

**From the Front Line of Community Action : A compendium of six successful community based HIV interventions that have worked for MSM-TG-Hijras in India.**

Men who have sex with men (MSM) and male-to-female transgenders (TGs) form an important 'high risk group' for HIV prevention efforts in India. The HIV prevalence in these groups has been relatively high (>5%) in many of the surveillance reports. Thus, interventions in these groups have been an important thrust area for the National AIDS Control Organization (NACO), India. Unlike, some other high risk groups (such as patients attending sexually transmitted infections [STI] clinics) these groups usually have strong community ties; thus, many interventions in these groups are community driven and often through community based organizations (CBOs). Indeed, successful interventions in these 'core groups' in some of the high prevalence states are because of active community participation through CBOs.

A total of six CBOs working with MSM and TGs (from different regions of the country) who had previously scored highly on intervention implementation were critically assessed. The Humsafar Trust (Mumbai), Sangama-Samara (Bangalore), Sahodharan(Chennai), SWAM(Chennai), Manas Bangla (Kolkatta), Lakshya Trust (Baroda) were assessed.

The role of Integrated Network for Sexual Minorities (INFOSEM) as an umbrella organisation for developing and streamlining community related activities in the country has been highlighted. All these six organisations are a part of INFOSEM; thus, their experiences can be shared on a common platform. This platform, in turn, provides inputs on needs and strategies for community led interventions in the country, thus making the relationship between the CBOs and INFOSEM a multidirectional association.

It was found that that some of these organizations based their community work on different aspects of community needs, for example health, human rights and legal approach towards dealing with the community. These organizations ran community driven sustainable interventions for HIV prevention and care, and general health and well being of MSM and TGs.

Given the geographic and cultural differences in different parts of the country, it was but natural that there would be variations in approach to community issues in these regions. However, these differences also provide an opportunity to understand the successful models in various regions, and their replicability to communities and CBOs situated in other parts of the country. Some of the interventions/programmes by these organizations are beyond the mandate required by the national programme; thus these key interventions are important to be highlighted and understood by others working in the field. In addition, lessons learnt from this exercise are potentially useful in the creation of new organizations under an enhanced HIV Prevention Program.

