



Journey Document of INFOSEM

2000- 2012

Foreword

The best time to start is now, said the sage Chanakya, unmindful of the Indian attitude towards superstitions. The Humsafar Trust and many of its partners saw that despite the vast diversity in the country and various jostling sexual identities waiting to emerge, there was no effort to unite both the efforts and the resources of the emerging sexual minorities in India.

The Humsafar Trust itself was an effort to build a support system for self-identified same-sex loving men in India who stood by their identity and did not compromise with society by getting into wedlock with women for marriages of convenience. In a strong patriarchal society, this was the first step we could have taken with a simultaneous reaching out to women and subsequently our lesbian sisters.

HIV/AIDS was not on our agenda when Humsafar Trust was conceived; our main worries being what would happen to us in a rapidly transforming India where the family was itself disintegrating. But within five years of Humsafar's birth, HIV/AIDS raised its genocidal head in Indian's health program and then the race to engage the nation's mainstream sectors started.

That's where the urgent need arose to look beyond our small worlds and reach out to every group who belonged to marginalized sexualities and gender identities. Even here we encountered major problems as definitions varied across regions. The word 'kothi' meant different things in different states of India, the word gay or homosexual not known except by very few people practicing such behavior. That is when it became important to start getting together and sorting out our problems before confronting mainstream society with our problems or asking the government for help.

This report traces that journey, warts and all. The journey also reveals why Humsafar Trust's effort at building coalitions were inclusive in reaching out to the women and transgendered groups. The basis of INFOSEM is how to work together through a broad consensus; hence the need to make it an organization whose membership is through invitation. Visible infighting would send wrong signals to the outside world and also present the government with problems.

That in short is the path of how and why we embarked on our long journey. We invite the reader to be fellow travelers on this long journey towards a vision.

Preface

More than a decade ago, The Humsafar Trust and some other organisations began to understand that there was little effort directed towards converging resources and initiatives of the diverse and constantly emerging sexual identities in the country.

Breaking stereotypes and dispelling myths, the Humsafar Trust was established with an aim to build a support system for self-identified same sex loving men in India. Non-conformity to patriarchy, hetero-normativity and the institution of heterosexual marriage for convenience was a strong standpoint of the founding members of the organisation. Over time, Humsafar Trust was able to encourage, help and support lesbian women to support others who shared and identified with their sexual identity.

Half a decade after the inception of Humsafar Trust, still in its infancy, the founding members began to engage with other sexual minorities to develop clarity on terms and concepts used within the larger LGBTI community. Interestingly, it was observed that the understanding varied across cultures and regions in India. The larger community got together to develop a uniform understanding of the terms and sort their internal conflicts before attempting to engage with other social institutions and formal bodies.

The journey document attempts to outline the trials and tribulations, the trying phases, the struggles and the victories of the sexual minorities in India. It also traces the journey of struggle against the State, the draconian laws and the brief engagements with the mainstream society.

The authors acknowledge the support, help and contributions of INFOSEM members, NACO and most of all UNDP without whose unflinching support this document and INFOSEM processes would not have been possible

Contents

		Page Nos.
1	INFOSEM Background	5
2	INFOSEM Start-up	6
3	INFOSEM Projects	12
4	The Struggle Period	17
5	The Beginning of a Registered Legal Body	19
6	Participating in National Processes	30
7	Abbreviations	39

Chapter 1

INFOSEM Background

The First Phase: Mobilising, setting up

The Humsafar Trust has played a pivotal role in the initiation, formation and kick-starting of Integrated Network for Sexual Minorities (INFOSEM). For more than a decade, the Humsafar Trust has been a volunteer for INFOSEM and has also assisted in the administrative processes of the network.

Looking into the New Millennium

In the year 2000, The Humsafar Trust helped in bringing together 32 organisations working on Lesbian Gay Bisexual Transgender (LGBT) issues across the country, at the consultation ‘**Looking into the new Millennium**’.

The primary aim of the consultation was to review the situation of the LGBT community in the country and draw up a plan for an all India network. The sessions in the consultation focused on issues related to human rights, gender and sexuality, proposal writing, fund raising, networking and sharing of resources. In addition, the sessions focused on understanding the impact of HIV/AIDS and Sexually Transmitted Diseases (STDs) on Men having Sex with Men (MSM) and Male-to-Female (M to F) transgender persons.

Around 32 organisations working with sexual minorities such as Men having Sex with Men (MSM), self-identified gay men, bisexuals, Male to Female Transgender persons (M to F), lesbian and bisexual women attended the consultation. It was funded by NACO, MDACS, UNAIDS, DFID besides private well-wishers of the Humsafar Trust like Richard Winger, Joseph McCormick and some others in USA and other countries.

The final outcome of the three-day consultation was a decision that a national network be set up for the sexual minorities including representations from the entire LGBT community and that the network will work collectively towards the health and human rights of the sexual minorities in India.

Invitations to join the network were sent to select community organizations as well as organizations with a strong community component. The India Network for Sexual Minorities (INFOSEM) was thus, formed by a group of community organizations that came together to work towards achieving common goals. The initial India Network had to be later changed to Integrated Network For Sexual Minorities for the purpose of registration.

The formation of the network was formally announced at a press conference held in Mumbai in October 2003.

Chapter 2

INFOSEM START UP

1) The first meeting of the network

The first INFOSEM meeting and capacity building workshop was held between 11th and 14th August in the year 2004 in Mumbai. The Humsafar Trust took a lead in organising it with support from USAID – FHI, NACO – MDACS and UNAIDS, and provided technical expertise with support from its staff and other CBOs. It also facilitated the meeting sessions, documented the proceedings and organized exposure visits to grass root level intervention programmes of the Trust for the participants at the meeting.

The meeting focused on setting up a management structure for INFOSEM. Hence, only program managers and heads of CBOs were invited for this meet. Program Managers discussed the establishing of a management structure for INFOSEM and elected a managing committee through a democratic process. The managing committee then led the discussion to develop and finalize the vision and mission statements, define its working pattern, develop the rules and regulations, and other logistics including registration and frequency of INFOSEM meetings to be held over the one year period.

INFOSEM Vision

A collective national effort by sexual minorities to ensure equality for themselves in all spheres of life, free from discrimination

INFOSEM Mission Statement

A democratic platform of organizations for joint action in capacity building, advocacy, resource mobilization and research on issues of gender, sexuality, sexual and mental health, and human rights in order to create better understanding of LGBT issues

INFOSEM Objectives

1. To increase knowledge on sex/ sexuality and gender among the sexual minority community and national level stakeholders.
2. To increase access to quality HIV/AIDS c-o-c services for sexual minorities.
3. To build adequate and reliable strategic information on sexual minorities for evidence building on health/psycho-social/ economic issues.
4. To work towards clarifying the legal status of transgender/ transsexual persons.
5. To work towards repelling all discriminatory legislations that criminalizes same sex sexual behaviours between consenting adults in privacy, which include section 377 of the Indian Penal Code (with suitable provisions/modifications in other statutes/ laws to take into account the child sexual abuse and adult same gender sexual assault)

6. To help member organizations and other groups by providing inputs and training in setting up and managing activities addressing health, social and legal issues faced by persons belonging to sexual minorities.

INFOSEM Membership

Membership will be by invitation only from governing body that will minute and record each invitation as decided by a consensus. INFOSEM is NOT a network of networks and its membership lies with community based organizations, organizations working on LGBT issues and individuals.

Primary members

It was decided that primary memberships would be for LGBT Community based groups only. Primary members would be eligible to have one vote per member organization in electing the governing council and for other decision-making issues.

Associate members

Associate members may have one LGBT community component in addition to other programs. Associate members would be entitled to half a vote to elect governing council and for other decision-making issues. It was also decided that no associate member could be part of the governing council.

Friends in Support (FIS)

FIS members would be LGBT or LGBT friendly individuals.

