The Humsafar Trust
Strategic Business Plan

2007-2011
Humsafar Trust Mission Statement

We strive for the human rights of sexual minorities and for the provision of quality health services to MSM and tritiya panthi (TG)

अभियान निवेदन -

हमारा प्रयास लैंगिक अल्पसंख्यक लोगों के मानव अधिकार एवं समलैंगिक पुरुषों और तृतीय पक्षों के लिए अत्योपतम स्वास्थ्य सेवाएँ।

Humsafar Trust Theory of Change

If we work towards the human rights of sexual minorities and the health of MSM and tritiya panthi (TG), then this work will lead to acceptance and equality of sexual minorities and a healthier community

बदलवाक की कल्पना।

यदी हम लैंगिक अल्पसंख्यक लोगों के मानव अधिकार और समलैंगिक पुरुष एवं तृतीय पक्षों के स्वास्थ्य सेवाएँ देंगे तो एक स्वास्थ्य स्वीकृत और समान समाज का निर्माण होगा।
THE HUMSAFAR TEAM AT BUSINESS PLAN MEET

The HST team at Business Plan meeting in Goa

19th March 2007 to 22nd March 2007
ACKNOWLEDGEMENTS

Robert Daly (Consultant) has written this Business Plan 2007-2011 for The Humnsafar Trust. This plan was developed in consultation with Ashok Row Kavi (Chairman – The Humnsafar Trust), Vivek Anand (CEO-The Humnsafar Trust), Board members of Humnsafar Trust, the CASP team of The Humnsafar Trust with inputs from the MSM and Tritiya Panthi (TG) community in Mumbai and Thane region and all team leaders working on various projects of The Humnsafar Trust.

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We would also like to acknowledge our partner agencies that supported The Humnsafar Trust in its journey and helped us in reaching out to our community and providing quality health services. A special thanks to NACO and MDACS for making us the country’s first MSM and TG intervention site and USAID and FHI(Delhi) for helping us upscale our programs and Avert Society for their continuing support. We would also like to acknowledge the BMGF led Aastha project in Mumbai with support from FHI (Mumbai) and FPAI (Mumbai). A special thanks to UNAIDS and UNDP programs for their ongoing support. Also HIVOS and EU for giving us an opportunity to work on a unique CVCTC+ project in the Thane District of Maharashtra.

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Notice

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<th>ACRONYMS</th>
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<tr>
<td>MSM</td>
<td>Men Who Have Sex With Men</td>
</tr>
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<td>TG</td>
<td>Transgender Persons</td>
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<tr>
<td>NACO</td>
<td>National AIDS Control Organization</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<td>NIH</td>
<td>National Institute of Health</td>
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<tr>
<td>DFID-PMO</td>
<td>The Department for International Development Program Management Office</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>INFOSEM</td>
<td>India Network for Sexual Minorities</td>
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<td>CAB</td>
<td>Community Advisory Board</td>
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<td>International Health Advisory Board</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Program on HIV/AIDS</td>
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<tr>
<td>FSW</td>
<td>Female Commercial Sex Workers</td>
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<tr>
<td>LTMG</td>
<td>Lokamanya Tilak Municipal General Hospital</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication Materials</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>ORW</td>
<td>Outreach Worker</td>
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<tr>
<td>VCCTC</td>
<td>Voluntary Confidential Counseling and Testing Center</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>SSC</td>
<td>Safe Sailors Club</td>
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<td>ART</td>
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Humsafar Trust: History & Accomplishments

A Dream of Acceptance and Equality for Sexual Minorities in India

In 1994, the leading gay activist and renowned Indian journalist, Ashok Row Kavi, and two other self-identified gay men dreamt of an India free from discrimination against sexual minorities. As openly gay men in India, they had experienced the harassment of police and government, the repudiation by friends, family, and colleagues, and the dearth of professional opportunities available to openly homosexual individuals. This prejudice had taken a toll on their health, their relationships, their career, and their happiness. These men envisioned an India where sexual minorities would have the same rights and entitlements as the heterosexual community, and they were determined to bring about this social change.

The Humsafar Trust was formed out of this vision. Kavi and colleagues created the organization to serve as a vehicle to reach out to the gay population in Mumbai and the surrounding area. These early pioneers of the MSM movement decided that to respond to the needs of the MSM community, they would have to form a legally constituted organization. The Hindi word Humsafar means companion on a journey, and Kavi and his colleagues were starting an epic journey towards a new India of equality for sexual minorities and along the way they would recruit companions from all spheres of Indian life. In February 1994, after much legal wrangling, the Humsafar Trust was officially registered. The Humsafar Trust would be the voice of sexual minorities in Mumbai, and the founders hoped the organization would serve to mobilize the gay community to fight for equal rights and societal acceptance.

Creating a Home through Public – Private Partnerships

The founders needed a place to incarnate their vision, and the Humsafar Trust needed a home from which to reach out to the gay population of Mumbai and the surrounding area. The founders reached out to their network of friends in Mumbai and lobbied the local government for assistance in helping them achieve their dream. After advocating for a year and a half, the Mumbai Municipal Corporation allocated the Humsafar Trust space in a municipal building at Vakola, Santacruz (East) Mumbai in October 1995. The Humsafar Trust became the first openly gay community based organization to be allotted space in a municipal building.

This modest space in Vakola soon became the heart of the gay movement in Mumbai, and a safe place where homosexual men and women could feel accepted and empowered. The Humsafar Trust began its activities by inviting gay men and lesbian women to attend its Friday workshops at the organization’s newly christened “drop-in center” in Santacruz East. Addressing various issues relevant to the homosexual community, the workshop topics included coming out to self and family, building healthy relationships, navigating the legal system, and promoting health and human rights.

As the Humsafar Trust became a refuge for the gay community in Mumbai, the organization began to offer additional services. A voicemail helpline service was established to serve as a lifeline for the gay community. Individuals in distress or grappling with their sexuality could call the helpline for assistance and support. A team of six self-identified homosexual men was trained to be street counselors responding to the needs of gay men calling the voicemail
helpline service. These men would venture out into the community to meet with those struggling with issues related to their homosexuality.

**Confronting a Growing Epidemic**

The workshops offered by the Humsafar Trust became exceedingly popular in the gay community attracting large crowds of participants. The workshops were constantly changing to cater to the concerns of this community, and in the late 1990s the drop-in center hosted several workshops on issues of HIV/AIDS. It soon became evident to the management of the Humsafar Trust that sexual minorities needed to have a voice in this epidemic. Compelled by the community it served, the Humsafar Trust saw its purpose evolve to function not only as a refuge for the gay community and a vehicle to promote the rights of sexual minorities, but also as an organization that would work aggressively for the health of the community.

In this vein, the Humsafar Trust sought and was awarded a grant in 1998 from the Directorate of Health Services in Mumbai to do a sex mapping study of the city. The purpose of this study was to determine the number of MSM accessing cruising sites for exchanging information, socializing or seeking sexual partners. This small grant was utilized to mobilize community members to the cause of MSM health, and the sex mapping of over 100 sites was completed in less than six months providing valuable information on how to mold a sexual minority strategy for the growing epidemic.

The success of the sex mapping study earned Humsafar another government grant in January 1999. This grant incarnated Humsafar’s dual focus on sexual minority rights and MSM health. The Humsafar Trust was charged with starting a gay sensitization program for the public hospitals in Mumbai to familiarize physicians with the health and social issues faced by gay men. The first success of this program came when Dr. Hemangi Jerajani of LTMG Sion Hospital agreed to examine MSM clients in their hospital Out Patient Department (OPD). Dr. Hemangi Jerajani also required her residents to attend training workshops at the Humsafar trust on gay issues. After hosting several training sessions for physicians at the drop-in center, the management of the Humsafar Trust, in collaboration with the leaders of the Mumbai public hospitals, agreed that to best serve the gay community the Humsafar Trust would establish an in-house Voluntary Confidential Counseling and Testing Center (VCCTC). The gay community would be able to access critical counseling and testing services in a space where they felt both safe and accepted. On June 26, 1999, the Humsafar Trust VCCTC opened its doors to the gay community.

Also in this year, the Humsafar Trust began to ramp up its outreach efforts to the MSM community. The organization believed the outreach work was critical in getting its messages of health and empowerment out to the wider community who might be unable or unwilling because of social stigma to visit the drop-in center. Funded initially by the Mumbai District AIDS Control Society (MDACS) and later supported by USAID/FHI and the Bill and Melinda Gates Foundation, the Humsafar Trust now has 53 outreach workers and 96 peer educators operating at 127 hot spots throughout Mumbai and the surrounding area.

**Creating Better Programs through Research**

As the Humsafar Trust expanded its programs, the organization began to grasp the diversity of its constituents and the necessity to cater programs to different groups and changing needs. Creating improved, more personalized programs could only come through a better understanding of the sexual minority community in Mumbai and the surrounding area. The
organization had been doing baseline studies and tracking them since 1999 – 2000. It was decided to create a research arm of the organization to study the composition, health, and human rights concerns of greater Mumbai sexual minorities.

In April 2006, The Humsafar Trust initiated its first funded research project with support from Department for International Development – Project Management Office (DFID-PMO). The organization commissioned a project to study and describe the social and sexual networks of men who have sex with men (MSM) and transgender persons (TG) in India. This comprehensive study is being carried out in five states and eight cities. The results of the study will be presented to the government of India in the hopes of creating government programs that meet the health needs of these communities.

