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**SAFARNAAMA**  
**1994-2004**

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## **Chapter 1**

### **Introduction and Purpose**

The Humsafar Trust was set up in April 1994 by a group of self-identified homosexual men who wanted to mobilize the community and the MSM population in the Mumbai Metro and surrounding areas. This followed the first visit by a self-identified Indian gay man, Ashok Row Kavi, to the Fifth International Conference on HIV/AIDS held in Montreal in 1989. His visit was sponsored by FHI's North Carolina office.

Mr. Row Kavi returned alarmed after seeing the gay community in America fighting for funding and recognition as a vulnerable group needing help. He held series of initiatives in the gay community in Mumbai starting 1990. Meetings were held in hotel-rooms, parks, and private homes. The first idea was to start off a newsletter to make gay men aware of the HIV crisis within the community and in the wider MSM sector.

The beginning was with 'Bombay Dost' that became a pioneering effort as over 300 letters flooded into the Bombay Dost office every week. These letters for help, advice and support is what led to prioritization of the needs of the community. The "editorial collective" of Bombay Dost comprised three gay men and three lesbians. However, soon lesbian needs drew away the women in another direction. Bombay Dost's male editorial collective decided it was not possible to work on a national level. Letters from Eastern India were sent to the evolving gay groups in Kolkata, from the north they were re-directed to Delhi groups and all letters from the South were re-directed to Bangalore. This helped evolve a series of metro groupings of self-identified homosexual men.

Western Indian would be intensively served and serviced by a new NGO that would look into the special problems/issues of the gay community and MSM. Thus in April 1994, the Humsafar Trust was registered with the Bombay Commissionerate of Charity, as a non-profit organization. This was because a newsletter would no more suffice to handle the problems of the community.

In 1994, the Bombay Dost collective, now reconstituted as the board of the Humsafar Trust comprising Ashok Row Kavi as chair along with Suhail Abbasi, a TV executive and Sridhar Rangayan, a film director, decided that the subscriber list of Bombay Dost (BD) would become the database to short list peers to be called to Mumbai for a consultation on emerging sexual identities in India.

Such a consultation was called in December 1994 itself. Soon after five gay groups "visibilised" themselves either through registration as non-profit entities or by starting newsletters in their respective cities.

The board of The Humsafar Trust met every month in the beginning on an informal basis in the residence of the board members. Mr. Ashok Row Kavi was given the mandate to network and do advocacy with the civic health authorities and the State Directorate of

Health Services (DHS). In October/November 1995, the HST was allotted the premises at Vakola Old Municipal Building, the first for any openly gay NGO in Asia.

HST's community work started with the free distribution of condoms at two of the best known sex sites in Mumbai – at the Maheshwari Garden in Central Mumbai and at the local gay hangout, Gokul Bar behind the Taj Mahal Hotel, in South Mumbai. A needs assessment and possible operational research study was sought to be undertaken in Mumbai in consultation with the virologists of the Haffkine Institute in Mumbai and the newly National Institute of Virology in Pune.

The Trust began its activities by inviting gay men and lesbian women to attend its workshops on Fridays.

The HST started keeping condoms at gay parties held in various beach resorts and handing them out hap-hazardly at discos and dancer-bars. Finally, a more systematic working style evolved with the appointment of a part time 'manager' to oversee the convening of meetings every Friday where the Board started series of lectures, meetings, workshops to evolve a strategy in working with MSM and becoming an interface with health service.

The board still meets informally every month though formal board meetings are held once every two months. Regular short lists are made for recruiting second rank leaders onto the board. Mr. Vivek Anand was recruited and invited to join the board in 2002. His skills as an MBA in fiscal management and marketing were of great use to the HST. In 2004, the board invited the hard working senior reporter and out gay man, Nitin Karani was invited to join the board for advocacy and media management of HST activities.

## Chapter 2

Humsafar Trust and Humsafar Center: What's the difference?

Way back in 1994 when the Humsafar Trust (HST) was started, the mission was very clear; a support system for same-sex loving men which was not existing before in Mumbai. It was three men who finally decided to take this step in the early 90s. And it took whole three and half years for these guys to take that step. Before what existed was a gay magazine that was hanging on for dear life trying to make the "gay life" visible.

HST was finally registered in April 1994 as a Public Trust with the Charity Commissioner of Mumbai and started work practically immediately. HST's main work has always been to empower gay men to take charge of their lives and help community formulation. Towards that end, HST's first effort was to use the subscription of Bombay Dost magazine to identify peer leaders from all over India's emerging same-loving networks.

