

MEN WHO HAVE SEX WITH MEN



Naz Foundation International

Performing better: how hard can it be? DFID support to MSM and TG groups

Key points: In India to date, inadequate attention has been given to the HIV-related and other sexually transmitted infection (STIs) prevention and care needs of men who have sex with men (MSM¹) and transgendered persons (TGs). During NACP II, under 10% of MSM groups were reached with targeted interventions. HIV prevalence rates among MSM are rising, with NACO estimating rates, for example, of 20% among MSM in Delhi and 12% in Andhra Pradesh in 2005.

In the last year numerous organisations worked to close that gap. Three projects demonstrated that services provided through targeted interventions, such as behaviour change communication (BCC) and outreach, STI services and water-based lubricants, can be scaled up rapidly and effectively given adequate financial and technical assistance. Such services have also been favourably equitable, addressing the specific needs of TGs and HIV positive MSM and TGs, as well as acknowledging the needs of female partners.

¹ MSM: called *men who have sex with men* as well as *males who have sex with males*. The term is under debate in India.

Other projects addressed pressing advocacy needs, which included drawing together and

where needed, generating evidence for MSM and TG services. A platform of the most established MSM and TG groups and networks convened to develop a national strategy for scaling up interventions for MSM and TGs. The strategy gathered all known data on the current situation and response, and set a direction for NACP III efforts. Various advocacy activities have been framed with an advocacy strategy covering several organisations in an important new network. People have been trained to document human rights abuses, leading to the collection of stories captured in a book that highlights such abuses and their context.

While these activities built the broader community capacity to respond to HIV, two projects focused specifically on building the necessary skills. Training covered both technical and administrative topics, as identified through a needs assessment and ongoing implementation experience. There has been some success in building organisational sustainability through these projects. In addition, a majority of CBOs and networks created or assisted by these projects already received or have been promised continued funding from other donors, helped along by having developed business plans. Some of the lessons learned are not new, but all remain important.

Issues related to water-based lubricants are also addressed in the social marketing dissemination brief and advocacy brief.

For project summaries and resources that have emerged from MSM and TG projects see Annexes 1 and 2.

1 Introduction

The UK Department for International Development (DFID) commissioned the Programme Management Office (PMO) in June 2005 to manage its funding support to the Government of India's (GOI) National AIDS Control Programme Phase II (NACPII). The DFID PMO objective has been to commission, manage and monitor a number of new and existing contracts and activities, using resources to enable non-governmental organisations (NGOs) and other civil society stakeholders to implement innovative initiatives to complement NACP II. The programme finished in March 2007.

This briefing forms part of the dissemination of lessons learned from projects supported by the DFID PMO programme. For further information on other topics, see briefing papers on emerging priorities, harm reduction for injecting drug users, social marketing and women. All projects are covered in one or more of the briefings. There are many projects and examples of promising practice; not all projects are mentioned in each section.

The DFID PMO supported seven projects addressing the information, service, networking, and research needs of these communities. Four organisations conducted these projects. The first two were Humsafar Trust (HST), who acted as the secretariat for the Indian Network for Sexual Minorities (INFOSEM), and Naz Foundation International (NFI). These two focused exclusively on interventions for MSM and TGs. The last two, Program for Appropriate Technology in Health (PATH), and the Indian Network of Positive People (INP+), conducted projects for various populations including MSM and TGs.

2 Issues

This brief highlights the key achievements and challenges of the projects that focused on MSM and TG populations. A key achievement of these projects was increasing participation by all key MSM and TG groups across India in a single national platform. This platform is nascent and needs support to stabilise and evolve.

Improving the 'enabling environment' for MSM and TGs is arguably the most important set of activities in the bigger picture. Funding and implementing MSM and TG advocacy plans should therefore be explored.

Services provided through targeted interventions are more effective (and in line with NACP III policy) when they are provided by community based organisations. Though 36 new CBOs were developed, and locally manufactured water-based lubricant added to the service mix, coverage across India remains too low.

Both institutional and financial sustainability are needed. Significant progress on both has been made, but the job is not finished. Further financial resources from both Government and donors are required.

The evidence-base around MSM and TG issues has been strengthened, though more biological and behavioural data, as well as clarity on overall intervention coverage, are required to fill knowledge gaps.

It has been shown that services can be scaled up in a way that addresses those at highest risk, addressing the equity concerns of NACO and DFID.

