

TRAINING MANUAL



***TO INTRODUCE MSM
IMPLEMENTATION
TOOLKIT “IMPLEMENTING
COMPREHENSIVE HIV AND
STI PROGRAMMES WITH
MEN WHO HAVE SEX WITH
MEN” (MSMIT)***



GLOBAL FORUM
ON MSM & HIV
MSMGF.ORG

Eurasian Coalition on Male
Health with support of the
United Nations Population Fund

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ACKNOWLEDGEMENT

ECOM acknowledges and highly appreciates the technical and financial support provided by the Global Forum and HIV (MSMGF) (<http://msmgf.org/>) in the course of developing this Manual.

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Acronyms and Abbreviations

ART / ARV Therapy – Antiretroviral Therapy

ARV – Antiretroviral

DOTS – Directly Observed Treatment, Short-course

ECOM – Eurasian Coalition on Male Health

EECA – Eastern Europe and Central Asia

HIV – Human Immunodeficiency Virus

HIV Infection – Disease caused by the Human Immunodeficiency Virus

HPV – Human Papilloma Virus / Disease caused by the Human Papilloma Virus

LGBT – Lesbian, Gay, Bisexual and Trans People

M&E – Monitoring & Evaluation

MSM – Men Who Have Sex with Men

MSM service organizations – Non-governmental organizations providing support and assistance to MSM to protect their sexual health, primarily concerning HIV infection, viral hepatitis B and C and other STIs

MSMGF – Global Forum on MSM and HIV

MSMIT / Toolkit – MSM Implementation Toolkit

NGO – Non-Governmental Organization

PEPFAR – The United States President’s Emergency Plan for AIDS Relief

PLWH – People Living with HIV

PrEP – Pre-Exposure Prophylaxis

Prevention programmes (projects) – programmes (or projects) to prevent transmission of HIV infection and other diseases

STI – Sexually Transmitted Infections

TasP – Treatment as Prevention

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNDP – United Nations Development Programme

UNFPA – United Nations Population Fund

VCT – Voluntary Counselling and Testing

WHO – World Health Organization

90–90–90 – UNAIDS targets to scale up the response to HIV in low and middle income countries. In line with this strategy, by 2020, 90% of all PLWH should know their HIV status, 90% of all people with diagnosed HIV infection should receive sustained antiretroviral therapy, and 90% of all PLWH receiving sustained antiretroviral therapy should have viral suppression. Apart from treatment access and efficiency indicators, it is also recommended that 90% of all members of key populations, including gays, other MSM and trans* people are to be covered by HIV prevention services (more details on pages 90–91)

Introduction

Goal of the Training Manual

The manual is aimed at trainers who will lead trainings to introduce the MSM Implementation Toolkit (MSMIT)¹.

The goal of the manual is to provide guidance on the structure, organization and contents of short-term (two-day) workshops to introduce MSMIT².

Objectives of the Training Manual

- Offer trainers a system for consistent rendering of the topics contained in the Toolkit
- Suggest to trainers which topics and issues they should focus on to encourage further independent study of MSMIT by workshop participants
- Help trainers to define and present practical usability of the Toolkit at different levels and in various areas related to MSM and LGBT
- Suggest techniques to modify the training programme depending on the level of competence, needs and number of participants

Development of the Training Manual

The Training Manual was developed by ECOM consultants Daniyar (Erlan) Orsekov (Kyrgyzstan) and Denis Kamaldinov (Russia), based on their experience leading two workshops to introduce MSMIT to participants from the EECA countries (Kyrgyzstan, 2016).

In December 2016, MSMIT was piloted within a two-day workshop organized in Kharkov by the UNFPA for Ukrainian stakeholders and was revised by the trainers of this workshop, MSM and LGBT experts Miroslava Debelyuk and Sviatoslav Sheremet.

The final version of this document was prepared in May 2017, taking into account the expertise of Gennady Roschupkin, ECOM Technical Support Coordinator, Elena German, ECOM Programme Director, Pato Hebert, Senior Education Advisor, MSMGF, and Dr. Ilya Zhukov, Technical Analyst, Youth and Key Populations, UNFPA.

¹ <http://ecom.ngo/msmit>.

² In 2013, a Sex Workers Implementation Tool “Implementing Comprehensive HIV/STI Programmes with Sex Workers” was developed, in 2015 – “Implementing Comprehensive HIV/STI Programmes with Men Who Have Sex with Men” (MSMIT), and in 2016 – “Implementing Comprehensive HIV and STI Programmes with Transgender People” (TRANSIT). Currently, a Toolkit “Implementing Comprehensive HIV/STI Programmes with People Who Inject Drugs” is being developed.

Training Concept and Format

Training Goal

- Raise awareness about MSMIT among members of the community, specialists providing relevant services, and decision-makers
- Support the use of MSMIT to define advocacy priorities, strengthen existing services and develop new services of MSM community organizations

Training Objectives

- Motivate the participants to have a detailed study of the Toolkit
- Present the possibilities of using MSMIT in different areas and at different levels of their work depending on the engagement of participants
- Encourage the use of MSMIT to assess one's own activities as well as activities of the partners involved in the delivery of services for MSM
- Define challenges and achievements in advocacy and services, in support of further joint activities to increase the sustainability of existing services

Target Audience

- LGBT activists whose activities are related to MSM health care
- Staff members and volunteers of institutions and organizations providing health care services to gays and other MSM
- LGBT community representatives who are members of coordination and advisory mechanisms operating in the area of HIV response
- Managers of programmes and projects who provide assistance and/or support to MSM/LGBT related to HIV, other issues of sexual health, as well as counselling and protection in case of human rights violations.

It is advisable for all training participants to have more or less the same level of basic competence, professional qualification and relatively equal positions in their organizations.

The recommended **number of participants** is from 12 to 22 people.

Trainers

It is preferable to have two trainers or one trainer plus one assistant.

The trainers should be knowledgeable in the following topics:

- social, psychological and medical needs of MSM related to their sexual health;
- local (national) specifics and scope of work of institutions and organizations (in particular, NGOs) providing MSM services aimed at prevention and treatment of HIV infection and STIs as well as human rights services;
- medical (epidemiology) and social issues related to HIV, STIs, human rights and community systems.



Tips for Trainers

Information support

- ⇒ #MSMIT hashtag may be used to promote MSMIT.
- ⇒ When preparing for the workshop, you can create an “event” in a social network safe and convenient for the target audience. This can allow participants and organizers to get acquainted, share logistics information, useful links, etc.

Accommodation of Participants

If funding is available, it is advisable to organize onsite workshops, where the participants stay in the same place where the workshop is being held. This helps to avoid the participants being late due to transportation issues and to ensure more effective group communication.

Key Training Techniques

To ensure dynamic workflow, it is recommended to alternate between MSMIT presentations and related group discussions, during which the participants will be able to compare MSMIT recommendations to the situation in their country or region.

Workshop Materials

1. Provided prior to the workshop:
 - electronic version of MSMIT.

2. Provided during the workshop:

- training programme, including contact information of organizers and trainers;
- printed text of the Toolkit or separate chapters (if the participants are not able to use the electronic version);
- strategic information on MSM in the country or the region (estimated size of the population; prevalence of HIV, viral hepatitis, STIs; services provided, their accessibility and quality).

3. Provided after the workshop:

- copies of presentations delivered at the workshop and relevant additional materials;
- list of participants, their contact details (with consent of the participants).



Tips for Trainers

Language Policy

The workshop is conducted based on the English version of the Toolkit. However, if most participants do not understand or do not sufficiently understand English, presentations and hand-outs should be translated into their native language. It is important for at least one of the trainers to speak the native language of the participants.

1. Flexibility of the Training Manual and possibility of its modification. The Manual contains the suggested order of discussing all MSMIT topics, and each of the topics stipulates a rather big presentation. Therefore, when preparing a workshop, the programme may be modified as necessary (e.g., reduced for one topic and extended for others), taking into account interests and priorities of the participants, the level of their competence, time limits, etc. The Workshop may be scheduled both in the minimum format (for three hours), as well as for a maximum of 3–4 days. The interests and priorities of the participants should be seen as critical criteria when developing the workshop programme. For example, the topic “Health Care” will most likely be more interesting for healthcare workers, and the topic “Community Empowerment” – for activists and leaders of community-based organizations. In other words, topics should be selected and the “share” of each topic should be defined based on the needs of the specific target audience.

2. The training should be viewed as a long-term process, beginning before the trainer meets with the participants in the working group, informing the participants on topics of the workshop, and should be extended beyond the formal completion of the workshop, when the participants do their “homework” to stimulate their professional and personal development. More details can be found in the sections on pre-workshop preparations and post-workshop activities.

3. Clichés. When discussing and using the Toolkit, it is important to avoid clichés and use inclusive, non-discriminatory and evidence-based terms, definitions and expressions recommended by expert (national and international) organizations. The trainer should use such terms, definitions and expressions and promote them in all ways during the workshop.

⇒ The term “AIDS” (as diagnosis) is appropriate only in specific cases of AIDS. Thus, it is better to avoid the term “HIV/AIDS”.

⇒ The term “HIV” is not equal to the term “HIV infection”: the first means virus (for instance, in such expressions as “HIV transmission”, “HIV replication”, etc.); the second one means the disease caused by this virus (for instance, in such expressions as “the stage of HIV infection”, “epidemic of HIV infection”, etc.).

⇒ The term “epidemic” (of HIV infection) is not equal to the term “prevalence” (of HIV infection): not all cases of prevalence may be characterized as an epidemic. Using the expression “HIV epidemic” is reasonable only in cases where it is justified from the epidemiological point of view.

⇒ Instead of the term “risk groups”, it is better to use the term “key populations” (KPs) or “key affected populations” (KAPs).

⇒ In the context of MSMIT, the term “MSM community” may be used (as explained below).

⇒ More detailed information on the meaning and usage of terms may be found in the UNAIDS Terminology Guidelines (2015)³.

4. Gender sensitivity. Specifics of the audience may require that the trainer uses feminine and masculine forms of nouns. But! — it is important to avoid any gender forms which are offensive or discriminatory.

³ http://www.unaids.org/sites/default/files/media_asset/JC2118_terminology-guidelines_ru.pdf.

Pre-Workshop Preparations

Preliminary Preparations to the Workshop

- **Revision of Presentations**

Prioritize presentations depending on which are of more and less interest for the specific group based on the needs and interests of its members. The presentations most interesting to the group should be used in full, while those, which are of less interest, may be reduced. Brief versions of such presentations should be prepared by the trainer, taking into account the time scheduled for such presentations.

- **Revision of Entry Forms**

The content of the form (see Annexes) is suggested and may be revised at the trainer's discretion. This form may be used as an assessment questionnaire. In such cases, the participants will need to answer the same questions twice: in the beginning and upon completion of the workshop. When comparing the results, an increase in the number of correct answers will be evidence of training efficiency in terms of awareness raising.

1-2 Days before the Workshop

- Make sure that all the necessary stationery, hardware and other equipment are available
- Ensure comfortable arrangement of the participants in the room
- Make sure that all the required reference materials and handouts are available: programmes, toolkits, presentations, etc.

Training Programme

TIME	SESSION
Day 1	
10:00–11:00	Session 1. Opening Remarks. Introduction
11:00–11:30	Coffee break
11:30–13:30	Session 2. Community Empowerment
13:30–14:30	Lunch
14:30–16:30	Session 3. Addressing Violence
16:30–17:00	Coffee break
17:00–18:00	Session 4. Condom and Lubricant Programming
18:00–18:15	Review and feedback re: Day 1 progress
Day 2	
09:45–10:00	Introduction. Updates on the first day
10:00–11:30	Session 5. Health Care Service Delivery
11:30–12:00	Coffee break
12:00–13:30	Session 6. Information and Communication Technology
13:30–14:30	Lunch
14:30–16:00	Session 7. Programme Management
16:00–16:30	Coffee break
16:30–17:30	Session 8. “Planning Changes”
17:30–18:00	Session 9. Closing Remarks



Session 1.

Opening Remarks.
Introduction

DURATION

Estimated time — 60 minutes.