That is how India's first conference for gay men was held in December 1994 to empower the emerging gay identity. The groundbreaking conference had nearly 75 men from all over India. There was even a delegate from Sri Lanka, Sherman de Rose, who went on to start his own group in Colombo called 'Companions on a Journey', literally Humsafar in English.

HST's efforts very much resulted in gay empowerment – over five gay groups registered and started working openly all over India soon after and 1995 started a decade of hectic organizing and community formation. The first tasks before HST were simple – to do a rapid needs assessment of the community in Mumbai.

The biggest need and top priority was given to safe space. Towards that end, the Trustees asked Rakesh Modi and Ashok Row Kavi to start advocacy with the city government or the BMC, as it is called in short, to find premises for the Trust and its activities. In June 1995, the Trust was given possession of the second floor of the Vakola Old Municipal Building on Nehru Road, Vakola, Santacruz (East).

After nearly 28 bottles of acid poured for scouring the floor and cleaning the rat and pigeon shit that was five inches thick, the place was made presentable and a drop in center was opened for the community on Divali that year. Because of lack of working capital, the offices were open only on Fridays because HST could not pay the salary of the first caretakers, Ramesh Menon. Finally, a kind donor who wished to remain anonymous pledged Rs. 3,000 a month for his salary and he started coming more regularly.

A family spirit prevailed within the center as most gay men accessing the center stood up in times of need and worked for the center without charging any money. The first team that worked on the helpline kept providing support to other men who have love men. The

help was extended essentially during street counseling where with the aim of reaching to other men the team working on help line would devote a lot of time and provide support to other men. Humsafar center was a commitment that a lot of same sex loving men made to themselves.

The Friday workshops became larger every month and the medium of language was in English and Hindi. The attendance sometimes went over 50 and activities as serious as sexual health of gay men, telling your parents about your sexuality, workplace harassment, difficulties of finding partners and simple workshops on first aid, wearing condoms, hiding them in your socks during cruising were explained in great earnest by trainers like Ramesh Menon. The meetings were addressed by no less a person than the first president of INP+, Ashok Pillai and Dr. Alka Gogte, soon to be Project Director of the Mumbai District AIDS Control Society (MDACS).

In the period between November 1995 and April 1999 Humsafar survived solely on contributions made by friends of Humsafar and a small wooden box that was circulated to amongst men attending Friday workshops and donations collected. The going was tough but the spirit of the family remained unshaken as more hands kept coming up for support every week.

It was unfortunate that an unsavory incident forced HST to terminate the services of Menon. Soon a series of administrators who worked part-time helped to keep the Centre's drop in space running. We have had wonderful participation from the great artist Jehangir Jani, a rising MBA student Pallav Patankar, a Ph.D student now doing her doctorate in HIV/AIDS studies in America, Kasturi Gupta and luminaries managed to keep safe space safe and the workshops running.

In 1999 The Humsafar Trust got its first project from Mumbai District AIDS control society and thus one of the primary needs to offer health services to same sex loving men started as an intervention. Shortly a VCCTC was set up within the HST premises and the health programs took a heady start. The Friday workshops at the center continued and continue till date with more than 200 people visiting the center every Friday. The HST center also became a space for more meetings such as "Sunday highs" and "Transgender Mondays" over a period of time while the HST continues its efforts to consolidate its services through its various programs in Mumbai city.

In was in late 1999 that a fellow called Jasmir Thakur came to Humsafar Trust saying his marriage was on the rocks because of his sexuality. Mr. Thakur came from a broken home and was the worst kind of opportunist. He not only quietly sabotaged the Friday meetings but also brought in his old employee; a fellow called Sanjay Singh, and latched onto drop-ins who he could use to his advantage. HST's work in empowering the community took several steps back thanks to Thakur and his kind.