The need for building skills and systems is great, but the mechanisms for continuing this in the future are unclear.

3 Findings and conclusions

3.1 Participation, ownership, networking and partnerships

- **Bringing together previously divided groups to form a common national voice for MSM and TG in India was unprecedented. This platform needs sustained support.**
- **Interventions must be community driven, but success also requires building strong links with government, media, and other stakeholders.**

There has been an historic division, for reasons of geography and approach, between various MSM and TG organisations and networks in India. While arguably less noticeable at local level, such divisions have led to fragmentation of community voice at the national level. That is, there has been no single platform representing MSM and TG populations with which others, such as NACO, could easily engage. This project represented the first systematic and sustained (for one year) effort in India to bring together the collective MSM and TG community voices, opinions, ideas, and experiences.

This collaboration between two previously competitive organisations was a major partnership outcome. This led to the development of a truly representative National Strategy, dramatically increasing broad participation in, and ownership of, the strategy. Similarly, high levels of participation by MSM and TG organisations through INFOSEM were seen in the development of the INFOSEM advocacy plan and business plan. This is excellent practice, and has increased the communities' voice beyond local levels.

The participative development of the National Strategy meant that some existing conflicts were raised, sometimes quite vocally. This should be seen in a positive light. By bringing together multiple organisations for a common purpose, longstanding grievances can be addressed within the context of collaboration, in a forum previously unavailable. In this case though, the conflicts were not fully resolved, issues were discussed sufficiently to eventually be set aside long enough to unanimously agree the National Strategy.

It should be noted that INFOSEM itself is nascent and, as yet, does not formally represent all key networks and organisations. However, it has laid the groundwork through this project to open up membership once its registration is complete, and can develop into an effective national network over time, given adequate financial and technical support.

3.2 Evidence-based approaches

- **Many MSM and TG interventions are strongly evidence-based, building upon existing and newly gathered data.**
- **New research, documentation, and experiences have enhanced the evidence base. However, more data are needed.**

Evidence to Action: Strategic Plan for Scaling Up Interventions for MSM and Transgender Populations in India (called the National Strategy) was developed by and for the MSM and TG communities across India. It summarises, in one place and for the first time, existing behavioural and biological data on MSM and TG in India. It also included the first ever district by district listing of known MSM and TG interventions. The strategy itself was based on these data and the broader current situation and national response. The process highlighted the many gaps in knowledge and evidence, leading to recommendations within the strategy for further research and analysis. This National Strategy – the first for MSM and TG in India – is a significant contribution to the national response and, if taken on board within NACP III, can guide the scaling up of the quality and quantity of interventions across the country.

Two specific research projects added to the increasing body of evidence. HST conducted qualitative research on the sexual and social

networks of MSM and hijras which confirmed a number of important programmatic issues, such as the wide sexual mixing across MSM and hijra subgroups. INP+ conducted a mixed methods behavioural study on 'positive prevention', surveying 430 positive people of which 14% (60/430) were MSM and 14% (60/430) were hijras. As with the HST research, this study confirmed many previously known or suspected behaviours. The findings of both studies may be useful for finalising the operational guidelines for MSM and TG interventions (expected during the summer of 2007). In addition to these research projects, the evidence around human rights abuses of MSM and TGs has also grown. A book called *My body is not mine* was produced highlighting the various abuses faced by MSM and TGs.

3.3 Advocacy and voice

- **Key barriers to more effective HIV-related interventions for MSM and TG populations are cultural/social and legal (e.g. Section 377 of the Indian Penal Code).**
- **Several advocacy tools were developed, and actions taken, but longer-term support is required to effect more change.**

Advocacy was a common thread across most of the projects.

The National Strategy itself is an advocacy tool, outlining the current known evidence and HIV-related needs for the MSM and TG communities. Some donors, including DFID and NACO, have recognised the strength of the document since it represents most of the major networks and organisations working with MSM and TG population.

MSM forums have been established with the explicit aim of providing a platform for voices of the community to be heard, for raising awareness on needs of MSM, and for securing social and legal justice. It is too early to comment on how well the four forums are functioning, however they are meeting regularly, sharing their experiences with service provision and maintaining dialogue with SACS and other stakeholders.

In short, these one-year projects went beyond what was originally expected in developing tools that could be used for advocacy and has laid a foundation that can be built upon to engage SACS.

