



**STANDARD PACKAGE
OF ACTIVITIES**

**MEN
WHO HAVE
SEX WITH
MEN**

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USAID
FROM THE AMERICAN PEOPLE



Khana is a linking organisation of the global partnership
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Acronyms

AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROME
ARV	ANTIRETROVIRAL
ART	ANTIRETROVIRAL THERAPY
BCC	BEHAVIOR CHANGE COMMUNICATION
CBO	COMMUNITY-BASED ORGANISATION
COC	CONTINUUM OF CARE
GBV	GENDER-BASED VIOLENCE
HCT	HOME CARE TEAMS
HIV	HUMAN IMMUNODEFICIENCY VIRUS
I/DU	INJECTING/DRUG USER
DU	DRUG USER
IDU	INJECTING DRUG USER
IEC	INFORMATION, EDUCATION AND COMMUNICATION
IGA	INCOME GENERATION ACTIVITIES
KHANA	KHMER HIV/AIDS NGO ALLIANCE
MARP	MOST AT RISK POPULATIONS
MOSVY	MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION
MSM	MEN WHO HAVE SEX WITH MEN
NACD	NATIONAL AUTHORITY FOR COMBATING DRUGS
NCHADS	NATIONAL CENTER FOR HIV, AIDS, DERMATOLOGY AND STDS
NGO	NON-GOVERNMENTAL ORGANISATION
OI	OPPORTUNISTIC INFECTIONS
OVC	ORPHANS AND VULNERABLE CHILDREN
PF/PE	PEER FACILITATOR/PEER EDUCATOR
PLHIV	PEOPLE LIVING WITH HIV
PMTCT	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
S&D	STIGMA AND DISCRIMINATION
SHG	SELF-HELP GROUP
SPA	STANDARD PACKAGE OF ACTIVITIES
SRH	SEXUAL AND REPRODUCTIVE HEALTH
STI	SEXUALLY TRANSMITTED INFECTION
SW	SEX WORKER
TB	TUBERCULOSIS
VCCT	VOLUNTARY AND CONFIDENTIAL COUNSELLING AND TESTING

THE STANDARD PACKAGE OF ACTIVITIES

The Khmer HIV/AIDS NGO Alliance (KHANA) is a leading national NGO contributing to the response to HIV AND AIDS in Cambodia. KHANA does not implement prevention, care and treatment activities itself. Instead, it supports more than 60 local NGOs and community-based organisation (CBO) partners to implement focused prevention and integrated care and prevention packages to people living with HIV (PLHIV), orphans and vulnerable children (OVC) and key populations such as in-school and out-of-school youth, men who have sex with men (MSM), sex workers (SW), and drug users (DU). These populations require specific services that best serve their needs in terms of information, care and support, and access to services.

It is clear that the HIV/AIDS epidemic in Cambodia is changing. While prevention campaigns amongst selected high-risk populations have proven highly effective, the current pattern of infection points to a generalised epidemic, with women representing a greater proportion of those currently infected with HIV (NCHADS, 2007). However, most at risk populations (MARP) such as MSM, SW and DU require sustained prevention efforts to continue the reduction in HIV infections. Furthermore, risk factors associated with these MARPs are not limited to separate target groups. Recent surveys suggest that there is significant overlap among these populations. Recent studies of sex workers in Cambodia found high levels of both injecting and non-injecting drug use among both direct and indirect sex workers, as well as drug use by their clients, regular and casual partners (USAID/POLICY Project, 2006; PSI, 2002). The latest round of sexually transmitted infection (STI) sentinel surveillance found that the majority of MSM surveyed had between two and five female sex partners in the last year. This evidence clearly indicates that it is vital that KHANA is aware of, and responds to, the cross-over potential between the groups of HIV transmission and infection.

KHANA has worked with most of these populations for several years and has a growing number of non-governmental organisation (NGO) partners dedicated to providing the services required. In 2008, KHANA will begin its new strategic and operational plans 2008-2010. These plans respond to the changing face of the epidemic and, therefore, the shifting priorities of the response. KHANA is already a leader in national NGO efforts in preventing new infections and offering health-orientated care and support to those already infected. It must now adjust its programs to prioritise other, but no less important, issues affected by the epidemic, such as access to education and vocational training, income-generation opportunities and creating an enabling environment.