### Chapter 3

#### Timeline: Important dates in Humsafar history

| Event   | Date/Month                             | Year |
|---|--|------|
| ICAAP Delhi   |  | 1992 |
| First LGBT Conference in Mumbai SNTD                              | December                               | 1994 |
| Post conference New year party                                    | 31/12                                  | 1994 |
| Setting up of helpline  |  | 1995 |
| DIC opening   | November                               | 1995 |
| Ashok and Suhail went for Trikone conference and pride            | June-July                              | 1995 |
| First walk of pride in SF   | 26/06                                  | 1995 |
| Friday workshops started  | November                               | 1995 |
| ILGA membership   |  | 1996 |
| Library started   | January                                | 1996 |
| Ashok's 50 <sup>th</sup> Birthday at Madh Island                  | 1/06                                   | 1997 |
| ICAAP Kuala Lumpur  |  | 1997 |
| Collaboration with Lawyers collective                             |  | 1998 |
| DHS grant   |  | 1998 |
| First sensitization at Sion                                       | March                                  | 1998 |
| International AIDS Conference Vancouver                           |  | 1998 |
| HST website launch  |  | 1998 |
| MDACS Pilot project   |  | 1999 |
| MSACS project   |  | 1999 |
| Elizabeth Tailor foundation grant                                 | 9/01                                   | 1999 |
| Collaboration with SION hospital                                  | April/ May                             | 1999 |
| Prasad Rao and Neelam Kapoor visit HST on clinic opening          | July                                   | 1999 |
|   |  |      |
| VCCTC opening   | 26/06                                  | 1999 |
| First BD Issue  | June                                   | 2000 |
| 1 <sup>st</sup> baseline  | April                                  | 2000 |
| Gorai conference  | 2 <sup>nd</sup> to 5 <sup>th</sup> May | 2000 |
| Trikone Conference  | June                                   | 2000 |
| First World AIDS day  | 1/12                                   | 2000 |
| Dai Welfare Society   |  | 2000 |
| Challenging Sec 377 in Delhi High court with NAZ Foundation India |  | 2001 |
| FHI Funding – Yaarana Project                                     | September                              | 2001 |
| 2 <sup>nd</sup> Baseline  | December                               | 2001 |
| Lakshya Trust Set up  |  | 2001 |
| Melbourne ICAAP   | October                                | 2001 |
| Sahara GIPA   | May-June                               | 2001 |
| ILGA SF   | March                                  | 2001 |
| Visit to Bill Clinton   |  | 2001 |

|   |   |      |
|---|---|------|
| Sakhi Charchowghi Set Up  | December                                      | 2001 |
| MSM site on NACO website  |   | 2001 |
| Nisha became Girish   | January                                       | 2001 |
| Collaboration with ASHA   | February                                      | 2001 |
| Chiang Mai conference (Shashi-Vrushali)   | December                                      | 2001 |
| HST festival- month long  | September                                     | 2001 |
| First Dissemination report  | December                                      | 2001 |
| First Staff training programme  | March   | 2001 |
| Dharna at Flora fountain  | March   | 2001 |
| Collaboration with Bellasis road clinic   |   | 2002 |
| Collaboration with KEM Hospital   |   | 2002 |
| FPAI approves HST IEC   |   | 2002 |
| Vasanthi's abstract selected for Barcelona as oral as poster                        | February                                      | 2002 |
| Vrushali Abstract selected for Barcelona as poster                                  | February                                      | 2002 |
| Viveks Abstract selected for Barcelona  | February                                      | 2002 |
| International AIDS Conference Barcelona   | July  | 2002 |
| Manu gets a gold medal from Scientific Research Study of India for his paper on MSM | October                                       | 2002 |
| UNICEF best practices model   |   | 2002 |
| Vasanthi's death  | 9/05  | 2002 |
| Samapathik Trust set up   |   | 2002 |
| First Suraksha Safar Abhiyaan   | September                                     | 2002 |
| Setting up LAB facilities   | September                                     | 2002 |
| MDACS truckers  | June  | 2002 |
| 1 <sup>st</sup> MTV concert   | December                                      | 2002 |
|   |   |      |
| First FHI evaluation Chris, Sentil and Lou  | March   | 2002 |
| Messengers in a local train   | December                                      | 2002 |
| MHP/ Nutrition component added to HST   | September                                     | 2002 |
| West Bengal conference  | 22-24 <sup>th</sup><br>September              | 2003 |
| Ashok on IAVI Board   | October                                       | 2003 |
| National AIDS conference Mumbai   | 17 <sup>th</sup> -19 <sup>th</sup><br>January | 2003 |
| PLWHA conference in Pune, 5 people  | August  | 2003 |
| HST society   | February                                      | 2003 |
| ILGA conference Manila  |   | 2003 |
| World AIDS Durban   |   | 2003 |
| Ashok on INP board  |   | 2003 |
| Infosem set-up  | October                                       | 2003 |
| Nisha invited to Manila for TR issues   | November                                      | 2003 |
| First sensitization Gay March (Sion to MG)  | December                                      | 2003 |
| Setting up Safe Sailors Club  | 16/03   | 2003 |



