

# THE HUMSAFAR TRUST STRATEGIC PLAN 2018-2022



## **The Humsafar Trust**

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*“Section 377 is irrational, arbitrary and incomprehensible as it fetters the right to equality for LGBT community... LGBT community possesses same equality as other citizen”*

*Honorable Chief Justice Dipak Misra*

*“history owes an apology to the members of this community and their families, for the delay in providing redressal for the ignominy and ostracism that they have suffered through the centuries”.*

*J. Indu Malhotra*

*“State has no business to get into controlling the private lives of LGBT community members or for that matter, any citizen.” Also, “decriminalising gay sex is only the first step to bury the Colonial Ghost, adding that time has come to move forward and give the LGBT community the other constitutional rights.”*

*Justice Chandrachud*

*“Homosexuality is not a mental disorder, which has been also recognised by Parliament. Centre must give wide periodic publicity to the SC judgment to eliminate stigma attached to LGBT community.”*

*Justice R.F. Nariman*

*“Social morality cannot violate the rights of even one single individual,”*

*Justice A.M. Khanwilkar*

## Background and Introduction

The Humsafar Trust (HST), which was founded in 1994 by the leading gay activist and reputed journalist Ashok Row Kavi and his two co-founders Suhail Abbasi and Sridhar Rangayan, is now a professional organization working towards the well being of sexual minorities. Twenty-five years back, it first started talking about the taboo subject of sexuality, and then proceeded to canvassing for the health rights of gay men. From the first intervention that was funded by the Mumbai District AIDS Control Society (MDACS, 1999) under aegis of the National AIDS Control Organization (NACO), HST has been playing a versatile role such as that of an advocate of rights of lesbians, gay, bi-sexual and transgender (LGBT), a mentor to other community based organizations (CBOs), a research institution, an organization that offers a range of services such as counseling, care and interventions for physical and mental health and support to men having sex with men (MSM) and transgender (TG) and from among these groups, people living with HIV/AIDS.

Although HST in its initial years focused on HIV prevention programs and health rights mainly for MSM followed by TG, it quickly moved to champion the felt needs of the sexual minorities across the country. This led HST to play a key role in bringing together various organizations representing sexual minorities under the umbrella of INFOSEM<sup>1</sup>. HST was in the forefront along with Naz foundation, lawyers' collective and others to petition against section 377 which resulted into a brief victory in July 2009 when Delhi high court decriminalized homosexuality by giving its verdict. However this judgment was overturned on 11th December 2013. The ensuing recriminalizing homosexuality coupled with both polity and society at the cusp of change presented newer challenges to the movement for the rights of sexual minorities. The Humsafar Trust recalibrated itself in the face of loss in SC's judgment in 2013 as well as opportunities offered by the NALSA judgment on recognition of transgender identity and rights in April 2014. The Humsafar Trust engaged in intense social, political and legal advocacy efforts as well as using the collective power of the NGO and CBOs to keep the momentum of struggle against 377 going in the Indian Supreme Court. All these efforts bore fruit in the form of September 6<sup>th</sup> 2018 when the Supreme Court of India delivered a historic judgment on reading down section 377 and decriminalized same sex consensual adult relationships.

Any intervention or policy within HST has to maximize opportunities offered by the favorable judgments and incorporate appropriate planning measures to take their goal forward.

As an organization that has reached out to over 100,000 MSM and TG, the one that intervenes for a range of sexual minorities through projects and advocacy measures, this growth could not have been achieved

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<sup>1</sup> India Network for Sexual Minorities - [www.infosem.org](http://www.infosem.org)

without the professional development that has taken place along the way. In HST's sphere of work, people and systems have been key to achieve the goals. HST has helped its' people to realize their full potential, pushed itself as an organization to take up bigger challenges. HST has also consciously implemented practices pertaining to good governance in voluntary sector. HST in short has ethos, people, systems and a plan that will enable it to achieve its' vision and mission. The Humsafar Trust has been through two cycles of strategic planning and the current document focuses on the third cycle of strategic planning.

## 2.0 Strategic Planning - HST Way

*HST defines Strategic Planning as a process in which the leaders and frontline functionaries at different levels come together to chart the future course of action towards the well being of sexual minorities by following a commonly arrived vision and mission. They determine that these goals and actions should be measurable and the people working for them should be responsible and accountable.*

The previous plan was 2014-2017 was a detailed exercise in which various methods such as several rounds of preliminary discussions, open space technology, strategic planning workshop and individual team discussions were held. These were done in order to strengthen the vision and mission state as well as to create a theory of change for the organization.

Similar participatory discussions and group exercises were conducted in order to obtain inputs for the strategic plan 2019-2022. HST board members, project managers and representative staff members were a part of these participatory exercises (Annexure-II). There was a consensus among the working group for Strategic Plan 2019-2022 that the vision, mission, theory of change and values of the Humsafar Trust as described in the previous plan have stood the test of time hence these can be continued as it is. The Strategic Plan is also sensitive to the global development agenda (Annexure-II) the sustainable development goals<sup>2</sup> (SDGs) as well of series of community consultations that took place in the wake of Supreme Court judgment on September 6<sup>th</sup>, 2018. These consultations were with the community members, legal experts, political representatives and stakeholders such as Parents Support group in the month of September and November (Annexures III, IV). Some of the priorities from each of these are presented below.

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<sup>2</sup> (<https://sustainabledevelopment.un.org/post2015/transformingourworld>)

## **Priorities As Per Sustainable Development Goals**

*SDG 1 No Poverty*

*SDG 3: Good Health and Well Being*

*SDG 5: Gender Equality*

*SDG 10: Reduced Inequality*

*SDG 16: Peace, Justice and Strong Institutions*

*SDG 17: Partnerships to Achieve the Goal*

## **Priorities As Per HST in –house Consultation**

Advocacy

Research

Capacity Building

Targeted Intervention and Clinic

Organization Development

## **Priorities as per community consultations (Mumbai and Delhi)**

Advocacy with different stakeholders from fields such as:

Media

National and UN Bodies

Corporate organizations

Health

Local Stakeholders

The current strategic plan integrates global approaches with the national and local needs as the Humsafar Trust has regional and national presence. Thus the Strategic plan for the next four years will help assure that the organization is receptive and answerable to the needs of the community and enabling organizational stability and growth. This Strategic Plan document will provide a vision and direction that is clear, which will enable better decision-making. This will increase focus of work and improve deliverables that could be monitored against the set targets. Strategic Plan was developed further into a detailed LFA, which was discussed with the M&E experts within the organization for review.

### 3.0 Vision Statement

*The Humsafar Trust is committed to a holistic approach to the rights and health of sexual minorities and promoting rational attitudes towards sexuality.*

### 4.0 Mission Statement

*Our mission is to strive for the human rights, social well being of sexual minorities and provide them comprehensive health services.*

### 5.0 Humsafar Trust's Theory of Change

*If we work for the human rights and health of sexual minorities who are LGBTQ and provide them services, then this work will lead to acceptance and equality of sexual minorities and a healthier community*

### 6.0 Core Values of The Humsafar Trust

**Equality:** The Humsafar Trust treats all human beings as equal. People irrespective of their age (18 years and above), sex, gender and gender identity, health status, sexual orientation, caste, religion, community nationality and ethnicity are being treated as equals.

**Respect:** The Humsafar Trust respects values, cultural diversity and opinions, parameters of equality, dignity of people, human rights and child rights.

**Empathy:** The Humsafar Trust empathizes with the issues of marginalized communities through lived experiences, accounts and ground level realities.

**Inclusivity:** The Humsafar Trust endorses inclusion of people on all the parameters of equality in decisions, processes, consultations and events to evoke participation.

**Integrity:** The Humsafar Trust emphasizes on adherence to core values, vision and mission, which is reflected in commitment to work by individuals, teams and the organization.

**Accountability:** The Humsafar Trust holds itself accountable to the community, funders of various projects, district, state and national level stakeholders. The organization is not accountable for any individual's personal actions and will not support unethical practices suggested by an individual, any funder or stakeholder.

**Transparency:** The Humsafar Trust believes in transparency, which is observed in knowledge sharing, transparency of work and financial procedures. However confidential bids, counseling data, health status, and clinic records are out of the bounds for people not concerned

with the direct intervention. While maintaining the confidentiality of individuals by adhering to ethical practices of research, research data needs to be acknowledged.