Therefore, in light of an evolving epidemic, changing funding trends, the growth and cross-over potential of key populations and their constantly evolving needs and priorities, it is necessary to design a standard package of activities (SPA) that can help guide KHANA's NGO partners in developing the most effective, efficient and cost-effective programs and activities.

These SPAs outline comprehensive packages of what we at KHANA see as the priorities for the populations at risk of, affected by, or already infected by HIV. The contents of the SPAs have been directly informed by KHANA partners, the beneficiaries of our programs, government initiatives and the programs of other stakeholders. As such, they reflect the current needs of PLHIV and other at-risk groups.

The primary goal of the SPA is to assist our partners in appropriately and effectively developing, adapting, costing and implementing their activities targeting MARP. KHANA has developed a separate SPA for each MARP, which represent a total package of services that should be offered to those populations. Each SPA is divided into four sections: prevention, impact mitigation and health, capacity building, and supporting environment. Each section is further divided into key areas of focus and, for each area there is a list of activities and objectives. Key messages delivered as part of the activity are also included where applicable. Through this package-based approach, our partners will implement activities under each section in order to provide the most comprehensive and complete response possible.

While the aim is to conduct all of the activities listed in each section, we recognize that many of our partners currently lack the capacity to implement every intervention. In the beginning, partners will update current activities to reflect the updated information contained in the SPA, and develop new activities as feasible. Over time, through technical support from KHANA, our partners will be able to expand their interventions and fulfil all objectives of the SPA.

In the SPA, it is common for similar activities to feature in more than one section and even in more than one SPA. This is plausible for many activities such as training, prevention messages and capacity building exercises. Moreover, the majority of KHANA's partners will be implementing multiple SPAs at a time. For example, if a partner works with MSM adults, MSM youth and MSM PLHIV, they would refer to the SPAs for MSM, Youth and PLHIV to inform their interventions. The overlap of activities throughout the SPAs will make it easier for partners to implement multiple SPAs.

Finally, in separate tables, details are given on the estimated costs of these activities. These costs should be treated as guidelines only but will help partners plan their budgets and work plans.

Following are brief descriptions of each section of the SPA:

Prevention

Although transmission in commercial brothel-based sex settings has decreased over the years, sexual networking is shifting towards casual sex with sweethearts and with indirect sex workers in entertainment venues, with whom condom use is much lower. MSM and drug users have high levels of risk behavior and rapidly increasing HIV prevalence. Mobile and migrant populations are also at increased risk of HIV infection. An increasing proportion of new infections take place between couples and from mothers to children, (NAA, 2005).

This section focuses on the specific prevention interventions and approaches appropriate for each target group. While not all partners working with each group may be able to implement all these activities, partners should be able to implement at least some of them.

Impact mitigation and health

It is estimated that 67,200 adults are infected by HIV (NCHADS 2007) and many more are affected through the loss of family members and livelihoods. The need for care, treatment, support and impact mitigation remains enormous (NCHADS, 2007).

This section focuses on the recommended activities to help alleviate the impact of HIV and AIDS on health, economic and social wellbeing. This highlights the activities undertaken with members of the key populations who are HIV positive. It also focuses on their caregivers, the families of PLHIV (people living with HIV) and also those who may not be HIV positive but who are still profoundly affected by the virus, particularly orphans and vulnerable children (OVC).

We know that HIV and AIDS have devastating effects, not only on the health of individuals and families, but also on their economic and social wellbeing. We also know that improvement in access to antiretroviral therapy (ART) and treatment adherence are helping PLHIV to remain healthier and therefore economically active for longer so that income generation activities (IGA) are becoming an increasingly important part of the care and prevention package for PLHIV and their families. Access to IGA is therefore a dominant feature of this section¹

¹ In addition to the SPAs for key populations, there is also a separate SPA for income-generation activities (IGA).