GOAL

For the trainer

- Spark the participants' interest in the topic and prepare them to work as a group

For the participants

- Gain a general understanding of MSMIT and its status at the global level; become attuned to receiving the practical results of the workshop

OBJECTIVES

- Create proper training atmosphere
- Facilitate introductions
- Get to know participants' expectations
- Discuss organizational issues

RESULTS

By the end of the session the participants:

- will get to know organizers, trainers and each other;
- will tell about their expectations from the workshop;
- will know about the goal and objectives of the workshop and will compare them to their own expectations;
- will know the training program;
- will accept the rules of participation;
- will fill in the entry forms.

STAGES OF THE SESSION AND METHODS USED

- Introductory part: getting acquainted, working with participants' expectations, defining and approving the rules — up to 40 minutes
- Looking at handouts — 5-7 minutes
- Presentation about the history of preparing the Toolkit — 10 minutes

MATERIALS REQUIRED FOR SESSION 1

- Name badges or badges for the participants to fill in their preferred name

- Entry forms to be filled in at the start of the training (distributed by trainers)
- Introductory presentation about the history of preparing the Toolkit (in electronic form)

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ EECA
- ⇒ ECOM
- ⇒ MSMIT
- ⇒ MSMGF
- ⇒ PEPFAR
- ⇒ UNAIDS
- ⇒ UNDP
- ⇒ UNFPA
- ⇒ WHO

DESCRIPTION

Introduction to the workshop

Trainers and organizers welcome the participants. Introductions. Logistics questions. Trainers presents the topic.

Optionally, one of the trainers may talk about the situation with HIV infection among MSM in the country and in the region: HIV prevalence among MSM, estimated number of MSM, dynamics in the growth of new HIV infection cases among MSM, commitments and allocations from the government, funding received from international agencies..

Introductions

3Introduction of the participants may be organized in the format of a game or self-presentation.

Selecting the form of introductions, the trainer should bear in mind that introducing participants in the format of a game – name, city, organization – surely takes less time than the participants introducing themselves in more details (self-presentation), but, on the other hand, it is less efficient in encouraging further cooperation.

Participants' expectations may be collected either during introductions or after all participants have introduced themselves.

Rules for participants

Rules are important if the participants have little experience taking part is such

workshops. Rules are to be accepted by the participants using the procedure selected by the trainers. It is important to accept the following rules:

- “raise your hand” rule: the participants should speak one after another (with the trainer moderating the discussion);
- punctuality;
- confidentiality: personal information and opinions voiced may not go beyond the training room without the consent of authors;
- mutual respect: photos may be taken and published in social networks only with consent of the participants; during the workshop mobile phones should be switched to the silent mode; if one of the participants needs to make an urgent call, he can go out and talk outside;
- “stop rule”: any process may be stopped by the trainer at any time.
- Trainers also can ask if participants have any other rules that they would like to add or utilize?

If needed, questions of personal safety during the workshop should also be discussed. If the participants have considerable experience with taking part in meetings and workshops, there is no need to spend a lot of time discussing the rules. The trainer may just offer a list of rules to the participants and ask if everybody agrees with them.

Expectations

If it is possible to ask for expectations of the participants within a separate procedure, it may be organized as follows: 1) the trainer offers the participants stickers and asks to write down their expectations; 2) the trainer then collects the stickers and puts them on a flipchart titled “Expectations”; 3) from all the stickers, the trainer selects the ones which represent the expectations of most participants; 4) the trainer shows the participants which expectations meet the goal and objectives of the workshop and which do not.

After that, the trainers present the **goal and objectives** of the workshop and make an overview of the training programme.

Entry Form

The trainers hand out entry forms to the participants and ask them to fill them in. The participants should be given sufficient time for filling in such forms.

A survey may be conducted in order to make a preliminary assessment of the participants’ knowledge and/or may be used as additional motivation to engage them in workshop activities (see Annexes for a sample entry form).

When doing an assessment survey, it is advisable to have its results ready by the next day of the training, i.e. they are to be processed in the second half of the first day.



Tips for Trainers

Experience has proven that the participants may not be familiar with some terms and abbreviations. That is why it is important to provide a definition of each term and explain what each abbreviation stands for when first introducing such terms during the workshop.

Presenting the Toolkit and the history of its preparation

It is suggested to close the introductory session with a presentation of MSMIT.

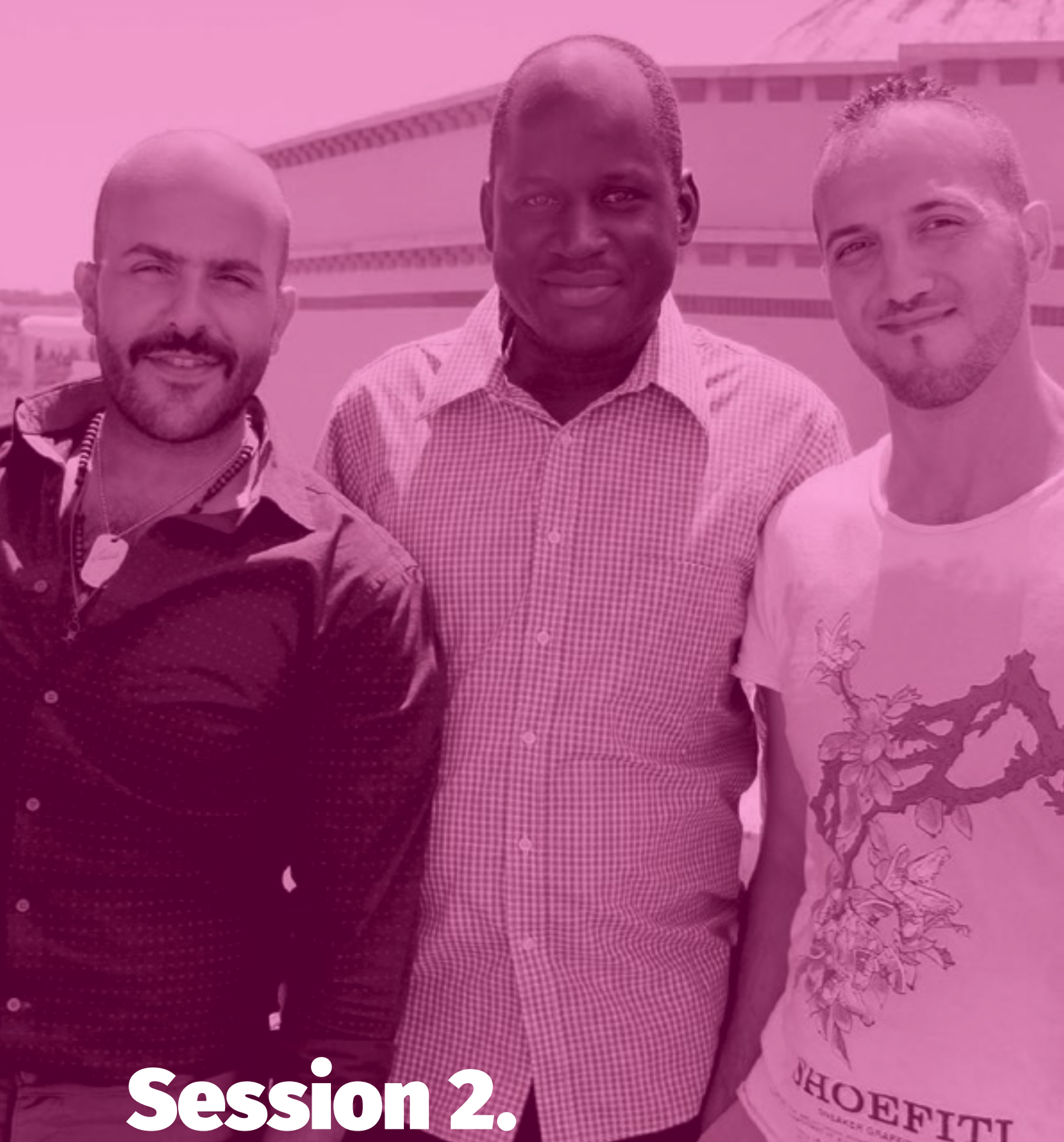
The participants should know that the Toolkit was prepared based on a wide range of thoroughly verified data, and contributions to MSMIT were made by both experts in epidemiology, medicine and policy (WHO, UNFPA, etc.) and activists from among the LGBT and PLWH communities. MSMIT may be used to conduct situation assessments in the country, define advocacy priorities and plan the activities of community-based organizations to provide support in the delivery of HIV services to community members (to develop new services and strengthen existing services of health care institutions and community-based organizations).

The discussion may be started with a question to the participants on what they know about MSMIT and its authors.

It is recommended to mention all the international agencies that contributed to the development of MSMIT, saying their full names in the language of the workshop as well as official abbreviations in English.

To present MSMIT, the trainer may use the information published on pages xv-xxiii of MSMIT⁴ or the presentation, “Creating the Toolkit” (see Annexes).

⁴ Hereinafter the number of pages are cited based on the MSMIT text on the ECOM website: http://ecom.ngo/wp-content/uploads/2016/02/MSMIT_en.pdf



Session 2.

Community Empowerment

DURATION

Estimated time – 120 minutes.

GOAL

For the trainer

- Ensure that participants form a general understanding of the issue of community empowerment

For the participants

- Understand **why** community empowerment is the basis of the modern approach to the response to HIV among MSM

OBJECTIVES

- Explain why MSMIT uses the “MSM community” term even when referring only to people’s behaviour, with no correlation with their self-identification or presence of any meaningful interaction among them
- Explain the need for community empowerment as an important component of the response to HIV among MSM
- Increase motivation of the participants to work in the area of community empowerment
- Develop recommendations on community empowerment using the example of country, region or city.

RESULTS

By the end of the session the participants:

- will be able to explain how community empowerment increases the efficiency of the response to the HIV epidemic;
- will understand the difference between a community and a group of people with similar behaviour and why MSMIT uses the term “MSM community”;
- will define the key challenges and achievements in the area of community empowerment in their country, region or city;
- will develop recommendations on community empowerment in their country, region or city.

STAGES OF THE SESSION AND METHODS USED

- Speeches of the trainers on community empowerment; explaining the difference between a social group or a group with similar behaviour and a community and explaining why MSMIT uses the term “MSM community” – from

5 to 10 minutes

- Presentation on community empowerment — from 10 to 30 minutes
- Working in small groups: discussing the situation at the country or local level, developing recommendations to improve the situation — up to 30 minutes
- Presenting the results of small group discussions and sharing in general discussion — up to 50 minutes

MATERIALS REQUIRED FOR SESSION 2

Presentation on the relevant topic (in electronic format)

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ Advocacy
- ⇒ Social group
- ⇒ Yogyakarta principles
- ⇒ Discrimination
- ⇒ Drop-in centre
- ⇒ Community mobilization
- ⇒ Community systems
- ⇒ Community
- ⇒ Stigma/stigmatization

DESCRIPTION

Introduction

The trainer opens the session with a brief presentation of the section, “Community Empowerment”. For this purpose, he may use the information contained in the “Introduction” (Toolkit, page 5).

The section “Community Empowerment” addresses the disproportionately higher burden of HIV among MSM than among the general population, the important role of MSM in bringing attention to the social and structural factors causing this situation, and the important fact that MSM are called to play a significant role in ensuring timely response to HIV at all levels, including national and local levels.

The communities which are **empowered and have wide opportunities to take part in decision making processes and implement the response to HIV**, are much more effective in mobilizing their members to work with government and local administrations to protect health and well-being of people.

Empowered MSM will be much more effective in countering the drivers of HIV transmission among MSM, such as, for example, homophobia, discrimination and

other violations of law when providing health care to MSM, as well as low self-esteem, internalized homophobia, stresses and abuse of psychoactive substances (alcohol, tobacco, drugs) among MSM.



Совет тренеру

Possible trainers' comments on the term "community"

Many people, who are aware of the MSM services and have read MSMIT, may have a question about the use of the term "MSM community".

As demonstrated by the experience of implementing responses to the epidemic, it is important to understand who is vulnerable in order to successfully plan prevention and treatment interventions. At the same time, when describing key groups with HIV prevalence higher than in the general population, the focus is not on self-identification, but on the specific behaviour of their representatives, in particular the sexual or other behaviour that makes people vulnerable. MSMIT is a tool created based on basic epidemiology and human rights principles. Its purpose is to help all MSM irrespective of their self-identification.