Election of Governing Council

The governing body would consist of one organization from Lesbian, MSM and Transgender groups each, representing the North, South, East and West. It was suggested that the tenure would be for three years. The governing council will then appoint an executive director.

After much debate by organizations representing 24 LGBT organizations the Governing Council was appointed. This currently consisted of seven members who would later appoint five more members. The Humsafar Trust would be the convener for INFOSEM.

North Region

From the north region Sangini Trust (Delhi) was appointed to represent the Lesbian group. As there was no organization representing MSM and Transgender communities. They would be appointed at a later stage facilitated with the help of the Sangini Trust.

Southern Region

Swam (Chennai) will represent the MSM community. It would also facilitate the identification of community organizations representing Lesbian and Transgender groups and possibly invite them on board after consultation with the Governing Body.

Eastern Region

Amitie (Calcutta) will be the MSM representatives in the governing council. SASO will facilitate identifying and inviting organizations representing Lesbian and Transgender groups.

Western Region

The lesbian community will be represented by the Aanchal Trust (Mumbai) in the western region while the MSM community will be represented by Lakshya Trust (Gujarat) while Dai Welfare Society (Mumbai) will represent the Transgender community.

INFOSEM Activities

1. Advocacy

- Legal/civil rights
- Sexual and reproductive rights
- Health
- Fighting stigma/discrimination – This includes proactive advocacy such as sensitizing and working with Police which would enable better treatment of LGBT persons and reactive advocacy in response to situations where LGBT persons face stigma/discrimination.
- Correct representation – media, health care advocacy (e.g., SRS),
- Advocacy with various groups – govt., NGOs,
- Celebrity support

2. Capacity-building

- Computer literacy, English literacy
- Exposure visits
- Conduct formal needs assessment of member organizations
- Identify gaps and expertise and match them
- Training on health care advocacy and providing care/support for sexual minorities
- Documentaries, documentation centers
- Assistance in setting up a Speakers Bureau

3. Information dissemination

- e-group/website/print newsletter
- Regional resource centers
- Information helpline
- INFOSEM resource book/center

4. Research

- Identifying the research agenda
- Prioritizing the research areas
- Finding researchers and forming a research panel
- Sharing archives
- Building a bank of research instruments
- Assist in conducting needs assessment
- Baseline studies/mid-term/end-term evaluation
- Tracking the trends
- Research areas in relation to care/support of sexual minority PLHA

5. Networking:

- Events (festivals, anniversary, events as advocacy/networking/fund-raising events
 - INFOSEM – as annual get-together, pride parade, theaters/dance groups)
- Networking with other stakeholders ...(govt., NGOs, health care providers, lawyers, police, community leaders,)
- INFOSEM workshop
- Working with community persons/leaders
- Identifying new member organizations, Assistance to new and upcoming groups, assisting new groups in their growth (registration, etc.)

6. Resource mobilization/ fund-raising, resources sharing

- Fund-raising/facilitation
- Donations from the community members
- Corporate donations
- Funding agencies – govt., bi/multilateral agencies
- Facilitation of getting funds for member organizations on national/regional/local level programs and other issues specific to sexual minorities
- Fund-raising programs for INFOSEM operations
- Miscellaneous issues: forming a ethics committees , duplication of work, working together with non-community groups working with sexual minorities

It was decided that

- INFOSEM will be a Registered Society.
- One member each from the Lesbian, MSM and Transgender groups will represent the regions- North, South, East and West. Six groups were elected by democratic process to work as the governing council who would assist in filling the rest of the required members.
- The Humsafar Trust will be the convener for INFOSEM.
- The INFOSEM office will be temporarily housed in Mumbai and eventually shifted to Delhi.

There was a group discussion on the **Community Needs Assessment Tool**, which was carried out as a step towards capacity building to determine the current status and unmet needs. The tool was shared with the participants before the commencement of the workshop.

Emily Gantz' Guide was referred to and the following tool was evolved by Humsafar Trust. ¹

Needs Assessment Component

- Profile of the target group/community
- Gap and response analysis
- Identification of unmet needs
- Available resources
- Prioritization of needs to be met
- Identification of key community players

The HST model of community work was shared with all members. The components of the model were community work, street outreach and condom distribution, VCCTC and STI Treatment, care and support, legal support, advocacy and networking, and research and training.

The other sessions in the workshop focused on Behaviour Change Communication, Project Management systems and Monitoring and Evaluation.

From the discussions on the invisibility of lesbian women as compared to MSMs and difficulties faced by lesbian women, there emerged a need to network with other women's organizations, contact safe spaces and persons who can speak to women regarding their issues.

¹McKay Gantz Emily: 'Using Data, Assessing Needs: A Guide For Community Members Of HIV Prevention Community Planning Groups'. Developed for the National Council of La Raza AIDS Center, NCLR Center for Health Promotion, Washington D.C., June 1995

2) First Governing Council Meeting, Kolkata 23- 25 June 2005

The three-day meeting in Kolkata took forward INFOSEM's agenda in a more concerted manner. It was primarily held for the network's first Governing Council members, though representatives from some other member organizations also attended the meeting.

SAATHII, the West Bengal members of INFOSEM in Kolkata arranged the logistics, raised funds, facilitated the meeting sessions, documented the proceedings and organized exposure visits for the participants for networking and advocacy events during the meeting.

The primary outcomes of the meeting were

-A decision that there is no need for primary and associate membership and that there should be a uniform membership along with one voting right for every member organization. The Friends In Support will continue without voting. On the basis of majority voting from the Governing Council members, a decision regarding the change in structure of membership was taken.

- A decision regarding setting up a working office in Delhi while the registered office of the network would be based in Mumbai

Networking and Advocacy Events

The participants attended a number of events during the Rainbow Pride Week 2005 (June 20-26) in Kolkata. Most events had been organized by the West Bengal members of INFOSEM (SAATHII, Amitie and Swikriti). The Rainbow Pride Week was a set of events (including a film festival) that focused on and celebrated the past achievements of civil and health rights of LGBT people in India and across the world.

Chapter 3

INFOSEM PROJECTS

CASP and RALF Projects

In January 2006, the Humsafar Trust wrote two concept notes for the CASP (Communication and Advocacy Support Program) and RALF (Research and Learning Fund) for an opportunity from DFID – PMO. HST was later invited to write a complete proposal for a one-year period. .

The CASP proposal was written with an aim to provide support to NACO in NACP III for start-up and up-scaling of MSM and TG projects in India. The project over a period of one year would gather inputs from the community and develop a national recommendation strategy and present to NACO for the start-up of MSM and TG programs in the country. To this end, capacity building workshops would be held all over the country for 20 MSM and TG organizations and these organizations would be docked into NACP – III. The project would also develop an advocacy plan for all INFOSEM members to start advocacy activities with various stakeholders in their regions.

The RALF study involved a qualitative analysis of the social and sexual networks of MSM and TG in India. This study would provide an insight into the various dynamics of MSM and TG and the points of intersection where different sub groups of MSM and TG would interact with each other. This study will be carried out in five states and eight cities in the country.

CASP and RALF proposals were accepted and a contract was signed between The Humsafar Trust and DFID PMO on 27th March 2006. The CASP and RALF projects would be implemented with active support of INFOSEM members.

CASP Project

The main purpose of the project was to enhance the capacities of a network of community organizations (India Network for Sexual Minorities, INFOSEM) working with MSM and Hijras in designing and implementing IEC/BCC programmes.

The secondary purpose of the project was to develop advocacy tools for rapid scaling up of HIV prevention and care programs for MSM and Hijras in India in NACP-III phase

A capacity assessment meeting was conducted. Four training programs were held and attended by INFOSEM members. The INFOSEM Secretariat Co-ordinator was hired. Minutes of community meetings were sent by the community organizations. A website for INFOSEM was developed.