Capacity building

A vital part of all community-based programs is the opportunity for the key populations to become involved in the planning, implementation, monitoring and evaluation of the programs. This section therefore includes activities that build the capacity of the key populations themselves to be an active part of the response and in so doing, to reduce their vulnerability to HIV.

Many people lack the independence and ability to make behavioral choices, including safe sexual health and treatment seeking behaviors. This section therefore will also include activities that will help to empower people, especially women and young people, to increase and strengthen control over their behavioral choices as a crucial aspect of preventing HIV (NAA, 2005). Connected to this is the importance of addressing gender inequalities.

Finally, this section includes activities that should help KHANA's partners themselves, including their home care teams, their peer educators and their outreach workers to deliver a more effective program. As such, it includes training options, curriculum development and BCC suggestions all aimed at building the capacity of the individuals working in the programs.

Supporting environment

Besides supporting activities at community level, KHANA and its partners advocate for the rights of key populations, and ensure that these rights find their way into policy at provincial and national level. Ensuring that key populations can play a part in influencing policy themselves and advocate for their own needs and rights in broader arenas is a key component of KHANA partners' activities, as is advocating on behalf of key groups in Technical Working Groups and other policy arenas.

KHANA and its partners will also work in other legal arenas, such as promoting child protection laws and inheritance rights, which will help to benefit the legal status of the key populations. Advocating for legal rights can sometimes require the coordinated efforts of agencies and institutions other than KHANA partners. Collaboration with other agencies is therefore a vital part of promoting a supporting environment.

Finally, it is important that key populations are given the opportunity to remain, or become, active members of their communities and to live without fear of exploitation, abuse, or stigma and discrimination. KHANA partners will work closely with communities and community leaders to promote solidarity, compassion and respect for each of these groups.



STANDARD PACKAGE OF ACTIVITIES:

MEN WHO HAVE SEX WITH MEN

Situational Background

The prevailing attitude towards homosexuality in Cambodia has ensured that men who have sex with men (MSM) find it particularly challenging to access the necessary information and services required to help them protect their sexual and reproductive health. MSM are often stigmatized by their families, employers and communities.

The actual number of MSM in Cambodia is unknown. This is because the majority of MSM prefer to remain “hidden” and also because many would perhaps not define themselves as MSM. They may be married, have regular sex with women and only occasionally seek sex with another man. However, based on recent research that suggests that 4% of men in SE Asia have had sex with another man in the past year (Caceres et al, 2006), we can estimate that the total number of “visible” and “hidden” MSM in Cambodia (based on 4% of the adult male population between 15 and 49 yrs and taking into account population growth rate) in 2007 is approximately 140,000. It is likely however, that less than 10,000 have been reached with peer outreach.

For similar reasons, it is difficult to estimate HIV prevalence within the MSM population. However, recent behavioral surveillance survey information shows that HIV prevalence could be more than 5% among MSM nationally, with prevalence reaching as high as 8.7% among MSM in urban areas (NCHADS, 2005). In rural areas, HIV prevalence amongst MSM is estimated to be 0.7% but this remains a cause for concern since condom use is also low in rural areas, at an estimated 25% (NCHADS, 2005).

It is therefore crucial that MSM in all locations receive the necessary HIV information and services. Not only because MSM have the basic human right to expect equal access and quality of information and services that are received by the rest of Cambodia’s population, but also because many MSM have sexual relationships with women. This means that MSM are a critical bridging group to the general population, including married women and their children.

The attention paid to MSM by the government, health and development organisations has is reflected in a more consolidated focus on the needs of MSM. The number of MSM reached by prevention programs is increasing all the time, MSM are now included in STI and HIV surveillance, and some services and referral systems have become more MSM-friendly. MSM social networks have also strengthened with the result that MSM have become more visible and some have taken on leadership roles. However, these achievements still need to be built upon.