3.4 Equity considerations

- **Transgendered persons are separate from, though related to, MSM. TGs have their own specific HIV-related prevention and care needs.**
- **HIV positive MSM and TGs are taking an increasingly active role in interventions.**
- **Female partners of MSM and TGs have specific STI service and condom needs.**

Both MSM and TG communities are marginalised, some more obviously so than others. A key principle behind effective, appropriate, and sustainable interventions is that the affected communities are empowered to hold policy and programme decision makers accountable. Furthermore, both DFID and GOI prioritise issues of social inclusion, and seek to ensure equitable access to services, for example, for women, HIV+ persons, and the 'most vulnerable'.

The national strategy has advocated strongly for addressing transgendered persons as a separate (but related) group, not merely as another sub-category of MSM. In other words, they are actively implementing the stated NACP III position. Evidence from India and the region suggests that at least some groups of TGs are at increased risk for acquiring and transmitting HIV. By segmenting them into a key group themselves, resources can be focused on addressing their many needs. Emphasising the special HIV-related needs of transgendered population is an important step. But such an emphasis is not yet common among policy makers and programmers.

NFI succeeded in making GIPA principles real. Approximately 50% of the MSM and TG staff who were taken on in a few of the 36 new CBOs are reportedly HIV+. Each CBO has opened a drop-in centre, extended outreach services and established links with other organisations for care, support and clinical services.

An important issue is addressing the women partners of MSM and TGs. The condom and STI service needs of female partners of MSM have been recognised and included in the National Strategy. The NFI scaling up needs assessment indicated that about 28% of MSM respondents were married, implying a need for the programme to address safety of wives as well. The needs of women partners and wives were to some extent being addressed. It will be

important to build upon these efforts, as women partners of MSM are individuals who are not necessarily aware of their identity (as partners of MSM) or at HIV risk and who are therefore difficult to reach in terms of prevention messages. Work is needed to ensure health services for women (e.g. sexual and reproductive health [SRH] services) are able to deal with the needs of women who may be unaware of their risk.

3.5 Service package and mode of delivery

- **Community based organisations can quickly scale up key services for MSM and TG populations, offering clear examples for NACP III.**

The recommended NACP III approach for CBOs to make linkages with other providers and networks to ensure a continuum of care is clearly the right one. However, experience of the PMO MSM programme illustrates the need for innovative approaches: developing CBO referral linkages has been mixed.

NFI has been successful in incorporating activities addressing human rights concerns into TIs, such as a hotline service in the drop-in centres for emergency advice and counselling, training on rights, how to respond in the case of police harassment or detention, documentation of human rights abuses by their source, etc. Incorporation of these activities has been greatly aided by support from NFI's human rights project, which also highlighted the need for legal services at local level.

NFI's water-based lubricant project had an aim of testing, producing and packaging 1.5 million sachets of lubricant, then distributing through 10 CBOs. The lubricant was rigorously tested for anal, vaginal, and penile irritation. However, sudden high demand from both NFI and non-NFI partners was created. This resulted in three million sachets being produced and distributed via 66 organisations across India. The lubricant was also of interest to women sex workers.

The lubricant has mostly been distributed free, though at least 20% of the total has been sold. A business plan has been drafted with the goal of being a self-sustaining social business. The project clearly demonstrated that lubricants should be made part of basic package of services for prevention for the MSM and TG community at least.

3.6 Capacity building

- **Skill building for MSM and TG community based organisations remains a priority**
- **On the job training, mentoring, and other types of follow-up are required for more effective skills transfer.**

Based upon a needs assessment, HST found the priority training needs to be grant writing (resource development), programme development/monitoring and evaluation (M&E), advocacy, and documentation/reporting. Training on each topic was conducted. In addition to this, some staff received computer training while others received copies of *Practical Quality Assurance System for Small Organisations* (PQASSO), along with a briefing organised by the PMO. During the evaluation of HST project the effects of this training were reported as the most significant impact of the project. Clearly the training was highly valued by the recipients, suggesting that further capacity building activities would be well received and probably quite needed.

Through these activities we have been able to come together as a network and address various needs of the organisations who are members of INFOSEM...the capacity building trainings have helped many members in developing their skills in different spheres like proposal writing, computer literacy, advocacy, and monitoring and evaluation... Over all, the past one year has made a tremendous difference to INFOSEM and its members.
 unsolicited feedback from one INFOSEM member

Four technical support units were set up (Andhra Pradesh, Tamil Nadu, Karnataka and Uttar Pradesh) to assist new CBOs in establishing their organisations and services. These appear to have worked well during the life of the project. In addition, through NFI's human rights training, staff and peers/community members of nine CBOs were trained in legal literacy, documenting human rights abuses, advocacy and policy strategies.