## 7.0 Health and Human Rights- HST Perspective

The origin of the Humsafar Trust lay in answering a rather difficult question “*What will happen to us in old age? Who will take care of us?*” discussed among three self identified gay men. In the heart of this question lay a sense of loneliness and insecurity among those who were attracted to other men, did not want to conform to the hetero normative institutions such as marriage to a woman, thus would never have children and family resulting into a situation of low social standing and in many cases estrangement from the family and society. It was this feeling of insecurity and marginalization, which made founders, start an organization. In its initial years, the organization dealt only with the issues, questions pertaining to sexuality, fear and distress. There was no visible, organized and identified community, just the sexual networks of men spread across Mumbai city. The first ever intervention for self identified gay men was done in the form of street based counseling of people in need of sexuality related information. Street based condom distribution was undertaken by the founder members to address the problem of sexually transmitted infections (STIs) among gay men. The first ever-sexual health conference was also organized by HST in 1994 to bring out the issues of alternate sexuality in the open and the need to intervene in this community.

HST's entry into HIV prevention was due to its' own initiative of understanding experiences of HIV/AIDS among their western counterparts. It was this probe by the founders, which revealed the presence of high-risk behavior of gay men and the HIV prevalence in the sexual network in Mumbai similar to the gay men in western countries. Thus began their canvassing with the health authorities of Maharashtra to start a specific intervention for MSM in public sites. The outcome of this effort was the first ever Mumbai District AIDS Control Society (MDACS) supported targeted intervention (TI) for men having sex with men (TG). While working with MSM, HST realized that there were other high risk groups which too needed to be cared through counseling, behavior change communication and STI treatment and creating awareness for HIV prevention. Therefore HST's work expanded to other marginalized groups such as Hijras and male sex workers as well. Although the project was MSM focused, the organization paid an equal attention to supporting other community-based organizations (CBOs) and nurturing them.

While working on the ground with the MSM on public sites, reaching out to the hidden community through drop-in-center, telephonic and one to one counseling, HST developed a better understanding of the rights perspectives. It became clear to the organization that the institution of marriage, family and children defined a person's position



and social standing, making same sex behavior and relationships as something odd and unacceptable. It was also worsened by the presence of section 377 that criminalized MSM behavior. Besides the legal status that created a feeling of fear, the loss of social and family support also led to isolation, being denied rights of property, social entitlements and discrimination at the workplace. This led HST to make substantial efforts to advocate the need to secure the rights of sexual minorities. Thus Humsafar Trust gradually evolved as an organization that now works to secure the health and human rights of the sexual minorities.

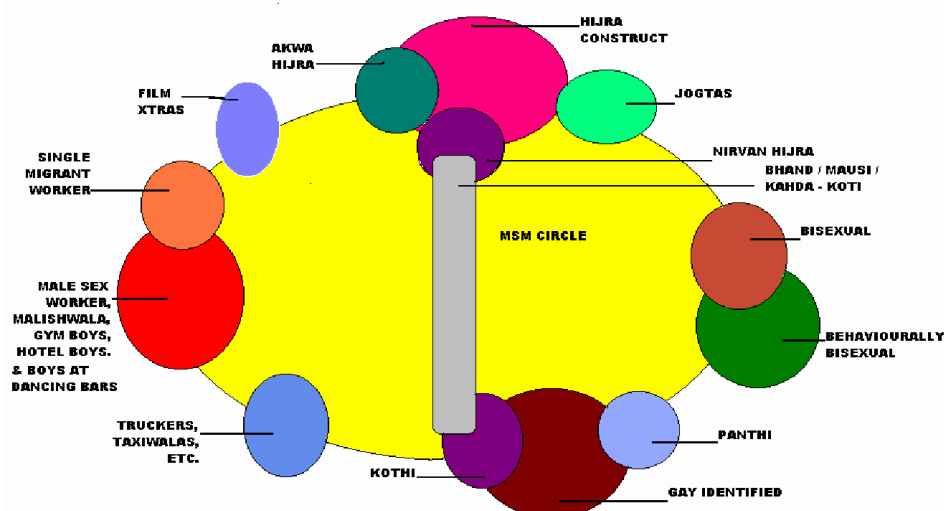
## **7.1 A Theoretical Framework of HST's work**

HST's theoretical frame can be divided into two phases, early (1999-2007) and later (2007-2018). The details are presented below.

### **7.1.1 Phase: 1 Early Framework (1999-2007) - MSM Circle**

At the time when HST was canvassing with the state and district level authorities to intervene for HIV prevention with MSM, the understanding of this high group among NACO planners was that of a monolithic minority. However, on the ground the reality was different as there were several groups culturally unique, occupationally and behaviorally diverse. These groups were crisscrossing each other for sexual relationships making them extremely vulnerable to HIV. HST was able to map out these groups under a MSM circle (Chart: 1), which was a path breaking understanding of various segments within a MSM circle. This led to segment based TI for Hijras and MSW.

Chart: 1 The MSM Circle 2000



In the early framework, HST's theoretical framework appeared to be more HIV oriented as most of the funding to it was coming from HIV prevention programs. Even at that point of time HST invested considerably in advocacy for health and legal rights issues. HST encouraged and provided guidance to organizations working for lesbian and transgender rights and projects.

### 7.1.2 Phase: 2 Framework - Health and Human Rights of Sexual Minorities (2007-2017-18)

Though HST had started with an idea to provide support to people dealing with their sexuality, it expanded its work in the area of HIV prevention in the early phase. A common thread of sexuality and identity leading to social, economic and political marginalization was running common across gays, Hijras, and lesbians. This led to HST becoming more of an umbrella organization for the sexual minorities. The MSM circle along with the lesbian and bi-sexual came under this umbrella. This evolution was due to developing a deeper understanding of the social-cultural, political and legal determinants of health and human rights of the sexual minorities. The subsequent paragraphs will focus on the development of the much broader framework in the later years.

*Health as per HST, is concerned with the physical and mental health and well being of individuals. HST believes that the stigmatized nature of the sexuality leads to negative influences on the physical and mental health and well being of an individual, which require special redress by the state as well as the community based organizations.*

***Rights as viewed by HST are both the human rights as cited by the office of the high commissioner for human rights<sup>3</sup>, United Nations as well as the fundamental rights enshrined in the constitution of India for which the state and its' institutions are responsible.***

The human rights are universal and inalienable, interdependent and indivisible; equal and non-discriminatory for which the states assume obligation and duties to protect under the Indian constitution and international law. These issues are over fifty in which there are clear cut guidelines on '***combating discrimination based on sexual orientation and gender identity.***' Although the Indian citizens can seek legal recourse in the court of law when their rights are violated, the rights of sexual minorities continue to suffer due to various institutional and social cultural factors.

In the Phase-II, the model focused on health and human rights of sexual minorities, HST has been working at three levels simultaneously. It is interacting with the society and various institutions that are set in the Indian context and engaging in a dialogue about the sexual minorities' life issues and rights. Pro-active advocacy and networking at the national, state and district as well as at local level; working with the social political and legal institutions along with providing direct services to alleviate the negative effects that manifest in the form of material circumstances (social and economic discrimination, stigma), behavioral and biological factors (vulnerability to disease), psychological factors (mental health), social and community support (lack thereof), political space (lack of representation) and legal position (detrimental laws). This work of HST will eventually have an impact on the health and human rights of sexual minorities in India.

After the Supreme Court verdict on 377 in 2014 that recriminalized the LGBTQ community, the Humsafar Trust as well as the several CBOs yet again collectivized with a new resolve. This collectivization centered on opposing the verdict through legal-political route as well as creating advocacy and sensitization at different levels. From December 2013 to 2018, the Humsafar Trust contributed to building up momentum towards LGBTQ rights through advocacy combined with the action in a more intensified manner. The advocacy efforts were directed towards the police, government officials, lawmakers and media as well as corporates. The Humsafar Trust through its' Global Fund supported projects Pehchaan and DIVA, engaged in CBO capacity strengthening in states where previously little work had been accomplished on LGBTQ rights and health. The Humsafar Trust also made consistent efforts to engage with the political leaders with little success.

In the fight for LGBTQ right, in April 2014, the supreme court of India gave a historic NALSA judgment that recognized third gender and the

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<sup>3</sup> [www.ohchr.org](http://www.ohchr.org)

rights of transgender people. This in a way opened up some of the opportunities for the Transgender People. The Humsafar Trust was able to implement a project on Transgender people under TRANscend initiative supported by sapient India under Corporate Social Responsibility.