KHANA's Work with MSM

KHANA has been working intensively with MSM in three sites since 2002: Sihanouk Ville, Siem Reap and Battambang. More recently, activities with MSM have expanded through the work of five partners: Men's Health Cambodia (MHC) in Siem Reap, Khmer Women's Cooperation for Development (KWCD) in Sihanouk Ville, Khmer Development of Freedom Organization (KDFO) in Phnom Penh, Men's Health Social Services (MHSS) in Phnom Penh, Kampong Chhnang, Kampong Speu and Battambang and Bandanh Chaktomuk. Bandanh Chaktomuk is Cambodia's first national network for MSM and as such is engaged in advocacy and policy initiatives as well as prevention activities across the country.

So far, KHANA's work with MSM has focused on:

- HIV prevention activities with a particular focus on increasing condom use and reduction in STI transmission and better health seeking behavior in relation to STI
- HIV and AIDS and STI education through outreach and peer education, life skills development, BCC materials development, condom and lubricant distribution, and assisted referral to STI/VCCT
- Full access to non-discriminatory care for HIV positive MSM including assisted referral to appropriate services for HIV care and treatment and targeted advocacy and education with service providers (facility based services and home based care) for MSM-friendly HIV care
- Socio-economic support and social capital building including drop-in centers or safe spaces, income generating activities and support for CBO development
- Ongoing support to effective functioning of Bandanh Chaktomuk (established in 2006) and its efforts in advocacy, coordination and stigma reduction
- Capacity building in programmatic and technical areas for all partners working with MSM
- Sensitisation of service providers & community awareness raising

This SPA has been developed with the intention of guiding all MSM-based activities implemented by KHANA partners, but also, to complement the National Strategic Framework and Operation Plan for MSM, both of which were drafted in 2007.

The following documents were consulted in development of this SPA to ensure that activities align with and complement current research and policies:

- National Strategic Framework and Operational Plan for MSM; 2007. NAA
- Men Who Have Sex With Men in Cambodia: HIV/AIDS Vulnerability, Stigma and Discrimination; January 2004. Kha Sovannara and Chris Ward for USAID POLICY Project.
- Assessment and recommendations for the Development of Drop in Centers in Three Sites in Cambodia (Battambang, Siem Reap and Sihanouk Ville); February 2006. Lindsey Daines for KHANA.



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MAN WHO HAVE SEX WITH MAN

- Out of the Shadows: Male to Male Sexual Behavior in Cambodia; 2003. KHANA and the International HIV/AIDS Alliance.
- Cambodia STI Survey; 2005. NCHADS.
- Second National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2006-2010 (Revised November 2007). NAA.
- A Situation and Response Analysis of HIV and AIDS in Cambodia, 2007 Update; Consultation Draft, October 2007. NAA.
- Report of a Consensus Workshop, HIV Estimates and Projections for Cambodia, 2006-2012; June 2007. NCHADS.
- Cambodia Demographic and Health Survey 2005; 2006. National Institute of Public Health, National Institute of Statistics and ORC Macro.
- Caceres et al, 2006, Estimating the number of men who have sex with men in low and middle income countries Sex Transm. Inf; 82:3-9.

Prevention

Key Areas	Activities	Objectives	Key Messages
Outreach and Peer Education	<ul style="list-style-type: none"> • Provide HIV/STI prevention and safer sex education to MSM through outreach and peer education <ul style="list-style-type: none"> ○ Reach sub-groups of MSM both visible and hidden MSM including transgender and MSM sex workers ○ Include information and activities on risk assessment and risk reduction skills ○ Incorporate positive prevention messages for positive MSM ○ Provide outreach at popular MSM gathering spots: clubs, restaurants, parks, etc. 	<ul style="list-style-type: none"> • To reach MSM with accurate information through effective peer education • To ensure outreach and peer education efforts reach all known MSM, including visible and hidden MSM including transgender and sex workers • To include information for HIV positive MSM in prevention information and messages • To improve gatekeepers' understanding of the risks facing SW and the rights of MSM who are also sex workers 	HIV prevention <ul style="list-style-type: none"> • Preventing sexual transmission of HIV • Condoms and other methods to promote safer sex (access, skills building in condom use etc) • Prevention and treatment for sexually transmitted infection • Encouraging treatment- seeking behavior • Protecting your self and your partner from HIV (including negotiation skills) • Links between HIV and drug use • Positive prevention
Drop-in Centers	<ul style="list-style-type: none"> • Establish drop-in centers specifically for MSM (not combined with other target populations) • Provide prevention education through drop-in center staff, peer educators and support groups who can provide information and support on referrals for SRH services, HIV prevention, VCCT, and ARV services for HIV positive MSM • Ensure that drop-in centers are regularly supplied with condoms and lubricant • Ensure that drop-in centers are continuously supplied with attractive, relevant and up to date IEC materials 	<ul style="list-style-type: none"> • To establish and maintain drop-in centers which offer a safe place for MSM to receive information, support, condoms and training. 	
Medical referrals	<ul style="list-style-type: none"> • Offer referral assistance in terms of information, transport and support for MSM to access SRH services, including STI testing and treatment and VCCT • Collaborate with public and private providers of testing and treatment facilities to ensure awareness of MSM needs and access to services • Collaborate with providers to also ensure services are MSM-friendly 	<ul style="list-style-type: none"> • To ensure all MSM reached by partners understand what services are available and which ones they should access • To ensure all MSM wanting to access one or more services can do so • To ensure all MSM accessing services receive the information and/or treatment they need and are treated compassionately by service providers 	