Several other research projects that meet the mission of the Humsafar Trust have also been initiated. As the Humsafar Trust pursues different research projects, the organization believes it is critical to protect the rights and interests of the sexual minority community. To ensure this protection, the Humsafar Trust has organized an Institutional Review Board (IRB) composed of Mumbai physicians, scientists, and community members. The Humsafar Trust is the first community-based organization to set up its own IRB that is registered with NIH and awarded the Federal Wide Acceptance (FWA) certificate. The Humsafar Trust IRB along with a Community Advisory Board (CAB) and International Health Advisory Board (IHAB) is charged with protecting the rights and interests of community members who participate in research studies. The organization is also focused only on that research that will lead to improved health outcomes and greater acceptance and equality for sexual minorities.

Spreading the Word of Equality and Acceptance
The Humsafar Trust is dedicated to disseminating the organization’s message of equality and acceptance throughout India. With the assistance of the Humsafar Trust, organizations dedicated to sexual minorities have been started in Goa, Baroda, Surat, Rajkot, and Pune through local groups in these regions. In addition, the Humsafar Trust is participating in a project funded by DFID-PMO to provide capacity building to 25 MSM and TG organizations located throughout India. The goal of the project is to develop a national advocacy strategy for MSMs and TGs and to shape the National AIDS Control Organization’s (NACO) programs regarding the MSM and TG community.

The Humsafar Trust is also an active member of the India Network for Sexual Minorities (INFOSEM), a network of CBOs and NGOs working with sexual minorities in India. The mission of INFOSEM is to be “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 a better understanding of sexual minorities.” The Humsafar Trust supports INFOSEM in accomplishing this mission.

Accomplishments to Date: Building a Better World for Sexual Minorities
Since its inception in 1994, the Humsafar Trust has accomplished much to further its mission and has gained an international reputation as a social entrepreneurial organization engaged in pattern-breaking social change. This international reputation earned the Humsafar Trust recognition by UNICEF as a Best Practices Model in 2003. Some of the organizations key accomplishments are as follows:

- *The Humsafar Trust’s first achievement is its very survival*
  The Humsafar Trust, after several years of slow and painful progress, has moved from strength to strength since it first started receiving support from the government of
Girish left home and arrived in Mumbai in 1996. It was the urge to live his life like a woman that brought him to Mumbai. Once in Mumbai, Girish began living and dressing as a woman, he joined a “Hijra gharana” and called himself “Nisha Malhotra.” He began living as per the rules of the Hijra culture and earned his living by asking alms (mangti) and engaging in occasional sex work (pun). Girish began frequenting Humsafar with a few friends; gradually her got interested in the activities of the organization. Girish observes that his initial visits to the drop-in center were to meet his close friend, but gradually as his involvement increased; he started spending less time in mangti and pun and always looked forward to visiting Humsafar. When Girish witnessed a conference of various LGBT groups being organized at Humsafar his desire to be a part of the organization strengthened. He immediately jumped at the opportunity of working as an outreach worker. From this point a new journey began. From 2000-2003, Girish moved from an outreach worker, to a health worker, to becoming the administrator of Humsafar. Since 2000, Girish gave up mangti and pun. He feels that being part of the Humsafar family has empowered him and has given him dignity. Girish plans to continue being a part of the Humsafar family and wants to more actively participate in the struggle to fight for the rights of sexual minorities.

The Humsafar Trust has created an environment of safer sex practices that has lead to improved health outcomes
A baseline study of condom usage in the community reported that 41% of community members used condoms. After six years of Humsafar outreach work, this statistic has improved to a remarkable 84%. The Humsafar Trust has thus made significant strides towards breaking the chain of HIV transmission. Furthermore, the prevalence of HIV among MSM in greater Mumbai at baseline in 1999-2000 was 13.5%. A recent NACO surveillance study in 2006 reported that the prevalence had decreased to 6-8% among the MSM community in greater Mumbai. The Humsafar Trust has thus contributed through its outreach and other services to the improved health of its constituency and to a curbing of the growth of the Indian HIV/AIDS epidemic.

The work of the Humsafar Trust has lead to greater social acceptance for sexual minorities
The government policy makers until a few years ago were unaware of MSM community in Mumbai and the extent to which they are at risk of both contracting and transmitting HIV and other STIs. Through its research and sustained advocacy work, the Humsafar Trust has convinced government policy makers of the importance of reaching the MSM community with information, services, and support in order to stabilize and reduce the prevalence and incidence of STIs and HIV among them. The Humsafar Trust is now recognized by government and international agencies, not only as a champion of “gay rights,” but also as a viable partner in strengthening community-based responses to the HIV epidemic. This is a remarkable development in the current political and legal environment where sex between men is still proscribed by the Indian Penal Code. Through advocacy at many levels and in different areas of official and public life, the Humsafar Trust has helped to create a social environment in which MSM and TGs are able to play an active and effective role in preventing the spread of HIV and mitigating the impact of AIDS.

The Humsafar Trust has built strong public private relationships that have promoted the health and rights of sexual minorities
The public private partnerships that Humsafar has fostered have resulted in more than 8,500 MSM who received support and services of various kinds, mostly free of charge, either though or directly from the Humsafar Trust. The health care services which MSM can access through Humsafar are of high quality and delivered in a sensitive, nonjudgmental manner by well trained and experienced professional.

The Humsafar Trust has expanded its scope to provide support and services to vulnerable members of the sexual minority community
Maharashtra in 1998. The Humsafar Trust has created and maintained among its staff and volunteers high morale and ethical standards which help to protect the organization from outside criticism.

Humsafar Trust in Action:
P Girish Kumar/Nisha Maharashi

Girish left home and arrived in Mumbai in 1996. It was the urge to live his life like a woman that brought him to Mumbai. Once in Mumbai, Girish began living and dressing as a woman, he joined a “Hijra gharana” and called himself “Nisha Malhotra.” He began living as per the rules of the Hijra culture and earned his living by asking alms (mangti) and engaging in occasional sex work (pun). Girish began frequenting Humsafar with a few friends; gradually her got interested in the activities of the organization. Girish observes that his initial visits to the drop-in center were to meet his close friend, but gradually as his involvement increased; he started spending less time in mangti and pun and always looked forward to visiting Humsafar. When Girish witnessed a conference of various LGBT groups being organized at Humsafar his desire to be a part of the organization strengthened. He immediately jumped at the opportunity of working as an outreach worker. From this point a new journey began. From 2000-2003, Girish moved from an outreach worker, to a health worker, to becoming the administrator of Humsafar. Since 2000, Girish gave up mangti and pun. He feels that being part of the Humsafar family has empowered him and has given him dignity. Girish plans to continue being a part of the Humsafar family and wants to more actively participate in the struggle to fight for the rights of sexual minorities.
The Humsafar Trust has created programs for TGs and for positive MSMs who did not have services previously. These groups are particularly vulnerable and subject to discrimination and hostility in Indian society. The Humsafar Trust also seeks to create professional opportunities for these groups. The HR policy of the organization provides that all merits remaining equal a minimum of 20% of job opportunities are reserved for HIV positive MSM and TGs. There is a separate HR policy for People Living with HIV and AIDS (PLWHA) staff with an understanding that their health could cause concerns and special attention was devoted for leave to PLWHA staff and provision of treatment for opportunistic infection and HIV.

- **The Humsafar Trust has created replicable programs that can be employed throughout India to benefit sexual minorities**

  The Humsafar Trust has created a model of intervention, care, support, and treatment for the MSM and TG community that can be easily replicated. The organization is currently providing capacity building to 24 MSM and TG organizations across the country to share Humsafar’s learning and experiences.

The Humsafar Trust has thus made much progress towards its mission of striving for the human rights of sexual minorities and for the provision of quality health services to MSM and TGs. However, much work still needs to be accomplished as the situation concerning health for the MSM and TG communities in greater Mumbai and the human rights for all Indian sexual minorities remains challenging.
India in Context: Human Rights for Indian Sexual Minorities and MSM and TG Health in Greater Mumbai

Anachronistic Homosexuality Laws Disempowering Sexual Minorities

Sexual minorities in India operate in a punitive legal context. Section 377 of the Indian Penal Code of 1860 criminalizes same-sex acts classifying gay sex with bestiality and pedophilia as an “unnatural” offense, punishable by imprisonment for up to ten years\(^{iii}\). Even though few individuals have been prosecuted under the law, its continued existence has meant that sexual minorities and organizations serving this community remain vulnerable to police aggravation and legal prosecution\(^{iv}\). Section 377 is used to justify arrests and harassment of outreach workers and peer educators working with MSM\(^v\). This anachronistic law has also contributed to an Indian society where discussions of sexuality are taboo, and individuals regard same-sex relationships as profane. The impact on Indian sexual minorities of this widely held view of homosexuality as morally reprehensible has been tremendous and individuals engaging in same-sex relationships have been persecuted not only by government institutions, such as the legal and healthcare systems, but also by their family and friends. This has created a situation where MSM and TGs feel marginalized and disempowered.

The century-old law originated during the British occupation of India, a period marked by an absence of free speech or democracy. As was recently reported in the journal *AIDS*, “India has been struck with this outdated anomaly that deserves to be abolished if India is to be recognized globally as a true democratic nation that respects all people equally.\(^vi\)” Until that time, the sexual minority community remains vulnerable to harassment by the Indian legal system. This vulnerability was highlighted by the international human rights group, Human Rights Watch, which concluded in a 2002 report, “In its official policies and statements, the Indian government has recognized the importance of reaching out to men who have sex with men as a central element of its HIV/AIDS response…But in practice, one branch of the government – the public health service – relies on the non-governmental sector to provide condoms and information to persons at high risk, while another branch of government – the law enforcement establishment – abuses those who provide these services.\(^vii\)” Thus section 377 threatens the ability of sexual minorities to access quality healthcare and to organize for their rights. The law also promotes a societal perspective that equates homosexuality as a sex act equivalent to the sexual abuse of children. In this hostile context, sexual minorities in India face rejection and oppression from societal networks such as friends, family, religion, and work.