Towards the end of this phase, the Humsafar Trust's rights related work was bolstered by the gradual change in the legal environment. In February 2016, the Supreme Court asked the Chief Justice of India to constitute a Constitution Bench comprising of five judges for hearing the curative petition on section 377. Subsequently, in June 2016 five individuals from LGBTQ community filed a case asking for The supreme court orders declaring 'Right to Sexuality', 'Right to Sexual Autonomy', 'Right to Choice of a Sexual Partner' to be part of the Right to Life under Article 21 of the Constitution and Section 377 to be violative of the Constitution. The Supreme Court then asked the Chief Justice of India to constitute a bench to hear cases about the validity of the law. From the Humsafar Trust, Ashok Rowkavi, Vivek Anand, Yashwinder Singh and Gautam Yadav filed petitions. Along with the personal narratives, the HST research on impact of section 377 judgments, documentation of crisis emerging out of section 377, Ishkonnnect study on online population served as evidence to bolster the case against section 377.

### **7.1.3 Phase: 3 Rights in the context of September 6<sup>th</sup>, 2018 SC judgment on Section 377**

On September 6<sup>th</sup>, 2018 the Supreme Court of India pronounced a historical judgment on section 377. Honorable judge Dipak Misra pronounced, "section 377 is irrational, arbitrary and incomprehensible as it fetters the right to equality for LGBT community....LGBT community possesses same equality as other citizen". This was a major victory for the community and also for India as a whole as it made India as one of the 25 countries in the world where it is not criminal to love person of the same sex. This was an extremely progressive judgment where SC held that "*the ability of a society to acknowledge the injustices which it has perpetuated is a mark of its evolution in the process of remedying wrongs under a regime of constitutional remedies, recrimination gives way to restitution, diatribe paves the way for dialogue and healing replaces the hate of a community*".

The reading down of 377-judgment does not automatically result into getting all the rights but creates a basis for claiming many other rights of the LGBTQ . The current context in India forms the ground for Humsafar Trust's Strategic Plan 2019-2022.

### Cross Cutting Frameworks Across Phases I, II and III

There were common frameworks that cut across throughout phase II and I. These frameworks had enabled the organization to incorporate wider agendas and they continue to be relevant for organization in the new plan period. These are as follows:

**Linkages with the existing public health systems:** HST has built strong linkage with the public health delivery systems since year 1999, which is now spread far and wide in different public health facilities. This enables HST to help members of LGBT community receive appropriate care at the public health systems at a nominal cost.

**Capacity building:** A considerable time and effort has been dedicated by HST to develop the capacities of community, office bearers in key positions, organizations and institutions on the issues of sexual minorities. This has enabled creating an informed, well-trained set of individuals, professionals and institutions prepared to take on the responsibility of working with the people marginalized due to their sexual orientations.

**Mentoring CBOs:** HST has always encouraged a decentralized approach therefore, instead of opening new branches across the state, it has trained and mentored activists and CBOs to work on the key issues throughout the country.

**Evidence based planning:** From the outset, the organization has planned its' programs based on scientific research. Various research has enabled evaluation of the programs and led to improvements and starting of new interventions.

**NGO governance practices:** HST has engaged in NGO governance by practicing accountability and transparency in its day-to-day work. The circumference of good governance has increased due to inclusion of more criteria.

Between phase II and phase III the new frameworks have emerged on which the Humsafar Trust had already started working in phase II. These continue to remain which are extremely relevant for the Phase-III. These are as follows:

**Wider efforts on rights based advocacy:** The rights based advocacy efforts have become extremely important in the phase III of Humsafar Trust's work. The advocacy efforts have to cover a wide range of stakeholders such as the health care providers, media, police and govt. officials. Three stakeholders viz the corporate organizations, educational institutions and parents support group have become extremely important in this phase. The advocacy efforts are also supported by development of support materials such as the manuals and policy guidelines for the relevant stakeholders. Besides TRANscend, a new initiative Bhavishya (SOGIE work in educational institutions) and Prabal ( capacity strengthening of Parents Support Group).

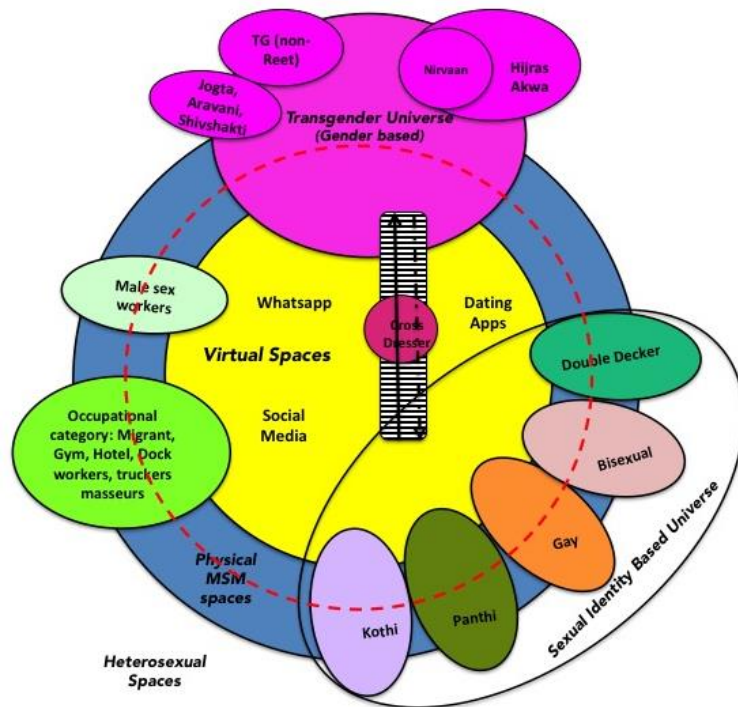
**Using of technology to reach youth:** More than ever before the LGBTQ community is making use of social media to connect and socialize. Making use of these technological platforms to reach out to youths for crisis and health intervention will continue to be important in the phase III of HST’s work.

**Holistic Clinic:** The Humsafar Trust aims at moving towards providing holistic services – from general check up to ART, PreP and PEP as well as non-communicable diseases to the community members as one stop clinic.

**7.1.4 Public Health Perspective of LGBBTQ Health**

In India there is a lack of comprehensive understanding of LGBTQ in the public health system. Nearly two decades back, the Humsafar Trust developed MSM circle that focused on STI and HIV related challenge. The research on risk factors and health challenges of LBT community continue to be an area of challenge. In past 5 years, there has been a change in the public health perspective of MSM. The revised MSM Circle is presented below (Chart: 2)

**Chart: 2 Revised MSM Circle 2019**



## Explanation of MSM Circle 2019

- Open space is the world of heterosexual behavior.
- Concentric circle is a world of MSM people - they have sexual relations in both the worlds.
- In this world, MSM are existing in the physical space shown here in blue – they are in the form of various sexual identities and behaviors which are self identified such as Kothi, Panthi, Gay, Bi-sexual and double decker. This is encircled showing a set and a bridge from here connects to the Transgender world. This indicates possible fluidity, which means a person, may have a sexual identity and may cross over to TG universe. A person may belong to TG universe and identify as a bi-sexual. Cross dressers oscillate between the TG universe and sexual identity based universe.
- MSM from various occupational categories are pooled as one group. MSWs are separate as they engage in sex work irrespective of sexual orientation or identity.
- At the core there is a virtual space that also has people on the physical space, virtual space is known by identities as well as behavior however this is an amorphous world about which little is known. All sub groups are present in the virtual world.
- All these sub-groups are linked in the form of a concentric circle of broken red line which connects them all as people may engage in sexual partnership with any group across the circle as casual partners or through sex work thereby widening their exposure to risk sex.
- From Health interventions point of view (STI and HIV) the above linkage is extremely important – that's the multiple networks of HIV/STI Transmission leading to MSM in different groups as well as women outside.