Training should be followed up with mentoring on the job, as well as with refresher training, in order to embed the new skills in the organisational environment. The short duration of the project did not allow for such mentoring to happen, but this should be a key feature of

any future capacity building plans. Further funding is also required for ongoing technical assistance at grass roots level.

3.7 Sustainability: financial, institutional, impact

- **The likelihood of institutional sustainability has been raised by embedding strategies within NACP III's strategic and operational plans and focusing capacity building on organisational, not just technical, needs**
- **Discerning sustainability of any impact from a one-year time frame is difficult.**

The focus of this very short project period was not only to support effective activities but also to do it in a way that would lead to financial, institutional, and/or (as feasible) impact sustainability. This is asking a lot of a one-year project. In spite of the short timeframe there are several examples of such sustainability, as well as some of the barriers remaining.

The National Strategy, by being 'embedded' in the broader NACP III Strategic Plan, has a 5-year institutional home. This means that there is space and time for MSM and TG issues to be implemented, monitored, and evaluated within NACP III itself.

Operational guidelines for all MSM targeted interventions are being revised and will be finalised in the summer of 2007. These guidelines will shape interventions across the country for at least the next 5 years. Discussions were held initially with those revising the guidelines, and further discussions are expected. These guidelines offer an unprecedented opportunity to use and sustain the results of the research studies and experiences of the projects.

INFOSEM is in the process of formal registration, which is expected after the end of this project. At least 15 CBOs are waiting to be members of the network. The INFOSEM advocacy and business plans have garnered interest in possible future funding.

NFI's advocacy and human rights activities were conducted through existing NGOs and CBOs such that even if specific funding for more human rights work is not forthcoming, the ongoing NGO/CBO work will be better informed and their staff more skilled.

Three business plans were produced with the aim of facilitating financial sustainability. The plan for lubricants was always meant to be a self-sustaining one through a for-profit but social business model. The other two business plans (INFOSEM and HST) seem already to have generated funding interest.

4 Next steps

A single national platform

- The platform that brought together INFOSEM and NFI partners needs at least another two years of support to firmly establish its functions. Such a platform should be supported with financial and human resources.
- Greater government involvement in supporting such a national platform is desirable. Mechanisms for this also need to be developed and nurtured.

The National Strategy: scaling up

- NFI methodologies are sound, have successfully demonstrated setting up new CBOs, providing services, advocacy. These processes and methods used by NFI could be directly adopted by NACP III when scaling up interventions. NACP III could consider these methods as a way of achieving rapid scale-up.
- The strategy needs to be shared and discussed with SACS and other key state-level stakeholders to influence rollout and scale-up of MSM and TG interventions through the state programme implementation plans and annual action plans.
- The strategy requires annual revision as new data are made available and programmes scaled up. Financial and technical support for this is required.
- The strategy highlights key data and research gaps. If these are not funded through NACP III, for lack of perceived priority or political reasons, additional resources may be required to gather the needed evidence.
- Greater government involvement in implementing the national strategy is essential. Mechanisms for such engagement remain to be nurtured.
- Interventions should continue to be framed in terms of both MSM and TG populations, ensuring those most at risk of acquiring and transmitting HIV are targeted with appropriate interventions.

Service delivery

- Lubricants should be considered within the basic package of services for MSM and TG communities.
- Provision of a lawyer within the enabling environment element of targeted interventions is worth consideration to fight the vulnerability of MSM and TG communities.

Capacity building

- Funding for capacity building activities should be sought from both NACP III and external sources.

- Future training plans should include follow up mentoring and refresher training. One example would be a post-training single mentor for 4 organisations for a month.
- Relationships should be developed and work undertaken with the expected twelve new state-level Technical Support Units to address capacity building needs of MSM and TG organisations.