Rampant Growth of HIV in India Especially Among Vulnerable Populations

As a result of the social stigma and denial attached to their sexuality, the MSM and TG communities in India are hard to reach through the public health systems. The illegal status and public disapproval of their sexual orientation drives MSM and TGs in India “underground” to satisfy their sexual needs. This heightens their vulnerability to sexually transmitted infections (STIs) and HIV/AIDS. Because male-male sex is usually performed with a lot of stress and fear of being discovered by an outsider, most anal sex is performed suddenly and quickly which increases the extent of physical trauma involved and is therefore risky with regard to HIV transmission\(^viii\).
As the HIV/AIDS crisis in India has escalated, the MSM and TG communities have suffered from the spread of the virus into their networks. The first reported HIV infection in India was in 1986, and within just two decades the disease has infected over 5MM people\textsuperscript{x}. According to UNAIDS, India now has the largest number of people in the world living with HIV with 0.91\% of its adult population infected\textsuperscript{xi,xii}. Sexual contact is the predominant mode of HIV transmission in India and is estimated to be the cause of 85\% of infections\textsuperscript{xii}. The government has ramped up its response to the spiraling number of new infections, but its failure to resolve the clash between public health priorities and police powers threatens to derail the country's fight against HIV/AIDS and leaves the MSM and TG communities especially susceptible to the disease. A legal system that remains hostile to sexual minorities and a society with strong social taboos against sexual relationships between men impedes the discussion of sexual health that is needed to curb the epidemic. Owing to their marginalized position in Indian society, MSM and TGs find it extremely difficult to access the health information and services they need to protect themselves – and their partners – from HIV and other STIs.

"Criminalization of people most at risk of HIV infection may increase stigma and discrimination, ultimately fuelling the AIDS epidemic" – UN AIDS India Coordinator Denis Broun, 2006

\textit{HIV in Mumbai: Combating an Epidemic in India’s Most Populous City}

With greater than 14,000 cases of HIV, the state of Maharashtra has the third highest prevalence of HIV/AIDS in India after Andhra Pradesh (15,099) and Tamil Nadu (52,036).\textsuperscript{xiii} The capital of Maharashtra, Mumbai, a global financial and media hub, is the most populous city in India and has some of the highest rates of HIV in the country\textsuperscript{xiv}. According to results from the 2004 Indian NACO Annual Sentinel Surveillance for Mumbai, 44\% of female commercial sex workers (FSW), 10\% of MSM, 49\% of TGs, 16\% of individuals attending STI clinics, 28\% of intravenous drug users, and 1.1\% of antenatal clinic women were infected with HIV\textsuperscript{xv,xvi}. Mumbai is thus at the epicenter of the Indian HIV/AIDS epidemic, with the immune-stripping virus burning through its population.

The MSM and TG populations of greater Mumbai are of concern for the continued spread of the virus because members of these communities have a high frequency of engaging in unsafe sexual behavior. Despite high levels of knowledge about the virus, MSM often have multiple partners and practice sex without condoms with both commercial and non-commercial partners. The Humsafar Trust's 2002 clinical data of MSM revealed that 80\% of MSM who engaged in anal sex had never used a condom for this act\textsuperscript{xvii}. The Humsafar data further revealed that 15\% of these respondents did not know the importance of condom usage\textsuperscript{xviii}. The Humsafar data was supported by a recent study at two STI clinics in Mumbai that found that out of 150 consecutive consenting individuals at the clinics (122 MSM and 28 TGs) 17\% of the MSM and 68\% of the TGs were HIV infected\textsuperscript{xx}. This study population also engaged in unsafe sexual practices with a median of five male partners among MSM and 50 male partners among TGs in the past six months and with 59\% of the MSM and 54\% of the TGs having rarely or never used a condom during anal sex\textsuperscript{xx}. 
Fluidity of sexual identity is also a characteristic of the MSM and TGs attending STI clinics in Mumbai. A recent study of 2,381 men attending Mumbai STI clinics found that almost all of the men reported sex with women; additionally, 13% also reported having sex with other men, 13% reported sex with hijras, and 11% had sex with all 3 genders. The HIV prevalence for the total group was 14% and 62% had a documented STI. The prevalence of HIV was higher among men having sex with hijras (14%) or with all three genders (13%) than among men having sex with men and women (8%). The study concluded that a high proportion of men who attend STI clinics in Mumbai are behaviorally bi – or tri-sexual and have multiple partners with whom they engage in risky sex. Thus studies conducted among MSM and TGs in greater Mumbai have documented the following characteristics about these populations:

- High risk sexual behavior (inconsistent condom use)
- Large number of male sexual partners
- Bi or tri-sexual behavior among a significant portion of MSM
- High prevalence of STI and HIV

<table>
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<th>Condom use in last 6 months among 122 MSM at 2 Mumbai STI Clinics</th>
<th>Response</th>
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<td></td>
<td>Never</td>
<td>43</td>
</tr>
<tr>
<td>During receptive anal sex</td>
<td>Always/often</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Rarely</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attitudes about condom use*</th>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms are too much trouble to use</td>
<td>Agree</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Don’t Know</td>
<td>11</td>
</tr>
<tr>
<td>Condoms are to be used only with female sex workers</td>
<td>Agree</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Don’t Know</td>
<td>5</td>
</tr>
<tr>
<td>Condoms are not to be used with men who appear healthy</td>
<td>Agree</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Don’t Know</td>
<td>20</td>
</tr>
</tbody>
</table>

122 MSM at two Mumbai STI clinics; * Only men who reported condom use responded to these questions (n-97)

Confronting these characteristics of MSM and TGs in order to successfully combat the scourge of HIV/AIDS is complicated by the fact that many of these characteristics are fostered by the disempowered status of homosexuals in India. Interventions with MSM and TG groups are thus challenging because of a lack of visibility of these communities and the denial by those who do engage in male-male sex.

**Male Sexuality in India is Diverse and does not fit Western Constructs**

Public health programs in India have only recently recognized the potential role of male-male sex in the HIV epidemic. Recently, there has been a greater recognition of the existence of same-sex behavior among men in India, with 2-15% of men surveyed reporting homosexual sex. After a decade of not addressing male-to-male sexual risk behaviors, NACO took an important step in 1997, acknowledging that “…although highly covert, homosexual behavior has its sure presence in all the cities…” but “…little is known about MSM behavior.” The high HIV prevalence among MSM in Mumbai compelled NACO even further with organization commenting in 2000 that “…rapid increases may be taking place in this particularly vulnerable community.” Thus NACO and public health institutions are taking nascent steps towards addressing the epidemic in the MSM community. However, recent studies have revealed the existence of many gender identities and a complexity of sexual partnerships. The western
constructs of a distinct gay identity does not lend itself to same sex behavior among men in India. This complexity demands more customized intervention programs to address the myriad of MSM and TG sexual identities in greater Mumbai.

Concepts of sexual identity are fluid in India and terms such as homosexuality and heterosexuality are not applicable. A 2001 ethnographic study based on research by WHO and the Tamil Nadu State Government AIDS Cell, documented at least four different constructs of MSM, classifying MSM identity based on preferred sexual position, insertive versus receptive, and degree of masculinity.

The Humsafar Trust has a more complex description of MSM sexual identity that is depicted in the graphic below. The MSM sub-groups on top are all classified around gender. The MSM sub-groups at the bottom are all sub-groups around sexual behaviors. The ones on the left are MSM sub-groups that are vulnerable due to their workplace situations while the ones on the right are bisexual categories of bridge populations.

As documented by Humsafar Trust and other researchers, MSM behavior does not preclude sex with women. Thus the distinct gay identity of Western men does not apply to these MSM communities.

The TG community is a third gender that does not have a parallel Western definition. The closest Western construct would be with the male-to-female transgender community. The term hijra is used to describe these individuals in Maharashtra and central India. Hijras are biologically male but live as women and may or may not be castrated. Although in centuries past, hijras held a special status in society by performing at births, certain festivals and celebrations, most now survive by begging or selling sex to men. Due to their marginalized status in Indian society, this group is particularly vulnerable to HIV. According to recent sentinel surveillance data, the HIV prevalence among hijras in Mumbai is 65% and condom usage is almost non-existent among this population.

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1 See appendix for a detailed explanation of each subgroup.
Thus research findings suggest that MSM in Mumbai engage in a variety of sexual partnerships and are especially vulnerable to HIV and STI infection. Men having sex with multiple genders create a complex network of HIV transmission from high risk women to hijras to other men, as well as to female partners and spouses. Furthermore, the data indicates that men who are behaviorally bi or tri-sexual reported more risk behavior than men who only had sex with women. The fluidity of Indian male sexual identity has important implications for the development and implementation of HIV and STI prevention activities. If appropriate and effective HIV/STI interventions are to be developed and implemented, more attention needs to be paid to the socio-cultural context and organization of sexuality and sexual activity among Indian MSM. The current lack of understanding and sensitivity to differences in the social organization of sexual interactions, the meaning attached to sexual practices and the power structures that shape the constitution of sexual experience have left the MSM and TG communities ill-equipped to confront the HIV epidemic. The sexual identities of Indian men are predictive of risk taking and to be successful interventions must be catered to the specific needs of the different MSM communities and not just classify them using a Western construct of gay identity.
Strategy for Impact

The Humsafar Trust Mission Statement

Given its history and evolution, the objective of Humsafar is to ensure positive outcomes for sexual minorities in India and positive health outcomes for MSM and TGs in greater Mumbai. In particular, it wishes all sexual minorities in India to be empowered to build a better economic, educational, civic, and personal future for their communities and for MSM and TGs in greater Mumbai to be protected against future HIV and STI infections. The organization has developed a mission statement that it believes encapsulates Humsafar’s unique approach to achieving this objective.