Community is a big group of people who have similar self-identification and significant cooperation (interaction) to achieve common goals and solve their problems.

Many MSM are part of the LGBT community.

The LGBT community as well as any other community has its resources. Using such resources, the community may support its members, help them to prevent infections and help PLWH. Communities may create civic initiatives and NGOs to support each other, and such initiatives strengthen the national response to HIV.

Community expertise and resources are a unique source to improve the quality of national health care programmes.

However, in many countries of the world any references to gays, homosexuality, LGBT and other similar groups and phenomena often lead to rejection and judgment. Violence, discrimination and stigma towards LGBT are widespread and serve as significant barriers for the effective response to the HIV epidemic, which has been pointed out in many UN documents, including MSMIT.

To enable a constructive dialogue with governments on the national HIV programmes and, at the same time, give communities the possibility to be actively involved in such dialogues, the term "MSM community" was suggested.

This term is used in the Toolkit, so it is also used in the course of the workshop.

Presentation “Community Empowerment”

It is important to explain that:

- MSM are to take part in all decision-making processes and at all stages. MSM should take part in planning programmes, their implementation, monitoring and evaluation;
- MSM community empowerment is the responsibility not only of MSM and their NGOs, but also of international agencies working in the country, partner national and local organizations, government authorities and other organizations working with MSM.

In the course of the presentation, it is important to use examples from this particular country (region, city), which show both positive outcomes of community empowerment and challenges caused by the lack of community empowerment for meaningful participation in the processes which are directly related to people’s lives and health.

For example, the trainer may talk about the programmes, which have been developed with the meaningful participation of MSM or are led by MSM, about social strategies and laws protecting the rights and freedoms of LGBT/MSM, and how these help to reduce inequality and scale up access to healthcare services. The trainer may talk about the community organizations that provide services to MSM related to HIV and human rights violations; the successful results of partnerships between community-based organizations and governments; the outcomes of advocacy efforts to prevent approval of discriminatory laws, which could aggravate unfavourable public climate for prevention activities among MSM; researches initiated by and meaningful participation of experts representing the community in preparing and implementing studies, processing their results.

The examples are given in the Toolkit (pages 8, 15, 20, 22), but the task to find such examples may be given to the participants within the next part of the programme – working in small groups.

After the presentation, the trainer gives no more than five minutes for questions or comments from the participants.

Working in small groups: discussing the current situation, developing recommendations

The trainers divide the participants into small groups so that in each group there are people with similar social (professional) roles: for example, in one group – community activists, in another – healthcare workers, etc. If the audience is homogenous, small groups may be formed randomly: for example, the trainer may distribute stickers of three different colours among the participants, and people who got stickers of the same colour join into one small group. The number of small groups depends on the general number of participants. It is recommended to have not less than three and not more than seven participants in each of the small groups.

The small groups will receive the same task (it is preferable to display it on the screen, as well as all other tasks):

- identify which of the things mentioned in the presentation and in comments related to community empowerment already exist in the country (region, city);
- prepare recommendations on MSM/LGBT empowerment in the country (region, city): who should do what and with whom? (The results of discussion should be recorded on a flipchart or in electronic format).

Time to complete the task — up to 30 minutes.

To enhance the discussion, the trainer may suggest that participants look at the Toolkit, page 24, which presents the indicators to monitor MSM empowerment. The trainer can encourage the participants to use those indicators as the basis for discussion.

In the course of work, the trainer asks each of the small groups to identify a speaker who will briefly summarize the results of group discussion and the recommendations prepared, and reminds everyone that any recommendations are not effective unless their addressee is determined.

Presentations by small groups and discussion

The aim of the trainers is to ensure that each of the groups has the same amount of time to present the discussion results and recommendations.

Each of the groups chooses a speaker to present the results of discussion. During such presentations, one of the trainers shall record important information on the country (region, city) and recommendations on empowerment, which are **not** repeated.

After such presentations, the trainer announces that the participants will come back to the results of their discussions at the end of the next day of the workshop.



Tips for Trainers

It should be taken into account that the progress in community empowerment varies greatly in different countries. That is why, if the trainers are from another country, they should be tactful in any assessments and should demonstrate respect to the achievements, which, at first sight, might not seem particularly significant compared to other contexts.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues:

- Are MSM defined as a key population at the national level? If “yes”, in which legislative or regulatory documents?
- How is the term “MSM” defined at the national level?
- What is the estimated number of MSM in the country (or the city)?
- What is the HIV prevalence among MSM in the country (or the city)?
- What is the main route of HIV transmission in the country (or the city)?
- What is the share of new HIV infections resulting from homosexual contacts within the total number of new HIV infections?
- Is there a declining or growing trend in the number of new HIV cases among MSM (by years)?
- What are the main aspects of discrimination against MSM at the institutional level (within the legal and regulatory framework)?
- What is the dominant public attitude toward homosexuality based on the data of opinion polls?



Session 3.

Addressing Violence

DURATION

Estimated time – 120 minutes.

PRIORITY GROUPS FOR PRESENTING THE TOPIC

The topic of violence may be presented in full for such categories of participants as LGBT community activists (irrespective of how public open they work), representatives and volunteers of LGBT organizations, leaders of informal community groups, psychologists and lawyers working with MSM/LGBT.

GOAL

For the trainer

- Update the participants on the topic of violence and discrimination both **towards** MSM and **among** MSM

For the participants

- Develop recommendations on the response to violence and discrimination against MSM and among MSM as a factor impeding effective HIV prevention, and support of HIV-positive MSM

OBJECTIVES

- Before the start of the session, find out how the participants understand the concept of violence and, if needed, make corrections in the course of the session
- Underline that the questions of violence, stigma and discrimination are interrelated and are considered in the same context within this topic
- Discuss which forms of violence towards MSM prevail, how and in which areas discrimination is most often seen
- Define the key partners in overcoming the problems of violence and discrimination

RESULTS

By the end of the session the participants:

- will understand how violence and discrimination contribute to the spread of HIV, how they hinder prevention of HIV infection and support of HIV-positive MSM;
- will know the types and forms of violence and discrimination;
- will discuss the issues of response to violence and discrimination;
- will form recommendations on the response to violence and discrimination

in their country (region or city), paying special attention to the issues of defining key partners and establishing partnerships.

STAGES OF THE SESSION AND METHODS USED

- Opening remarks of the trainers and presentation on addressing violence – 30 minutes
- General discussion on violence and discrimination in the context (city/country) – 20 minutes
- Working in small groups: case study and discussion – 30 minutes
- Presenting the results of work in small groups – 40 minutes

MATERIALS REQUIRED FOR SESSION 3

- Presentation on the relevant topic (in electronic format)
- Printed case studies

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ Heterosexism
- ⇒ Homophobia
- ⇒ Discrimination
- ⇒ Case study
- ⇒ Xenophobia
- ⇒ Marginalization
- ⇒ Violence
- ⇒ Human rights
- ⇒ Stigma/stigmatization

DESCRIPTION

The trainer opens the session by briefing the participants on the topic (see pages 33–34 of the Toolkit). MSM face a high level of violence, stigma, discrimination and other human rights violations, especially in terms of access to information and services important for preserving their health. Studies show that people who were victims of violence and suffered a psychological trauma have a significantly higher risk of contracting HIV and other sexually transmitted infections (STIs).

For HIV-positive men, the experience of violence and psychological traumas complicate the ability and motivation to prevent HIV infection. It has been proven that psychological traumas and depression are additional factors contributing to immune suppression.

Going through long-term stressful situations decreases the adherence of PLWH to treatment.

Violence and discrimination against MSM are most often caused by the stigma (negative bias) related to homosexuality.

As a result, violence and discrimination against MSM lead to the lack of trust among members of this group toward health care institutions and people who work there, and reluctance to discuss the issues of risky behaviour and prospects of behaviour changes with them. This can lead to a situation when MSM seek health care only when the symptoms of the disease can no longer be ignored.

Programmes aimed at HIV prevention and treatment should include strategies to reduce stigma, prevent and eliminate discrimination and violence towards MSM, and increase measures to protect human rights and freedoms of MSM/LGBT.

Presentation

The trainers may use the presentation “Addressing Violence” and revise it in accordance with the specifics of this workshop.

Key ideas for the participants:

- Violence is not only physical action; it may take various forms. The community needs to clearly identify violence in the whole spectrum of negative actions aimed against it
- All partner agencies (national and international organizations, healthcare institutions, government and local authorities) should work on improving the legal framework, in particular to create national anti-discriminatory mechanisms, counter discriminatory political and legislative initiatives, and cancel the legal norms that criminalize, marginalize and discriminate against gays and other MSM due to their sexuality
- Countering violence and discriminatory practices (as well as advocacy efforts of the community) make a positive impact on the success and efficacy of the national HIV prevention programmes and support of PLWH

After the presentation, the trainers offer about five minutes for participants to offer possible questions or comments on the topic.

General discussion

The trainer invites all participants to discuss the situation of violence and discrimination against MSM/LGBT existing at the country or local level.

The participants may not be very interested in the discussion, if they have no relevant information or experience (even experience of discussing such topics); or, conversely, they may be very interested, active and emotional if they have personally faced violence and discrimination.

In the first case, the trainer may use the examples of situations related to violence and discrimination covered in mass media or reports of human rights organizations.

In the second case, it is important to carefully moderate the discussion, reminding the participants about the goal of the conversation but not undermining or diminishing their feelings and experience.

The forms of violence are presented on page 35 in the Toolkit, as well as in the Annexes to this manual.

It is recommended to include examples and opinions related to violence and discrimination – without including any confidential data – in the report on the workshop to be distributed among stakeholders and organizations.

Group work: case studies and feedback

The trainers divide the participants into three to five small groups (depending on the number of participants; no more than seven people in one small group) and offer each group one violence or discrimination case study. The trainer may prepare case studies separately or use the case studies offered in the Annexes.

The case studies should describe the following examples of violence or discrimination (see the Toolkit, pages 36–37):

- violence and discrimination by people who are in a position of power or who have the ability to enforce laws (in particular, by police officers);
- violence for commercial gain, which is provoked by the vulnerable position of LGBT due to discrimination against them from authorities or homophobia;
- violence and discrimination in institutional contexts (by health care providers, employers, landlords, in educational institutions, etc.);
- violence and discrimination from intimate partners or family members;
- organized non-state violence – for example, from extortion groups, religious organizations, etc.

All groups have 30 minutes to perform the following task: read the case study and offer the steps which may be (or should be) made by the survivor of violence, community-based organizations and other persons to get protection and avoid new cases of violence in the future. The task should be written down on a flipchart or displayed on the screen.

Suggesting the task for group discussion, the trainer draws the attention of participants to a multilevel approach to the response to violence and discrimination presented in the Toolkit on page 51.

The trainer asks the participants to record their main ideas and select a speaker from each of the groups who will share the results and outcomes of the group discussion.

Presentations by small groups

Depending on the number of small groups, the trainer determines the amount of time for group's presentations and controls the timing.

The speakers present the results of the small group discussions. One of the trainers records the important aspects related to the country (region or city) and all of the recommendations to address violence and discrimination.

It is important to thank members of each small group as well as all participants in general.

As a rule, the topic of violence and discrimination is associated with negative personal feelings and emotions. So, when summarizing the results of work, it should be noted that the prevention of violence and discrimination against MSM is beneficial for the society as a whole, and open and sincere discussion of this topic is the first important step to solving this problem.



Tips for Trainers

Emotional discussions, which may go beyond the scheduled time, should be properly brought to closure. However, it should be done appropriately, avoiding the phrases like “now this or that participant will have the **last** word – and we will go back to our program”. Instead of the word “last”, it is better to say “closing” or “final”.

It is important to close the discussion on the problem of violence and discrimination in a positive way. It may be a closing remark by the trainer, encouraging applause to support the ideas and contributions by all the participants.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues:

- The number of cases of violence and discrimination against MSM/LBGT that were reported last year in the country (or city). Any such reports that are available.
- Who responds to the cases of violence and how (support of the victims of violence, including case studies in reports, etc.).
- How the national legislation defines the term “discrimination”.
- Expressions that are protected by the acting anti-discriminatory laws.