### 7.2 Social Determinant of Health and Human Rights of Sexual Minorities in India

In this section the World Health Organization<sup>4</sup> led Commission on Social Determinants of Health (CSDH) model has been contextualized and expanded to explain the health and human rights of sexual minorities in India.. In the CSDH framework, structural mechanisms are those that generate stratification and social class divisions in the society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources. Structural mechanisms are rooted in the key institutions and processes of the socio-economic and political context. The most important structural stratifiers and their proxy indicators include: Income, Education, Occupation, Social Class, Gender,

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<sup>4</sup> A Conceptual Framework for Action on the Social Determinants of Health Discussion Paper 2 [https://www.who.int/social\\_determinants/corner/SDHDP2.pdf?ua=1](https://www.who.int/social_determinants/corner/SDHDP2.pdf?ua=1)

Race/ethnicity. Together, context, structural mechanisms and the resultant socioeconomic position of individuals are “structural determinants” and in effect it is these determinants we refer to as the “social determinants of health inequities.” The underlying social determinants of health inequities operate through a set of intermediary determinants of health to shape health outcomes. The vocabulary of “structural determinants” and “intermediary determinants” underscores the causal priority of the structural factors.

The main categories of intermediary determinants of health are: material circumstances; psychosocial circumstances; behavioral and/or biological factors; and the health system itself as a social determinant. The model (Chart:3) is adapted from the CSDH framework and expanded as this framework able to accommodate all the factors that impact health and human rights of sexual minorities. The systems therefore are Socio-economic, political, health and legal systems in Indian context.

HST recognizes that sexual minorities in India are placed in a context that is regulated by diverse religious, cultural and societal values. The composite Indian values place importance on the institution of marriage, children and family, division of work and role as per male and female. That does not augur well for the sexual minorities as not conforming to these values may lead to alienation from the families and denial of inheritance and push them on the sidelines of the society. While this may be the social cultural position, the sexual minorities now have solid legal ground to claim their rights and protection under the NALSA judgment on Transgender<sup>5</sup>, SC judgment on section 377<sup>6</sup>, mental health bill<sup>7</sup> as well as HIV-AIDS Act<sup>8</sup>.

The Indian democracy provides a room and space for virtually all kinds of ideologies and affiliations leading to a state of perpetual political churn. Every new group is co-opted by the political parties based on that group's potential to mobilize as a vote bank. Though the Indian political parties are now viewing sexual minorities as political beings, nonetheless the role and space for sexual minorities is still limited. The impact of globalization, especially the penetration of information technology coupled with media coverage has led to more and more sexual minorities getting to know about their community and the developments in other countries and organize

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<sup>5</sup> NALSA JUDGEMENT <https://indiankanoon.org/doc/193543132/>

<sup>6</sup>[https://www.sci.gov.in/supremecourt/2016/14961/14961\\_2016\\_Judgement\\_06-Sep-2018.pdf](https://www.sci.gov.in/supremecourt/2016/14961/14961_2016_Judgement_06-Sep-2018.pdf)

<sup>7</sup>

<https://www.prsindia.org/sites/default/files/The%20Mental%20Healthcare%20Act%2C%202017.pdf>

<sup>8</sup> HIV-AIDS ACT <http://naco.gov.in/hiv aids-act-2017>



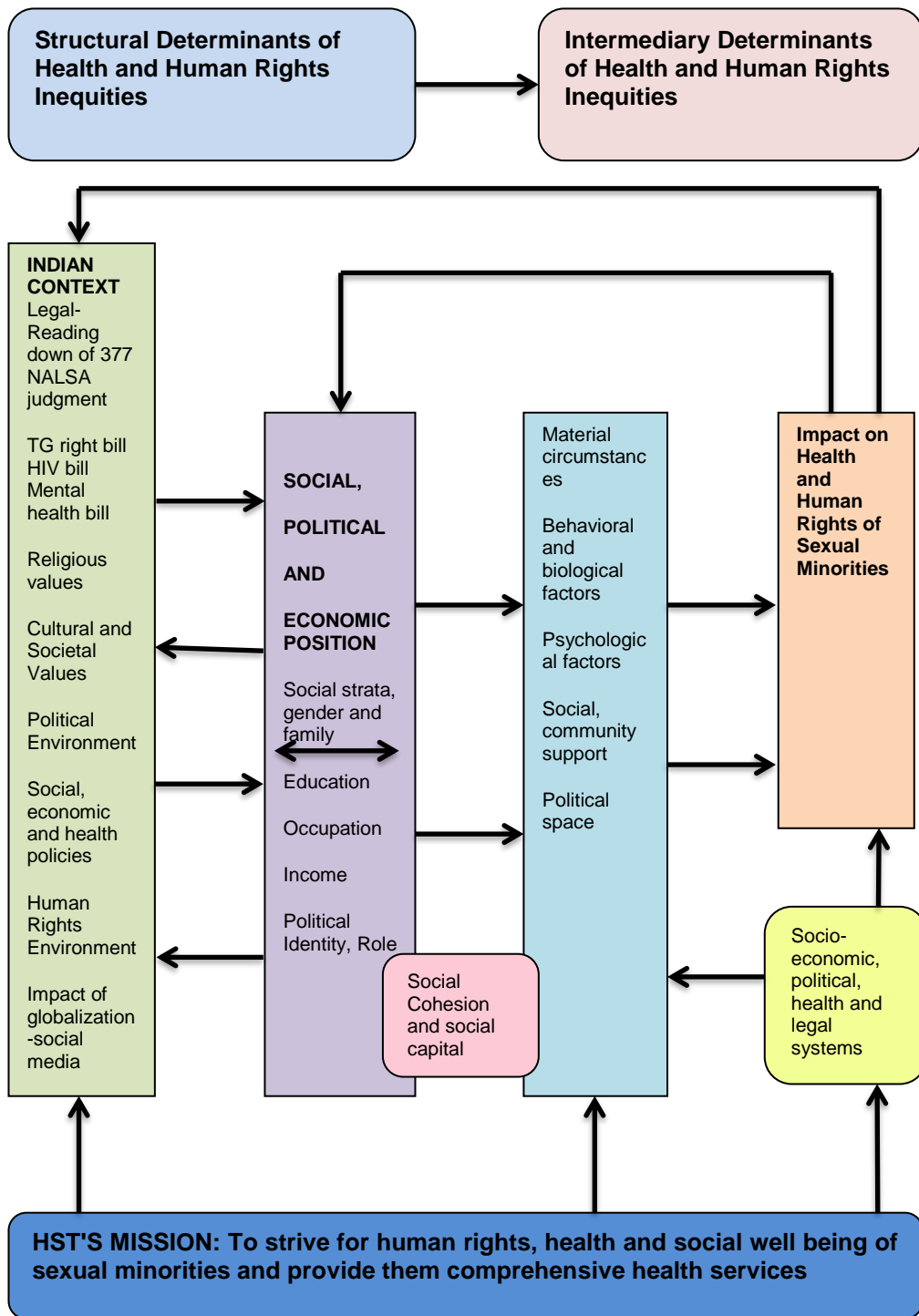
themselves. Increased usage of social media technology has brought together LGBT community across the country.

In sum, the context in which the sexual minorities are placed plays an important role in determining their social, political and economic position. This, in turn has a long term effect on the material circumstances such as occupation, conditions of living, behavioral and biological factors such as vulnerability to STI/HIV/AIDS, mental health issues and health seeking behavior, social and community support and lastly eventual political space. All these factors have a long-term impact on the health and human rights of the sexual minorities.

HST recognizes the importance of Indian context, it's role in determining the social, political and economic position of the sexual minority which in turn leads to several intermediate factors that eventually have a positive or negative impact on the health and human rights of the sexual minorities. The mission of the Humsafar Trust is to strive for human rights, health and social well being of sexual minorities and provide them comprehensive health services. The mission therefore is inextricably linked to the structural and intermediary factors. At the structural level, HST's actions and interventions to accomplish have resulted in to working with the Socio-economic, political, health and legal systems that impact the situation of health and rights. This has been proved by the Humsafar Trust's involvement in the projects like Pehchaan and DIVA, closely working with NACO, petition in 377 cases as well as engaging with the political leaders and corporates. At the intermediary level, the HST has worked with the behavioral and biological factors, Psychological factors. These factors have been addressed via HST's health interventions like the TIs, mental health interventions and access to care and treatment for STI, HIV, and advocacy for the rights of LGBTQ with the law enforcement agencies, health care providers and working with the families. Although the Humsafar Trust has directly addressed the bio-behavioral and psychological factors by health interventions, creation of social, community support and political space have led to creation of social cohesion and social capital. This role could have led to change in social and political positions of the sexual minorities in India at the intermediary level.