The skill-sets of INFOSEM members showed significant improvements during the project year. Both technical and administrative skills were strengthened. NACO and the donors showed keen interest on including issues of MSM and TGs to a greater degree in HIV programming.

The project focused on training as a capacity-building aspect. However, that was not enough. The next step was to assist CBOs in the implementation of learned skills. Mentorship and other programs would enhance the effectiveness of any capacity-building assistance program.

A three-year business plan and an advocacy plan were developed for INFOSEM. The documents provided the foundation for the work to be done by INFOSEM as well as a useful tool for lobbying to donors. The strategy document was developed, but the process was expanded beyond the original scope of this project. In order to create a more meaningful document, MSM and TG leaders across India were invited to be part of the process.

One of the original purposes of the project was to enhance CBO skills around IEC/BCC, the project went beyond this, by building capacities related to both technical and administrative skills. The number of CBOs and staff that were trained were more than originally planned, as well as greater systems for the network itself.

On the second purpose, the project went beyond developing tools, and produced everything possible that NACO would need to effectively implement an MSM and TG program. The project could do this by incorporating the voices of all MSM and TG leaders of India, and not just INFOSEM members. By moving beyond the network, the strength of the document increased, and it minimized the opportunities for undermining it.

RALF Project

The goal of the project was to build an evidence base to inform designing and implementation of effective HIV prevention interventions (including IEC/BCC programs) for MSM & Hijras in India.

The main purpose statement stated that there was a need to understand and describe sexual and social networks among MSM and Hijras in urban and rural/semi-urban areas of selected states in India.

Six Field Research coordinators were identified by the partners and recruited. The FRCs were trained on research techniques procedures in Mumbai. Data was obtained from all 8 sites in the given time frame with 8 interviewers and 8 peer recruiters. Data was translated and transcribed at the respective sites. Data was analyzed in Mumbai by using N-Vivo 7 and the report was finalised by Dr. Venkatesan Chakarapani and Meenal Mehta (Consultant).

Capacity building of CBOs for conducting scientific research was top priority if quality research studies had to be delivered as the quality of data obtained from community investigators is rich and diverse.

The findings of this study in relation to the MSM and Hijra sexual and social networks was an eye-opener and also very important evidence that helped the policy makers to formulate an effective HIV prevention intervention program for the population in NACP III.

SIDA-RFSU Project
Building Capacity of Transgender and Hijra community based organization

Period: January 2010 to December 2012

Rationale and objective of the project

Government, civil society and donor responses to the HIV/AIDS epidemic in India have traditionally focussed only on health services provision. A narrow approach such as this has neglected the importance of issues like livelihood, education, human rights and other social security aspects in relation to HIV/AIDS. For groups of people known to be highly vulnerable to HIV – particularly Hijras and other male to female transgender (TG) people – social, economic and cultural factors like education, employment, nutrition, stigma and discrimination have a direct bearing on their ability to adopt safer sex practices or access health services. Santi Seva, Bhadrak, Odisha, a community based organisation of TG people has been working for the same population since 2006 with support from Fellowship, Bhadrak and Solidarity and Action Against The HIV Infection in India (SAATHII), with financial support from American Jewish World Service (AJWS), New York with focus on following areas

- 1) Organisational development
- 2) Emotional support and friendly guidance
- 3) Adult (non-formal) education support
- 4) Livelihood programmes
- 5) Access to general health and STI/HIV/AIDS services
- 6) Social security support

For Santi Seva, all these activities had been taken care of and as a result, the project was considered as a model project for male-to-female transgender population in Odisha. Keeping this development in mind, INFOSEM decided to focus on all similar activities for its transgender/Hijra groups towards strengthening their capacities and developing their overall well-being, apart from HIV/AIDS.

Project details

Following are the training workshops/activities conducted in three years (2010-12) –

- 1) Training on Organisational Development Including Visioning Exercise and making of Organisational Policy / Kalyan, Mumbai / September 22-23, 2010
- 2) Training on Emotional Support and Friendly Guidance and Basic Counselling Skills / Chennai / December 20-21, 2010
- 3) Project Proposal and Report Writing Workshop / Guwahati, Assam / May 18-19, 2011
- 4) Training on Livelihood Options and Self Help Group Formation / Jaipur, Rajasthan / November 24-25, 2011
- 5) Training on non-formal education / Hyderabad, Andhra Pradesh / June 14-15, 2012

- 6) Workshop on HIV/AIDS/STI and Other Health Related Issues for Transgender/Hijra People / Amritsar, Punjab / October 11-12, 2012
- 7) Dialogue on best case practice sharing on trans issues / Delhi / December 20-21, 2012

Progress report on expected results/objectives

Among an overall expected total of five results from the South Asian LGBT Network, the activities planned for the particular projects fit into three categories as follows:

I. Organizations better equipped to respond to health needs of the LGBT community

For the first time in India, a national level capacity building initiative was introduced in 2010 by INFOSEM only for transgender/Hijra community based organisations (CBOs). So far, typically designed HIV/AIDS programmes did not talk much about their basic needs (employment, education, social security etc.) that led to various problems such as dependency on other organisations or larger NGOs to address their health and other core needs. Each activity or training workshop was designed accordingly. To address their basic needs apart from getting services from HIV/AIDS projects, the organisations attended the workshops under the project and learnt how to address their core needs for their overall well-being and to improve the socio-economic status. Hence, as per the overall feedback received, this learning experience helped them to address their health and other core needs through meaningful solutions.

II. Enhanced organisational capacities to effectively manage work

So far, most of the transgender/Hijra organisations in India were mainly involved into HIV/AIDS related projects only to address their sexual health related needs. And, there was hardly any capacity building initiative to strengthen their technical capacities as well as to address the issues including organisational sustainability. All the activities planned and implemented so far reported to RFSU/SIDA (from 2010) helped them to improve their technical capacities towards serving the community better. Through this capacity building initiative, currently the organisations are receiving required skills needed to strengthen their organisation and run projects with more efficacy and in a systematic manner. Since the facilitators were also from the community, it helped them to learn and participate attentively and raise queries.. Hence, with the passage of time the transgender/Hijra organisations were able to build their capacities to manage their functioning productively.

III. Organizations networking and meeting for mutual capacity building and activities

Earlier, there was no national level platform in India that could be used exclusively for transgender/Hijra organisations. Through this project, transgender/Hijra organisations got an opportunity to come together learn from each other that helped them to expand their knowledge around the cause and activities concerned. This process also helped them to expand their network since various organisations from different parts of the country take part in the same. For the first time, a lesbian and FTM group got the opportunity to share and learn about mutual issues from the male to female transgender and Hijra groups (mentioned in earlier section which took place in the last event of the project at Delhi on December 20, 2012). This was very fruitful and such

learning helped the participants to identify the gaps in networking and address them in a collaborative manner.

Funding support for the entire period: (INR) 2,767,062/-

Output and outcome

Learning from this experience, it is hoped that in the near future with foreign support, similar activities will be undertaken in order to help these marginalised communities. This will help them address their health needs and rights, since most programmes in South Asian countries are focussed on HIV/AIDS. For the first time in India, a national level task force was formed with support from this project and proved the importance and successes of similar project working towards the overall well-being of marginalised groups. During the last event of the project, participants expressed an interest to bring similar projects for the transgender/Hijra groups in India. This could be considered another big achievement from this collaboration in terms of sustainability.