Humsafar Trust Mission Statement

We strive for the human rights of sexual minorities and for the provision of quality health services to MSM and tritiya panthi (TG)

The Humsafar Trust hopes to ensure success with this mission by developing and strengthening partnerships with government and supporting community based organizations in employing research-based practices. By employing best practices with its advocacy and programmatic offerings, Humsafar hopes to empower sexual minorities to achieve acceptance and equality in Indian society and to curb the growth of HIV and STI infections in greater Mumbai by providing comprehensive health services to the MSM and TGs.

Through its involvement in relevant initiatives such as:

- Community work
- Counseling
- Outreach
- VCCTC and STI clinics
- HIV care, support, and treatment
- Research
- Capacity building
- Advocacy

the Humsafar Trust has pioneered a holistic and comprehensive approach to care, support, and information and hopes to act as an advocate for the rights of sexual minorities and for health of MSM and TGs in greater Mumbai. In accomplishing its mission, the Humsafar Trust is building a future where sexual minorities in India are free from persecution and enveloped in acceptance and the scourge of HIV/AIDS among MSM and TGs in greater Mumbai is eradicated.

The Humsafar Trust’s Theory of Action and Change

To put its mission into action, the Humsafar Trust’s theory of action drives the organization to effectuate positive changes within India’s socio-legal and health systems and to mobilize the sexual minority communities to advocate for these reforms. After much internal reflection, the Humsafar Trust has formulated a theory of action and change that it believes provides a course for accomplishing its mission.
**Humsafar Trust Theory of Change**

*If we work towards the human rights of sexual minorities and the health of MSM and tritiya panthi (TG), then this work will lead to acceptance and equality of sexual minorities and a healthier community*

Thus above all, the Humsafar Trust hopes that its theory of change will yield an India at the forefront of sexual minority rights and an MSM and TG community in greater Mumbai free from infectious disease.

In order to realize its mission and implement its theory of change, the organization has created a set of objectives. These objectives were formulated under the auspice of the organization’s theory of change with the goal of achieving both equality for sexual minorities and quality healthcare services for the MSM and TG communities in greater Mumbai. The organization’s objectives are as follows:

1. To create a non judgmental environment through community mobilization, advocacy and networking for acceptance and equality of sexual minorities in India.

2. To facilitate and increase access to a safe space for MSM and TG leading to healthy sexual attitudes and behavior in the community.

3. To promote safer sex messages through consistent condom usage and distribution of information, education, and communication (IEC) materials so as to reduce high – risk behaviors among MSM and TGS.

4. To provide increased access for MSM and TGs to access health related services and increased accessibility to STI/VCCTC and other health services.

5. To expand care and support services for MSM and TG living with HIV/AIDS through SSC and by referrals to other positive people’s support groups.

6. To promote advocacy, sensitization and networking on sexual health of the MSM and TG with inter and intra community stake holders.

7. To undertake community based research to help improve the quality of health services to the MSM and TGS.

8. To provide capacity building to new and existing community based organizations (CBO) working towards providing health services to MSM and TGS.

9. To strengthen program management systems to initiate intervention with MSM and TGS in Mumbai and Thane region.

10. To build the infrastructure aiming at long term sustainability of the organization.

If the Humsafar Trust is able to accomplish each of these objectives, the vision of the Humsafar founders will no longer be a dream but a reality in which Indian sexual minorities are afforded the same opportunities and relationships as heterosexuals and MSM and TGs in greater Mumbai are not compelled by social taboos and police persecution to engage in risky sexual acts but practice safe sex leading to a decline in the transmission and prevalence of infectious diseases.

**The Humsafar Trust’s Partnering Criteria and Geographic Focus**

The Humsafar Trust’s valuable history and its extensive experience have made it cognizant of choosing the right partners for its initiatives. The organization understands that true success comes when all parties understand the value of each other and have common goals in mind. Hence, the Humsafar Trust has made a conscious effort in outlining its partnering criteria and
using these criteria to drive its future growth and geographic commitments. The Humsafar Trust understands that at times however attractive an opportunity appears, if the organization is not able to find a committed partner, it should walk away from the prospect.

In considering the organization’s partnerships with the public sector, it was strategically decided that Humsafar will not replicate any services that are available at public hospitals. Instead the organization will make an effort to sensitize the public health system on issues of MSM and TGs to create an enabling environment for the community. The Humsafar Trust collaborates with six public hospitals in Mumbai and the community continues to access services from these places. It shows that partnerships between public hospitals and NGOs can bring effective sustainability to the programs.

The Humsafar Trust is an organization with a dual-pronged mission of achieving equality and for Indian sexual minorities and providing quality health services to MSM and TGs in greater Mumbai, the organization believes that in both the short and long term it should continue to focus its healthcare efforts in the Mumbai and Thane regions while continuing to advocate on behalf of sexual minorities throughout all of India. Thus the Humsafar Trust will remain a member of INFOSEM and work with that organization on issues of advocacy in order to positively change the socio-legal context around homosexuality. However, the organization will not expand geographically to provide healthcare services in other regions because Humsafar believes that these services are best provided by those communities themselves. A key lesson learned from Humsafar’s past experience is that community ownership leads to effective community mobilization and the provision of quality health services to the community. The Humsafar Trust though has created a replicable model of intervention and will support other organizations in employing this model by sharing best practices.

The organization’s ability to evaluate potential partners and ensure partner compatibility with Humsafar’s mission was enhanced with the formation of Humsafar’s IHAB, CAB, and IRB. The IHAB is intended to strengthen the clinical activities of the trust and increase operating standards of providing quality services to MSM and TGs. The IHAB monitors Humsafar’s clinical partners to ensure a high level of service is provided to Humsafar’s clients. The IRB was set up to monitor all research papers, to confirm ethical soundness. The IRB certifies that all scientific institutions partnering with Humsafar respect the interest of Humsafar’s communities. Finally, the CAB ensures that the voice of Humsafar’s clientele is heard when the organization is evaluating new partnerships for its initiatives. Through these boards the Humsafar Trust protects the integrity of the organization and the safety and well-being of its clients by ensuring that only partners that understand and believe in Humsafar’s mission and theory of change are accepted.
The Humsafar Trust Structure

The board members and constitution of positions in the CBO
The Humsafar Trust that was set up in 1994 by a board of three self-identified homosexual men who had the courage and a firm belief that as homosexuals they had every right to live as equals in society. The board since then expanded to five members and the spirit to fight and lead an ordinary life as equal citizens of India has strengthened with 180 full time and part time employees contributing to the success of the projects and working tirelessly in its community.

Ashok Row Kavi, a journalist of repute is the founder member of The Humsafar Trust and the board unanimously appointed him as permanent chair to the board of The Humsafar Trust in 1994. The present Board of Trustees has entrusted and appointed each Trustee to do the following:

a) A clear equivocal commitment as a self-identified homosexual to himself and his close community.
b) An equitable commitment to “come out” to himself and his community as a responsible rational homosexual.
c) Display through his words and work that he has pride in his sexual orientation, sexual identity and sexuality in the broadest sense.
d) Agrees to work with HST as a team person and reveals a modicum of leadership.
e) Shows a clear motivation to fight societal injustice and stand up for all those who fight oppression anywhere.
f) Shows solidarity in all Humsafar Trust work without needless dissent which will be democratically resolved within the parent organization.
g) Be accountable for all actions democratically arrived at through a process of educated and enlightened discourse in board meetings.
h) Hold all decisions arrived at as sacred and secret not to be disclosed to people hostile to oppressed sexual minorities.

The board members are expected to devote a minimum of five hours every month on a minimum to look into the Trust’s work and the community’s requirements and needs. They have to attend all board meetings held every three months to discuss the progress made at work and offer suggestions on improving performance of work.

The board members working full time with The Humsafar Trust will accept whatever payments for work that the trust can afford. Their work may be much valued outside, but not paid well enough in the trust. They will accept it in the interests of the community. However, such decisions must be accepted through a consensus at the Board meeting.

The ‘Organisation’ constitutes the following positions:

- Chairman
- Chief Executive Officer
- Group Leaders
- Project Coordinators
- Counselling Coordinator
- Community Counsellors
- Accounts Manager
- Accounts Assistant
• Research Manager
• Research Assistants
• Doctors
• Lab Technician
• Male Nurse / Clinic Assistant
• Administrator / Office Manager
• MIS Officer
• Data Entry Operator
• Capacity Building Officer/Human Rights Manager (Advocacy)
• Outreach workers
• Peer Educators
• Supervisors
• Drop In Centre In charge
• Office boys

These designations have been defined in the Human Resources Policy of The Humsafar Trust. According to the HR Policy of the trust it also engages services of the following consultants on a regular basis

• Research Consultants
• Nutritionists
• Lawyers
• Business Development Consultants
The Humsafar Trust Program Components and Codification of Offerings

Internal introspection: Key strategic issues

The Humsafar Trust today is at a strategic turning point. It has positioned itself not only to improve the healthcare system for MSM and TGs in greater Mumbai, but also to advocate broadly for the rights of sexual minorities throughout India. However, the path to success is littered with obstacles. The management team of Humsafar has identified several future strategic issues that the organization will have to address over the next five years if it is to achieve a better world for Indian sexual minorities - a world of acceptance and improved health. These key strategic issues are as follows:

1) Role of clinics and healthcare services – Does the Humsafar Trust need to expand its clinical and healthcare services offering over the next five years?
2) Role of advocacy – Does the Humsafar Trust need to make advocacy a bigger part of its organization?
3) Role of TG programs – Does the Humsafar Trust continue to play a large role in the TG community or does the organization cede this role to a TG-centered organization?
4) Role of People Living with HIV/AIDS (PLWHA) programs – Does the Humsafar Trust need to strengthen its programs geared towards HIV positive people?
5) Role of Research – Does the Humsafar Trust need to expand its role in research to build better programs? Who will direct these research projects?
6) Role of Capacity Building – Does Humsafar need to modify its role in INFOSEM to enable INFOSEM to gain its own unique voice separate from that of Humsafar?
7) Role of Infrastructure – How does the Humsafar Trust ensure the sustainability of the organization?
8) Role of Youth Programs – Does the Humsafar Trust want to provide youth programs? Is this too risky an endeavor for the organization given societal and governmental hostility to the MSM and TG movement?