|  |          |      |
|--|----------|------|
| Sahara art campaign  | October  | 2003 |
| First UNDP campaign  | May      | 2003 |
| Glaxo incorporates MSM circle in slides for their STI continuing education program at Baroda | June     | 2003 |
| Natale Tumchaiyasathi  | October  | 2003 |
| MSW baseline   | November | 2003 |
| Sunday High begins   | May      | 2003 |
| 3 <sup>rd</sup> baseline   | May      | 2003 |
| Gay Icons Exhibition*(WSF)   | January  | 2004 |
| Vijay Bansode in Lyon  | January  | 2004 |
| WSF  | January  | 2004 |
| Kamathipura DIC acquired   | June     | 2004 |
| Gay March to Azad Maidan   | 21/01    | 2004 |
| Second Dissemination Report  | April    | 2004 |
| Vivek visit to Fenway Community center   | June     | 2004 |
| World AIDS conference Bangkok  | July     | 2004 |
| Kathmandu conference   | August   | 2004 |
| INFOSEM conference- The way ahead  | August   | 2004 |
| Vrushali Leaves for Columbia   | August   | 2004 |
| Manu leaves for Berkeley   | July     | 2004 |
| Sameer leaves for Brown University   | July     | 2004 |
| First mental health baseline study set up by Fenway  | August   | 2004 |
| Transgenders workshop  | August   | 2004 |

## **Chapter 4** **Components of Humsafar**

### **Chapter 4.1** **The Humsafar Trust Drop In Centre and Community Work**

#### **a) Creating and Nurturing a Safe Space for Gay Men**

The 80's could be well considered as the blossoming era for the gay movement in Mumbai India. These years included the parties, social gathering and more visible cruising and sex happening. Though all this occurred in very small numbers initially, the emerging phenomenon was still significant considering the fact that way back in 1984, 300 gay men from all walks of life attending what is now termed the "Meghraj Party"- one of, if not *the* first, gay party. The crowd included jet-setting businessmen to members of the film, media, and student communities.

With the fanfare came the news of the HIV/AIDS epidemic, which was called Gay Related Immunodeficiency Syndrome (GRIDS) considered solely a gay- related infection in the early 80's. During this period, we know anecdotally that condom use was almost negligible in this community, and the only treatment that MSM would seek was for STI's referred to with the broad term of "VD" or Venereal Disease. While the reality of the HIV infection drew antithetic reactions from the fraternity in Mumbai, a segment felt directly at risk, others preferred to brush it under the carpet and keep mum.

However, the 1989 Montreal 5<sup>th</sup> International World AIDS conference was a turning point. Ashok said: "I was horrified to see how gay groups led by activists like Act-Up, for example, were bitterly fighting for both funding and support from government in their fight against HIV/AIDS". This traumatic "encounter" where gay activism was loaded onto HIV/AIDS activism led to Ashok returning and trying to make sense of the complete lack of identity politics or its relationship to sexual health issues of gay men and MSM. He and his friends determined to mobilize the community and went about with vengeance doing that. He was clear in his mind that the time was right and he had to do something about it before it was too late.

Thus, the first gay magazine, named "Bombay Dost," emerged in 1989. As copies hit the stands, the response it generated was incredible: letters started to pour in from every corner of India. It was also surprising to see the almost immediate national reach of the Mumbai-based magazine. Copies were circulated through friends in Delhi, Kolkatta and Bangalore to patrons in and around these metropolises. This set the momentum and the ball rolling for further community mobilizing.

With a surge in the circulation, the need for an office space surface: a space to serve as a central contact point where circulation could be handled and the BD team could respond to the magnitude of queries that descended the mailbox. The first major milestone in this

regard was securing a permanent office at Veena Beena Business Center, which continues to serve as the BD office till date.

The response that Bombay Dost generated was never expected. The first issue did not sell more than 300 copies but the magazine was flooded with inquiries from all over the country including places as far flung as Shillong and Guwahati. It became evident that there was large community of same-sex loving men in the country waiting to be reached out. The issues that came out of the mails received by the Bombay dost office ranged from coming out problems, problems at workplace and health problems. At this point the board of the Bombay Dost magazine came to a decision that a private magazine will not be able to handle social, legal and health issues that concern gay men. It was decided that a proper community based organization be set up as a NGO having its own separate identity to look into the issues of not just gay men but the entire MSM community.

Thus began the process of setting up The Humsafar Trust.

After years of lobbying and running from pillar to post with the Bombay Municipal Corporation came the second major milestone in the history of the MSM community when The Humsafar Trust – was registered as a NGO in the summer of 1994.

However this was just the beginning as then began the struggle to acquire a working space for this community based organization. Another year and half went by lobbying with the municipal corporation and various state departments when finally the glorious moment arrived with The Humsafar Trust being finally given the possession of its Drop-in Center at the Vakola Municipal Market Building in Santa Cruz, Mumbai in September 1995 .