Key Areas	Activities	Objectives	Key Messages
Condoms and lubricant	<ul style="list-style-type: none"> • Ensure free condoms and lubricants are available at drop-in centers and events • Work with other sites such as clinics and treatment sites, clubs and bars, and markets and local shops to ensure that condoms and lubricant are provided at low cost 	<ul style="list-style-type: none"> • To ensure that MSM communities have consistent and sufficient access to condoms and lubricant 	
Self-help and Support groups	<ul style="list-style-type: none"> • Establish and help maintain SHG for separate groups of MSM (including visible and hidden MSM including transgender and sex workers and those who are positive) • Provide information on SRH, including HIV/STI prevention, drug use, and referrals to services • Train SHG leaders to provide positive prevention support to positive MSM and their partners 	<ul style="list-style-type: none"> • To establish and enable MSM SHG to work effectively to offer support, solidarity and information to MSM 	
Psychological support	<ul style="list-style-type: none"> • Provide psychological support to MSM in the community and offer counseling for specific challenges faced by all MSM <ul style="list-style-type: none"> ◦ Include information on HIV/STI prevention and referrals to services • Facilitate post-test clubs linked to VCCT services 	<ul style="list-style-type: none"> • To guarantee all MSM have access to counseling services that are targeted to their specific needs 	<p>Stigma and discrimination</p> <ul style="list-style-type: none"> • How to overcome rejection by partners, families and communities • How to overcome rejection by employers and service providers <p>Illness</p> <ul style="list-style-type: none"> • Coping with STI • Coping with HIV

Key Areas	Activities	Objectives	Key Messages
IEC materials	<ul style="list-style-type: none"> • Work with MSM and PF/PE to create or adapt IEC materials • Collaborate with other partners to share relevant and effective IEC materials for MSM. • Provide information on accessing HIV/STI testing and treatment, including VCCT • Ensure the efficient distribution of IEC materials by developing or improving logistics plans for materials • Reach all MSM (and their clients and gatekeepers for MSM SW) by creating IEC materials with less text and more pictorial information • Hold discussion sessions with MSM in order to receive feedback on IEC and inform future production (pre and post testing) • Ensure mention of MSM risks/prevention methods included in materials meant for the general public • Ensure that IEC materials reach “hidden” MSM 	<ul style="list-style-type: none"> • To ensure all MSM have access to IEC materials that are targeted specifically for their needs • To access and use materials that are effective in providing information and promoting behavior change among MSM, including “hidden” MSM 	HIV prevention <ul style="list-style-type: none"> • Preventing sexual transmission of HIV • Condoms and other methods to promote safer sex • Prevention and treatment for sexually transmitted infection • Encouraging treatment- seeking behavior • Protecting yourself and your partner from HIV • Positive prevention • Accessing HIV and SRH services • Risk reduction
Behavior Change Communication	<ul style="list-style-type: none"> • Ensure materials contain clear, concise, simple and short messages that are linked to behavior change, such as “Use a condom every time you have sex” • Only refer people to services that are actually in place • Collaborate with service providers so that they display and distribute BCC materials for MSM at their service delivery sites. • Ensure that service providers understand the BCC materials • Ensure outreach and peer personnel are trained to deliver BCC messages for MSM in interpersonal, outreach and peer education settings. • Highlight positive outcomes of behavior change; i.e. improved health, economic and personal outcomes, when delivering messages • Create/adapt messages to reach sub-groups of MSM (i.e. long hair, hidden MSM, youth, MSM SW, gatekeepers, etc) • Develop mass media messages for MSM to encourage behavior change • Include messages for MSM in HIV prevention messages for the general population 	<ul style="list-style-type: none"> • To access and use materials that are effective in providing information and promoting behavior change among MSM, including “hidden” MSM and MSM SW (as well as their clients and gatekeepers) 	HIV prevention <ul style="list-style-type: none"> • Preventing sexual transmission of HIV • Condoms and other methods to promote safer sex • Prevention and treatment for sexually transmitted infection • HIV/STI testing and treatment • Protecting yourself and your partner from HIV • Positive prevention • SRH information and services • Risk reduction