In codifying its programmatic offerings, the Humsafar Trust addressed each of these future strategic issues. The organization sought to mitigate any future risk by anticipating these major strategic questions and incorporating answers to them into its strategic plan.

This internal introspection has challenged the Humsafar Trust to review its current programs and determine which offerings are critical for supporting its proposed actions and which fall out of the scope of the Humsafar Trust mission. The Humsafar Trust’s current two-pronged approach for the betterment of sexual minorities in India by focusing both on the human rights issues of sexual minorities in India and the healthcare concerns of MSM and TGs in greater Mumbai will remain the key components of the organization’s future. However, these offerings will be supplemented with more customized programs for PLWHA and the varied MSM communities to generate a more meaningful impact. For example, Humsafar will add an additional drop-in center exclusively for PLWHA community members that will focus on the unique needs and concerns of community members living with the virus and will increase its outreach efforts to hard-to-reach MSM populations such as married MSM. In addition, certain offerings may need to be discontinued or transitioned to other agencies. Today, the Humsafar Trust plays an active role in driving INFOSEM. Going forward, participation in INFOSEM will
continue to be critical for the Humsafar Trust, but it will no longer be an active program driver and manager.

**Overview of Offerings**
The Humsafar Trust has pioneered a holistic and comprehensive approach to care, support, information, and advocacy for MSM.

**Community Work: Improving the Situation for MSM and TGs in Mumbai**

*Drop-in Centers: A Safe Space for Sexuality*
The first Humsafar Trust drop-in center was inaugurated in November 1995 in Vakola, Santacruz (East) Mumbai. The Vakola drop-in center has thus had a long and fertile relationship with the MSM and TG communities in Mumbai and has played host to a wide swathe of Mumbaikars from college students to Page Three socialites. Since its initial success with the Vakola drop-in center, the Humsafar Trust has opened two other drop-in centers in Kalyan, Thane District and Juhu Mumbai in the year 2005 and plans to open an additional drop-in center in Grant Road in South Mumbai in 2007. To many the drop-in centers serve as a second home – a safe space – where one can wear his sexuality on his sleeve and be himself without fear of discrimination. The drop-in centers are tastefully decorated with beautiful posters that promote safe sex messages, and, as the drop-in centers are equipped with music systems and home theater systems, community members are able to relax with each other and enjoy entertainment. Thus drop-in centers operate as rare sanctuaries where MSM can engage each other about the issues that matter most to them without fear of societal persecution. Workshops geared towards the MSM and TG issues are conducted every week at the drop-in centers and disseminate critical teachings to the community such as safer sex practices and coming-out to self and family.
In the initial years, the Vakola drop-in center was open only on Fridays to visitors, but as the number of people attending Friday workshops increased, the drop-in center opened its doors to community members on every day except Sunday. Additional drop-in centers were added in 2005 to meet the increasing demands of the community for safe spaces. A fourth drop-in center will be added in 2007 in Grant Road in South Mumbai also in response to the increasing demand for these sanctuaries by the MSM and TG communities.

In addition to the four traditional drop-in centers, the Humsafar Trust plans to open a PLWHA drop-in center in 2007. This drop-in center will cater to the needs of the PLWHA community, and it will serve as a safe space for PLWHA to discuss their health condition and life with the virus. The Humsafar Trust identified this as a community need after PLWHA members came forward to Humsafar management to request a safe space for discussion of their unique needs. The need for a separate space emerged because:

- PLWHA found it difficult to come to the other drop-in centers and discuss their issues
- Some were scared that their status would no longer remain confidential
- The Humsafar Trust drop-in centers are too generalized

The PLWHA community faces intense discrimination in Mumbai from both the heterosexual and homosexual communities. A study of 295 self-identified gay men in Mumbai and Thane found that a majority of MSM held negative perceptions of PLWHA. Respondents perceived an HIV person as immoral (13%) and cursed by god (16%). Additional stigmatizing perceptions were grouped together (12%) and included the following descriptions of PLWHA: “made a mistake,” “gone to a prostitute,” “do not touch them,” and “bad person.” Thus there is a clear need for PLWHA to have a sanctuary of their own.
Weekly Workshops and Community Events
The Humsafar Trust’s Friday Workshop at its Vakola drop-in center was a pioneering effort in community mobilization as it was the first time in India where MSM met at a common safe space. MSM had a space where they could be themselves and discuss their issues. In the early days Friday workshops attracted only 10-12 people but the news of the existence of this event spread and within weeks nearly 100 men attended. Friday Workshops included discussions on issues like sexuality, coming out, dealing with friends and family, marriage, workplace problems for gay men, and issues of health and human rights.

A panel of 12 community members meets once a week to decide on the subject or program for the Friday Workshop. The panel also discusses the logistics of holding the workshop and staff members that will be responsible for maintaining discipline and basic code of conduct at each workshop. The Friday workshop panel organizes different themes each week and ensures that each drop-in center is aware of and involved with the workshop. Each drop-in center currently hosts 52 Friday workshops a year.

The drop-in centers also organize meetings customized for different segments of the MSM community. Each drop-in center organizes 52 TG Monday Workshops, which are geared towards issues of the hijra community, 12 bisexual Sunday Workshops, which cater to bisexual issues, and 26 Sunday afternoon highs, which are customized for community members. Thus with these customized program offerings, the drop-in centers are seeking to meet the needs of the various sexual identities within the MSM community.

The Humsafar Trust has as its goal that each of its four drop-in centers will have a full schedule of the above meetings by 2009 and that there will be 100% community ownership of these meetings by 2011. The Humsafar Trust believes that community ownership leads to effective community mobilization and the provision of quality health services to the community.

The Humsafar Trust will also continue to organize community social events that build connections in the MSM and TG communities. These connections form a web of support that MSM and TGs, who are often isolated by hostile culture, can rely on for advice and help.
Besides occasional community parties, the Humsafar Trust organizes the following social events each year: World AIDS day, Surakshit Safar Abhiyan Day, and the Humsafar Dinner.

**Crisis Management**
In the past, the Humsafar Trust operated a crisis management cell for its community members. The crisis management cell acted as a rapid response unit to help sort out any problems that occurred at an outreach site. For example, every outreach worker (ORW) has a card identifying him as a staff member of Humsafar Trust. However, the card does not always protect Humsafar ORWs from harassment by the police. As one ORW remarked, “We can’t say directly that we are working only for MSM. How could we when MSM sex is against the law? They would kick me out tomorrow?” A hostile police presence often greets ORW at many of the hot spot sites, and, in the past, the crisis management cell helped ORW navigate police encounters. Furthermore, some ORWs have to cope with threats and physical attacks by gangs or thugs demanding money. The crisis management cell is also prepped to respond to these attacks. The crisis management cell also offers ORWs peace of mind that they are not alone in the field.

The Humsafar Trust is in the process of revamping its crisis management cell to deal with a broader scope of crises. The organization hopes to have the crisis management cell operating again by 2007.

**Legal Support**
The Humsafar Trust serves a vulnerable community that is in danger of being harassed by the police. As one Humsafar client stated during an organization lead focus group, “It is wrong why should we be treated as trash because we have sex with men. The police come and take money from us and they also ask to have unsafe sex with them. When we are not willing to do so they treat us very badly. We are arrested even if we did not do any mistake and in the police station we are molested.” Section 377 of the Indian Penal Code is also used to justify arrests and harassment of outreach workers and peer educators working with the MSM and TG communities. To empower its clients and employees to fight back against police oppression, the Humsafar Trust hired a consulting lawyer in March 2002. The consulting lawyer handles other human rights issues for Humsafar’s clients as well such as sexuality based discrimination by employers. The consulting lawyer currently is available only by telephone, but in 2007 the organization plans on bringing the lawyer to the Vakola drop-in center one day per week to make her more accessible to Humsafar clients.

**Targeted Intervention for TGs**
Because of their marginalized status in greater Mumbai, the hijra community is particularly vulnerable to HIV infection. Recent sentinel surveillance data reports HIV prevalence among hijras in Mumbai at 65%, and a recent study of 28 Hijras at two Mumbai STI clinics documented risky sexual practices by this community with 39% of those surveyed having greater than 10 sexual partners and 56% being the recipient of greater than 5 anal sex acts in the past month. There is a clear need in this community for HIV/STI interventions that are customized for hijras. Currently, Humsafar targets hijras through its existing MSM programs. However, the organization plans to develop a targeted intervention for hijras next year, and Humsafar plans to implement this targeted intervention by 2009.

**Health Van**
As has been stated previously, hijras have a high prevalence of HIV and engage in risky sexual practices. They are a difficult group to reach because they are condemned by Indian society and often must resort to begging or selling sex to survive. They end up in this state of desperation because they are often forced out of their biological families by societal pressures.
and no longer receive familial psychological and financial support. These abandoned hijras migrate to greater Mumbai and join hijra gharanas run by a hijra guru. These communities are often isolated making it difficult for hijras to access the Humsafar drop-in center and Humsafar services.