- Whether or not there is a definition of “sexual orientation” in the national laws, and if so, in which context?
- The existing laws, legislative acts or other regulatory documents that discriminate or create the risk of discrimination against people based on their sexual orientation or sexual behaviour.



Session 4.

Condom and Lubricant Programming

DURATION

Estimated time — 60 minutes.

PRIORITY GROUPS FOR PRESENTING THE TOPIC

The topic of the supply of condoms and lubricants for MSM may be presented in full for the following categories of participants: managers and other staff members of MSM service organizations and projects providing technical support to develop services for MSM; people who specialize in planning information HIV/STIs interventions for MSM or provide monitoring and evaluation of the response to HIV and STIs among MSM.

GOAL

For the trainer

- Help the participants to understand the role of condom and lubricant programming in the context of HIV prevention and treatment
- Develop recommendations aimed at scaling up and strengthening the access to such programmes for MSM

For the participants

- Define barriers and prospects of providing MSM with condoms and lubricants in the country (city or region)

OBJECTIVES

- Update the participants on the existing challenges in condom and lubricant programming with MSM — in particular, related to the effect of “mental fatigue” from the calls to use condoms and practice so-called safe sex.
- Get acquainted with the concept of social marketing of condoms and lubricants.
- Assess the existing negative factors: low quality of condoms and lubricants, low quality of awareness-raising materials, bias about condoms widespread in the community, alcohol and drug abuse before and during sex.
- Assess challenges in supply and distribution of condoms and lubricants — in particular, related to planning of the required amount of condoms and lubricants, their storage, accounting, etc.
- Discuss new approaches to scaling up access to condom and lubricant programmes, including proactive influence on the materials procured and new messages for their promotion in the community.

RESULTS

By the end of the session the participants:

- will be informed about condom and lubricant programming;
- will discuss gaps and perspectives in supply of MSM with condoms and lubricants in the country (or region);
- will develop recommendations to improve the activities aimed at the provision of MSM with condoms and lubricants (including new approaches) based on the needs of MSM.

By the end of the session the trainers:

- will sum up the prospects of social marketing in promoting condoms and lubricants in the community.

STAGES OF THE SESSION AND METHODS USED

- Warm-up exercises to prepare participants for the topic to be discussed — 8 minutes
- Presentation on condom and lubricant programming — up to 25 minutes
- General discussion on the existing situation and brainstorming to develop recommendations on the topic discussed — up to 25 minutes

MATERIALS REQUIRED FOR SESSION 4

- Presentation “Condom and Lubricant Programming”

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ Outreach work
- ⇒ Social marketing
- ⇒ Messaging
- ⇒ Services for MSM
- ⇒ Insertive role
- ⇒ Receptive role
- ⇒ Sex positivism

DESCRIPTION

Warm-up exercises

¶To reduce the emotional tension after the session on violence and discrimination, it is suggested to offer warm-up exercises to the participants. The trainers may choose a warm-up game in line with the training practice and psychological profile of the audience. It should be taken into account that young and informal audiences have a

preference for energetic and noisy games and older participants of higher “ranks” may prefer exercises with minimum movements and tactile contact.

Introduction

The trainer emphasizes that access to condoms and lubricants, their distribution and promotion are of paramount importance for the effective HIV prevention among MSM. Despite the significant progress in chemoprophylaxis (treatment as prevention, pre- and post-exposure prophylaxis), condoms are still very important: medications help to prevent one STI (or maximum 3–4), while condoms reduce the risk of contracting all known sexually transmitted infections. Besides, as compared to medications condoms are cheaper and do not have side effects.

Presentation

In the course of the presentation, special attention should be paid to the importance of creating conditions for an open, calm and positive discussion of sexual life with MSM — as a condition necessary to ensure adherence to the use of condoms and understanding their role in health protection.

Moderate variety stimulates interest, so it is high time to change the pattern of only promoting water-based lubricants as silicone-based lubricants may also be used with condoms. Advocacy efforts should be based on the procurement of different types of both condoms and lubricants within prevention projects, taking into account preferences of the community.

In the presentation, it should be emphasized that community-based organizations play a key role in planning the procurement of condoms and lubricants based on preliminary collection of data on the needs of MSM, distribution of condoms and lubricants among MSM and promotion of positive norms about the advantages of their regular use in the community.

After the presentation, the trainers offer about five minutes for possible questions or comments from the participants regarding the topic, and then proceeds with the general discussion.

General discussion on the current situation and development of recommendations

When discussing the current situation, the trainer may suggest that participants become acquainted with the text of the Toolkit on page 81 about the target indicators to monitor condom and lubricant programmes.

Depending on the audience, the discussion may include various questions and areas. For example, a group of managers/directors of organizations may discuss the questions of planning and organizing the supply of condoms and lubricants, while for social workers and community members it will be more interesting to discuss condom promotion messages. Regardless, the trainers are recommended to follow the interests of the audience, acting as facilitators and giving the participants a chance to voice their opinions on the main problems related to the distribution of, and access to, condoms

and lubricants. At the same time, the trainers should make sure that the discussion does not go beyond the objectives determined for the session.

The trainer should help the participants to discuss not only gaps and challenges in the programmes and interventions implemented, but also best practices, in particular:

- 1.** marketing of condoms and lubricants, taking into account the needs of the community; ;
- 2.** participation of MSM in programme planning and implementation, e.g. by organizing focus groups on condoms and lubricants;
- 3.** volunteer outreach work, when condoms are promoted not on behalf of some organization but within daily interactions of community members with their friends, acquaintances and partners (mainly sex-related interactions);
- 4.** “role model” techniques, when the sexual behaviour (in particular, condom use) of people well known in the community becomes an example to follow by others, with no evident linkage with the projects implemented by a particular organization;
- 5.** cooperation with social marketing projects promoting condom use in the general population, which indirectly also cover MSM.

In the course of discussion, the trainers record the main ideas and key recommendations.

The session should help the participants to connect the theory (information from the Toolkit) with practice (personal and professional experience).

To complete the topic, after thanking all the participants, the trainers say that all ideas and recommendations have been recorded and can be recalled at the end of the second day of the workshop.



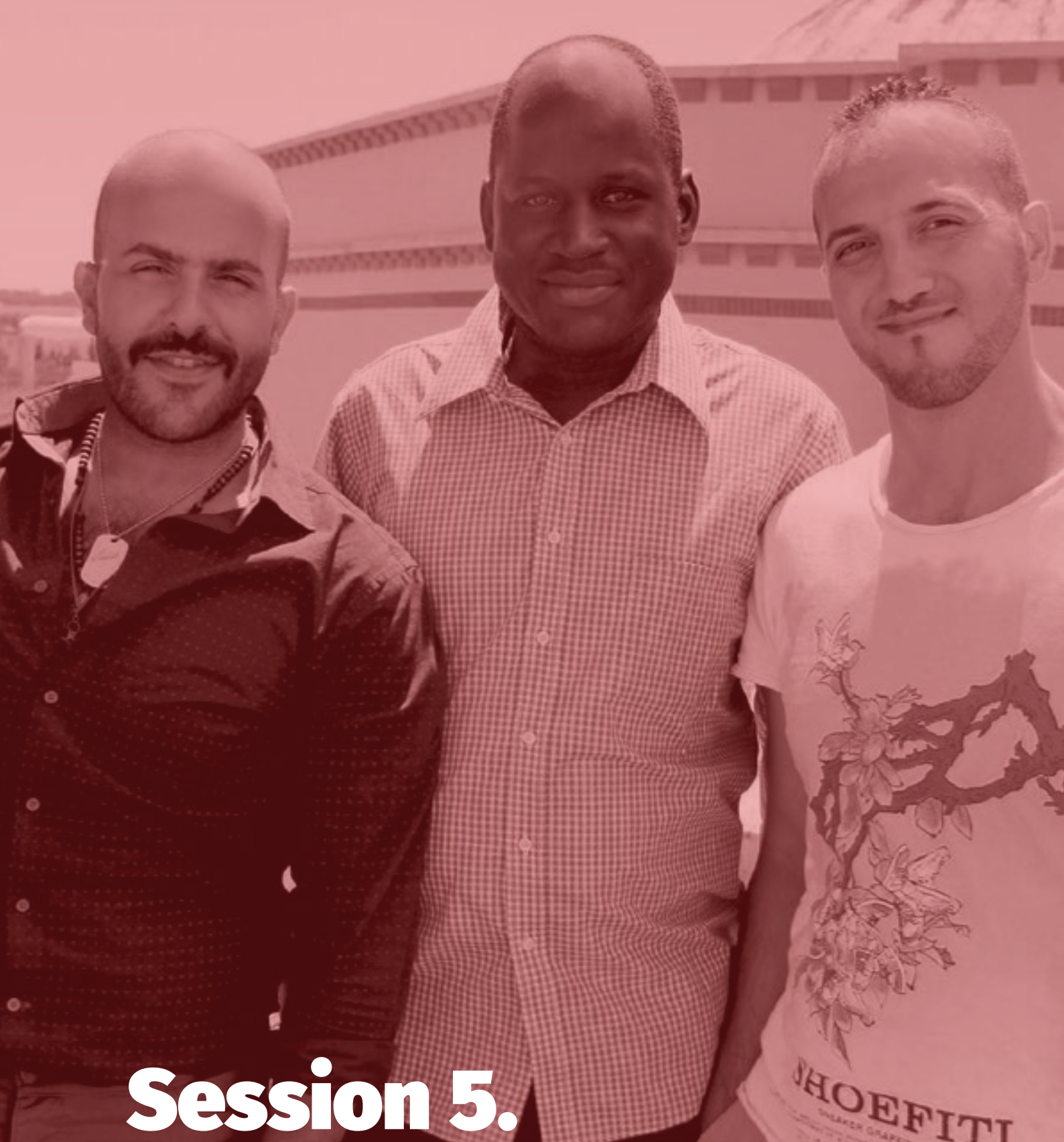
Tips for Trainers

Sometimes it is difficult to have an open discussion on this topic as many MSM organizations make attempts to only tag sex with condoms as “right” and “good”, whereas in the community there are people, especially young men, who for different reasons want to “play against the rules”. Often, organizations choose to stigmatize such people instead of looking for forms of cooperation.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues: :

- Any data on the adherence of MSM to condom use (in the country or in the region), and what the data show.
- Whether it is possible for the communities in the country to get condoms and lubricants free of charge, who determines their quality, who procures them, who delivers them, who decides how many to give out, who is responsible for distribution and safekeeping.
- The proportion of gays and bisexuals among MSM in the country (or region)? (It has consequences in terms of spreading HIV beyond the MSM community.)
- The price of condoms in pharmacies, and the tax imposed on their sale.
- Whether condom use is promoted in the general population and among adolescents, e.g. through educational programmes in schools.
- The attitude of representatives of the main religions denominations in the country to condoms, and their official position.



Session 5.

Health Care Service Delivery

OPENING REMARKS

Depending on the country context, sometimes it is preferable to use the term “health care” instead of the term “public health”. The trainers should clarify in advance, which of the terms is preferable.

DURATION

Estimated time — 90 minutes.

PRIORITY GROUPS FOR PRESENTING THE TOPIC

The issues of public health service delivery to MSM should be presented in full for the following categories of participants: managers and other staff members of MSM service organizations as well as organizations and projects providing technical support to develop services for MSM; people who specialize in planning, monitoring and evaluation of the response to HIV among MSM.

GOAL

For the trainer

- Help the participants learn about the comprehensive package of public health services (interventions) for MSM

For the participants

- Develop recommendations to scale up access to and increase the efficacy of public health services for MSM at the level of the country (or region)

OBJECTIVES

- Explain what are the “continuum of services”, “cascade of services” and 90–90–90 strategy
 - Define the place of MSM services in the general health care system
 - Determine the required time and plan the necessary steps to implement the package of services recommended in the Toolkit at the country level
 - Assess the possibility of using the 90–90–90 strategy as a tool for advocacy and planning of HIV treatment services for MSM
 - Discuss the terms and the stages of transition of prevention interventions for MSM to the national funding

RESULTS

By the end of the session the participants:

- will know recommendations of the Toolkit on the necessary package of services for MSM; will compare those recommendations with the activities implemented in the country (or the city);
- will assess the accessibility of health care services for MSM in their country (or region) and voice the main concerns in terms of their sustainability;
- will discuss the prospects of their participation and participation of their organizations in promotion of the package of services recommended in the Toolkit, including community-based services;
- will be informed about the possibilities of participation in the mechanisms to define the policy in response to HIV.

