliance.org/resources/308-responding-to-the-hivrelated-needs-of-msm-in-africa **MSMGF, Speaking Out initiative** http://msmgf.org/advocacy/speaking-out/ It includes Speaking Out toolkits **ILGA-Europe (2010), Make it work: six steps to effective LGBT human rights advocacy** www.eidhr.eu/files/dmfile/advocacy_manual_www1.pdf **Health Policy Project (2013), Policy analysis and advocacy decision model for HIV-related services: males who have sex with males, transgender people, and sex workers** www.healthpolicyproject.com/pubs/79_SWTGMSMDMSept.pdf **International HIV/AIDS Alliance (2014), EMPowerment for ADvocacy: the EMPAD policy framework for national advocacy by and for key populations** www.aidsalliance.org/resources/307-advocacy-toolkit-for-key-populations **ARASA (2008), HIV/AIDS & human rights in southern Africa: an advocacy resource and training manual** www.arasa.info/info/training-manuals/

TOPIC AND BRIEF DESCRIPTION	KEY RESOURCES	OTHER RESOURCES
13. Safety and security		
Key resource 2 provides information on safety and security, and instructions on how to assess risks while improving both safety and security.	**2** Chapter 2 and 6, Sections 2.2.4 and 6.6	**Amnesty International (2014), Speaking out: advocacy experiences and tools of LGBTI activists in sub-Saharan Africa** www.amnesty.ca/sites/default/files/speaking_out.pdf The toolkit is designed for LGBTI activists, individuals and organisations in sub-Saharan Africa. **FrontLine (2011), Workbook on security: practical steps for human rights defenders at risk** www.frontlinedefenders.org/files/workbook_eng.pdf
14. Monitoring, evaluation and research		
Monitoring is the systematic and routine collection of information from projects and programmes aimed at checking progress achieved during implementation while collecting data that will become useful for the evaluation of the programme. Evaluation involves assessing, as systematically and objectively as possible, a completed project or programme (or a phase of an ongoing project or programme that has been completed). Evaluations appraise data and information that inform strategic decisions, thereby helping to improve the project or programme in the future. The resources provide insight on how to monitor and evaluate MSM programmes, projects, services and other interventions, and how to conduct ethical research with MSM.	**2** Chapter 6, Section 6.2.3 **5** Steps 2/8 and 3	**UNFPA, MSMGF, UNDP, WHO, USAID, World Bank (2015), Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions** www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men **UNAIDS (2012), Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people** http://unaids.org.cn/pics/201210121119.pdf A critical resource and reference guide for M&E of MSM programmes. **amfAR, IAVI, JHU-CPHHR, UNDP, Respect, protect, fulfill: best practices guidance in conducting HIV research with gay, bisexual, and other MSM in rights-constrained environments** www.amfar.org/uploadedFiles/_amfar.org/In_The_Community/Publications/MSMguidance2011.pdf Useful guidance on ethical research with MSM.
15. Fundraising		
Fundraising refers to the ways in which non-profit organisations may obtain money for their operations. These operations can involve a broad range of activities usually linked to the submission of proposals to a number of donors willing to fund the organisation's operations. The toolkit referenced aims at supporting MSM organisations in their fundraising efforts.	**2** Chapter 6, Section 6.5.6 **5** Step 3	**amfAR (2011), Fundraising toolkit: a resource for HIV-related community-based projects serving gay, bisexual, and other MSM and transgender individuals in low- and middle-income countries** www.amfar.org/uploadedfiles/_amfarorg/around_the_world/msmtoolkit.pdf A toolkit for MSM organisations that is intended to support them in their fundraising efforts.

Useful local resources

Add local resources for MSM, including websites in local languages and contacts