The Humsafar Trust through its' partner CBOs has been able to address the intermediary determinants which in turn impacted the structural determinants thereby leading change in the situation of rights of sexual minorities in India.

**Chart: 3 Determinants of Health and Human Rights of Sexual Minorities of India: The Humsafar Trust Contextual Perspective**



Source: Reworked on WHO's 'A Conceptual Framework for Action on the Social Determinants of Health'

## 8.0 Areas of HST's Work

The broad areas of HST's work are as follows:

- 1. Health:** This includes TIs for MSM for HIV related knowledge and prevention of HIV/AIDS. Some interventions have social aspect integrally woven into it in order to deal with stigma and discrimination. Health also focuses on mental health and physical well being for sexual minorities. The health aspect is not limited to the physical health but also to mental health. HST provides a range of counseling on sexuality, relationships, mental health and pre and post-test counseling to the people. The people utilizing counseling are also linked to various health institutions and community support forums for further treatment and support.
- 2. Capacity building:** Capacity building of the community members, staff and institutions do deal with the social, legal and health issues concerning sexual minorities are core strength of the HST.
- 3. Advocacy and Networking:** A regular dialogue and communication with the individuals, NGOs and institutions set at the local, district, state and national level and networking with them for facilitating a supportive environment and system is a core area of work for HST.
- 4. Research:** HST strives for evidence building and utilizing that for further project planning and designing interventions for its' various arms.

Activities are held under these areas of work, which, in this strategic plan are organized under different objectives, strategies and activities.

## 9.0 HST's Overarching Goal

**'Achieving human and health rights of sexual minorities through holistic services.'**

**Defining this goal:** The *rights* include both human rights and fundamental rights guaranteed by the constitution. *Health rights*<sup>9</sup> are specifically as follows:

- **Availability:** functioning public health and health-care facilities, goods and services must be available in sufficient quantity within a State.
- **Accessibility:** the facilities, goods and services must be accessible physically (in safe reach for all sections of the population, including children, adolescents, older persons, persons with disabilities and other vulnerable groups) as well as financially and on the basis of

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<sup>9</sup> The Right To Health- [www.ohrchr.org/documents/publications/factsheet31.pdf](http://www.ohrchr.org/documents/publications/factsheet31.pdf)

non-discrimination. Accessibility also implies the right to seek, receive and impart health-related information in an accessible format (for all, including persons with disabilities), but does not impair the right to have personal health data treated confidentially.

- **Acceptability:** the facilities, goods and services should also respect medical ethics, and be gender-sensitive and culturally appropriate. In other words, they should be medically and culturally acceptable.
- **Good quality:** they must be scientifically and medically appropriate and of good quality. This requires, in particular trained health professionals, scientifically approved and unexpired drugs and hospital equipment, adequate sanitation and safe drinking water.
- **Non-discrimination:** health services, facilities and goods must be accessible to all without discrimination on any grounds.
- **Participation:** The beneficiaries of health care services, facilities and goods should have a voice in the design and implementation of health policies, which affect them.
- **Accountability:** Duty bearers should be held accountable for meeting human rights obligations in the area of public health, including through the possibility of seeking effective remedies for breaches such as, for example, the denial of treatment.
- **Underlying determinants:** The right to health encompasses not only health care but also the underlying determinants of health such as adequate sanitation and safe drinking water and adequate housing.

All of these rights found a place in the proposed national health bill<sup>10</sup>, which was eventually shelved by the government of India in March 2013, therefore making it an imperative for the NGOs across the country to keep the spirit of health bill alive so that every citizen alike could realize in future health rights. HST's goal of health rights is in line with this spirit.

Assertion of rights is in the social, political and legal domain whereby it is incumbent upon the legislators to legislate over the issues of rights and judiciary to protect them. Both legislature and judiciary are strongly influenced and affected by the socio-cultural norms. This is where a regular dialogue, advocacy, even protests, participation in legal petition becomes an integral goal to HST. The results in this area could be observed after a long period of time ranging from 3-10 years.

Holistic services for HST translate as a tangible support provided through different interventions. These are driven by the programmatic considerations thus are intended to provide immediate relief. The results in this area, therefore can be observed over a short period of

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<sup>10</sup> Ministry of Health and Family Welfare, Government of India, Working Draft Version, January, 2009 available at [www.prsindia.org/uploads/media/Draft\\_National\\_Bill\\_Pdf](http://www.prsindia.org/uploads/media/Draft_National_Bill_Pdf)

time. This however does not mean that they are not connected with the larger goal, services integrally connected with the goal.

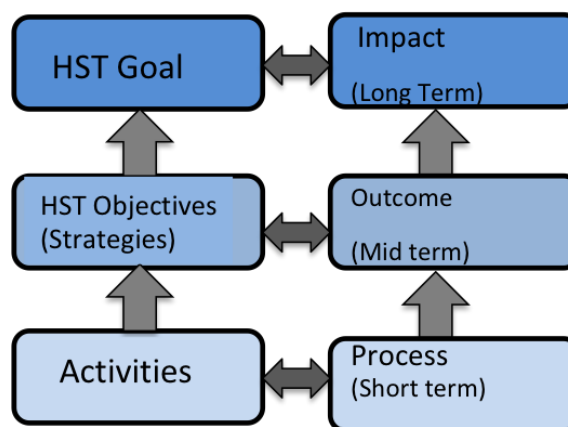
**Chart: 5 Holistic Services of the Humsafar Trust**



### 9.1 Linking Goal, Objectives and Activities

The organizational goal will be achieved through various objectives. Each of these objectives may require one or more than one strategies. These strategies then manifests into several activities (Chart: 3). Activities contribute to various objectives, which together seek to achieve goal.

**Chart: 5 Linking goals, objectives and activities**



**Table: 1 HST Goal in a Project Planning Matrix**

<b>NARRATIVE SUMMARY</b>	<b>OBJECTIVELY VERIFIABLE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>IMPORTANT ASSUMPTIONS/ RISKS</b>
<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>			
Organization is sustainable to carry its' goal	Healthy financial indicators	Assessment ranking of organizational sustainability	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal
Organization is having an effective advocacy towards claiming health and human rights of sexual minorities	Effective advocacy, related outcomes, capacities and institutional and legislative changes	Sector wise Advocacy reports Legislative changes	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal
There is a change HIV/AIDS related behavior and attitude change	% Change in knowledge, attitude and risky sexual behavior of MSM and TG	HSS indicators Wave studies	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal
There is a change in HIV and STI trends among MSM and TG	% Change in HIV and STI trends in MSM and TG	HSS indicators Wave studies	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal
The community is accessing and availing services of HST	Proportion of community positively assessing HST's work	Assessment of HST work by the community	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal
Clients of HST are satisfied by services	Proportion of HST clients reporting satisfaction with services provided by HST	Client satisfaction studies	All the activities of Humsafar Trust are serving the objectives which will eventually serve the overall goal

## 9.2 Objectives and Strategies

In this section, the rational of objectives and strategies applied for achieving goals is presented.

### 9.2.1 Objective: 1 Identify and Seek Opportunities for Organization Development (OD)

**Rationale and Alignment (with the goal):** In the context of this strategic plan, OD is defined to be an organization wide effort to increase effectiveness and efficiency. Organization development is achieved by preparing people (to assume new roles), systems (policies, infrastructure) and processes (way of functioning) to adapt to the changes and challenges. While the change could be in the form of change in legal rights and social environment, the challenge could be in terms of funds, staff and addressing an issue of critical nature. A strong organization is key to achieving the goal and objectives in the long run, hence identifying and seeking opportunities for organization development would be crucial to achieving overarching goal.