This was truly a moment of pride for the gay community - a day to remember as a pivotal point for activities to come. It should be stated that this moment of pride did come with its share of difficulty. When Ashok, along with Ramesh and a few others, walked into their newly assigned place, they were aghast to see the sorry state it was lying in. There were pigeons flying about with their droppings splashed across the floor, the space played host to a number of rodents, lizards played catch with each other - and who could forget the stench! All this of course, did not deter the enthusiasm of Humsafar Trust core founding members. Ashok and Ramesh took it upon themselves to clean up the place and make it livable. It took a few bottles of acid and a couple days to get the place in ship-shape condition, ready to offer to the community.

The Humsafar Trust Drop In Centre was opened for the community on the Diwali Day in 1995 with the main trustees and few friends coming together to celebrate the moment.

When the doors were finally slated to open, the first debate was launched: “Should this place be thrown open to all?” By majority consensus, a decision was arrived at - the Center will function only with skeleton staff. Individuals whom the street counselors meet during their outreach work would be sensitised before they were invited to visit the Center for the Friday workshops.

### **Drop-in Center**

The Humsafar drop-in center that was inaugurated on Diwali day in 1995 has a long history and has played host to several Mumbaikars from college students to Page Three socialites “coming out”. To many it’s a second home. There are only two reasons for it being called second home: one, that its a safe space where one can wear his sexuality on his sleeve and be himself and not being discriminated or chided; and two, that one can’t sleep over at the center.

The Drop in center is tastefully decorated, with beautiful poster of gay men kissing each other, safer sex messages, television and a fish bowl with a solitary gold fish, beautiful and in its own world and never short of admirers.

In the initial years, the Drop-in Center was open only on Fridays for visitors, but as the number of people attending Friday workshops increased gradually, the Drop-in Center was thrown open on all days except Sunday.

The first addition to the Drop-in center was the Library, which started functioning from Jan 1996. The library provided a resource center for the community to access writings and research projects pertaining to gay studies. With the first sex-mapping project the Center only continued to grow. In time, outreach staff was recruited to reach out to the community at-large, and a full-fledged administration Office was set up. Following fast on the heels of all this development came the Voluntary Counseling and Testing Center (VCTC) and STI Clinic.

Today Humsafar trust has one of the largest drop-in centers’ with a multitude of services offered all under one roof.

### **Quentin Buckle library**

What started off in the mid-90’s as a few books from Ashok’s personal collection and a few others donated by friends, well-wishers and drop-ins has today grown to be a full fledged library of several hundred books, periodicals, monographs, research articles, qualitative and quantitative reports, press cuttings and policy papers. This is considered to be the largest collection of Gay, Lesbian, Transgender and Bisexual books for public utility under one roof in India.

One could read the ‘Homosexual Matrix’ by Prof. C.A.Tripp, the classic work by Kinsey’s best disciple to ‘Same Sex Love in India’ by Ruth Vanita and Saleem Kidwai. The library includes gay literature, entire sections on fiction and non-fiction, as well as many works on WSW.

For the more scholarly inclined there is a whole section devoted to research work. This section is one of the more recent additions. Baseline data, ethnographic research papers,

thesis, monographs etc. can be traced here, this segment embraces the entire research universe spreading out to dermatological, demographic, social and behavioral data. However access to this section requires permission from the chairperson and a letter of Intent duly signed by the competent authority from the Institution than one represents and an agreement to share the study with the resource agency. The rights of admission are reserved with the managing body of the organization.

The library collection does not only restrict it self to books and periodicals there is a sizeable assortment of VCD's, Audio and Video's that will take one through the world of HIV/ AIDS, sex and sexuality. Also available are few non-pornographic gay themed films, interviews and documentaries. The library also houses a computer equipped with a sound output devise that the drop-ins can access with prior permission from the administrative body of the office. Additional office accessories include a photocopier that the drop-ins can use for a nominal rate.

### **Hello Dost**

Humsafar Trust introduced "Hello Dost" for regular and new drop-ins visiting the center, this new concept is to make one comfortable with ones sexuality and make the person feel at home. Most of the drop-ins coming into the center are people who are still dealing with the issue of coming to terms with their sexuality. The stress levels are high; hence the issue of emotional and psychological support has to be handled carefully.

'Hello Dost' was introduced keeping in mind especially the new bees who are coming to terms with their sexuality. When a person visits the center, he is greeted by our reception in-charge and put onto one of the members of the Friday workshop panel who also handle Humsafar Dost.