By the end of the session the trainers:

- will present to the participants information on the continuum of services for MSM, cascade of HIV treatment services and 90–90–90 strategy;
- will help the participants to analyse the main risks in terms of sustainability of the prevention services in the course of so called transition to national funding (for countries those receive grants from the Global Fund).

KEY TERMS AND NAMES WHICH MAY BE USED

- ⇒ PrEP (pre-exposure prophylaxis)
- ⇒ Public health
- ⇒ Sexual health
- ⇒ Mental health
- ⇒ VCT (voluntary counselling and testing)
- ⇒ Continuum of services
- ⇒ Cascade of services
- ⇒ Drugs
- ⇒ PEP (post-exposure prophylaxis)
- ⇒ Adaptive strategies (serosorting, strategic positioning)
- ⇒ Risk factors in HIV transmission

STAGES OF THE SESSION AND METHODS USED

- Individual work with the Toolkit – 10 minutes
- Presentation on public health service delivery – 30-40 minutes

- General discussion — 40-50 minutes
- Presentation and discussion may be alternated: presentation — discussion — presentation continued — discussion, etc.

MATERIALS REQUIRED FOR SESSION 5

- Printed cards with a list of services for the exercise “Find Information”
- Presentation “Health Care Service Delivery”

DESCRIPTION

Working with the Toolkit: exercise “Find Information”

The goal of this exercise is to develop the skills of using the Toolkit in everyday activities. The trainers give out printed cards with the blocks of material on services contained in the Toolkit.

The task is presented as follows: “Please find information on the relevant topic in the Toolkit and read it. Maybe in the course or at the end of presentation we will ask you to briefly tell us about what you have learned”.

If the participants have difficulties in finding the information on their own, below you may find a table with the numbers of pages in the Toolkit, which may be used as “hints”. To simplify the search process, the trainers encourage the participants to consult the electronic version of MSMIT (which should be e-mailed to the participants before the workshop or they should receive it at the beginning of the workshop on USB flash drives).

The table contains a suggested list of topics, which may be revised, reduced or extended depending on what information is most important for a particular group and country.

Several people may receive cards with the same task. When making brief presentations, they can add to each other’s words.

INFORMATION	Pages in the Toolkit
1. The HIV prevention, care and treatment continuum	89
2. UNAIDS targets to scale up the response to HIV by 2020 — 90-90-90	90-91
3. Sexual history taking	98-99
4. Serosorting	100-101

INFORMATION	Pages in the Toolkit
5. Strategic positioning	100-101
6. Insertive unprotected anal sex	100
7. Receptive unprotected anal sex	100
8. Voluntary medical male circumcision	101
9. Provider-initiated HIV testing and counselling	104
10. HIV self-testing	105
11. Repeat testing	109
12. Pre-exposure prophylaxis (PrEP)	109–110
13. Post-exposure prophylaxis (PEP)	115–116
14. Sexually transmitted infection services	116
15. Hepatitis B immunization	123
16. Anal health care	124–125
17. Human papillomavirus and anal cancer screenings	125-126
18. Erectile dysfunction	126
19. Definitions and prerequisites of ART services	128
20. What is TasP strategy of HIV treatment	130
21. Post-traumatic stress disorder	134
22. Drug and alcohol use	135

Presentation and general discussion

When preparing for the workshop, it is recommended to revise the presentation, which is attached in the Annexes:

- include slides with data on the epidemiological situation in the general population and MSM in the country (or the region) where the workshop is conducted (2–3 slides);
- in your presentation, focus on the following aspects: which services out of those listed in the Toolkit are already accessible, which are provided free of charge in the general health care network and which services are, apparently, not accessible.

When delivering the presentation, ask your audience for help, i.e. the participants who have completed the task “Find Information”.

At the end of the session, point out that the participants will have an opportunity to think about how to implement the services which are currently not available in the country (or the region), and how to make them accessible.



Tips for Trainers

The recommendations contained in MSMIT may be different from the guidelines approved in the country where the workshop is conducted, in particular in terms of STIs diagnostics and treatment guidance, instructions on prescribing antiretroviral treatment, proctology services, etc. The trainers should be ready to answer related questions. When answering such questions, they should emphasize that MSMIT is an attempt to unify the approaches at the global level and that for each topic contained in the Toolkit there are numerous evidence-based publications. For some countries, MSMIT is not a regulatory document, but only a reference tool, so our task is to organize support and protection of the health of community members at the maximum attainable level.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues:

1. Any official decisions on the 90–90–90 targets approved at some level.
2. The prospects of implementing PrEP (pre-exposure prophylaxis)

services in the country (or the region).

3. The rules of providing ART in the country.

4. Whether it is allowed to provide NGO-based HIV testing and/or so called “self-testing” whereby people can test themselves for HIV.

5. Whether there are any official standards/guidelines in the country on the delivery of HIV services to MSM.

6. What are the national rules of diagnosing HIV infection, registration of patients with diagnosed HIV infection and statistics on the routes of transmission.

7. What are the requirements of the ART prescription guidelines approved in the country.



Session 6.

Information and Communication Technology (ICT)

DURATION

Estimated time – 90 minutes.

PRIORITY GROUPS TO PRESENT THE TOPIC

The topic should be presented in full for the participants, who specialize in planning information interventions for MSM, who are engaged in planning, monitoring and evaluation of the HIV response among MSM, managers and social workers of MSM service organizations, managers and other staff members of organizations and projects providing technical support to develop services for MSM.

GOAL

For the trainer

- Motivate the participants to search for effective digital and communication solutions in prevention activities

For the participants

- Develop recommendations to scale up access and increase the efficiency of services for MSM in the country (or in the region) based on the use of information and communication technologies

OBJECTIVES

- Explain the differences and similarities of information and communication technologies
- Explain how technologies are linked with the efficiency of response to the spread of HIV among MSM
- Rank ICTs based on their use in HIV prevention and support of HIV-positive MSM

RESULTS

By the end of the session the participants:

- will differentiate between information and communication technologies;
- will be able to give examples of the technologies used in MSM services;
- will develop recommendations on scaling up access and increasing the efficiency of MSM services in the country (or the region) based on the use of information and communication technology;
- will get acquainted with the examples of effective use of information and communication technology in integrated programmes for MSM.

STAGES OF THE SESSION AND METHODS USED

- ICT presentation and discussion – 30 minutes
- Working in small groups and brainstorming – 30 minutes
- Presentations by small groups – 30 minutes

MATERIALS REQUIRED FOR SESSION 6

- Presentation “Information and Communication Technology”

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ PR technology
- ⇒ Authorization
- ⇒ Account (profile)
- ⇒ Digital security
- ⇒ Age of consent
- ⇒ Social network
- ⇒ WhatsApp, Viber, etc.
- ⇒ Pornography
- ⇒ Mobile dating service (Grindr, Hornet)
- ⇒ Smartphone
- ⇒ Information technology
- ⇒ Communication technology

DESCRIPTION

Presentation

The presentation does not include a Q&A section, as the discussion is to be initiated later, while doing the practical exercise.

Working in small groups and brainstorming

The trainers divide the participants into three groups of approximately the same size. Task: to have a 30-minute discussion on the question offered to the group and make records.

Questions:

- Which ICT may be used to introduce and provide the lacking HIV services to MSM?
- How can ICT help to increase the accessibility and efficiency of services which are already implemented in the country?
- How may ICT be used to create socially friendly environment for MSM/LGBT in the country or in the region?

The questions for small groups should be displayed on the screen.

In 15 minutes, the trainer asks the groups to exchange their responses, read them and make contributions to the work of colleagues. 5–7 minutes later, the second “rotation” is done, and in 5–7 minutes all groups receive their own records updated by the participants from the other groups.

The goal of the trainer is to summarize the information received. Due to time limitations, it is recommended that the trainer should be the one to do it.



Tips for Trainers

Information and communication technology is a specific area of knowledge, and not all the participants may have a good understanding of it. Some might have a very general idea about it. That is why the trainer should say at once that the session is aimed at intensive knowledge sharing. If among the participants there are any people, who have strong understanding of ICT, they may go from one small group to another when such groups are busy doing the exercise. They may also be engaged to assess and summarize the information received.

If there is time, it is recommended to encourage participants to familiarize themselves with an example of the information campaign implemented in Thailand (Toolkit, page 174; www.testbkk.org). The trainers may also screen the videos used during the campaign:

https://youtu.be/f_hdGS-fLrc;

<https://youtu.be/seggqghc4yk>.

When discussing the topic, do not forget to coordinate the ideas voiced by the participants with ethical and legal standards. Otherwise, the use of information and communication technology may lead not to awareness raising and development of mutual support, but to the breach of confidentiality arrangements and to the growth of stigma.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues:

- 1.** Which messengers may be recommended for use in the country as the safest.
- 2.** From a safety point of view, what risks for MSM may be created by the use of ICT and how may they be avoided.



Session 7.

Programme Management

DURATION

Estimated time – 90 minutes.

PRIORITY GROUPS TO PRESENT THE TOPIC

The topic of managing programmes aimed at the delivery of MSM services with involvement of MSM should be presented in full for the following categories of participants: managers and staff members of organizations and projects providing technical support in the development of MSM services, experts in MSM services, managers of MSM service organizations and HIV service organizations as well as specialists who are responsible for planning, monitoring and evaluation of the response to HIV among MSM.

GOAL

For the trainer

- Help the participants to develop an understanding of the key elements of the effective management in terms of response to the spread of HIV and other STIs among MSM: situation assessment, data quality assurance, quality planning of activities based on the information collected, implementation of the channels of meaningful and wide community participation in program/project planning and implementation

For the participants

- Develop an understanding of programme management, mechanisms and ways of community participation in program/project planning and implementation

OBJECTIVES

- Describe the stages of program/project planning and implementation
- Describe the importance of high-quality data and the main factors influencing their quality when planning programmes/projects, as well as in the course of monitoring and evaluation
- Describe and discuss with the group how the MSM community may participate in program/project planning and implementation – in particular, as volunteers and staff member.

RESULTS

By the end of the session the participants:

- will be aware of the key elements of planning and implementation of programmes/projects for MSM;

- will develop recommendations on the most effective program/project management at the country or local level, in particular related to community participation in planning, monitoring, evaluation and implementation of programmes/projects.

STAGES OF THE SESSION AND METHODS USED

- Warm-up exercise – 10 minutes
- Group work: puzzle game – up to 30 minutes
- Presentation and general discussion, preparing recommendations – 50 minutes

MATERIALS REQUIRED FOR SESSION 7

- Play cards, which may be printed in advance or prepared with a flipchart (three sets)

KEY CONCEPTS, TERMS AND NAMES WHICH MAY BE USED

- ⇒ SMART
- ⇒ Budget advocacy
- ⇒ Audit
- ⇒ Social contract
- ⇒ Indicator
- ⇒ Strategic information
- ⇒ Mapping
- ⇒ Mentoring
- ⇒ Monitoring
- ⇒ M&E
- ⇒ Resource mobilization
- ⇒ Supervision
- ⇒ Charitable organization
- ⇒ Community-based organization
- ⇒ Assessment
- ⇒ Piloting
- ⇒ Technical support
- ⇒ Organizational capacity
- ⇒ Social entrepreneurship
- ⇒ Sectoral program
- ⇒ Stakeholders
- ⇒ Sustainability

DESCRIPTION

Warm-up exercise

The topic of this session may seem abstract to many participants, especially those who are used to work in direct service delivery, in permanent contact with clients. That is why we recommend to “warm up” and “refresh” the participants before the session using a warm-up exercise, which may be selected at the discretion of the trainers, taking into account specifics of the audience and the current group dynamic.

“Puzzle” exercise

The trainers divide the participants into three small groups. All the groups will receive the same task.

It is recommended to have three free walls in the room, where the participants can put cards. If not available, the cards may be put on the floor. The trainers shall prepare identical tables on those three surfaces (walls or ceiling), where the participants may place the cards.