INFOSEM SECRETARIAT: October 2011 to December 2012

Achievements:

- 1) 18 Contracts signed for Advocacy Projects to be implemented by LGBT partners of INFOSEM and successfully completed
- 2) Feminisation and Substance Abuse study among TG and Hijras in India
- 3) Participated in TG legal Study implemented by C-Sharp
- 4) Participated in National Stakeholder Consultation / Regional NHRI Project –Inclusion Of the Right to Health and SOGI for Hijra communities
- 5) Successfully conducted 3rd Annual General Meeting of INFOSEM
- 6) Successfully conducted the INFOSEM Governing Board Meeting
- 7) Developed INFOSEM Advocacy Plan
- 8) Developed INFOSEM Business Plan
- 9) Participated in Kashish Mumbai International Queer Film Festival 2012
- 10) Undertook development of the INFOSEM website
- 11) Successfully completed the INFOSEM Journey Document for the period 2000 – 2012

Chapter 4

INFOSEM: The Struggle Period

APRIL 2007 TO SEPTEMBER 2009

In February 2007, at a workshop held in Kolkata to finalise the Business Plan of INFOSEM, the following decisions were made pertaining to the future of INFOSEM

- 1) INFOSEM should be registered as a Society and will openly state that it intends to work with LGBT communities of India and struggle for the rights to exist as equals in society.
- 2) The society will be registered in Delhi, the capital city of the country which is also the hub for major advocacy and policy change.
- 3) Naz India Foundation under the guidance of Anjali Gopalan and their LGBT support group MILAN would lend support for INFOSEM registration in Delhi
- 4) Naz India Foundation will provide its office space to act as INFOSEM Secretariat and will be the registered address of INFOSEM
- 5) Geeta Kumana of LGBT organization Aanchal from Mumbai will be a consultant and will help facilitate registration related work.
- 6) 11 INFOSEM members from East, West, North and South Indian regions were chosen to be the first signatories for the Society document.
- 7) The final document will be circulated to all 11 signatories in turn, through courier and will be submitted for registration in Delhi after it has been signed by all signatories.
- 8) Rahul Singh and Sumit Dutta from Milan will be the contact persons for registration of the INFOSEM society.
- 9) INFOSEM membership forms will be ready before the end of the DFID-PMO supported CASP project.
- 10) New members will be invited to become INFOSEM only after INFOSEM registration processes had been completed and INFOSEM was a registered Society.

In March 2007, the DFID-PMO supported project CASP came to an end and at a meeting held in Qutab Hotel in Delhi. The decisions of the Kolkata meet were shared with all stakeholders and community members present at the meeting.

INFOSEM members did not realise that that the process of a new movement of an openly out national network for LGBT communities in India, will be faced with obstacles.

The finalized INFOSEM document was submitted to the Charity Commissioner's Office in Shastri Bhavan in Delhi through the appointed lawyers. It was expected that the document would be registered and a certificate of registration will be issued to INFOSEM in 45 days.

There was a feeling of joy and a sense of accomplishment among INFOSEM members who were waiting for the registration certificate to arrive. But the certificate did not arrive in time. The Naz India Foundation team started follow-ups at Shastri Bhavan in Delhi and the process that began in March 2007 was prolonged. INFOSEM got assurances but the registration did not take place. The lawyer gradually began to withdraw and the consultants began to face fatigue as endless rounds of Shastri Bhavan did not result into INFOSEM registration. Finally, in October 2008 INFOSEM was apprised that the file had been misplaced and nothing could be done about it. It was suggested that the process of INFOSEM be started again. There was anger and a feeling of helplessness among the member organisations

There was growing discontent among community groups in India that INFOSEM was not opening membership to other CBOs in the country. There was a feeling that INFOSEM members did not want the network base to grow and the existing members did not want to give up control of the network. However, there was a genuine problem and the allegations were not real. It was a difficult situation and had to be dealt with in a mature way.

The Humsafar Trust - the convener of INFOSEM suggested that if INFOSEM members thought it appropriate, they could take the lead in getting the network registered in Mumbai. The Humsafar Trust could use its good offices and get the registration done. The suggestion was well received by the existing members and meetings were held with the Humsafar Trust lawyer who agreed to take charge of the situation and work swiftly. A new team of seven signatories was worked out, representing LGBT communities and comprising of individuals who could travel to Mumbai for registration purposes. The documents were duly signed once again and presented to the Charity Commissioner of Mumbai. On 25th February 2009, INFOSEM was registered as a Society in Mumbai. There was a small error in registration which was duly rectified.

Chapter 5

INFOSEM SOCIETY: The beginning of a registered legal body

INFOSEM was registered as a Society on 25th February 2009. However, the Charity Commissioner office committed a minor error and INFOSEM was written as Integrated Network for ‘Secular Minorities’ instead of ‘Sexual Minorities’. The certificate was sent for correction and the rectified certificate number F-39157 (Mumbai) dated 30th January 2010 was received at the INFOSEM Secretariat.

INFOSEM opened a Current Account number 31392577207 at State Bank of India, Vakola, Santacruz East Branch, Mumbai on 7th September 2010 and since then has been using it to conduct INFOSEM activities.

1) The first Annual General Meeting - October, 2009

The first Annual General Meeting -also the first logistical meeting of INFOSEM, was held on 30th October, 2009.

The objectives of the meeting were

- To ensure that the complete paperwork was filled out for every member
- To discuss the need for a Governing Board
- To brainstorm on ideas to take the network forward
- To review applications received from agencies that want to join INFOSEM

The outcomes of the meeting were

- Formal registration and allotment of membership numbers for existing members in the network.
- A clear delineation of the various kinds of members. It was decided that Associate members will have one vote like the Primary members. However, their attendance at meetings is mandatory.
- The roles of Associate members and Friends In Support (FIS) was finalised.
- Need of including more LBT groups in the network
- Decision to include another zone in the network, namely Central which will include Madhya Pradesh and Rajasthan.
- Membership fees will be based on a sliding scale depending on funding for organisations
- It was decided to open a new bank account for the network and hire an auditor

Including new members in INFOSEM

Some suggestions that emerged with regard to engaging new non registered members were

- INFOSEM invite such members to meetings
- INFOSEM display and share its work with the non-registered members.
- INFOSEM work with groups outside its network, and network with hard to reach groups, especially LBTs.

2) Advocating legislative change: Taking the Delhi high court decision forward

A UNDP and SIDA-RFSU funded national consultation followed the next day.

Background

An eight year long court battle that sought justice for the gay community and its basic human right to exist in India came to a logical conclusion with the Delhi High Court's decision. In the Public Interest Litigation filed by Naz India Foundation in Delhi, the High Court read down Section 377 of the Indian Penal Code on July 2, 2009.

Section 377 of the Indian Penal Code was imposed by the British in 1860. The law continued to exist in India long after the British changed their laws in the UK. It criminalized homosexual behaviour and was repeatedly used to harass blackmail, extort money and discriminate.

The landmark judgment delivered by Delhi High court was the first step that legalized existence of the gay community in India. It recognized the gay community as equals in accordance with the Constitution of India and allowed the community to access recourse from law in events of harassment, blackmail or prosecution.

The decision brought to fore, issues that affected but had not been addressed legally or within the society. Instances of gay men, women and transgender persons who lose their jobs, are thrown away from their homes, deprived rights to property, access to health care services, access to education, violence, forced heterosexual marriages, denied same sex marriages, adoption rights on grounds of their sexuality need to be addressed. The decision of the high court does not accord the community any additional privileges and the decision should not be seen as the end of the journey. The judgement indeed marks the beginning of the journey for the community.

The time was ripe to advocate for issues that affect the lives of the community, start a dialogue with the mainstream society and policy makers; and advocate for equal rights for the community.

The National LGBT Consultation

Humsafar Trust took the lead through INFOSEM and campaigned for funds to invite representatives from the gay community to strategize on “Next Steps After Sec 377 was read down.”

Nearly a hundred people representing various groups from LGBT communities and as individuals, from all over India, met in Mumbai on October 31, 2009 to discuss strategies to counter the rising backlash and homophobia after the Delhi High Court judgment affirming the Constitutional rights of sexual minorities in the country.

All the attendees were concerned about the High Court judgment being over-turned or watered down in some way by the Supreme Court, which had admitted 14 SLPs challenging the High Court decision.

The diverse communities discussed various methods by which they would network with different segments of society to explain the issues that they faced in society and the implications of striking down of Section 377.