The drop in center keeps a record of every visitor visiting the drop in center and the library which shows the number of people accessing services and people who are new and also people who are regular visitors

The HD member sits with the drop-in and to find out if that's the first time he is visiting the Center. If so, then he is shown around the center and offered a cup of chai. After having shown around the center he could just choose from the variety of in-door games that one could decide to play with or has the choice to sit in the library and go thru books or listen to music or watch television or you just want to sit back, relax and have a chat with your DOST.

## **B) Community Events**

### **Friday Workshops**

Friday Workshop was a pioneering effort in Community Mobilization as it was the first time in India where gay men met at a common safe space, to be themselves and meet up with other men just for a chat. Although the Friday workshop attracted only about 10-12 people at first, the news of the existence of this event spread like wild fire...and within weeks, nearly 100 men were in attendance. For the gay community in Mumbai, it was almost becoming a religious event that they had to be there on Friday, come what may!

Friday workshops was a few events to start with and a safe space where one met people same sexual preference and sit and have a cup of chai and talk freely, and as weeks/ months passed there were also the serious stuff, like health/ activism/ human rights etc became a part of it and this tradition continues to date and will go on.....

A Panel of twelve members that meet once in a week decides on the subject or program that needs to be undertaken for the Friday workshops manages the Friday Workshops. The Panel also discusses the logistics of holding every workshop and requirements of each workshop are worked out in detail. The Panel also decides from within itself the number of staff members that will be responsible for maintaining discipline and basic code of conduct at each workshop.

The Friday workshop panel organizes different themes every week and make sure that every drop in becomes part of the workshop. The Friday Workshop has organized events and workshops on skills building, entertainment, legal talks, personality development, health issues and social issues concerning the MSM community.

List of different Friday Workshops conducted regularly

#### Multiple Partner Reduction

Multiple partner reduction within the MSM community is one such workshop which attracts hundreds of participants. As usual there are diverse opinions as some favor multiple partners while others want to be in a monogamous relationship. A number of participants assert that mutual understanding and respect for the other partner is imperative for any relationship to work.

It is invariably agreed that health aspect is most important. Whether one is with a single or multiple partners one should consistently adopt safer sex practices and use condoms.

The session has its lighter moments with wise cracks made by participants. Finally, one thing that emerges strongly is basic human need to be with one partner who would be love, care and understand and be together forever.

### Maharashtra Day Celebration

A workshop is held every year to celebrate the Maharashtra Day. It brings forth the rich tradition and customs and shows the distinct sub culture of Maharashtra.

In the year 2003, the high light was Vaghya – Murli. A dance performed by boys and girls devoted to the Goddess parvati. In olden days the women who couldn't conceive would go to a temple and pray for children. If a male child was born he was called Vaghya and if a female was born then she was called Murli. This dance form has been immortalized by folk performers and was performed by the dance troupe of HST.

Drop In's and staff members in ornate nine yard saris, nose rings and white Dhoti-kurtas fill in the space where a celebration of traditions and culture were reflected in a unique show of song and dance .

### **Bingo or House**

Bingo, or a musical housie, an improved and innovative game of housie that every Drop-in enjoys. The game works on the same principle of housie except that instead of calling out numbers, songs are played and numbers allotted to them.

A song is played and later on the number corresponding to the song is announced, and the player ticks off that particular number corresponding to the songs.

There are three prizes for the winners and the money collected on ticket sales is re-distributed as Prize Money.

### Valentine's day

Like in all parts of the world, Valentine's Day is one of the annual events eagerly awaited at the HST. The Drop-ins as well as the HST employees look forward to putting their best foot forward. Dressed in latest spring collection of sarees and western outfits everybody is all set for the Mr and Ms. Humsafar Competition.

The high point of the annual Valentine's Day bash is its Mr. and Ms. Humsafar competition; Mr. and Ms. Humsafar are chosen by popular vote and not by a jury. All drop-ins are given a piece of paper, where they enter the 'contestant's No' on each category respectively either 'Mr.' or 'Ms.' and at the end of the show is compiled and the person with highest number of votes in each category is crowned Mr. and Ms. Humsafar of the year. Of course the celebration comes to an end with the usual song and dance.

### **Religious and Cultural Events:**

Mumbai plays home to a cross-sectoral segment of the people, and therefore you can find hordes of people cutting across boundaries of caste and religion joining each other to celebrate festivals together. As culture and religion are major forces that bind people, the same of course holds true for the MSM community. The community coming to Humsafar is truly “religiously diverse” and therefore HST has tried to capitalize on this point since its inception – using culture and religion as strong binding forces to help bring the diverse MSM community together. The Friday workshop amongst its ménage of events also reserves certain festive days to celebrate as community events.