Annex 1: DFID PMO project summaries: MSM

Organisation name: Humsafar Trust (HST)	
Contact details: Humsafar Trust Mr. Ashok Row Kavi, Chairman 2 nd Floor, Old BMC Building Nehru Road, Santacruz (E) Mumbai 400055	Tel.: 022 2667 3800 Email: humsafar@vsnl.com Website: www.humsafar.org
Project name: Understanding the sexual and social networks of MSM and Hijras in India: Building an evidence base for HIV prevention interventions	
Project description: This qualitative research sought to understand and describe sexual and social networks of men who have sex with men (MSM) and Hijras in urban and rural/semi-urban areas in five states. The process empowered the community to collect, analyse and use a scientific data. A total of 43 Hijras and 188 MSM participated in the study. Data collectors were also community members in all eight sites in the five states, resulting in ownership by the community. It has provided useful inputs into the way messages and opinions travel in the MSM and transgendered communities, informing how messages on prevention and care should be framed in targeted interventions. The outcomes will be used by HST and INFOSEM (Indian Network of Sexual Minorities) members; further work is required to develop guidelines for SACS level and a brief for NACO.	
Project name: Enhancing the contribution of community organisations working with men who have sex with men (MSM) for a better national response towards the HIV epidemic	
Project description: The Humsafar Trust, with experience and expertise in conducting interventions among MSM in Mumbai, conducted capacity building workshops to strengthen the capacities of the INFOSEM (Indian network for sexual minorities) organisations in communication, programme development and implementation, and advocacy. This helped INFOSEM members move from being a loose group of lesbian, gay, bi-sexual and transgender (LGBT) communities to professionally run CBOs. The project trained 27 organisations (total staff 140). INFOSEM members also participated in training on human rights violation documentation conducted by the NAZ Foundation International (NFI). Through the 25 INFOSEM members, the project was able to reach 15 states. The project has developed a <i>National MSM and TG Strategy</i> , which is owned and developed by MSM and TG population through participation of Indian MSM and TG leaders and groups. HST and NFI worked together on developing the national strategy, feasibility testing water based lubricants and documenting human rights violations - an achievement for the Indian MSM and HIV field.	
Organisation name: NAZ Foundation International (NFI)	
Contact details: NAZ Foundation International Mr. Shivananda Khan, Chief Executive Officer Regional Liaison Office 9 Gulzar Colony, New Berry Lane Lucknow 226001	Tel.: 0522 220 5781/ 2 Email: shiv@nif.net Website: www.nfi.net
Project name: Enhance the capacity of the National MSM and AIDS Human rights, policy and advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of 6 Local Policy and Advocacy Units in MSM Projects in 6 cities of India	
Project description: Human rights violation is one of the most serious reasons for MSM not accessing information and services. The Indian Penal Code's legal barriers and social taboos on same-sex-behaviour lead to MSM being an invisible population. The project has been able successfully to make this situation public with empirical evidence to enable CBOs and NGOs to lobby for legal literacy and an increase in efforts around enabling environment in the HIV response. The project has set up 13 sites for documenting human rights violations, providing rights education to the community, sensitising the stakeholders (such as police, community leaders, etc.), and taking action at the ground level. 73 peers were trained and 13 units set up, alongside ongoing HIV projects for MSM, contributing to sustainability. Partnership has been another achievement, since three INFOSEM (partners of Humsafar Trust) CBOs were also trained in peer education and	