Impact Mitigation and Health

Key Areas	Activities	Objectives	Key Messages
Basic medical care and treatment	<ul style="list-style-type: none"> • Help to ensure that testing and treatment facilities are MSM-friendly. • Collaborate with public and private providers to inform them of changes/updates they could implement to make their services more MSM friendly (e.g. MSM-targeted IEC materials in clinics, staff comfortable communicating with MSM, etc.) • Work with KHANA to offer sensitivity training modules to providers and clinic staff • Facilitate transport to testing and treatment services 	<ul style="list-style-type: none"> • To ensure service providers offer better quality services to MSM • To guarantee MSM can access services without fear of stigma, discrimination or any other kind of unfair treatment. • To work with service providers to ensure that HIV positive MSM are treated fairly and compassionately 	
Psychological support	<ul style="list-style-type: none"> • Train HCT to provide services and support to HIV positive MSM and to be aware of the specific challenges faced by MSM • Establish and help maintain positive MSM self-help groups • Provide formal counseling to HIV discordant MSM couples 	<ul style="list-style-type: none"> • To provide adequate psychological support to HIV positive MSM to enable them to effectively cope with their status and communicate with their partners, families and medical providers 	
HCT visits	<ul style="list-style-type: none"> • Provide regular visits to HIV positive MSM and their partners and families 	<ul style="list-style-type: none"> • To ensure all positive MSM receive the same range of comprehensive services as other PLHIV 	
Self-help and Support groups	<ul style="list-style-type: none"> • Establish and help maintain SHG for groups of MSM –hidden and visible subgroups of MSM • Provide information on SRH, including HIV/STI prevention, drug use, and referrals to services • Train SHG leaders to provide positive prevention support to positive MSM and their partners 	<ul style="list-style-type: none"> • To enable SHG to work effectively to offer support, solidarity and information to MSM 	
Gatekeeper/ employer education	<ul style="list-style-type: none"> • Provide gatekeepers and employers with information on the health needs of MSM in general, and especially MSM Entertainment worker and their clients <ul style="list-style-type: none"> ◦ Include information on where to refer MSM (and clients) for SRH services and VCCT • Offer sensitisation trainings and/or workshops, along with IEC materials to gatekeepers 	<ul style="list-style-type: none"> • To ensure all gatekeepers are aware of the health needs of MSM and clients and can support them in seeking services • To train at least one gatekeeper from every brothel, bar, etc. 	