**Table: 2 Brief Project Planning Matrix for Objective: 1**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective: 1 Identify and seek opportunities for organization development</b>		
	<b>Strategies</b>	<b>Indicators</b>
S-1	Monetization of in built capacities	Healthy corpus, that can sustain organization's activities for next three years in the absence of project grants
S-2	Institutional Fees	
S-3	Community Contributions	
S-4	Fund Raisers (Per Year)	
S-5	Expand Funding Agency Base	
S-6	Secure non-binding grants	
S-6	Strengthening Internal Systems and Processes to respond to change	Technology and systems in place
S-7	Strengthen Human Resource Management of HST	Policy and Systems in place
S-8	Strengthen Finance	Policy and systems in place
S-9	Strengthen response to community needs in context of civil society environment	Community supported
S-10	Strengthen organizational polices	Policy and systems in place
S-11	Implement on line M&E systems	M&E systems in place
S-12	Strengthen office and clinic infrastructure	Office and clinic infrastructure strengthened

### 9.2.2 Objective: 2: To strengthen HIV intervention program for MSM and TG

**Rationale and Alignment (with the goal):** Due to the risky sexual behavior with multiple partners, MSM and TG are categorized as 'high risk groups'. According to NACO conducted HSS<sup>11</sup> (2010-11), the HIV prevalence in Mumbai among MSM is standing at 4.69% and among TG at 3.60%, which makes the work of HIV prevention among MSM and TG an imperative. HST's various TIs are catering to the most pressing need of the community. Activities under this objective provide the key populations holistic services, which is in line with the goal of the organization.

**Table: 3 Brief Project Planning Matrix for Objective: 2**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective: 2 To strengthen HIV intervention program for MSM and TG</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Reach out to the hard to reach population on physical and virtual spaces	New interventions for hard to reach population
S-2	Strengthen TI	TI infrastructure and personnel strengthened
S-3	TI clinic facility up gradation	TI Clinic facility up graded
S-4	Strengthen programs towards 90-90-90	Programs strengthened to achieve 90-90-90
S-5	Strengthen referral network for Care Cascade	Referral network strengthened

### 9.2.3 Objective: 3 To strengthen the continuum of care for MSM and TG (STI and HIV continuum of care and support).

**Rationale and Alignment (with the goal):** The HST run HIV prevention programs leads MSM and TG to a continuum of care for STI and HIV. This continuum has counseling, testing and treatment referrals. People living with HIV/AIDS (PLHAs) related support groups, nutrition and self-groups are a part of this continuum. This objective too lives up to the definition of holistic services as imbedded in the goal.

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[http://naco.gov.in/sites/default/files/HIV%20SENTINEL%20SURVEILLANCE\\_06\\_12\\_2017\\_0.pdf](http://naco.gov.in/sites/default/files/HIV%20SENTINEL%20SURVEILLANCE_06_12_2017_0.pdf)



**Table: 4 Brief Project Planning Matrix for Objective: 3**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective: 3 To strengthen the continuum of care for MSM and TG</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Strengthen Counseling	Counseling packages offered
S-2	Strengthen networking for Care and Support	New networks for care and support
S-3	Seek opportunities to achieve 90-90-90 among MSM/TG	New projects for achieving 90-90-90

**9.2.4 Objective: 4 To strengthen clinical and counseling services at HST**

**Rationale and Alignment (with the goal):** Clinic and counseling services are a link to not only with the TI and C&S but also to the community at large. These services facilitate addressing physical and mental health, dealing with one's sexuality and relationships making HST services wholesome. Strengthening these services will enable empowerment of the community, which in turn will contribute to the goal.

**Table: 5 Brief Project Planning Matrix for Objective: 4**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective:4 To strengthen clinical and counseling services at HST</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Expand and Strengthen Clinical Services	Clinical services strengthened
S-2	Reach out to the LGBT community for non-HIV related counseling and clinical issues	LGBT community reached out for non-HIV related counseling and clinical services
S-4	Counseling facility up gradation	Counseling facility upgraded
S-5	Establish community Based ART Center	Community Based ART Center started
S-6	Establish community Based PrEP Center	Community Based PrEP Center
S-7	Establish Holistic Clinic	Holistic Clinic Established

### 9.2.5 Objective: 5 : To strengthen advocacy initiatives for effective and enabling environment

**Rationale and Alignment (with the goal):** Advocacy is an important tool to mitigate the impact of discrimination and stigma and for creating an enabling environment for people to claim their rights. Advocacy at HST is conducted at several levels. If there is advocacy at the national level, it for championing for rights and policy changes. Similar advocacy may be taken up at the state level for the betterment of community at that level. Advocacy at district level however is more focused towards enabling and strengthening the intervention programs and enhancing the collaborations. This is an extremely crucial objective to meet the overarching goal.

**Table: 6 Brief Project Planning Matrix for Objective: 5**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective: 5 To strengthen advocacy initiatives for effective and enabling environment</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Strengthen advocacy policy of HST	HST advocacy policy strengthened
S-2	Strengthen advocacy with different stakeholders (Police, Health Care Providers, Law Makers, Media, Educational Institutions, Corporate Organizations)	Advocacy initiatives strengthened No. of stakeholders reached out for advocacy
S-3	Strengthen customized BCC tools (leaflets, pamphlets, board games), audio-video clips, short films	BCC Tool developed and printed
S-4	Networking at various levels for expanding HST work	Networking strengthened
S-5	Support Youth initiatives	Youth initiatives supported
S-6	Liaison, coordinating and influencing policy at NHRC and SHRC level	Policy influenced AT NHRC and SHRC level
S-7	Sensitizing and advocating for policy change with the political leaders and planners	Advocacy with political leaders and planners conducted
S-8	Adopt social visibility measures for creating an enabling environment in mainstream spaces	Social visibility measures taken up-25 years of HST Celebrations

## 9.2.6 Objective: 6 : To strengthen internal and external capacity building initiatives for sexual minorities

**Rationale and Alignment (with the goal):** Capacity building initiatives are visualized at different levels internally and externally. At the organizational level, capacity building is done to take the goal forward. At programmatic level, it is for the staff to work on aspects of implementation as well as advocacy. Externally at legal and health institutions, capacity building is done to inform and equip functionaries and institutions to deal with the issues of sexual minorities. This is an ongoing activity for HST, which is expected to strengthen the overall internal and external capacity to work on issues crucial to sexual minorities, thus it is integrally linked to the goal.

**Table: 7 Brief Project Planning Matrix for Objective: 6**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective: 6</b> To strengthen internal and external capacity building initiatives for sexual minorities		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Capacity Strengthening for external stakeholders-Sensitization and Training and initiatives	Capacity strengthening for external stakeholders
S-2	Capacity strengthening (Leadership training) for senior and middle management	Capacity of senior and middle management strengthened
S-3	Capacity building of Staff of Humsafar Trust	Internal capacity of HST staff is strengthened
S-4	Capacity strengthening for IRB	IRB capacity strengthened
S-5	Facilitating the social entitlement process	Social entitlement process facilitated

## 9.2.7 Objective: 7: To strengthen research based planning, decision making and advocacy

**Rationale and Alignment (with the goal):** In order to plan better, support decision-making and advocacy, collecting scientific evidence is of utmost importance. Research is more like a key support activity at HST, however, gauging how far HST is able to achieve its' objectives, research plays a key role.

**Table: 8 Brief Project Planning Matrix for Objective: 7**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective:7 To strengthen research based planning, decision making and advocacy</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Conducting Research to provide direction to the TI and HST clinic	Research projects accomplished- papers/projects
S-2	Identifying new areas of research	Research projects accomplished- papers/projects
S-3	Utilizing research for advocacy	Workshops, disseminations and conference presentations
S-4	Establishing Systems and Processes for Research	Systems and process for research established
S-5	Increasing exposure to international knowledge	International journals subscribed

### 9.2.8 Objective: 8 : To address unmet needs of LBT persons

**Rationale and Alignment (with the goal):** This objective contains an intervention planned for LBT women. For a very longtime, HST has provided psycho-social support to LBT women, however, this is for the first time it has planned to create a safe space for LBT women. With this objective, practically all varied groups among sexual minorities are supported by HST thus taking right steps towards reaching the overarching goal.