In order to overcome this isolation and to provide quality health services to hijras inline with the Humsafar mission, the organization is organizing and obtaining funding for a health van. This health van will be a fully equipped medical vehicle that will travel to gharanas and provide basic health services and HIV/AIDS and STI testing and counseling. This van will be a messenger of hope helping to reverse the trend of a growing HIV/AIDS rate in the hijra population in greater Mumbai. The Humsafar Trust plans to have the van operating in Mumbai and Thane by 2009 with the goal of stymieing the transmission of HIV and STIs in the hijra community.

**Vakola Drop-in Center Library**

At the Vakola Drop-in Center, the Humsafar Trust has a library of over 1,500 books on issues of sexuality, HIV, and AIDS. This library is open to all Indians and it is the hope of Humsafar that the library will serve to educate Indians about issues around sexuality and gay rights and MSM and TGs about safer sex practices and HIV/AIDS and STIs. Currently, due to a lack of funding, the Vakola library is in a state of disrepair. The books are poorly catalogued, rare books are being stolen, and the many of the books are inaccessible to the community because they are in English. Furthermore, the library does not offer multi-media sources such as films and music but focuses exclusively on the written word.
The Humsafar Trust plans to change this situation to make the Vakola library the intellectual heart of the organization and a center for dialogue on issues of sexuality, public health, and HIV/AIDS. By 2009, Humsafar will have catalogued the library, expanded the library to include more books in vernacular languages, and procured multi-media sources such as DVDs and CDs. The Humsafar Trust will also add a librarian to the staff to manage the improved library. The goal of the library is to advance the Humsafar mission by intellectually equipping both Humsafar’s clients and the greater community with knowledge about means of combating sexual stereotypes and HIV/AIDS and STI transmission.

Outreach Work:

Promoting Safer Sex

Outreach Work
Outreach work extends the significant shelter and services of the Humsafar Trust beyond the physical walls of its drop-in centers. Care and support, which is so vital to any marginalized community, is provided along with information, acceptance, awareness, and direction that the clients may otherwise lack. It is through outreach work that the MSM community is given a shape, size, and form, for it is through the presence of Humsafar outreach workers that MSM are empowered to think of themselves as a community. It is only through this process of identification and self-awareness that the empowerment and action necessary for combating the stigma and discrimination of HIV/AIDS and other health problems can be realized.

As a CBO, the Humsafar Trust is aware of MSM cruising sites in greater Mumbai and identifying new sites continues to be an on-going process for the organization. The Humsafar Trust has outreach services along the North-South axis of city right up to Borivali in the western suburbs and Thane in the east/central suburbs. As of September 2006, the Humsafar Trust ORWs are providing services at 127 sites in Mumbai Metro and surrounding areas. During their work shifts, Humsafar’s field outreach workers visit these key areas around Mumbai metropolis that have been identified as “cruising spots” for MSM. New sites are identified and mapped with the help of initial sites and daily interactions with clients.

Based on the Trust’s research on cruising sites and other meeting points for MSM, the ORWs are assigned specific ‘beats’ which they visit six nights of the week, from approximately 7 p.m. until 11 p.m. Most ‘beats’ are located in or near railway stations and bus terminals. Before setting out to their ‘beat’, the ORWs come to the Humsafar Trust office to write a report on the previous evening’s work and to replenish their supplies of condoms and informational materials, which they carry in a black shoulder bag. While on their ‘beat’, the ORWs chat informally with individuals and small groups of MSM about their problems, steering the conversation whenever possible to STIs, HIV/AIDS and safer sex. They carry out discreet demonstrations of how to put on a condom, using their fingers, since a wooden penis or dildo would attract too much attention in a public place. Each ORW distributes 70-80 free condoms per evening. They also distribute informational materials and invite people to visit the Humsafar Trust drop-in centre. In addition, they encourage people who have been involved in risky sexual behavior to be counseled and tested for STIs and HIV - either at the Humsafar Trust clinic or at one of the government hospitals.
**Condom and Lube Distribution**
The Humsafar Trust employs 57 outreach workers and 96 peer educators who provide clients with information about the known routes of HIV transmission, the most common myths and misconceptions about HIV, the modalities for steering clear of HIV, and the availability of services for HIV prevention and care, treatment, and support for those infected by the virus. The outreach workers and peer educators interact with 50,000 regular contacts and 11,000 new contacts per year distributing 700,000 condoms and 3,000-5,000 lubricants.

Condom lubricants play a key role in reducing the risk of STI/HIV transmission among MSM. When used correctly, lubricants reduce the risk of condom tearing. A recent study of 295 MSM reported that only 39% of respondents had ever heard of lubricants.\textsuperscript{xix} Over the course of the next five years, the Humsafar Trust plans to distribute more lubricants with the goal of distributing one lubricant per condom by 2011. To ensure that Humsafar clients know how to employ a lubricant, the organization has set a goal of having 500 client demonstrations per month by 2011 of correct condom usage an increase of 100% from the current 250 client demonstrations per month.

**Reaching the Un-Reached**
The men who have come to the Humsafar Trust drop-in centers for information, services, and support are only a small fraction of the men in Mumbai who have sex with men. Some are involved with other NGOs, but most still keep their sexual orientation a secret from their families, work colleagues, neighbors, and spouses. Humsafar aims to increase the number of clients coming to its clinic by focusing more on the “hot spots” where these men gather and creating innovative methods of reaching these groups.

The Humsafar Trust is specifically focused on the following groups: older MSM, married and bisexual MSM, MSW, and non-cruising MSM. Currently, the organization has limited outreach interactions with this group. In the coming year, the Humsafar Trust plans to formulate an outreach strategy for penetrating these groups. By 2009, the organization anticipates starting internet interventions and strengthening its interventions with the target MSM groups. Finally, by 2011, the Humsafar Trust plans to have successfully reached out to each of these subgroups. The Humsafar Trust plans to accomplish this by developing EIC material relevant to these subgroups and through new means of intervention and outreach such as the internet and more customized support groups. Currently, the organization has 103 support groups with an average of 20 members, Humsafar plans to expand this to 200 support groups that cater to specific subgroups of MSM. Through expanding its outreach work, the Humsafar Trust will be working towards it mission of providing quality health services to MSM and TGs in greater Mumbai.

**VCCTC & STI Clinic: Providing Services at the Front Line of an Epidemic**

**VCCTC and STI Clinic**
An in-house STI clinic and VCCT clinic were started in 1999 to support the outreach services. In the current context, where MSM and TGs have multiple partners and condom usage is inconsistent, HIV testing becomes a crucial component of providing for the health of MSM and TGs in greater Mumbai.

The Humsafar VCCTC protocol demands both pre and post-test counseling. After counseling and after informed consent is obtained, the doctor begins the session with a thorough physical check-up for the presence of any STIs and treatment is provided if necessary. The Lab
technician then does the blood collection for HIV and VDRK test and issues the client a referral card. The client is then advised to collect his report in three days time upon production of his valid referral card. After three days, the client collects his report from the counselor after detailed post-test counseling.

The current VCCTC situation for HumSafar is as follows:

- 250 HIV tests per month
- 2 VCCTC clinics and 1 STI Clinic
- 4 Health Workers (Male Nurse)
- 4 lab technicians
- 2 Counselors
- 5 Community Counselors
- 9 HumSafar doctors

Over the next five years, the HumSafar Trust plans to expand its VCCTC offering due to the increasing prevalence of HIV and STI in the communities that the organization serves. In 2007, the HumSafar Trust will assume control of a South Mumbai clinical facility currently operated by UCSF. The HumSafar Trust will use this space as a new VCCTC and will add two additional physicians to its staff to service this clinic. The new clinic will help the HumSafar Trust perform additional testing as it anticipates the number of tests per month to reach 500 by 2011. The organization will also add two additional lab technicians by 2011 to administer the additional tests. The goal of the four HumSafar VCCTCs is to achieve the organization’s theory of change of a healthier community.

Counseling: Providing the Community with Information to Make Informed Choices

Help Line
For HumSafar staff, the counseling process usually starts with a discussion of high-risk sexual behavior on the telephone information line. The HumSafar Trust set up a voicemail service on which people can call up and leave a message requesting help or information. A volunteer will then phone back and agree to meet the caller somewhere in Mumbai, where they would discuss his problems over tea and coffee.

Evolving with technology, the organization instituted an email help line in March 2004. The email address gs_hst@hotmail.com is managed by a team of professionally qualified doctors, counselors, and an advocate. The nature of advice and support for both the voicemail and email service include issues of sexuality, identity, legal issues, STIs, HIV, and AIDS.

The HumSafar Trust currently operates three help lines at its three drop-in centers. It plans to add two additional help lines in 2007 to support its new drop-in center and its PLWHA drop-in center.

Community Counseling and Mental Health Counseling
The help line is the first tier of counseling for community members at the HumSafar Trust. There are three additional tiers of counseling that provide a broad scope of advice and support.

The community counselors, trained under a professional, form the second tier of the system and play the role of first aid providers. The community counselors are lay persons with some basic
training in communication skills and some practical experience in matter related to sexual behavior and sexuality. They form a critical role as they are at the front lines helping MSM with issues involving sexuality and HIV/AIDS. Currently, the organization has XX counselors providing services for community members. In its continued commitment to the TG and PLWHA communities, the HumSafar Trust seeks to add additional community counselors who are from these communities and hence understand these communities. The HumSafar Trust has one PLWHA community counselor now and will add five additional PLWHA community counselors in 2009. Currently, the organization has no TG community counselors and will rectify this deficiency by adding three TG community counselors in 2009. The HumSafar Trust believes that it is critical that community counselors come from the communities in which they serve in order to build trust with those communities and provide customized services.

If the community counselor believes the client needs more sophisticated services, the client is referred to a professional counselor for a face to face counseling session at the HumSafar Trust drop-in centers. The professional counselor at the drop-in centers are the third tier of counseling in the HumSafar counseling system. The professional counselor has an in-depth counseling session with the client. However, the professional counselor cannot prescribe any medication.