The participants systematically developed an Action Plan to conduct advocacy both within their own communities and with mainstream society in different parts of the country over the following one year period to dispel myths and misconceptions about gays, lesbians and transgender persons, and to create enabling environment for sexual minorities. The Action Plan proposed to work aggressively with corporates, educational institutions, opinion leaders, and political parties along with law and police department. It was recommended that work be done with friendly religious leaders and reach out to mainstream populations by dissemination of appropriate and correct information to the media (press and electronic). In addition, work within the community and build alliances with other social groups and networks in the country to help create a better understanding of issues of sexual minorities. INFOSEM and The Humsafar Trust hosted the day-long Consultation on 31st October 2009, the first since the landmark 2nd July, 2009 judgment of the Delhi High Court which decriminalized consensual sex between adults of the same sex. The consultation was supported by UNDP.

3) The Second Annual General Meeting

The network's Second Annual General Meeting was held in Hotel Royal Garden at Juhu in Mumbai on February 12 & 13, 2011. The meeting was organized by The Humsafar Trust, Mumbai.

Outcomes of the meeting

The Second Annual General Meeting was held in February 2011. The outcomes of the meeting were

- Bank account opened in State Bank of India, Vakola Branch, Mumbai in September 2010
- M/s Ravi Soni (Chartered Accountants) Mumbai appointed as auditors for audit and filing of tax returns to the Charity Commissioner
- Decision regarding tenure of Governing Board members- every two years, a rotating election will be held for fifty percent of the members
- Organisations will pay for travel fare, while unfunded organizations will apply for scholarships for attending the AGM. The applications will be whetted by a scholarship committee and the AGM will be made rotational.
- The authorised signatory will be Mr.Ashok Row Kavi. Mr.Aditya Bandopadhyay will be responsible for framing the petition for the Section 377 case to the Supreme Court.
- It was decided that the names of all new members of INFOSEM will be intimated to the Charity Commissioner. It was clarified that 'Friends in Support' will not have any voting rights.
- For membership, only a copy of the 'Registration Certificate' was required and a statement from the organization that the organization was indeed a CBO (if registered as one).
- The Primary and Associate Members approved were
Primary Members :
 - o Positive Sexual (CBO) New Delhi was approved by the Northern region.
 - o Samanta (CBO) , Mumbai, Maharashtra was approved by the Western region.
 - o Cheshtha (CBO) , West Bengal, was approved by Eastern region.
 - o Black Rose Society, Northern Region.
 - o Saathi, CBO ,Vijaywada, was approved by the southern Region.

Associate Members :

- Vikalp, West Gujarat, an NGO representing Lesbians was approved.
- Heroes AIDS project, NGO, was approved by the Western region.

- With regard to the **Secretariat**, it was decided that the network have a collective responsibility to set up an independent office space, office knowledge management (resource hub), Human Resource support, independent functioning and technical support for the network.

- It was decided that INFOSEM be one of the petitioners for the Sec 377 case to the Supreme Court (SC) and Mr. Ashok Row Kavi and Mr. Aditya Bandopadhyay will be the signatories responsible for framing the petition. For translation of the judgement into regional languages, members proposed Anupam Hazra's name for Bengali and Oriya, Bindhu Madhav Khire for Marathi, Krishna for Telugu and Deepak for Konkani

- It was decided that the Secretariat maintain an archive of all communication with INFOSEM members, making it possible for members to edit their profiles and other details at a later date. In case of changes in profiles, numbers or addresses, the same be intimated via email to all members.

Lesbian/Bisexual Women and F to M transgender: addressing concerns and increasing participation in INFOSEM

During a panel discussion involving LBT women from Lesbit, Birds of a Feather and Gaysi online, the following discussions emerged.

- A lot of difficulties like depression, break-ups and various kinds of crises are faced by trans women and lesbians working for NGOs
- Coming out as a lesbian and finding Indian support groups for help has been a continual challenge for some self-identified bisexual women. A lot of them are also unable to relate to groups that are not Indian, through the internet.
- On the other hand, the internet has been a good technological medium through which lesbian and bisexual women have been able to share experiences and feelings without physical disclosure or presence. Gaysi online, for example had 500-600 hits a day and exceeded 500 fans on popular social network, Facebook. Saakshi, lesbian entrepreneur of Gaysi online has over time, encouraged lesbian women to write blogs and make their voices heard.

- INFOSEM is a good platform to help and encourage women by building their capacities to access public spaces, which they are generally unable to due to identity and class issues.

Anthology of the Queer Community

Author of award winning book, 'Leaving India: My family's journey from five villages to five continents', Minal Hajratwala encouraged members of the network who identify as lesbians, gay, bisexuals, transgender, hijra, queer, gender queer or gender-non-conforming identities to share their stories. She expressed a keen interest to publish the stories in the upcoming anthology of Queer Literature at Queer Ink that would contain amazing and inspiring stories of people. She requested members to share unpublished stories/works in the form of fiction/non-fiction, issues, personal life, dreams and fantasies.

INFOSEM ELECTIONS

The meeting called for elections of INFOSEM. The INFOSEM members were invited to nominate names for the governing board of INFOSEM from North, South, East and West regions. The Central Zone had MSS as the only CBO. As there was no new nominations from the Central Zone in either of the LGBT categories, they were appointed unopposed to represent MSM from Central India. SWAM from Chennai (South), Lakshya from Gujarat (West) and Sangini from Delhi (North) would continue as part of fifty percent of governing board members who would be retained in every election as per the INFOSEM guidelines.

During the meeting, it emerged that

- CBOs working in specific communities or request for community representation by external bodies may participate in the election process.
- Owais Khan was selected as Election Officer, while Shruta as Assistant Election Officer. Khan was to ensure fairness and transparency in the election procedures.
- The nominees for election from the five regions were Mitra and Pehel to represent MSM from the North, Samara, Snehagidam and Suraksha Society to represent Transgender and Hijras from the South, Amite and Swapnil to represent MSM from the East and PLUS, Kolkata and Koshish to represent Transgender. It was decided that the old Governing Board will decide in case of a tie.
- The nominees for the APCOM elections were Pallav Patankar from The Humsafar Trust, Grijesh Srivastava from MSS, Aditya Bandopadhyay from National MSM Task Force, Anupam Hazra from SAATHII and K. Ganesh from SCODH.

- Some organisations that had withdrawn nominations from INFOSEM elections were Mitra representing MSM from north, Sneghytham and Suraksha Society representing Transgender from south.
- The voting process was conducted zone-wise in a transparent manner. It was clear that organisations representing particular groups could not represent other groups. Each member could vote for both INFOSEM and APCOM elections by representing only one group. Competing organisations were given three minutes each for canvassing. The votes were counted in the presence of Election Officers and candidates who stood for elections. Jaikumar and Krishna withdrew from INFOSEM elections. Saman was unanimously elected at INFOSEM elections.
- At the APCOM elections, PLUS Kolkata was elected from the East to represent Transgenders. There was a tie for MSM representation and it was decided that AMITIE represent for a year and could also handhold Swapnil during the time. Fresh elections would be held in the following year to elect members for representing MSM from East.
- Old Governing Board members were requested to handhold new Governing Board members.
- The elected board for INFOSEM is mentioned hereunder

Final elected board for INFOSEM

	North	South	West	Central	East
MSM	Mitr Trust	SWAM	Laksyha	MSS: MitraSringarSamiti	Amite
TG/H	Kinnar Bharati	Samara	Asitva	-----	PLUS Kolkata
Lesbian	Sangini	Les Bit	-----	-----	-----

- It was consensually decided that issues of LGBTI be addressed and work be done from the rights perspective. It was also suggested and agreed upon that INFOSEM come up with a Press release which may be drafted by Mr. Ashok Row Kavi, declaring the newly elected board and the increased membership.