The participants receive cards prepared based on the table “Stages of implementing a multi-component programme with men who have sex with men” (Toolkit, page 211).

The table should contain empty boxes with horizontal and vertical titles (those titles should be prepared by the trainers in advance, also with the help of cards).

	Community interventions	Prevention interventions	Clinical services	Structural interventions
Start-up: Establish coverage areas and infrastructure				
Roll-out of services: Improve coverage, quality				
Increase sustainability: Improve systems, social norms change				
Expand scope: Add services				

Content of the cards (to be printed out) is attached in Annexes.

The trainer shall give a task to all groups: “Fit the pieces of this puzzle together.”

The time to complete this task is 20 minutes.

In the table below you may find the “completed puzzle.”

After 10 minutes of work, taking into account the complexity of the task, the trainers may encourage the participants to use this table and explain how to find it.

Perhaps the data presented in the table will not be satisfactory for everyone in terms of the methodology. The trainers should draw attention to the fact that the table gives only general understanding of programme development and then encourage participants to add or update information.

If the session “Programme management” is the main session of the workshop, the trainers should revise content of the table taking into account specifics of the country where the workshop is conducted. However, it should be done in cooperation with the organizations implementing programmes for MSM in the country. In this case, the task for the small groups may be changed to “Fill in the table using the information contained in the Toolkit and your own knowledge and experience”.

When the “puzzle” is ready, the trainer asks the participants to define at which stage of implementation they think the programme (or project) is in the country or region where they work. One of the trainers may sum up the data received verbally, and the second one can write them down on the flipchart.

Depending on the profile of the audience, the “puzzle” exercise may be excluded from this session, and the trainers may proceed to presentation and discussion straight away. If the group is not ready to discuss management questions at all, the trainers may focus only on the questions of community participation, showing how it may be organized not to reduce the quality of management.

	Community interventions	Prevention interventions	Clinical services	Structural interventions
Start-up: Establish coverage areas and infrastructure	<ul style="list-style-type: none"> Identify sites Hire and train implementing organization staff Map MSM community Recruit and train community outreach workers/peer navigators Establish safe spaces 	<ul style="list-style-type: none"> Identify source of condoms and lubricants Establish forecasting and procurement processes Estimate MSM condom requirements and condom gap If PrEP/PEP available, establish protocols and train providers and MSM 	<ul style="list-style-type: none"> Clinical services (STI/SRH, HTC, ART, TB, harm reduction) mapped Establish referral linkages and reporting Sensitize and train providers on MSM issues – ensure acceptable services 	<ul style="list-style-type: none"> Conduct assessment of MSM environment, analyse key issues: stigma, discrimination, violence Prioritize and develop mitigation plan Work with local police to support outreach work
Roll-out of services: Improve coverage, quality	<ul style="list-style-type: none"> Micro-planning Monthly outreach/ referrals/ commodity distribution Training and refresher training Routine data review for oversight, programme modification 	<ul style="list-style-type: none"> Directly distribute and track condoms/lubricants to MSM through outreach Identify additional outlets for commercial promotion Advocate for/establish social marketing of condoms and lubricants Provide PrEP/PEP where available 	<ul style="list-style-type: none"> Regular referral of MSM to clinical services (STI/SRH, HTC, HIV care/ treatment) Establish community counselling/ support/ peer navigation Monitor clinical services for stigma 	<ul style="list-style-type: none"> Ensure MSM legal and health literacy Establish crisis response system Establish monitoring systems to track and report violence Engage stakeholders Capacity strengthening in advocacy and media use

Continued on page 58

<p>Increase sustainability: Improve systems, social norms change</p>	<ul style="list-style-type: none"> • Social norm change in regard to: <ul style="list-style-type: none"> - condom/lubricant use - PrEP/PEP use - clinical service use - regularly repeated HIV testing 	<ul style="list-style-type: none"> • Quality forecasting, central procurement/ storage for government condoms • Condom social marketing established • Local implementers incorporated into national forecasting system 	<ul style="list-style-type: none"> • Community agency improved to access services directly • Clinical service stigma reduced • Links with networks of HIV positive people 	<ul style="list-style-type: none"> • MSM groups strengthened • MSM groups with increased role in programme management, ownership • MSM groups with increased capacity to advocate for themselves
<p>Expand scope: Add services</p>	<ul style="list-style-type: none"> • Train community outreach workers in new services, e.g. TB verbal screening and DOTS provision, community-led HIV testing 	<ul style="list-style-type: none"> • Addition of other prevention products 	<ul style="list-style-type: none"> • Expansion/addition of clinical services directly or through referral 	<ul style="list-style-type: none"> • MSM groups engage other community priorities

Presentation and general discussion

Presentation “Planning and implementing comprehensive services for men who have sex with men.”

At the end of the presentation, the trainers demonstrate a slide with the key sections:

- development and implementation of a comprehensive programme, including log frames, standards, monitoring system and evaluation plan;
- programme management structures, role of the management systems in effective programme operation;
- staged programme implementation;
- ensuring MSM leadership and implementation of the programme led by MSM;
- capacity development of MSM organizations and staff;
- programming in difficult or dangerous contexts.

Those key thematic blocks may be used for further discussion, suggesting the participants to answer the question: what, in their opinion, should be improved in the programmes implemented in the country in each of those aspects?

The trainers should record the suggestions on a flipchart and, if possible, by displaying them on the screen.

The trainers put together and summarize the suggestions received.

At the end of the session, the trainers ask the participants to open some pages of the Toolkit:

- page 195: programme logic model for a multi-component intervention with men who have sex with men, illustrating how interventions lead to the creation of products and, as a result, ensure the achievement of programme outcomes and planned impact on MSM (kind of a cue card for people preparing or developing projects);
- page 214: stages in determining where to establish services for MSM;
- pages 202–204: programme monitoring indicators for multi-component interventions with men who have sex with men;
- pages 216–217: illustrative composition of an implementation team to cover one thousand men who have sex with men (which, in turn, influences the budget structure).

TOPIC BEYOND THE WORKSHOP

The workshop does not include the topic “Strengthening the capacity of organizations of men who have sex with men” from the section “Programme management”, covering the following questions:

- Forming a registered organization;
- Organizational capacity-building;
- Governance;
- Project management;
- Technical support and capacity-strengthening;
- Resource mobilization and financial management;
- Networking.

If those questions are of interest for the participants, the trainers may add this topic by preparing a relevant presentation and discussion plan – similar to how it was done with other topics of the Toolkit.



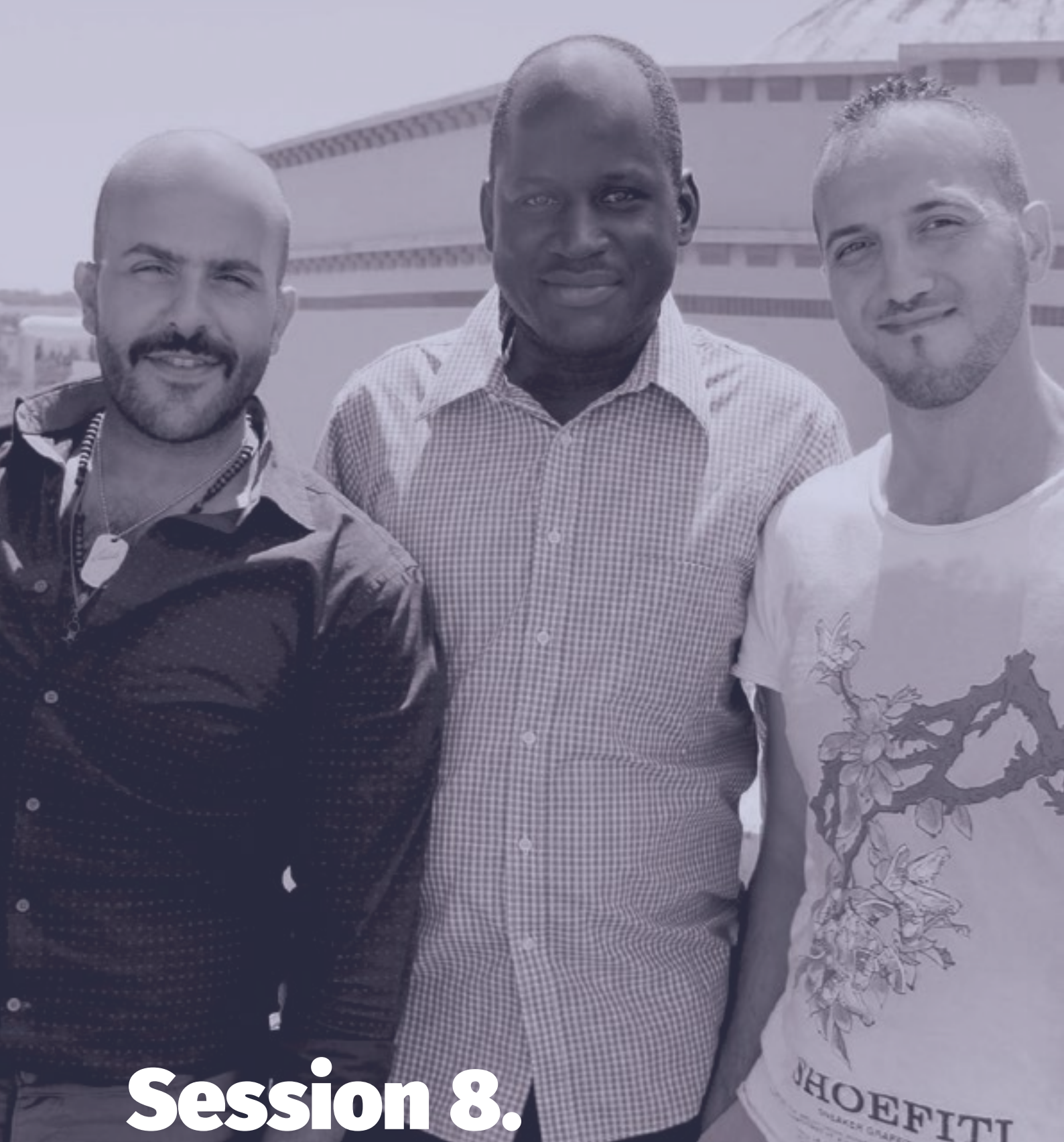
Tips for Trainers

Before the workshop, the Programme Management section requires careful advance preparations, taking into account the audience profile.

USEFUL INFORMATION

In the course of the session, the trainers should provide information on the following issues:

- How the national programme defines the response to HIV, and what is the period of its implementation.
- Whether there are any laws or other regulations on HIV response in the country. If “yes”, what they are.
- What is the amount of budgetary and extra-budgetary funding allocated for the response to HIV among MSM.
- How many MSM organizations operate in the country (region), and which of them are community-based organizations.



Session 8.

Planning Changes

DURATION

Estimated time — 60 minutes.

PRIORITY GROUPS TO PRESENT THE TOPIC

The topic “Planning Changes” includes searching for ideas and improving planning skills and is to be studied together with the other topics reviewed earlier. The topic is aimed at participants of any profile or professional background.

GOAL

For the trainer

- Sum up the results of the workshop; determine the practical usefulness of MSMIT by combining the key ideas of the Toolkit and the know-how of participants

For the participants

- Bring together and systematize the possible steps to implement the prepared recommendations

OBJECTIVES

- Focus on long-term and short-term goals and their distribution by areas
- Bring together and sum up the ideas which have been offered in the course of the workshop and coordinate them with the plans of organizations where the participants work

RESULTS

By the end of the session the participants:

- will plan and record the possible steps to implement the recommendations prepared;
- will discuss interaction among all the stakeholders to implement such a plan.

By the end of the session the trainers:

- will give back to the participants the most important and significant of the ideas and developments “to be implemented” by them. Those ideas and developments are to be recorded by the trainers during the sessions throughout the training.

STAGES OF THE SESSION AND METHODS USED

- Group discussion — 30 minutes
- Filling in individual self-assessment forms — 10 minutes (optionally)

MATERIALS REQUIRED FOR SESSION 8

- Recommendations developed before and summarized by the trainers (in electronic format)
- Questionnaires for self-assessment of organizations printed out for all the participants

STAGES OF THE SESSION AND METHODS USED

Group discussion

The trainer draws the attention of participants to the fact that they spent the majority of time during the two days of the workshop working to develop recommendations for all sections of the MSMIT. The goal of the trainer is to determine the most important recommendations and show general trends and keynote ideas (if any).