If the client needs medical support, he is moved to the fourth tier of the counseling system. He will be referred to a psychiatrist who can provide him with appropriate medical and therapeutic support. HumSafar does not have a psychiatrist on-staff to handle this fourth tier and must refer clients to area hospitals. In response to the growing mental health needs of its patients and in accordance with its mission, HumSafar plans on offering a psychiatrist in-house once per week starting in 2007 to provide this fourth tier of support. The goal of offering the in-house psychiatrist would be to offer advanced mental health services in a comfortable, non-judgmental environment so that more MSMs and TGs can receive the mental health services they need. By 2011, HumSafar plans to have a psychiatrist on-staff working half time.

**Pre-Test and Post-Test Counseling**

In addition to community counseling, the HumSafar Trust offers pre-test and post-test HIV and STI counseling at its VCCTC and various referral linkages in Mumbai metro.

- **Pre-Test:**
  
  A pre-test counseling form provided by MDACS was initially used by counselors at all VCCT centers. The counselors soon realized that the counseling form provided was not covering aspects relevant to the MSM population. Thus a need arose to design a new in-house counseling form specific to MSM and TG communities. A detailed formatted questionnaire designed by HumSafar and LTMG Hospital and approved by MDACS and USAID/FHI is now employed at VCCT centers to supplement the MDACS Counseling Register. With the help of this form, the counselor notes personal history, demographic profile, in-depth sexual history, condom usage with partners, intravenous drug use, past blood transfusions, past history and treatment of STIs, and awareness of HIV/AIDS.
• Post-Test:

— Negative Result: For negative results the counseling includes stressing consistent condom usage, emphasizing risk reduction, and motivating the client to remain negative. The client might also receive nutritional counseling. The client is advised to come for a regular follow-up and is given specific instructions to come for a repeat test if he is observed under a window period.

— Positive Result: For positive results, the counselor role is to help the client accept the results, to emphasize positive and healthy living including nutrition, to discuss issues around marriage and spouse notification, to highlight risk reduction and condom usage, and to inform on care, support, and treatment facilities. The counselor may also refer the client to a mental health professional or psychiatrist. An individual file is made for every HIV positive client at LTMG hospital and necessary investigations are conducted as may be considered appropriate by the head of the department at LTMG Hospital or as desired by the client. A nutritive supplement is provided to all HIV positive clients at the VCCT center and other referral centers of the Humsafar Trust.

The Humsafar Trust has eight counselors providing pre and post-test counseling to clients at three clinics. Three credentialed counselors and five community counselors compose these eight Humsafar counselors. Due to growing demand for VCCT, the Humsafar Trust anticipates adding two more credentialed counselors and five community counselors in 2011. The goals of the VCCT counseling is to inform MSM and TGs of their HIV status and of safe sexual practices in order to staunch the flow of HIV into the MSM and TG communities of greater Mumbai.
**STI Counseling**
The Humsafar Trust does not just provide counseling for HIV at its VCCT center. The Humsafar counselors are also trained to discuss STI tests and results. Unfortunately, there is very little awareness about this service in the field. In 2007, the Humsafar Trust plans to promote this valuable service to its clients. Providing counseling about STI helps Humsafar achieve its vision of a healthier MSM and TG community in greater Mumbai. Hence in 2007, the organization is planning on promoting Humsafar’s STI counseling in its outreach work.

The Humsafar Trust is also redesigning the counseling form it uses for STIs. As with the MDACS Counseling Register for HIV, the current STI counseling form is not customized for the MSM and TG community and does not address the issues and concerns of these communities. In 2007, Humsafar plans to design and deploy a revised counseling form geared to MSM and TG clients.

**Nutrition Counseling**
The Humsafar Trust started its nutrition program in February 2001 for the community at-large and also customized for HIV positive MSM. The nutrition program involves the following components:
- Nutrition counseling for HIV positive MSM
- Workshops on the importance of nutrition at various advocacy programs run by the Humsafar Trust
- Training on nutrition for Humsafar outreach workers and community counselors
- Training on nutrition for Humsafar Trust HIV/STI counselors and incorporation of nutritional information into the post-test counseling session

The Humsafar Trust plans to revamp its nutrition program in 2007 to make it a more integrated component of counseling. The organization has received feedback from its clients that the nutrition program is disorganized, and the Humsafar Trust is responding quickly over the next year to re-organize the nutrition program to make it more relevant and valuable to its clients with the goal of creating a program that leads to better health for the MSM and TG communities in greater Mumbai.

**Peer Support Program**
In confronting his sexuality or HIV/STI status, a Humsafar client often finds comfort and support in discussing his concerns with a peer. The Humsafar Trust envisions a peer support program that would link together Humsafar clients confronting an issue with another member of the community who has dealt successfully with that issue in the past. Thus a young man confronting his sexuality could discuss with a peer who had come out already to his friends and family what the experience entailed. This would enable the young man to reflect on his issues with a non-judgmental, experienced peer and discuss the best means of navigating a potentially stressful situation. The Humsafar Trust anticipates establishing this peer support program in 2007 with the goal of assuaging some of the stresses of its community members through dialogue and thus having a positive impact on their mental health.
HIV Care, Support, and Treatment: Reaching Out to a Vulnerable Population

PLWHA Support Groups
After Humsafar initiated HIV testing and counseling, the organization recognized the special needs of its PLWHA clients. MSM who are positive find it difficult to discuss their positive status within Humsafar and would prefer a safe space. Thus began the process of setting up the Safe Sailors Club (SSC) – a support group for HIV positive MSM now being managed by positive MSM. Humsafar outreach workers, counselors, and doctors refer clients to the support group meetings. The SSC is also regularly discussed at various community mobilization events within or outside the Humsafar facilities and information about SSC is distributed. The Humsafar Trust currently hosts 4 PLWHA support group meetings per month. As word of the SSC spreads and more PLWHA access its services, the Humsafar Trust anticipates expanding the number of support group meetings to five per month in 2007 and six per month from 2009 onwards. These support groups are a place where positive MSM are not ashamed to call themselves homosexuals and also work along with other positive people. This working together helps positive MSM gain support, respect, and understanding at all levels and is key to Humsafar's mission of effectuating positive change for the rights and health of MSMs and TGs.

PLWHA Medical Treatment: Referral to Linkage for treatment of opportunistic infections (OI), Linkage to DOTS Centers, and Linkage to antiretroviral treatment (ART)

As was stated, it was strategically decided that Humsafar will not replicate any services that are available at public hospitals. This strategy is more sustainable – and managerially more simple – than trying to provide a wider range of specialist services under Humsafar’s roof. Instead Humsafar will partner with these facilities to create an enabling environment for the community. Humsafar currently works with Sion Hospital for referrals of PLWHA clients seeking treatment for OIs or TB. Humsafar plans to broaden its referral network by adding two additional hospitals in 2009 and 2011. This larger referral network will provide the organization’s clients with more choice and greater convenience. In addition, the Humsafar Trust maintains relationships with two government hospitals and the non-profit, Doctors without Borders, to provide its clients with ARV treatment. Humsafar anticipates adding one additional government hospital to this network in 2009 to provide its clients with greater access to these medications. Lastly, the Humsafar Trust would like to partner with a government hospital to establish a PLWHA daycare center by 2009. This daycare center would address the healthcare needs of PLWHA such as OIs and the various other psychological and physical ailments associated with HIV/AIDS. Humsafar would not provide this daycare center on-site, but would partner with an area hospital to provide these customized services to PLWHA. Through these partnerships, Humsafar hopes to provide PLWHA clients with quality health services that meet their needs as both gay and HIV positive individuals.
Research: Informing Programming, Enabling Assessment

Longitudinal Tracking Studies
The Humsafar Trust carried out its first baseline survey in 1999/2000. This was the first quantitative assessment of the scope and nature of MSM activities in Mumbai and in all of India. The survey was carried out by Humsafar outreach workers, with training, technical support, and supervision from professional market researchers. This survey data provided valuable information which helped Humsafar management to better understand the knowledge, attitudes, and behavior – as well as problems and needs – of MSM in Mumbai and to plan their activities accordingly. These surveys are now carried out each year to assess changes that are occurring in the MSM and TG communities in greater Mumbai. Humsafar is able to evaluate the effectiveness of its work by looking into how the crucial indicators of enhancement in knowledge about HIV and STIs and modification of risky sexual behavior change each year for MSM in greater Mumbai. Currently, the fifth wave of this survey is being deployed in the field. The fifth wave will finish in 2007, and Humsafar anticipates that a sixth wave will be completed by 2009 and a seventh wave by 2011. These surveys provide feedback to ensure that the Humsafar Trust is on the right path as it strives for a healthier MSM and TG community.

New Research Projects
The Humsafar Trust anticipates several new research projects over the next five years that will help the organization inform and improve its programming. The research projects will include the following:

- A research project to study and describe the social and sexual networks of MSM and TGs in India. This study is being carried out in five states and eight cities and will be presented to the government of India. Humsafar completed this study in March 2007.
- A research project to study the dynamics of MSM in Maharashtra state. The study is being carried out in two cities and is supported by USAID-Avert Society. This study has been completed in March 2007.
- A research project in collaboration with the University of San Francisco to look into the risk and perception of Men in Sex Work (MSW). Humsafar will complete this study December 2007.
- A research project in collaboration with Fenway Community Health (Boston) to study the mental health issues of MSM in Mumbai Metro. This study will be finished in 2007.
- A PLWHA specific baseline study to be completed in 2008.

Each of these research projects and all future research projects will need the approval of Humsafar’s International Health Advisory Board (IHAB) and Institutional Review Board (IRB) to ensure that they are scientifically sound and ethical.