APCOM ELECTIONS

An acronym for Asia Pacific Committee for MSM, APCOM is a regional body, representing the Asia Pacific region which is further divided into 8 sub-regions. Due to the need for a representative and an alternate member from India (being a sub region), APCOM had approached INFOSEM.

- Pallav Patankar from The Humsafar Trust, Aditya Bandhopadhyay from the National MSM Task Force and Anupam Hazra from SAATHII stood for the elections.
- A total of 47 votes were cast from the five regions. With one wasted ballot, Aditya Bandhopadhyay was elected as the Representative Board Member since he had received the highest number of votes (24) and Pallav Patankar was elected as the Alternate Board Member (16 votes). Anupam Hazra received the least number of votes (6)

National Grievance Cell (NGC)

The National Grievance Cell was started to provide

The National Greivance Cell (NGC) aimed to provide legal and technical aid and engage in advocacy efforts. In addition, it was started to address grievances of members within INFOSEM as well as grievances faced by members outside INFOSEM eg., discrimination.

NGC is like a decision maker, an LGBT ombudsman to mediate between members and help them negotiate in case of conflict or disagreements.

Project PEHCHAN

Project Pehchan, a consortium of six partners with years of experience working with the MSM , TG and Hijra communities commenced in India in October 2010. It aimed to strengthen community institutions and systems for the MSM, Transgender and Hijra communities. In addition, to increase outreach and bring quality services to intervention.

Two major service delivery areas of the project were

- Strengthening technical support and capacity building
- Policy and Advocacy

The project also attempted to reach Panthis and the bisexual population, create CBOs in virgin districts and concentrated especially on hard to focus issues like addressing female spouses of MSM. The partners in the project across regions in India are mentioned hereunder

Partner	Region
Alliance India Andhra Pradesh (AI AP)	Andhra Pradesh
The Humsafar Trust (HST)	Maharashtra, Madhya Pradesh, Gujarat, Rajasthan and Goa
Maan AIDS Foundation	Punjab, Delhi, Uttar Pradesh and Bihar
Sangama	Karnataka and Kerala
South India AIDS Action Programme	Tamil Nadu
Solidarity and Action Against The HIV Infection in India (SAATHII)	West Bengal, Orissa, Manipur and Jharkhand

The project addressed issues of mental health, physiological concerns, legal issues and life skills. A three-tier system of monitoring was followed: at the National level – Project Staring Committee (PSC), State level – State Oversight Committee (SOC) and the Regional level – Community Advisory Board (CAB). The CAB was responsible for maintaining transparency and responding to emergencies. The CAB members will meet once very quarter and will undergo rotation every two years.

4) The Third Annual General Meeting November, 2012

The Third Annual General Meeting of Integrated Network of Sexual Minorities (INFOSEM) was held during 8th to 10th November, 2012 at Royal Garden Hotel at Juhu in the city of Mumbai. The three day meeting was a consultative and participatory process to relook, review and revise the previously designed Business Plan and Advocacy Plan as well as discuss other issues in the network ranging from membership to activities, to others like subscription and future plans. A total of 125 participants and 96 CBOs attended the three day meeting.

UNDP had extended support to INFOSEM since the year 2010 and supported the Third Annual General Meeting of INFOSEM.

Some of the outcomes of the Third Annual General Meeting were

- Review and reframing of the Business Plan
- Review and reframing of the Advocacy Plan and
- Annual General Meeting and approving of new members

Business Plan

The Business Plan for the period 2013 to 2015 outlines the reviewed Mission and vision statements in addition to specific plans for activities. A situation analysis through SOAR has helped to crystallise and plan better for the near future.

All the members were divided into region-wise groups to conduct a situation Analysis through SOAR as well as relook at the vision and the mission statements and propose activities to be conducted in the next three years. In the Business Plan of INFOSEM, the core values and guiding principles were worked upon. In addition, exercises were also conducted to define the thematic areas and look into specific activities. Subsequently, data collected from all group activities related to the Business Plan was collated and compiled in an organised manner for the next three years.

The Business Plan draws a map for the network for the following three years which includes

- Situation Analysis through SOAR
- The goal
- Objectives
- The vision and mission statements
- Core values
- Beliefs
- Guiding Principles
- Activities and activity plan
- Management Structure
- Membership Protocol
- Secretariat
- Governance
- Advisory Board
- Resource Development and possible sources of funding

Advocacy Plan

The process of planning to develop an Advocacy Plan for INFOSEM began in August 2006 at a meeting in Delhi. It was developed for the period 2006 to 2009. The initial plan entailed that an Advocacy Officer would be appointed by the Secretariat when adequate financial support and funds will be available. Over time, due to lack of funds, the Secretariat could not be set up and formed, hence there was a delay in implementation of the Plan.

At this juncture, when funds are available and the Secretariat in the process of formation, the Advocacy Plan was reviewed and reworked upon in consultation with INFOSEM members in November 2012. It was consensually decided that the reviewed advocacy plan will be implemented during three years for the period January 2013 to December 2015.

PESTLE Analysis was used to understand the external environment that has an impact on the network. A Plan was developed for the next three years.

Annual General Meeting

During the Annual General Meeting, discussions took place with regard membership, progress of INFOSEM, next steps for the network, challenges faced, lessons learnt and some discussions on upcoming projects in India.

The ongoing DIVA Project in the country was discussed in some detail with its intent to engage with INFOSEM, have its partners be INFOSEM members and its willingness to provide technical support to the network. It was suggested that INFOSEM General Body members may engage with the Steering Committee from India.

Some of the existing INFOSEM members showed displeasure about the GFATM Round 9 'Pehchan' project. They expressed need for a meeting with the Pehchan Principal recipients India HIV AIDS Alliance and all their sub recipients. A committee of five members from five regions was elected and a meeting with the Pehchan implementers was assured by the secretariat.

It emerged clearly that INFOSEM members were willing to extend a helping hand by lending space to LBT women in addition to addressing the need to talk, discuss, integrate and research about LBT women in the country.

The next steps proposed were Integration of GFATM R-9 Pehchan Partners in INFOSEM

- Identify and integrate issues of Lesbian and bisexual women and F to M transgender
- Resource mobilization
- Sharing of Business Plan and Advocacy Plan
- Strengthening of INFOSEM Secretariat
- Planning for the Fourth Annual General Meeting of INFOSEM

INFOSEM Membership

INFOSEM pending members list was read out and approved by each region. Some members who had not sent their complete documents were asked to kept on provisional membership subject to final approval on receipt of all documents.

INFOSEM at the end of 3rd Annual General meeting stood at 192 members of which 167 are primary members, 13 Associate members and 12 Friends in Support.

The INFOSEM membership list is attached as an annexure with this journey document

Chapter 6

INFOSEM: Participating in National Processes

Regional Consultations in four regions for Civil Society Participation in NACP IV

The regional consultations for MSM and Tg was supported by UNDP and held in Delhi, Pune, Bangalore and Kolkatta in June 2011.

The budget permitted us to have **one-day consultations** for 50 participants in the North, for 25 participants in the South, for 20 participants in the West, for 25 participants in the East and a **maximum of 5 people from a state to participate in the consultations.**

The following **criterion for selecting the representatives to take part in regional consultations** was followed

1. An email requesting people to express their interest (by writing to INFOSEM secretariat email ID - infosem2009@gmail.com) in taking part in the regional consultations will be sent to INFOSEM, Igbt-india, SAATHII and AIDS-INDIA email-lists and to known CBOs, SACS, VHS APAC, VHS TAI, KHPT, FHI, Pathfinder International, AVERT, HIV AIDS Alliance and HLPPT at the same time.
2. Participants from each state will be selected based on a person's expression of interest (whoever sends their interest first).
3. MSM and TG representatives be chosen on a ratio of 3:2.
4. Only one person from an organization can participate in the regional consultation.
5. First preference will be given to sexual minority community members from sexual minority community organizations (both INFOSEM members and others) and INFOSEM members (who are not community organizations)
5. Second preference will be given to sexual minority community members working in TIs/programs run by NGOs or individual sexual minority activists
6. If 5 sexual minority community persons are not selected in these 2 steps from a state, non-sexual minority persons (running TIs/programs for sexual minorities and/or supporters of sexual minority rights) are selected.