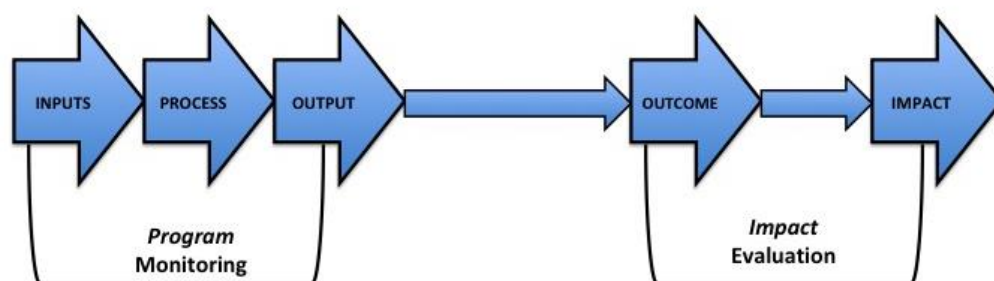
**Table: 9 Brief Project Planning Matrix for Objective: 8**

<b>Goal: Achieving Human and Health Rights of Sexual Minorities Through Holistic Services</b>		
<b>Objective:8 To address unmet needs of LBT persons</b>		
	<b>Strategies</b>	<b>Indicator</b>
S-1	Creation of Safe Spaces	Safe space (Umang) created
S-2	Reaching the LBT Community	LBT women reached out
S-3	Facilitating counseling	LBT women counseled

## 10.0 Monitoring and Evaluation

In brief, monitoring is tracking of day-to-day activities of the organization as per planned strategies under various objects. Evaluation is concerned with outcomes that could be attributable to the specific interventions, set of activities under certain objectives. Systematic and scientific data from monitoring and evaluation (M&E) helps an organization in assessing their extent of goal achievement. It also makes the organization accountable towards the stakeholders and funders. An organization can be more efficient and effective as periodic information informs regarding changes happening and guides on actions to be taken. M&E is imbedded in the strategic plan of HST (Chart:4). Indicators at each and every level of the program are built in this plan (see detailed LFA). These are specific, measurable, assignable, realistic and time related (SMART) indicators.

Chart: 6 Level of Measurement for M&E for HST



For this strategic plan, a detailed M&E has been prepared. Indicators have been built at the level of goal, objectives and activities. Following framework has been used for monitoring in HST plan (Table:9).

**Table: 9 Comprehensive Monitoring Framework**

Type of Monitoring Indicator	Monitor What?
Input	Financial, policy, personnel, facilities, space, machine, medicine
Process	Activities in which program inputs are utilized to achieve the results expected for eg. participation
Output	Outputs which we secure after utilizing inputs and process
Functional Output	Results of key areas like policy, training management, commodities and logistics, research and evaluation and IEC. (Example: No. of people trained, messages aired, existence of MIS)
Service Output	Program activities aimed at improving the service delivery system

	measured in terms of quality, accessibility of services and program image and acceptability, utilization
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In HST plan, monitoring of the indicators will be a regular activity, where the project coordinators and managers in charge will be responsible for monitoring consistently. Indicators will be monitored on one time/ monthly/ quarterly/ six monthly or annually based on the frequency of occurrence. For monitoring, systematic management information systems (MIS) will be in place, which will enable fast and efficient reporting.

For evaluation, a framework<sup>12</sup> that is mostly utilized for HIV/AIDS program but is applicable for non-HIV related activities also, has been included in the HST's plan (Table:10).

**Table: 10 Comprehensive Evaluation Framework**

<b>Types of Evaluation</b>	<b>Questions Answered By Different Types of Evaluation</b>
Formative Evaluation Research(Determines Concept and Design)	Is an intervention needed? Who needs the intervention? How should the intervention be carried out?
Process Evaluation (Monitors Inputs and Outputs; Assesses Service Quality)	To what extent are planned activities actually realized? How well are the services provided?
Effectiveness Evaluation (Assesses Outcome and Impact)	What outcomes are observed? What do the outcomes mean? Does the program make a difference?
Cost-Effectiveness Analysis (Including Sustainability Issues)	Should program priorities be changed or expanded? To what extent should resources be allocated?

For carrying out evaluations, support of internal and external resources will be required. Internally the research team would be engaged in conducting research. External resources may be utilized for a bias free process evaluation. For some of the community evaluations, participatory methods may be utilized. Institutional review board (IRB), Community Advisory Board (CAB) and Research Advisory Boards (RAB) will play an important role in planning the evaluation research related activities.

## **11. Impact Assessment**

An impact assessment would be planned at the end of 2019 to gauge and assess the work of HST an organization. This impact assessment will be for 25 years.

<sup>12</sup> Evaluating Programs For HIV/AIDS Prevention And Care In Developing Countries: A Handbook For Program Managers And Decision Makers Edited By Thomas Rehle, Tobi Saidel, Stephen Mills, Robert Magnani- Family Health International, 2001

## ANNEXURE: 1



This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognize that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet. All countries and all stakeholders, acting in collaborative partnership, will implement this plan. As we embark on this collective journey, we pledge that no one will be left behind. The 17 Sustainable Development Goals and 169 targets which we are announcing today demonstrate the scale and ambition of this new universal Agenda. They seek to build on the Millennium Development Goals and complete what these did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.

<https://sustainabledevelopment.un.org/post2015/transformingourworld>

### Interpretation of SDG 1 No Poverty

#### End poverty in all its forms everywhere

**Poverty is more than the lack of income and resources to ensure a sustainable livelihood. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion as well as the lack of participation in decision-making. Economic growth must be inclusive to provide sustainable jobs and promote equality.**

## How are sexual minorities left behind?

There are pre-existing social, economic and regional/ developmental inequities that are responsible for poverty in India. In addition to these factors, being LGBTI can contribute to the poverty due to loss or lack of education and unemployment opportunities or even participation in political space.

### Action required

Action Point	From Stakeholder/s	From The Humsafar Trust
Access to resources, opportunities	Facilitating rights or claims	Advocacy, capacity building, strategic information
Social Entitlements	Access to entitlements	Community level awareness, networking with the govt. departments

### Interpretation of SDG 3: Good Health and Well Being

- How are sexual minorities left behind?
  - Experience of Homophobia/ Transphobia, non-acceptance and Stigma and Discrimination has a significant impact on the good health and well being
  - Vulnerable to Mental Health issues
  - Vulnerable to STI, HIV and Hep.C, high prevalence among key populations
  - Sexual orientation related beliefs and legal frameworks pose barriers in seeking health

### SDG 3: Good Health and Well Being

Ensure healthy lives and promote well-being for all at all ages

Ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.

- How are sexual minorities left behind?
  - Experience of Homophobia/ Transphobia, non-acceptance and Stigma and Discrimination has a significant impact on the good health and well being
  - Vulnerable to Mental Health issues
  - Vulnerable to STI, HIV and Hep.C, high prevalence among key populations
  - Sexual orientation related beliefs and legal frameworks pose barriers in seeking health
- Action Required



Action Point	From Stakeholder/s	From The Humsafar Trust
Creating an enabling environment for health and well being	Capacity building and health infrastructure upgrading to cater to LGBTI	Engaging in advocacy for health delivery at the health care set up, facilitating uptake at the community level
Specific interventions for STI/HIV	90-90-90 related preparedness, TI	Taking interventions to the community

## SDG 5: Gender Equality

Achieve gender equality and empower all women and girls

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.

- How are sexual minorities left behind?

Within LGBTI, members experience gender inequality in varying degrees.

Transmen and Trans women experience barriers in services and opportunities

- Action required

Action Point	From Stakeholder/s	From The Humsafar Trust
Gender and sexuality barriers pertaining to health care	Building capacity of providers, functionaries and strengthening systems to respond	Advocacy, networking, rights related legal work
Barriers in education and employment opportunities, social and legal entitlement		

## SDG 10: Reduced Inequality

Reduce inequality within and among countries

***To reduce inequality, policies should be universal in principle paying attention to the needs of disadvantaged and marginalized populations.***

26<sup>th</sup> January 2018: Speaking at the annual meeting of the World Economic Forum in Davos, Switzerland, UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein said that “companies that take action to end discrimination and support LGBTI communities can be a motor for change.”

The standards, developed by the Office of the UN High Commissioner for Human Rights ([OHCHR](#)), draw on good practice from around the world, setting out actions that can be taken by employers.

- How are sexual minorities left behind?

Constitutional rights are affected, opportunities denied in the realm of education and employment, legal entitlements

- Action required

Action Point	From Stakeholder/s	From The Humsafar Trust
Increased opportunities from public institutions	Enacting laws and policies to remove inequalities	Awareness around 'right to privacy' and awareness of rights and enabling claiming of rights and opportunities
Opportunities from private institutions	Making room for LGBTI inclusion	

### SDG 16: Peace, Justice and Strong Institutions

Promote just, peaceful and inclusive societies

Goal 16 of the Sustainable Development Goals is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels.

- How are sexual minorities left behind?