The trainer offers questions for the group discussion (to be displayed on the screen):

- 1.** In your opinion, what can be done and by whom to implement those recommendations? Try to form specific step-by-step suggestions.
- 2.** What can you personally (your organization) do for members of the community so that they receive the required package of services in a feasible and effective manner?
- 3.** What can you personally (your organization) do for the community development?
- 4.** What can you personally (your organization) do to promote human rights and protect community members from violence?

The goal of the trainers is to facilitate the discussion, encourage all participants to participate, record ideas and suggestions on a flipchart and/or in electronic format, displaying them on the screen, drawing the attention of participants to the need to take into account the project management principles, which were discussed during the previous session.

Filling in individual self-assessment forms

The trainer presents and hands out to participant the self-assessment tool for staff members of organizations, which allows analysing current activities and planning future activities of the organizations.

The suggested activity is an optional component of the workshop. The trainers should make a decision at their own discretion whether or not to offer it to participants, taking into account the number of participants working in organizations. As an option, such self-assessment forms may be offered to the participants representing organizations as a homework assignment (see the Annex on homework).



Tips for Trainers

In the final programme session, the activities should be aimed not at encouraging discussions, but at summarizing the results: how, with whom, and when the recommendations developed during the workshop should be implemented. At this stage, group dynamics should be minimized and the participants should be prepared for completion of the workshop. It means that the participants may speak only in line with objectives set forth by the trainers and not in response to each other's' remarks. The feedback function in this case should be performed by the trainer, and such feedback does not stipulate any further discussions.



Session 9.

Completion of the Workshop

DURATION

Estimated time — 30 minutes.

GOAL

For the trainer

- Summarizing the results of the workshop

For the participants

- Completing the workshop

OBJECTIVES

- Provide feedback about the workshop, including expectations assessment
- Perform workshop-closing procedures (certificate delivery ceremony, etc.)

RESULTS

By the end of the workshop the participants:

- will voice all their main thoughts and ideas concerning the workshop;
- will fill in the feedback (exit) forms (optionally).

By the end of the workshop the trainers:

- will fulfil all requests from the participants.

STAGES OF THE SESSION AND METHODS USED

- Filling in exit forms — 5 minutes
- Technical task from the trainers on request
- “Turn-around” feedback — 15-20 minutes
- Personal certificate delivery ceremony — 10 minutes

MATERIALS REQUIRED FOR SESSION 9

- Exit forms
- Signed and completed personal certificates for the participants (to be handed in by the trainers)

STAGES OF THE SESSION AND METHODS USED

Filling in feedback (exit) forms

It is advisable that the questions in the exit form at least partly repeat the questions in the entry form. Comparison of the responses may help to assess efficacy of the workshop.

The trainers hand out forms to all the participants. They explain that the exit forms as well as entry forms are confidential. The data received will be processed and presented in a consolidated manner.

The feedback form may have a more complex structure than the assessment form – e.g., it may contain additional questions to assess the context of MSM services in the country (and the region) and fields for suggestions on what improvements should be made and how (a sample of such form is attached in Annexes). The participants will need time and attention to fill in such forms, so this task should not be part of the closing session. Such forms may be offered to the participants as a homework assignment, using web services, such as Google Docs or Survey Monkey.

Feedback and Certificate Delivery Ceremony

Closing stage of the workshop: feedback and certificate delivery ceremony. The trainers encourage every participant to share what was important for him in the workshop. The answers may be organized using the following scheme:

- What was your strongest impression in two days of the workshop?
- To what extent were your expectations met or not met?
- What could be changed in the programme of the workshop?
- Which ideas among those suggested can be implemented based on the knowledge and skills developed?

As soon as a participant closes his speech, one of the trainers presents him with a certificate. After all the participants have their say and receive their certificates, the trainers announce that the official part of the workshop is closed.

Post-Workshop Activities

After completion of the workshop, people who prepared, conducted and participated in the workshop are advised to perform a number of actions to achieve the goals and objectives set.

The client organization is recommended to:

1. post news about the training on its website and on its pages in social networks;
2. publish the most interesting photos from the training (respecting participant's needs around confidentiality and anonymity);
3. assess if it is reasonable to organize the same (or an adjusted) MSMIT workshop for another audience.

The trainers are recommended to:

1. provide the participants with delayed responses to the questions which have been asked at the training but have not been answered;
2. if they promised to provide participants with additional information on any matters (send electronic reports, documents, etc.) – fulfil those promises within the set timeframe;
3. ask the participants to share the results of their homework (optionally), and reflect it in the workshop report (how many participants submitted their homework assignments, what their responses were, etc.);
4. prepare a summary report containing:
 - general overview of the workshop,
 - key ideas and recommendations voiced by the participants in the course of the workshop,
 - conclusions and recommendations to improve the workshop.

The participants are encouraged to do their homework.

Annexes

ANNEX 1. Suggested Workshop Plan

TIME	SESSION
Day 1	
10:00–11:00	Session 1. Opening remarks. Introduction
11:00–11:30	Coffee break
11:30–13:30	Session 2. Community Empowerment
13:30–14:30	Lunch
14:30–16:30	Session 3. Addressing Violence
16:30–17:00	Coffee break
17:00–18:00	Session 4. Condom and Lubricant Programming
18:00–18:15	Review and feedback re: Day 1 progress
Day 2	
09:45–10:00	Introduction. Updates on the first day
10:00–11:30	Session 5. Health Care Service Delivery
11:30–12:00	Coffee break
12:00–13:30	Session 6. Information and Communication Technology
13:30–14:30	Lunch
14:30–16:00	Session 7. Programme Management
16:00–16:30	Coffee break
16:30–17:30	Session 8. “Planning Changes”
17:30–18:00	Session 9. Closing remarks

ANNEX 2. Entry (Assessment) Form

Technical notes. The form may be sent to the participants in advance, in electronic format, with a request to fill it in and submit to the trainers before the workshop. However, a more simple and convenient way is to utilize web-services such as Google Docs or Survey Monkey, allowing the trainers to see all the responses in a summary table. If, for some reason, the participants have not filled in electronic forms, it is advisable to adjust the form to be completed in handwriting (by adding lines for responses) and organize the participants to fill in the forms at the beginning of the workshop.

If the form below is used as an entry assessment form, it is recommended to use the sample form in Annex 7 as an exit form upon completion of the workshop.

Form

Participant Questionnaire
[name of the workshop]

The questions comply with the main sections of the Toolkit “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” (MSMIT). We will be grateful for your responses.

Please name one key problem related to MSM in the country/region where you work for each of the domains below.

1. Community empowerment for gays and other MSM (community infrastructure; level of consolidation; advocacy capacity of the community; level of community systems development; influence on human rights policy, etc.).

Main problem:

2. Addressing violence against MSM (discriminatory regulations; stigma and discrimination; hate crimes; domestic violence; safety of interventions and project activities; attitude of police, etc.).

Main problem:

3. Condom and lubricant programming (range of products; expenses; supply; demand; motivation for use, etc.).

Main problem:

4. Health care service delivery (HIV prevention, treatment, care and support services, including pre- and post-exposure prophylaxis; voluntary counselling and testing (VCT); antiretroviral therapy (ARV therapy, ART); health services related to STIs, tuberculosis,

viral hepatitis; mental health services; health services related to alcohol and drug abuse, etc.).

Main problem:

5. Using information and communication technology (Internet outreach; promotion of online services; social advertising in the internet; feedback on the quality of services; online support for members of the community, etc.).

Main problem:

6. Managing projects/programmes aimed at HIV and STI response among MSM (community participation; compliance of projects/programmes with the needs and interests of community; planning system; standards; staged implementation; monitoring and evaluation; supervision; flexibility and sustainability, etc.).

Main problem:

Thank you!

Your responses will be used to revise the training programme.

ANNEX 3. Forms of Violence

- 1. Physical violence** (when someone uses physical force that causes harm to other person's health or uses physical force to control the victim's actions).
- 2. Sexual violence** (being forced to have sex by someone without consent).
- 3. Psychological violence** (when someone uses threats and blackmailing to get control over the victim).
- 4. Emotional violence** (when someone says or does something to make the victim experience negative feelings: feel stupid, incompetent, insignificant, etc.)
- 5. Spiritual violence** (when someone uses the religious beliefs of the victim for the purpose of intimidation, manipulation, blackmailing, etc.).
- 6. Cultural violence** (when the victim experiences violence as a result of the actions, which are part of traditional culture or rituals embraced by a certain group of the population: bride kidnapping, forced marriage, etc.).
- 7. Verbal abuse** (when someone uses spoken or written language to harm the victim).
- 8. Financial abuse** (when someone controls or uses financial funds and resources of the victim without the victim's consent — e.g., when law enforcement officers unlawfully take victim's money in the course of arrest or interrogation, when the employer fails to pay the wages after learning about the victim's sexual orientation, etc.).
- 9. Negligence** (when someone fails to comply with the obligations to provide care and support).

ANNEX 4. Case Studies for Small Groups (Session 3)

Violence by representative of the state

Sasha is 19 years old. He is a student of one of the city colleges. He has been a member of the community for over three years. He knows most guys from the community, who attend “thematic” events. Beyond the community, only his close heterosexual friends know that he is gay. He is not even thinking to tell his family about his sexual orientation as his parents are deeply religious people. A month ago, Sasha and his partner rented an apartment for a night. After drinking some alcohol, Sasha’s partner started an argument, which soon led to some physical force. Neighbours, who heard noise and screams, called police. When Sasha opened the door to a law enforcement officer, the officer asked him to show his ID and requested if he was the owner of the apartment. After Sasha said that he wasn’t, the policeman started searching the apartment. When he saw the almost naked Sasha’s partner in the bedroom, he started asking questions like: “Are you faggots or what?” He was swearing, demanded telephone numbers of the boys’ parents, documents. Then he started threatening that if he does not get a “tidy sum” of money, he would tell everything to the boys’ parents. Psychological violence and blackmailing from the side of the police officer continued for about three months. Being tired of permanent tension and fear for his own life and for his partner’s life, Sasha decided to commit suicide. His family members found him in the bathtub with deep cuts. Fortunately, they saved the boy. When he became stronger, he went to a friendly organization for consultation. But Sasha was reluctant to disclose his sexual orientation and refused to go to court, so he and his partner made a decision to leave the country.

Violence by perpetrators at large

In the *** city, gay dating apps are popular, which allow registering an anonymous profile to search for a partner. Gus was only recently able to overcome his internalized homophobia and he decided to find a partner. He downloaded a mobile app, started his search and engaged in a conversation with a guy with “Spaniard_96” nickname. After two days of conversations, the “Spaniard” suggested that Gus meet him in a solitary place, almost on the outskirts of the city, justifying his choice of location with the fact that he does not want to be “seen in public”. Gus went to the agreed upon place and there he met two rather heavily built guys. At once, they started threatening Gus and coming down hard on him because of his sexual orientation. Gus said he was sorry and tried to step back, but the guy, who, as he understood, was the “Spaniard_96”, hit him and started dragging him towards an old building. There the two men were beating, kicking and offending him. He was crying and pleading for mercy. When they beat him up, they also took his phone, wallet, ring and necklace.

After that, Gus had to spend a week in a hospital. His friend, to whom he told the story, suggested that he go to a friendly LGBT organization. Gus went, and there he was offered psychological support. A staff member of this organization suggested him to file a complaint with police, but Gus refused as he was afraid his parents could

find out about his sexual orientation. Since then, Gus often has a feeling of fear and feels vulnerable, although he sees a psychologist regularly. His emotional state is very unstable.