We needed at least 1 partner organization (preferably INFOSEM member) to take responsibility to organize the consultation in each region. There was a possibility that the funds may not arrive in time for the consultations in which case the regional partner organization should be able to

mobilize funds on its own to organize the consultation to be reimbursed later.

INFOSEM proposed that **Samapathik Trust (along with Humsafar Trust) organize the regional consultation in the West** and **Sangama (along with SIAAP) organize the regional consultation for the South**, AMITIE with Manas Bangla in Kolkata and LGBT Adhikar in Delhi

A common framework for conducting the consultations and to write the consultation reports was developed so that it would be easier to consolidate these reports into a single national report.

Recommendations from the National Consultation in 4 cities

Overall NACP IV Strategy/Approach :

- All the services (ICTC, STI services, Care and Support) should be provided within the TI.
- Sivashakthis, Jogappas, Aravanis, Joginis and Hijras are all different subgroups of the TG. Each of these communities have their own distinct culture, rich history and traditions and each of them should be respected equally. The term TG is an internationally accepted terminology in public health and human rights, is being used **here** as a descriptive terminology and not as a self-identity.
- NACO figures stating that 87% infections are through heterosexual root is **not** evidence based and is misleading, as a lot of same sex sexual behaviour is not reported due to high levels of stigma, discrimination and human rights violations. Hence, designing programmes with this assumption is counterproductive. As the MSM/TG TIs cover a small portion of MSM/TG in India (excluding MSM/TG among Truckers, Migrant Populations and general population), all HIV programs should integrate MSM/TG concerns.
- The term HRG (High Risk Group) is stigmatising and at times is misunderstood projecting the community to be a risk/ danger/ threat to the society. Hence, terminologies like these should not be used. Instead non-stigmatising terms such as MARP (Most At Risk Populations) should be used.
- More funds should be spent by NACO/SACS to create an enabling environment. The current funds allocated for building an enabling environment are too low. The allocation should be increased and media campaigns and public campaigns should be organised for social acceptance of MSM/TG.
- The Guiding Principles should include Human Rights, Gender Equality and Vulnerability Reduction.
- Gender and sexuality education should be integrated into the curriculum at all levels of education to promote acceptance and social inclusion of sexual minorities.

- A letter from the CBO/ PLHIV network/ NGO should be sufficient as address proof to access official documents like ration cards or opening bank accounts and obtaining other social entitlements.
- Migration of MSM/TG (particularly TG) should be addressed. The current programme does not take this in consideration.
- Sensitisation programs should have a Rights-based approach. Specially, because the major barriers in accessing and utilising services is stigma and discrimination. Advocacy and counselling programs should be done as a policy with parents, teachers, house-owners etc. to help them be accepting of sexual minorities, especially adolescents.
- Mental Health support and services for MSM/TGs should be made focus area in all programs across the board including TIs, basic services and Care, Support and Treatment services and enough budgetary allocations to be made for the same.
- Advertisements for jobs in NACO/SACS/TSU etc. organisations should be given in regional newspapers. Now, it is done only in English newspapers and because of this, community members do not apply.
- Toll-free national sexual minority telephone helpline, on the lines of Childline, should be introduced across the country for crisis support.
- A Community Welfare Board, on the lines of the TG Welfare Board of Tamil Nadu, should be set up in all states to address the welfare needs of the community that include temporary shelter, housing, employment, education, old age support, job skills etc. There should be provisions made for Bonus in TIs and Pension schemes should be introduced for the community. For example: Madhubabu Pension scheme for PLHIV in Orissa should be replicated in other parts of India also.
- A Community Monitoring Committee should be created in each state and also at the national level to oversee the working of the HIV programs for MSM/TG, including NACO and SACS. The members of the board should not get salaries from the government-funded programs including SACS, NACO and NRHM. These members should be selected/elected by the community. There should be community representation at all levels of decision making including SACS and NACO and TSU. Jobs should be reserved for MSM/TG in SACS, NACO and TSU.
- There is a need to study the vulnerability of Female to Male Transgenders and lesbian and bisexual women and disabled people in relation to HIV. They are often assumed to be at low-risk and excluded from most of the interventions. **(EAST TG)**
- There should be separated budgetary allocation for research and identification of areas where advocacy is most needed and on which concerns. **(EAST TG)**
- If there are more than one medical problem, the person is made to roam between different kinds of services. Hence, all medical services should be made available under one roof.

1. **Program Planning and Implementation at State level**

- a. M&E.
 - b. Procurement.
 - c. HR and Capacity Building.
 - d. Financial management.
 - e. Decentralization.
 - f. Coordination at state and national level.
 - g. Program policy and program Implementation.
- There should be flexibility in designing and implementation of the outreach program.
 - **M&E:** Simplify the reporting process. Let outreach staff spend more time in the field and less time in the DIC. Make the documentation process easier. Moreover, community-led M&E should be established and the M&E tools should be designed by the community to make it community friendly.
 - The key decision making positions like Programme Manager should be held by the members of the community. Educational qualifications should not be given priority or be the only mandate for securing a job in a TI or in a CBO. Skills and capacities should be the criterion for securing a job in a TI. In case the community members lack the required skills, rapid focussed capacity building should be done for their skill enhancement. Similarly, the ability of documentation should not be a criterion for any post except Documentation Officer/ M&E Staff. Flexibility should be given to the TI to meet the documentation needs.
 - There should be flexible budget lines. NGO budgets cannot be imposed on CBOs as CBOs operate uniquely, depending on the local context include rural, sub-urban, urban and hilly regions. Both budgetary allocations and outreach strategies should be planned keeping these factors in mind. To benefit from the unique strengths of CBOs, some untied core funding should be provided to the TI run by CBOs.
 - Line-listing should not violate the right to privacy of the individuals. For example, residential address should not be part of line-list. All irrelevant information should be removed. Line-lists should stay at the TI level and it should not be shared with TSU or SACS.
 - Project and CBO assessments should be community-led and carried out by resource persons from the community.
 - Project funds should be disbursed in time so as to not hamper the development of the program.
 - All selected staff of SACS and NACO should be community sensitive and insensitive SACS officials such the present JD TI of Karnataka SACS should be removed. **(SOUTH)**

- Incentives and staff appraisals should be revived to make the staff have more ownership of the program.
- There is no need for organisations like TSU and STRC. Especially, the people in STRCs have never gone into the field. They cannot do capacity building for the sexual minorities. TSUs have now become only monitoring organisations which police and harass communities. It is better that we take people from the community, who are good at training and documentation, and do the capacity building ourselves. **(SOUTH)**
- Budgets should be made keeping in mind the inflation. Because the project is for multiple years, we should make budgets keeping in mind, the cost five years from now.
- There should be no composite interventions that club MSM/TG with FSW.
- When a new TI is introduced in an area then it should be given at least a time period of 6 months to get them skilled and trained in successfully running the TI, maintaining financial and other documentation, learn planning and implementation skills etc. **(East TG)**
- During the TSU handholding visit, the Programme Officers should not only provide inputs and recommendations towards the programmes, but should also be able to give support in management of funds. In case another person is required for the financial support then she/ he should be provided for optimum utilisation of resources. **(East TG)**
- In case of Medical Practitioners, the centres or services should recruit those with whom the community is comfortable or is recommended by them or the Medical Practitioner should be trained and sensitised towards the needs and sentiments of the community. **(East TG)**
- Yearly Peer Conferences should be organised.
- Monitoring and evaluation reports should be thoroughly shared with the MSM/TG TIs and community.
- SACS timings are 9 am to 5 pm, which do not go well with the community needs. Therefore, SACS timings should be changed to match the timings of the community. **(EAST/WEST)**
- The empanelment criteria for MSM/TG CBOs should also not be same as that of NGOs.