Research Capacities
The Humsafar Trust is increasingly initiating scientifically sophisticated research projects. The management of Humsafar has identified an internal need to hire a research director with experience in these types of projects to oversee Humsafar research. Currently, Humsafar has a research manager, two consulting principal investigators, 20 field investigators, and four trained research supervisors. In 2007, Humsafar plans to hire a research director to oversee this team so that by 2011 the organization has a sustainable, autonomous research division. Humsafar believes that research is key to achieving its mission by creating improved programs that protect the health of MSM and TGs in greater Mumbai.
Capacity Building: Replicating the Humsafar Model

Role with INFOSEM
The Humsafar Trust needs to delineate its role within INFOSEM. INFOSEM grew out of a seed planted by people with a track record for community work who envisioned an organization that would act as a national network to provide health services to and advocacy for the LGBT community in India. Currently, Humsafar is the driving force of INFOSEM providing much management and programmatic support to the organization. Humsafar plans to reduce its managing role within INFOSEM while remaining a committed member of the organization. By 2009, Humsafar anticipates the INFOSEM will have established an independent identity, and the national network organization will be managing its own affairs through its governing body by 2011.

Capacity Building Program
At present, the Humsafar Trust is providing capacity building to 24 MSM and TG organizations across the country to share its learnings and experiences from the last 12 years and to help dock these CBOs into their local SACS. As a pioneer in both sexual minority rights and the provision of MSM and TG health services, the Humsafar Trust is constantly asked to provide information to other organizations on best practices. The organization is thus in the process of formalizing its capacity building program and has established a Center for Excellence (CEFE) to accomplish this initiative. By 2007, it is the goal of Humsafar that CEFE creates capacity building modules that can be disseminated to other MSM CBOs and manages all capacity building for Humsafar. During this year, the CEFE will also assess institutionalized capacities and individualized skills and document these capacities and skills. CEFE will transfer individualized skills into institutionalized capacities by 2009, and by 2011 CEFE will disseminate these best practices to partner organization. Through capacity building and CEFE, knowledge of Humsafar in minority rights and community health can reverberate throughout India leading to widespread improvements in the condition of MSM and TGs in the country.
Advocacy: Many Shapes and Forms and at Many Different Levels

From the outset, the Humsafar Trust has attached great importance to advocacy on behalf of MSM. In purely public health terms, the rationale for this strategy is clear. The stigma and secrecy surrounding homosexuality in India contribute to the continuation of high-risk sexual behavior amongst MSM, and between MSM and their female sexual partners. The health and wellbeing of MSM require greater openness about same-sex relationships. Organizations such as Humsafar, which are grounded in and trusted by the MSM community, have a leading role to play in helping to reshape public and official attitudes towards same-sex relationships.

Advocacy Program

Humsafar has already achieved much in the area of advocacy, especially at the state and local levels. The fact that, since 1995, Humsafar has rented office space in a building owned by Mumbai Municipal Corporation is, in itself, a significant achievement. Humsafar also has good working relations with the State and Municipal AIDS Societies, both of which have provided financial support to its activities. Relations between government agencies and NGOs in India are often fraught with tension and mutual distrust, but Humsafar has established a reputation for integrity, technical competence and accountability.

Equally important is the success of Humsafar’s advocacy with doctors, nurses, counselors and other health professionals, especially at Sion Hospital and Cooper Hospital. “One community that really needs to be sensitized on MSM issues is the medical community,” stated one Humsafar employee. “The doctors at the hospitals where we work are thoroughly sensitized. They treat MSM as real human beings, whereas before we began there were issues. Some wouldn’t even touch an MSM, let alone give treatment. But we found two doctors who were
willing to work with us. So we started a sensitization program with them, and they in turn do advocacy for us with their colleagues.”

Humsafar still has much to accomplish in the realm of sexual minority rights. The advocacy component of Humsafar has subcomponents but only one goal to seek equality. The subcomponents of Humsafar’s advocacy work are to achieve:

1) visibility
2) validation
3) access to services
4) funds from the government and international bodies
5) co-option of reluctant community members
6) outsourcing of skills within the community
7) sensitization of gatekeepers such as police officers and railway station masters
8) equal human rights for the population

To achieve these goals and Humsafar’s mission of an India with greater equality and acceptance for sexual minorities, the organization plans to establish a structured advocacy program in 2009. Currently, Humsafar does not have a structured program in place. But Humsafar’s advocacy work takes many other shapes and forms - some so small and discreet as to be almost invisible. For the Humsafar outreach worker on his ‘beat’ at night, advocacy means establishing good rapport with the local police, the pan wallahs, the newspaper vendors, the tea sellers and other small traders in the neighborhood. It may also involve giving condoms to such people and even referring them for STI/HIV counseling and testing. However, to supplement this work and have a greater impact on sexual minority rights, Humsafar believes it needs to establish a Humsafar Human Rights Program. To this end, Humsafar will hire an advocacy program head in 2009. This new program head will oversee the development of human rights IEC that can be distributed to the community to help effect positive change.

The Humsafar Trust understands that mainstreaming MSM issues requires dialogue and not confrontation. This perspective has brought favorable results for the organization to the extent that NACO now not only recognizes MSM as a core group for health interventions but has also filed an affidavit favorable to the MSM community in the Delhi High Court. As the Humsafar Trust strives for the rights of sexual minorities with its new Human Rights Program it will continue to do so through the means of productive dialogue rather than futile confrontation.
Financial Requirements

Overview Total Costs

The Humsafar Trust has the ability to have a positive impact on the health and lives of MSM and TGs in greater Mumbai and on the socio-legal position of sexual minorities throughout India. However, tremendous financial resources will be required for Humsafar Trust to achieve its goals in the areas of community work; outreach; VCCTC and STI clinic; counseling; HIV care, support and treatment; research; capacity building; and advocacy. During the five year period 2007-2011, the Humsafar Trust anticipates that the total cost for its programmatic offerings will be 242MM Rps. Of Humsafar’s program components, outreach will be the most expensive at 77MM Rps, followed by research at 56MM Rps, then capacity building at 50MM Rps, then advocacy at 23MM Rps, then community work at 19MM Rps, then infrastructure development at 11MM Rps, then counseling at 3MM Rps, and lastly HIV care, support, and treatment also at 3MM Rps.

Community work is seven percent of the Humsafar Trust’s budget in 2007 and 2008, then grows to 9% in 2009, then falls to 8% in 2010, and finally settles back at 7% in 2011. The major cost buckets for Humsafar community work are the TG health van, the drop-in centers, and, starting in 2009, the targeted TG intervention. The TG health van composes between 35% and 49% of the total community work budget during the period 2007-2011. The drop-in centers comprise between 15% and 29% of the total community work budget during the same period. After it
starts, the targeted TG intervention composes 38% of total community work costs for each of its years of operation.

Counseling is one percent of the Humsafar Trust’s budget throughout the five year period. The major cost components of counseling are HIV/AIDS and STI counseling at VCCT centers and the community health counseling. The VCCT center counseling comprises between 26%-29% of the Humsafar Trust total counseling budget during the period 2007-2011. Whereas community health counseling, including mental health counseling and community counseling for TGs and PLWHA, is between 49-53% of the budget during the same period.

Outreach work is the largest component of the Humsafar budget. Outreach work is 38% of the budget in 2007, 36% in 2008, 31% in 2009, 29% in 2010, and 30% of the budget in 2011. By far the largest cost component of outreach work is program delivery. The program delivery cost bucket includes outreach teams, peer counselors, counselors, IEC materials, and advocacy. During the five-year period modeled, program delivery comprises 56% of the total outreach budget.

HIV care, support, and treatment makes up the smallest component of the total Humsafar budget. This programmatic offering comprises just one percent of the budget during each of the projected years. Program management is the largest cost bucket in this Humsafar program offering. Program management which includes the manager, the accountant, rent, and office expenses for the program totals between 49% and 55% of the total HIV care, support, and treatment budget during the period 2007-2011.

Capacity building is 19% of the Humsafar budget in 2007, 22% in 2008, 19% in 2009, 21% in 2010, and 22% in 2011. The formal capacity building program comprises the largest percentage of the capacity building budget. From 2007-2011, the formal capacity building program is 37% of the total capacity building budget. Consultations and advocacy meetings is the next largest cost bucket comprising 22% of the total capacity building budget during the period examined.

Research is also a large component of the Humsafar Trust total budget. During the period 2007-2011, research commands 29%, 28%, 22%, 21%, and 20% of the budget respectively. Clinical and qualitative studies make up the largest components of the research budget. These two study methods each make up between 43-44% of the research budget in each of the projected five years.

Advocacy makes up 0% of the total Humsafar budget until 2009 when Humsafar starts its Human Rights Program. In 2009, advocacy comprises 13% of the total budget and grows to 14% in 2010 and 2011. Fifty-five to fifty-three percent of the advocacy budget is devoted to advocacy campaigns and events. The next highest cost bucket is salaries and staff costs for Humsafar to start the Human Rights Program and these costs measure 15% per year.
Conclusion

The Humsafar Trust has undertaken a noble mission. The organization is successfully implementing a comprehensive approach to providing health care, support and information to MSM and TGs in Mumbai. It is also playing an effective advocacy role with health professionals, government agencies, schools, universities and the mass media. The review carried out by Family Health International in May 2002 described the Humsafar Trust as “well organized, grounded in its community, efficient, participative and focused.”

The fact that the Trust is grounded in its community is crucial to its success. But the Trust should not be regarded simply as a model for HIV work with MSM or other marginalized groups that are particularly vulnerable to HIV and other STIs. The lessons arising from the work of the Humsafar Trust have much wider relevance. This is an organization whose work incorporates valuable insights and lessons for many other CBOs / NGOs and government agencies trying to respond effectively to the threat of HIV, not only in India but throughout the whole South Asian region.
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