Discrimination in institutional contexts

Mohan's school was located in a small town. After his graduation, he entered a university in a big city. When he found himself in a big city, Mohan decided to forget his past: unpleasant hints and mockery about him being "not manly" from his classmates and guys from other classes. Such attitudes from his peers made a strong influence on Mohan and deprived him of his self-esteem necessary to protect his rights. Mohan could not say anything when the landlord of a cheap apartment read brochures about safe sex practices for gay men and told him to leave the apartment straight away, refusing to reimburse the money Mohan had paid him in advance for the apartment, which had been very difficult for him to find. Mohan also didn't know what to do in another situation, when he visited a doctor to consult about some strange stains in his groin. He was afraid that they might be a sign of some infection. Just before that, Mohan had a sexual encounter, so he spoke honestly and told the doctor about everything. The doctor did not comment, but started demonstrating his disdain. He was making faces, stepping away from the young man and, finally, said that the appointment was over, as he did not know what was wrong and was not going to continue the examination. Later Mohan learned that those stains were a result of skin reaction from shaving this area for the first time. But for a long time after this incident he failed to get medical help, afraid of seeing a doctor and hearing rude words.

Violence from family members

Joe grew up in a small village and just recently entered a college in a town not far from home. Every day he went from his village to the town to study. He had a partner with whom he was always in touch. If they could not be together, they were texting each other. Once, Joe left his unlocked phone to charge, and his elder brother took it. He read the messages between Joe and his partner. When Joe came back to pick up his phone, he got a strong blow to his face from his brother. Several months after, the brother told their parents that Joe liked boys. The parents said that people of their religion never had "this thing" and it was just a mistake. They made Joe take a leave of absence for one year, so that he could "have his fling". During this year, Joe's mother and brother were checking his phone every day, called him when he went out to buy something in a supermarket and did not let him go anywhere apart from the supermarket. His father said that if there was at least one more hint at the "freakery", he would kick him out of the house and would turn his back on him. His brother and mother went to the university to find Joe's partner who gave up on their relationship straight away. All these things made Joe depressed. He decided to go away and end his relations with his family as soon as he was able to find a job and rent an apartment.

Organized non-state violence

On 17 May, marking the International Day against Homophobia and Transphobia, *** NGO organized an event along with a number of activists. At a location decorated with balloons, there was music playing and organizers were telling how this holiday first appeared and why it is important to mark it. At the same time, activists of a nationalist group were getting together outside. The level of their aggression was constantly growing and at some point they started banging on the door, shouting insults. Then one of the men jumped on the fence and, showing some ID, started threatening the participants: "We will not let you go!" They smashed down the door. Bursting into the room, they were yelling that all people present should be "burned". It was very helter-skelter. Two participants were pushed and fell down. As a result, they were heavily beaten. The police, which were called by the organizers, took everyone to the police station. Participants of the event had to spend about five hours there. During this time, they had no access to water, food, medications or toilet. They were all interrogated and forced to write explanatory reports.

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ANNEX 5. Topics to be printed on cards for the exercise “Find Information” (Session 5)

Technical notes: when printing out cards (sheets) for the exercise “Find Information”, one topic should be placed per card (sheet), and they should be printed out so that the text may be seen from a distance, taking into account the size of the room where the workshop will be held.

- HIV prevention, care and treatment continuum
- UNAIDS targets to scale up the response to HIV by 2020 — 90–90–90
- Sexual history taking
- Serosorting
- Strategic positioning
- Insertive unprotected anal sex
- Receptive unprotected anal sex
- Voluntary medical male circumcision
- Provider-initiated HIV testing and counselling
- HIV self-testing
- Repeat testing
- Pre-exposure prophylaxis
- Post-exposure prophylaxis
- Sexually transmitted infection services
- Hepatitis B immunization
- Anal health care
- Human papillomavirus and anal cancer screenings
- Erectile dysfunction
- Definitions and prerequisites of ART services
- What is TasP strategy of HIV treatment
- Posttraumatic stress disorder
- Drug and alcohol abuse

ANNEX 6. Assessment of the Existing Components of MSM Programming

Please mark if, in your opinion, the following components of integrated programmes of HIV and other STI response among MSM are present or not in the country (or region) of your activities.

		Yes, this component is present / services are accessible	No, this component is not present / services are not accessible, but I know how to change the situation	No, this component is not present / services are not accessible, and I DO NOT know how to change the situation	Do not know / not sure
1	Community empowerment				
1.1	Working with communities of MSM				
1.2	Fostering programmes led by MSM				
1.3	Developing cohesive communities				
1.4	Strengthening community systems				
1.5	Promoting a human-rights framework				
1.6	Shaping policy and creating enabling environments through advocacy				
1.7	Supporting community mobilization and sustaining social movements				
2	Addressing violence				
2.1	Analysing contexts of violence				
2.2	Building capacity and self-efficacy (both individual and community efficacy)				
2.3	Working for legal and policy reforms				
2.4	Fostering police accountability				
2.5	Promoting safety and security				
2.6	Providing health services				
2.7	Providing psychosocial, legal and other support services				

		Yes, this component is present / services are accessible	No, this component is not present / services are not accessible, but I know how to change the situation	No, this component is not present / services are not accessible, and I DO NOT know how to change the situation	Do not know / not sure
3	Condom and Lubricant Programming				
3.1	Establishing accessible supplies				
3.2	Condom and lubricant social marketing programmes				
3.3	Creating demand				
3.4	Creating an enabling environment for condom and lubricant programming				
3.5	Lubricant programming				
3.6	Other considerations in condom and lubricant programming				
4	Health Care Service Delivery				
4.1	The HIV prevention, care and treatment continuum				
4.2	Providing comprehensive health services to men who have sex with men				
4.3	Individual and group-level behavioural interventions				
4.4	Sexual or other risk history-taking				
4.5	Adaptive strategies (serosorting, strategic positioning)				
4.6	Voluntary medical male circumcision				
4.7	Condom and lubricant promotion				
4.8	Voluntary HIV testing and counselling (VCT)				
4.9	Pre-exposure prophylaxis (PrEP)				

		Yes, this component is present / services are accessible	No, this component is not present / services are not accessible, but I know how to change the situation	No, this component is not present / services are not accessible, and I DO NOT know how to change the situation	Do not know / not sure
4.10	Post-exposure prophylaxis (PEP)				
4.11	Sexually transmitted infection services				
4.12	Other sexual-health services (apart from the listed above)				
4.13	Antiretroviral treatment and care				
4.14	Tuberculosis				
4.15	Mental health				
4.16	Drug and alcohol use				
4.17	Community-led service delivery approaches				
4.18	Health service delivery approaches using information and communication technology				
4.19	Creating safe spaces as a service delivery approach				
5	Using Information and Communication Technology (ICT)				
5.1	Assessing the ICT landscape and identifying online leaders				
5.2	Designing a behavioural intervention for ICT				
5.3	Safety and ethical concerns				
5.4	Increasing reach and promoting HIV prevention and testing				
5.5	Promotion of commodities and services				
5.6	Strengthening service quality				

		Yes, this component is present / services are accessible	No, this component is not present / services are not accessible, but I know how to change the situation	No, this component is not present / services are not accessible, and I DO NOT know how to change the situation	Do not know / not sure
5.7	Virtual supportive communities				
5.8	ICT for the enabling environment				
5.9	Engaging the private sector				
6	Programme management in response to HIV and other STIs among MSM				
6.1	Managing programmes with men who have sex with men				
6.2	Defined logic model, programme mechanisms and standards				
6.3	Established data system for programme design and routine management				
6.4	Established programme evaluation system				
6.5	Established system of programme management at all levels (from the national to municipal and organizational levels)				
6.6	Progressively ensured full participation of men who have sex with men				
6.7	Defined priorities				
6.8	Implemented in a staged manner				
6.9	Established supportive supervision system				
6.10	Capacity strengthening ensured				
6.11	Staff development organized				

ANNEX 7. Feedback (Exit) Form

The form below corresponds to the Entry Form attached in Annex 1. It is simpler and more efficient to encourage the participants to fill out this form as well as the Entry Form using web services such **Google Docs** or **Survey Monkey**.

Post-Workshop Form

[Name of the workshop]

Please answer the questions below. It will allow us to assess the quality and first results of the workshop on how to use the Toolkit “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” (MSMIT).

1. General assessment of the workshop:

- a. premises (rate from 1 to 5, where 1 is very bad, 5 is very good):
Please explain:
- b. working materials (rate from 1 to 5, where 1 is very bad, 5 is very good):
Please explain:
- c. quality of trainers’ work (rate from 1 to 5, where 1 is very bad, 5 is very good):
Please explain:
- d. cooperation and mutual support among participants (rate from 1 to 5, where 1 is very bad, 5 is very good):
Please explain:
- e. your productivity in the workshop (rate from 1 to 5, where 1 is very bad, 5 is very good):
Please explain:

We would also like to ask you to share your vision of what should be done to develop MSM services in the country or region where you work.

2. Community empowerment for gays and other MSM (community infrastructure; level of consolidation; advocacy capacity of the community; level of community systems development; influence on human rights policy, etc.)

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

3. Addressing violence against MSM (discriminatory regulations; stigma and discrimination; hate crimes; domestic violence; safety of interventions and project activities; attitude of police, etc.).

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

4. Condom and lubricant programming (range of products; expenses; supply; demand; motivation for use, etc.).

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

5. Health care service delivery (HIV prevention, treatment, care and support services, including pre- and post-exposure prophylaxis (PrEP and PEP); voluntary counselling and testing (VCT); antiretroviral therapy (ARV therapy, ART); health services related to STIs, tuberculosis, viral hepatitis; mental health services; health services related to alcohol and drug abuse, etc.)

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

6. Using information and communication technology (Internet outreach; promotion of online services; social advertising on the Internet; feedback on the quality of services; online support for members of the community, etc.).

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

7. Managing projects/programmes aimed at HIV and STI response among MSM (community participation; compliance of projects/programmes with the needs and interests of community; planning system; standards; staged implementation; monitoring and evaluation; supervision; flexibility and sustainability, etc.).

- What are the priority areas of activities in your country (or region)? (Specify no more than three areas)
- What can you personally, or your organization, do to solve this problem?

Спасибо!

Ваши ответы могут быть использованы (с соблюдением конфиденциальности) для общей оценки МСМ-сервиса страны (региона).

Удачи вам в вашей работе!

ANNEX 8. Homework for the Participants

- 1.** Prepare FOR YOUR OWN USE a list of new terms/concepts, which you will use in your work (minimum 5 positions).
- 2.** Prepare FOR YOUR OWN USE a list of new key abbreviations, you need to be able to say what they stand for (minimum 5 positions).
- 3.** Send friend requests to other participants on Facebook (optionally).
- 4.** Find out if the spread of HIV among MSM in your country can be called an epidemic.
- 5.** Learn two key numbers (*if available*):
 - a.** estimated number of MSM in your country/other administrative unit;
 - b.** HIV prevalence among MSM in your country/other administrative unit.
- 6.** Learn what MSMIT stands for.
- 7.** When posting information about the workshop in social networks or on other online resources, use #MSMIT hashtag.
- 8.** Check if you are members of HIV/LGBT thematic community groups on Facebook and other social networks, if no, send requests to join them.
- 9.** Find out if someone represents the interests of the MSM community in the national or local body that makes decisions on the response to HIV. If “yes» — who is it?
- 10.** Find out what key populations are listed in the national HIV programme as the priority groups. Are MSM included in the list?
- 11.** From what budget and at what scale is funding allocated for prevention and social support programmes among MSM?
- 12.** In case you work in Europe and Central Asia, consider if it is reasonable for your organization to become an ECOM member (information about the organization: www.ecom.ngo).

About ECOM

Status and Membership

The Eurasian Coalition on Male Health (ECOM) is an international non-governmental association with a Secretariat located in Tallinn, Estonia. We are a membership-based association, open for non-profits and individuals working in the area of HIV prevention, treatment, care and support for men who have sex with men (MSM) and trans* people in the region of Eastern Europe and Central Asia (EECA). As of March 2017, the network included 57 organizations and activists from 13 countries.

ECOM mission

ECOM unites the efforts of all stakeholders at cross-country level in Eastern Europe and Central Asia to create favourable conditions for all men who have sex with men and all trans* people to have access to human rights-oriented health services, including HIV prevention and treatment.

Activities

In 2017, ECOM started implementation of a three-year programme “Right to Health”, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, in Eastern Europe and Central Asia. ECOM also implements a number of other projects in countries in the EECA region in accordance with its strategic plan.

Our contacts:

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