2. **Prevention Program (Targeted Intervention – HRGs and bridge population), including Condom Promotion.**

- SRS (Sex Reassignment Surgery) services should be linked with the TI services for the Transgenders. Psychological assessment, provision of hormones, laser hair removal, and information about all SRS-related procedures should be provided in the TI.
- Legal advocacy and legal awareness and legal aid should be a central part of TI. There should be adequate budgetary allocations for that. When requested SACS should provide adequate support (**Last point by East**)
- Every person under the TI cannot be treated in the same manner. Among MSM/TG, some people have different risk/ vulnerability than others and that has to be focused upon in the TI design. These include people in sex work, people living with HIV, married MSM/TG and different categories of TGs (hijra, kothi, aravani, shivashakthi, jogini, jogappas).
- Peer educator position should be a full time job with a monthly salary of Rs 5,500 and at least 10 per cent increment, each year. The ORWs post can be removed as most of their work can be carried out by the Peer Educators and a new post of field supervisor can be created to supervise the work of the Peer Educators.
- Peer Educators should have a central role in the decision making at the TI level, because they are the people on the ground, executing the core program at the grassroots level and they are most familiar with the field realities. Peer Educators should be covered for Accident and Health Insurance.
- Free condoms and lubricants of good quality should be provided to the TIs in adequate quantities.
- There should be a post for Advocacy Officer in every TI. NACO and SACS should play proactive role in advocating with various government departments in creating an enabling environment.
- Use of new technologies such as internet, mobiles etc. should be taught to at least one person per TI, who in turn should train other people in its use.
- Funds should be provided for organising one social event every month for community mobilization. Traditional events of the community like – Urs, jatres, koovagam annual event, pride parades etc. should be used for carrying out HIV messages and to spread awareness about the availability of HIV services. Funds should be provided for these.
- Crisis management cells and grievance cells should be strengthened and more funds should be allotted.
- Field-level activities should be increased. Every TI staff member should be involved in field activities for better work.

- Hep B vaccination for MSM/TG should be provided irrespective of their HIV status, as this would reduce the burden of STIs.
- HSV- Type 1&2 treatment options should be available for MSM/TG, as around 40% of TGs are infected with Herpes virus infection
- Personality development and life-skills education should be made a part of the TI.
- DICs should be situated in areas which are easily accessible to the community.
- As of now, the MSM/TG TI services are only available to adults. The NACP-IV strategy should have specific programs to reach out to MSM/TG adolescent and youth.
- Targets for outreach workers and peers should be realistic and context specific.
- ID cards should be given to all community members, by the individual TIs to protect them from police violence and access services when the individual is not in the TI area where he/she was registered.
- There should be an advocacy/ crisis management officer in each TI.
- Where ever there is feasibility, there should be a separate TI for TG.
- A new staff person should be added in the TI to take care of the office/DIC who may be designated as DIC supervisor. **(East and West)**
- The Peer Educator should have at least a 3 year contract rather than a one year contract. This will add to the financial stability of the Peer Educator and also increase her/his commitment towards the cause. However, there should be an additional clause whereby if the Peer Educator is not performing; his/ her contract can be terminated. **(East TG)**
- MSM population is dispersed and so brothel based model of FSW is not applicable. Therefore, the TI model should be modified according to their needs. **(East MSM)**
- Both feminine and non-feminine MSM should be brought under the purview of NACP IV. Present focus is only on feminine MSM.
- There should be separate Transgender and Hijra friendly ART and ICT Centres. Other health services should also be provided to them in a separate set up or within safe spaces. It is often reported from the field that transgenders and hijras are denied services or mistreated by most health providers. During hospitalisation there is always a conflict whether the transperson should be put up in a female ward or a male ward. There is a need for a separate ward for transgenders and hijras to provide safety and save them from humiliation and further discrimination. **(East TG)**

3. **Basic Services.**

- ICTC:
 - HIV/TB.
 - STI Management.
 - Blood Safety.
-
- There should be realistic targets for HIV testing. There should be no coercive testing through unrealistic testing targets.
 - Service providers should be instructed not to ask insensitive, disrespectful questions or personal information which is irrelevant to the treatment being sought and violates the right to privacy.
 - General medicine should be made a part of STI treatment.
 - ICTCs should be situated within the TIs and most of the staff, especially the counsellor, should be from the community. If required, the members of the community should undergo rapid, focussed capacity building, to make them fit for the job.
 - Fees for referral doctors should be increased.
 - Services should be provided for female partners of MSM.
 - Mobile vans for ICTCs, STIs and general health problems should go to the hotspots and these vans should cater to both the MSM and TG population. It is not possible for certain populations to go to the DICs. And the mobile vans should be with the TI.
 - Sensitisation programs should be organised with all service providers including healthcare providers, administrators and police. The trainings should be carried out by the community members. NACO and SACS should provide support to organise these programs only when requested.
 - Regular medical procedures like Proctoscopy, which are performed every quarter, should be reduced to twice a year. Similarly, ICTC visit, which is mandated twice every year, should be brought down to once.
 - Blood should be collected only once per visit and should be used for all the tests.

4. **Care Support and Treatment.**

- Apart from testing and support services, all care and support services should be linked to the TI services.
- A letter from the CBO/ PLHIV network/ NGO should be sufficient as address proof to access ART.
- MSM/TGs should have access to stigma-free healthcare facilities and inpatient services at medical centres throughout the country.
- Nutrition provision should be a central part of CST. And it should be provided to positive people without compromising their confidentiality.
- A short-stay home and CCC facilities should be provided for MSM/TG PLHIV.
- Support the formation of MSM/TG PLHIV CBOs and provide CST support for the community.
- The ART centres/link ART centres should have community counsellors, from the MSM/TG communities.
- The present funding for the CCC is grossly inadequate. Atleast, it needs to be doubled.
- There should be adequate staff and funds for referrals and accompanying PLHIV for Care and Support, as and when required.
- Many people felt that care and support should be made a component of TI and the post of a care and support officer should be created. However, some others cautioned that though the intention is good, it may not be practical as it raises concerns of confidentiality and capacity. The Northern Regional Consultation proposed the need for an urgent MSMTG PLHIV consultation to guide on the issue.
- An increment of 3,000 should be made towards GIPA.
- There should be a special budget for referring PLHIV to Community Care Centres and ART centres.

5. **IEC, Mainstreaming and Convergence:**

- IEC materials specific to the MSM/TG should be designed. It should be context specific and in the regional languages and should use terms which are sensitive to the community.
- The lost focus on BCC should be reinstated. CBOs should have budget for local culture specific BCC – research, development and promotion. **(East MSM)**

Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
CASP	Communication And Advocacy Support Program
CBO	Community Based Organization
DFID PMO	Department For International Development Project Management Office
FHI	Family Health International
HIV	Human Immuno-Deficiency Virus
HST	The Humsafar Trust
IEC	Information Education And Communication
INFOSEM	India Network For Sexual Minorities
LGBT	Lesbian, Gay, Bisexual And Transgender
MDACS	Mumbai District Aids Control Society
MIS	Management Of Information Systems
MSM	Men Who Have Sex With Men
NACO	National Aids Control Organization
NACP	National Aids Control Program
NGO	Non-Governmental Organization
PLHA	People Living Hiv And Aids
RALF	Research And Learning Fund
SAATHII	Solidarity And Action Against The HIV Infection In India
SRS	Sex Reassignment Surgery

SSC	Safe Sailors Club
STI	Sexually Transmitted Infection
TG	Transgender
UNAIDS	United Nations Aid For International Development
USAID	United States Agency For International Development
VCCTC	Voluntary Counselling And Confidential Testing Center
WHO	World Health Organization