Capacity Building

Key Areas	Activities	Objectives	Key Messages
Strengthen MSM social networks	<ul style="list-style-type: none"> Build MSM solidarity through peer education sessions, SHG and drop-in centers, and by enabling MSM to meet regularly in comfortable environments 	<ul style="list-style-type: none"> To enable solidarity and freedom of expression among MSM so that they will share information and participate in advocacy efforts 	
Peer Educator and Facilitator Training	<ul style="list-style-type: none"> Offer regular trainings and skills building opportunities for P/F/E to improve outreach efforts, accuracy of information and maintain interest 	<ul style="list-style-type: none"> To reach all types of MSM with accurate information through effective peer education 	
Advocacy	<ul style="list-style-type: none"> Enable MSM communities to choose representatives and then train those representatives to advocate for the needs and rights of MSM within their communities and nationally Offer support to MSM groups in advocacy efforts through provision of IEC, transport, and safe spaces for meetings 	<ul style="list-style-type: none"> To encourage MSM to participate in and organize advocacy activities and to represent their rights 	
Training on MSM sensitivity	<ul style="list-style-type: none"> With KHANA's help, implement curriculum on MSM sensitivity training for NGO staff, police, public and private service providers, local authorities, religious leaders and other stakeholders 	<ul style="list-style-type: none"> To ensure MSM are treated fairly, equally and compassionately by outreach workers, service providers, police and other stakeholders 	
Community support	<ul style="list-style-type: none"> Work with community stakeholders to include MSM issues/needs in local development initiatives and agendas Encourage and assist MSM representatives to meet with stakeholders to discuss their needs Initiate with gatekeepers for MSM SW who wish to leave the sex industry 	<ul style="list-style-type: none"> To encourage MSM to work with partners and other stakeholders to place MSM issues on development agendas 	
Vocational training	<ul style="list-style-type: none"> Conduct local level market research to find out what would be the most appropriate vocational training and income generation activities for MSM Offer vocational training through partners and drop-in centers Connect MSM with IGA opportunities Employ MSM in the program as outreach workers, peer educators and/or program assistants, when possible 	<ul style="list-style-type: none"> To offer or refer MSM to appropriate and economical viable vocational training or income-generation opportunities on a case by case basis. 	

Supporting Environment

Key Areas	Activities	Objectives	Key Messages
Sensitivity training	<ul style="list-style-type: none"> • Work with KHANA to develop and implement curriculum on MSM sensitivity training for service providers (health center and referral hospital staff), police, local authorities etc 	<ul style="list-style-type: none"> • To ensure MSM are treated fairly, equally and compassionately by outreach workers, service providers, police and other stakeholders 	
Gatekeeper and employer education	<ul style="list-style-type: none"> • Educate gatekeepers and employers on the health needs of MSM, especially MSM sex workers and their clients <ul style="list-style-type: none"> ◦ Include information on where to refer MSM and clients for SRH services and VCCT 	<ul style="list-style-type: none"> • To ensure all gatekeepers are aware of the health needs of MSM and can support them in seeking services 	
Develop partnerships	<ul style="list-style-type: none"> • Participate in or inform technical working groups on MSM needs and services • Collaborate with other NGOs/CBOs and the government on: IEC/BCC materials, research, STI/VCCT testing and treatment, condom and lubricant provision, vocational training for MSM • Work with National MSM Network, e.g. at public events, arranging satellite events, and facilitating provincial-level network groups 	<ul style="list-style-type: none"> • To contribute to national efforts to support MSM and reduce HIV prevalence among MSM communities 	
Inclusion of MSM	<ul style="list-style-type: none"> • Include MSM in the design, implementation and evaluation of interventions • Ensure MSM are involved in advocacy campaigns and activities • Promote inclusion of MSM in community response to MSM needs 	<ul style="list-style-type: none"> • To ensure MSM involvement is integral in program design and evaluation process • To enable MSM to contribute to community and national level campaigns on HIV awareness • To enable MSM to contribute to community efforts to decrease HIV infection and improve community health 	
Raise positive public awareness of MSM	<ul style="list-style-type: none"> • Facilitate MSM involvement in mass media campaigns and public advocacy events 	<ul style="list-style-type: none"> • To improve understanding and respect for the rights of MSM among the general population • To participate in BCC/media campaigns and represent MSM at planning meetings 	
Documentation	<ul style="list-style-type: none"> • Collect case studies, best practices and success stories to inform national and international community of the needs of MSM 	<ul style="list-style-type: none"> • To share best practices and lessons learned with other KHANA partners and stakeholders working with MSM 	

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