LGBTI are at the receiving end of verbal, psychological and physical violence in varying degrees

- Action required

Action Point	From Stakeholder/s	From The Humsafar Trust
Violence and Justice	Reinforcement of law to be utilized to protect the rights	Generating strategic information, crisis documentation for advocacy, legal action against violence

### SDG 17:Partnerships to Achieve the Goal

Revitalize the global partnership for sustainable development

A successful sustainable development agenda requires partnerships between governments, the private sector and civil society. These inclusive partnerships built upon principles and values, a shared vision, and shared goals that place people and the planet at the centre, are needed at the global, regional, national and local level.

- How are sexual minorities left behind?

If they did form partnership, they would be left behind. Sexual minorities have to work in collaboration and coalition with community and external stakeholders for being able to achieve SDG in a sustainable manner

- Action required

Action Point	From Stakeholder/s	From The Humsafar Trust
New coalitions and network	Recognition and funding support	Mutual coordination and collaboration to achieve results
Larger grants	Allocations for LGBTI relates larger grants	Fair and professional management and implementation of grants

## ANNEXURE: 2

### Priority Area for strategic planning

22-23<sup>rd</sup> September 2018

#### Key Strategic Requirments

##### Advocacy

1. Identification of new stakeholders and activities
2. Need to structure the advaocacy and crisis unit
3. Inclusion of LBT focused activities
4. Streamline the media team communications

##### Research

1. Geriatric LGBTQ livelihood and Health Care Study
2. TI training effectiveness mapping
3. Anti-discrimination policy study with institutional spaces and community
4. Subscriptions to International Journals
5. Capacity Building of Quantitative Research Menthod and Analysis
6. Networking with Government Laboratories and Research Institutes
7. Research on Health and Behaviourial trend based on clinical data available with the Humsafar Trust
8. Research on indigionous topology of reference terms (ex. Defination of gender in indian context)
9. Genetic twin study for identifying the common traits in LGBTQ individuals
10. National Level conference by the Humsafar Trust to present and LGBTQ community focused research in all sector.

##### Capacity Building

1. Capacity Building of Private Health Care Providers
2. Capacity Building of TI counsellors
3. Capacity Building of crises managment team for ground level workers
4. Capacity Building of HST staff in different domains
5. Capacity Building of CBO partners for advocating and sensetizing the local stakeholders
6. Capacity building of state level policy makers and MLA about the importance and incorporation of IPC S 377 Verdict and NALSA Judgement.

7. Capacity Building of training with Lawyers group and police agencies at district level for regularizing the IPC S 377 Verdict
8. Capacity Building of CBO doctors and updating the information about new drugs on regular basis.
9. Capacity Building of nutritionist, PLHIV counsellor and Legal advisors at TI level
10. Capacity Building of Non LGBTQ focus Health care Interventions.

#### **Targeted Intervention and Clinic**

1. Site Mapping and Validation
2. Identifying and reaching to different classes of MSM population Site Mapping and Validation
3. Identifying and reaching to different classes of MSM population
4. Adequate Medicine at Clinic
5. Recruitment of MBBS doctor at TI clinic
6. Upgrading and Refreshing TI Counselling
7. Legal support to PLHIV
8. PREP/PEP availability
9. Need of integrated TB and Hepatitis Band C
10. Hep B & C vaccination and Testing, Blood group Facility
11. Referral for TB, Viral Load testing, Focus on Adherence counseling

#### **Organization**

1. On the occasion of 25<sup>th</sup> Anniversary of Humafar Trust, International Conference and Cultural fest is proposed
2. Registration and Participation for the event organised By humsafar will be charged and will be facilitated by online payment
3. Older association of the Humsafar Trust with CBO across the country will be utilised for fund raising for HST events in their area and support them simultaneously.
4. Events schedule like Gulabi Mela, Queer Sports, Ek Madhav Baug will be published online well in advanced and the charged registration will be facilitated
5. A regular event as Dinner/Lunch with Celebrity will be proposed where the community mobilization with cultural/art events will be done. Participations and registration will be charged
6. Donate Now link need to bifurcated for donation in different projects and events, to articulate the funding interest of the donor
7. Sellable Manuals, Magazines and Products will be given a online visibility initially from social media and further through the official website.

Learning and Development unit for the community and non community visitors need to plan and introduce in the Humsafar Trust's initiatives.

## ANNEXURE: 3

### 2.1.3 Priority Areas Identified During Community Consultation Post f Supreme Court Judgement

Stakeholders	Strategies
<b>Media</b>	
Television Individual journalists Radio and Video Jockeys Social Media Dating Apps Social Media Influencers Alternate social media platforms Radio Channels Media Colleges	Sensitization & Trainings Press conferences Media response team Social media campaign Media style sheet Media workshop for community Publicize good work Collaborations
<b>National and UN Bodies</b>	
State Human Rights Commission National Human Rights Commission State Legal Authorities	Formation of core committee for LGBT A booklet of LGBT issues with Human Rights at National level Case Studies Application for State level core committee Data sharing with Human Rights Commission Public hearing in every 3 months
<b>Corporate</b>	
Ministry of Labour MSME Employee Unions CEO/HR Associations of HR Small-scale industries Public & Private Banks NASSCOM	Publishing the Judgment Nalsa Judgment Gender sensitization Pushing agenda through print and other media
<b>Health</b>	
LGBTQ community Doctors Physicians/ Nurses Counselors Health Ministry Lab technician Professors of medical college' Faculty of Nursing institutes	No more legal barrier Workshops/ training Create resource "media" Open IEC campaigning Free supplies
<b>Local Stakeholders</b>	
Local Politician Religious groups/ leaders Police Officers Teachers/ ASHA and Anganwadi staff Civil Organizations/ Allies LGBT Groups/ Persons Lawyers/ healthcare providers	Round table meeting Consultations Regular Visits Workshops Familiarizing the law Direct and Private meetings and dialogues Events and programs Screening of moves Experience sharing Training and workshops

## ANNEXURE: 4

### **Recommendations from the Community on the Way Forward after the Section 377 judgment**

#### Areas to work on

1. The increased violence after Section 377 judgment needs to be addressed. Recognizing, responding to and addressing crises and violence. Work on creating legal clinics in every state to address violence and discrimination.
2. Understanding the judgment, its implications and ensuring implementation needs to be worked on.
3. Work with police to inform them about the judgment. Ally with organizations and UN agencies that are already working on police reform, prison interventions.
4. Work with the state government to inform them about the judgment.
5. Work on social acceptance and families to ensure implementation of the Section 377 judgment.
6. Protection under the law should be a priority. Anti-discrimination laws also need to be worked on.
7. Cyber safety needs to be addressed, as after the judgment there were numerous homophobic posts and jokes circulating on social media.
8. Work with religious groups to address homophobia.
9. Working on making various laws gender-neutral to ensure protection of LGBTQ communities. Making specific laws LGBTQ inclusive.
10. Work on political advocacy keeping in mind the impending elections. We must ensure that rights promised to the LGBTQ community are ensured.
11. Work on community solidarity to ensure a stronger and equal platform.
12. Work on policy change and LGBTQ inclusion in various sectors.
13. Work on creating more safe spaces to encourage younger LGBTQ to feel comfortable with their sexuality.

14. Work with educational institutes especially schools and colleges to address LGBTQ issues starting from adolescence. Gender equality cells should be set up in these institutions. Bullying and harassment needs to be worked on.
15. Work with Ministry of Information and Broadcasting on making LGBTQ content.
16. Work on marginalization of LBT in particular. Provision of shelter, safety and anti-discrimination needs to be worked on.
17. Work with media to produce visual media so that grass root level communities are able to understand the judgment.
18. Invisibilization of LBT – Acknowledge the existing LBT community that is working within and ensure that their voices are heard without LBT just being considered invisible. Intersectionality may be a way ahead.
19. Core Committee in the National Human Rights Commission (NHRC) has LGBTQ representatives. They can address cases of discrimination and violence. They have chapters in every state. CBOs should approach them for legal support.
20. Work on an annual national survey on LGBTQ discrimination and stigma with the NHRC.
21. Work on bolstering the work done by UN agencies where we can find in-roads.
22. Work on property and inheritance related issues of the LGBTQ community.
23. Work on mental health issues of the LGBTQ community.
24. Work on health issues- of the LGBTQ community, SRS protocols to be designed.
25. Work on marriage and adoption rights.