The HST Friday workshop panel uses these events to foster a sense of belonging and empowerment. From Mangala Gauri to Diwali’s, Eid to Santa Claus on Christmas Eve, the panel in its own capacity has tried to bring all these festivities under one roof of the HST center. Dance, drama and music is an integral part of any community, the HST has provided platform and space for MSM to portray their talent. Nitish who is a now professional dancer in a popular dance troupe called “Bin Baicha Tamasha” says “Though I am now a popular dancer, I would never give up coming and performing at the center, which gave me my first platform”.

### **Diwali Dinners**

Since its inception on the Diwali day in 1995, every year one month prior to Diwali HST celebrates its month festival called “ The HST Festival” where the community meets every Friday and various competitions like Painting, Rangoli, Flower Decoration, Fashion Show and Dance Competition give the members of the community an opportunity to exhibit their skills. The month long festival culminates into a Diwali Dinner, which is open to every drop in visiting the center. In the last two years the Diwali Dinner has been witnessing presence of more than 350 people from the community indicating the success of a center, which in its first year started with an attendance of 15 people on its opening day.

### **C) Helpline and Face to Face to Counselling**

In the year 1995 a new chapter began for HST to provide counseling services to the MSM community. A **voice mail help line** was set up where people could dial 9726912 and leave messages for the HST street counselors. The counselors would dial 9726913 and access messages. After accessing messages the counselor would go to meet the client at the appointed time and place. There was a strict code of conduct that the counselors had to observe. They could not meet the client in an isolated or desecrated place. They had to meet the client in a public place – a regular south Indian or Irani Café to protect them from any possible harassment or gay bashing. The counselor under no circumstances would give his personal telephone number to the counselee. The counselee was instructed to leave messages on the voice mail in case he needed another meeting. The counselor would access the message at his end and visit the counselee again to discuss his problems. The counselor could get the counselee to the center only after he was



convinced that the counselee has reached a certain level of comfort. The street counselors had to undergo a three week training programme with Dr. Chitra Subramaniam who also designed the code of conduct that included a very strong ethical code on no sexual relations between the counselor and counselee.

The street counselor essentially performed the job of providing first aid relief to the counselee. If the counselee needed any professional help he would be referred to Dr. Chitra Subramaniam for consultation at a nominal fees.

Yellow cards were printed with the number and distributed at various gay sites in Mumbai. The voice mail help line laid the foundation stone for the outreach work in the form of street counseling. A team of street counselors were set up in two groups in two different rounds of street counseling, the first had Ramesh, Rakesh and Prakash on it and the second had Sohail, Vivek and Prakash. **“The clients were basically Middle class English speaking gay men, from areas like Churchgate to Borivali in the western suburbs and Fort to Thane on the eastern suburbs. We did 700-800 counseling clients per year,”** recalls Vivek.

The counselors trained by Dr. Chitra Subramaniam trained new counselors for the job. This voice mail help line service continued till the year 2001 when a telephone help line and in house face-to-face counseling started.

The client may call 26673800 on any working day from Monday to Saturday between 12.00 noon and 8.00 pm in the night. The counseling services are available on the phone and if the clients desire the same can also be done by fixing a prior appointment with the HST counseling for a meeting the HST center.

### **The present day counseling facilities:**

The HST has a three tier system of counseling MSM on issues of sexuality / legal and health .

The community counselors, trained under a professional, form the first tier of the system and play the role of first aid providers that was once handled by street counselors. If this first aid is not working effectively, the community counselor refers the client to professional counselor for a face to face counseling session at the HST center. The professional counselor at the HST has an indepth counseling session with the client. However the professional counselor cannot prescribe any medication even if it is concluded that the client may need medical support. It is that at this point that the mental health professional / Psychiatrist takes charge of the client. She works in constant consultation and coordination with the professional counselor. The medical treatment and prescriptions of drugs, if necessary are done by the Psychiatrist working on the project

The [qs\\_hst@hotmail.com](mailto:qs_hst@hotmail.com) was introduced in March 2004 as an email helpline that is managed a team of professionally qualified doctors, Counselors and an Advocate. In this period HST has been able to extend support to 318 gay men and transgendered men.

The Humsafar Trust's Queer Support e-mail helpline provides a free and confidential service where our professionally qualified advisors give a personal response to your e-mail enquiry.

The nature of advice and support:

Any questions related to sexuality / identity, sexual health and human rights are addressed. An attempt to answer-

# Questions about sexual or gender identity, as persons attracted to others of the same sex/gender, as a homosexual, bisexual, gay, queer, kothi, panthi, transgendered, intersexed.