documentation. Research and case-studies of instances of abuse and violence against MSM, <i>My body is not mine</i> can be used as for sensitisation and advocacy.	
Project name: Increasing the coverage of sexual health services for males who have sex with males (MSM) in Tamil Nadu, Andhra Pradesh, Karnataka and Uttar Pradesh	
Project description: The project piloted a rapid scale-up model for MSM interventions. The project used internationally developed modules for setting up 9 CBOs in each of four states. The CBOs have functioned as smaller TIs within the project period. Most of CBOs have also developed relations with other stakeholders like SACS, and other organisations working at the local level as well as with community. Some CBOs have also effectively linked the community with services. Within the CBOs' ten months of existence, they have collectively reached a total of 80,805 MSM, with referrals of 4935 for STI treatment and 1102 for VCTC. 252 people have been trained in implementing HIV programmes in four states. The CBOs setting-up modules have been translated into four languages and baseline data from all nine sites are available. These CBOs are ready to take up TIs and in most cases the technical state officers or TSOs have been able to interact with the stakeholders to ensure sustainability (if not immediate, then in the longer run). It is anticipated that many will eventually be picked up by SACS or other funding agencies in the area. The project included development of a unit of all the state-based NGOs to monitor and support the project.	
Project name: Development and field-testing of low-cost water based lubricant sachets to reduce the transmission of sexually transmitted infections among males who have sex with males in India	
Project description: Easy-access, affordable and appropriately packaged lubricants are an urgent necessity to reduce the risk of transmission of STIs within and outside the group of MSM. Field-testing was being done with a group of partner organisations currently involved in social marketing of condoms with marginalised MSM. The project was a great success in terms of achieving the purpose of promoting use of high quality water-based lubricants among India's MSM population, creating a demand for the service with HIV programmes with involvement of 66 CBOs. The feasibility in relation to quality and cost has provided good results. The project has also been a means of collaboration between NFI and Humsafar Trust, itself a big achievement. Lubricants are also in the National Strategy for MSM scale-up prepared for NACO.	
Organisation name: PATH	
Contact details: PATH Ms. Tilly Sellers, Director: SRH/HIV, India A -9, Qutab Institutional Area, New Delhi 110067	Tel.: 011 2653 0080 - 88 Email: tilly@pathindia.org Website: www.path.org
Project name: Magnet Theatre	
Project description: Magnet Theatre, pioneered by PATH in Kenya and Benin, is a peer-facilitated, dialogue-based, problem-solving approach that enables key populations to analyse and address barriers to HIV risk reduction, treatment and care. PATH has scaled up their Magnet Theatre project in Manipur and Karnataka by training 84 IDU, transgender and MSM individuals as 12 additional troupes to carry out 84 performances of Magnet Theatre. Many of the troupe members recruited were current drug users and many were women. Although HIV interventions address these sub-populations among people who use drugs, rarely do they get a chance to participate in HIV interventions directly as agents or actors. Magnet Theatre created a unique platform for men and women who are currently injecting drugs to participate in HIV initiatives, and this in itself had a profound impact on their motivation and capacity to practice HIV risk-reduction strategies.	

Annex 2: Resources

List 1: Resources on the dissemination CD

DFID PMO partner	Project title/ Resource titles	Type
Humsafar Trust (HST)	Enhancing the contribution of community organisations working with men who have sex with men (MSM) for a better national response towards the HIV epidemic	
	Dream to Reality ... A Journey Document 2000-2006	INFOSEM history document
	Advocacy	Training and reference document
	Documentation and Communication Guidebook	Training and reference document
	Grant Writing and Budget Development	Training and reference document
	Guidebook Programme Planning	Training and reference document
	Understanding the sexual and social networks of MSM and Hijras in India: Building an evidence base for HIV prevention interventions	
Sexual and Social Networks of Men who have Sex with Men (MSM) and Hijras in India: A Qualitative Study - Final Report	Research report	
Naz Foundation International (NAZ)	Increasing the coverage of sexual health services for males who have sex with males (MSM) in Tamil Nadu, Andhra Pradesh, Karnataka and Uttar Pradesh	
	BCC Resources - Counselling, HIV Counselling, HIV Test, Legal Rights, Psychosexual and Safer Sex	Leaflets
	Manual - Developing community-based organisations addressing HIV/AIDS, sexual health, welfare and human rights issues for males-who-have-sex-with-males, their partners and families	Training manual
	A situational assessment of males who have sex with males and their sexual partners (Andhra Pradesh, Karnataka, Tamil Nadu, Uttar Pradesh)	Situation assessment report
	Enhance the capacity of the National MSM and AIDS Human rights, policy and advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of 6 Local Policy and Advocacy Units in MSM Projects in 6 cities of India	
	My Body is Not Mine - Stories of Violence and Tales of Hope - Voices from the Kothi community in India	Study report with testimonies
	Know Your Rights (MSM) (in five languages – Bangla, Gujarati, Malayalam, Tamil, Telugu)	Leaflets
	Development and field-testing of low-cost water based lubricant sachets to reduce the transmission of sexually transmitted infections (STIs) amongst males who have sex with males (MSM) in India	
	NAZ Development and field-testing of low cost - Final Report	Final report
	Development and field-testing of low cost - Executive Summary	Report summary
PATH	Magnet Theatre	
	Magnet Theatre (including final report)	Final report

List 2: For publications mentioned below please contact the organisation

DFID PMO partner	Project title/ Resource titles	Type
Humsafar Trust (HST)	Enhancing the contribution of community organisations working with men who have sex with men (MSM) for a better national response towards the HIV epidemic	
	68 Pages - 90 minute film documenting variety of situations of lives of MSM with focus on vulnerability to HIV	Film
PATH	Magnet Theatre	
	Using Magnet Theatre as a communication tool - short film/video spots	Film

(for more details on the resources see separate Introduction)

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