#Questions relating to prevention, transmission and treatment of HIV and sexually transmitted infections

#Questions around legal (harassment at workplace, problems with the police, etc.) and social issues (like family acceptance, marriage pressures, coming out, etc.) or any issue related to sexual orientation / gender identity/ sexual health and human rights.

This service is meant to provide general assistance and not to be treated as a substitute for medical, legal or other professional advice.

Confidentiality:

HST e-mail help line service is secure and confidential. HST will only break confidentiality if there is a life-threatening situation. HST takes every measure available to protect the confidentiality of its users.

When we are contacted by e-mail we ensure that our advisers reply to a query within 24 hours. In some specific cases it may take a little longer to reply.

Our Queer Support e-mail address:

[qs\\_hst@hotmail.com](mailto:qs_hst@hotmail.com)

HST also offers consultancy with our professionals by prior appointment.

### **The HST Health Programmes**

Several studies have been done on effective HIV/STD prevention strategies in India. However, by and large most of them have focused on general awareness campaigns, while a few have examined high risk groups such as the sex industry and selected sectors (e.g. truck drivers, students etc).

There remains a large gap in actual information on sexual behaviour, especially among men-who-have-sex-with-men (MSM) and gay identified men. This sector is most difficult to reach because of its invisibility, stigma, self-hatred and denial attached to these behaviours. *“The first hurdle in any consideration of men who have sex with men and their role in the transmission of HIV is the virtual absence of solid research”* (Page 9, ‘On the Margins’. Neil Mackenna, 1996. Panos Institute)

Whatever little material existed indicated strongly the need for intervention within communities practicing male-to-male-sex. The impact of both social marginalisation and criminalisation of MSM activity has serious implications for STD/HIV transmission and access to public health services. Even though the WHO has classified South Asia as falling into Pattern III of HIV transmission there are no valid grounds to state that unprotected heterosexual transmission is the most likely transmission route, though it may well be. In fact, looking at various cross cultural sexual behaviours, there is strong evidence to reveal that Asia has very high percentages of men who had ever had sex with other men or even only very irregularly.

### **The Start Up of Programmes**

In 1998 the Humsafar Trust (HST) had its first grant from the Directorate of Health Services in Mumbai to do a sex mapping study in Mumbai. The small grant of Rs.57,000/- was utilized to mobilize community members from all over the city and sex mapping of over 100 sites was completed in less than six months.

In January 1999, the HST started its sensitization programme with various public hospitals in Mumbai. The first positive results came when Dr. Hema Jairajani of LTMG Sion Hospital agreed to examine MSM clients in the Skin and dermatology department of the hospital. She also sent her resident doctors to HST to get them sensitized on MSM issues. The doctors from LTMG began their friendly visits to the HST center and very soon it was agreed that HST would set up its own in-house VCTC. A lot of support was garnered from various quarters and with unflinching support of LTMG hospital, MDACS and Mumbai Municipal Corporation (BMC) helped start the VCTC on 26<sup>th</sup> June 1999.

Mumbai District Aids Control Society (MDACS) awarded the first pilot project to **‘Motivate Safer Sex Among MSM at Selected Sites in Mumbai Metro’** in April 1999 over a three-year period. The Trust started with the pilot project by doing a baseline study

around four key indicators. They were determined by their 'risk-indicator' probabilities. In that, the key indicators could raise or lower risk perceptions. They were

- (1) Quantum of unprotected anal sex in the last one month.
- (2) Quantum of condom use with casual/irregular partners in the last one month.
- (3) Number of partners in the last one-month.
- (4) Number of men self-reporting STIs in the last six months.

The key indicators were measured after a one-year period when nearly 4,000 men were met in one-to-one interactions at the selected sites in Mumbai metro and 174 of them were selected for their ability to answer questions openly and without inhibitions through what was called 'optimum rapport distance'. This was determined by:

- (1) Client not being a close friend or acquaintance of the outreach worker and
- (2) Ability of the client to be 'open' to answer questions by development of good rapport.

The baseline BSS was possible due to the extensive outreach done by the outreach workers of HST. The HST then increased outreach by extending the beats/sites where MSM activity happened frequently.

The Mumbai District Aids Control Society (MDCAS) increased the scope of the project from one TI to two TI's in April 2000. However, as the numbers of sites kept increasing over a period of time, it was considered essential that HST upscale the project and seek financial aid from other sources too. In February 2001, USAID / FHI under its Impact programme upscaled the project for a period of 18 months.

In March 2001 the VCTC infrastructure was upgraded and doctors and counselor working honorary on the project were hired to work part time at the VCTC. A number of new residents were brought in regularly from the LTMG hospital and sensitised on various MSM issues. The number of client outreach staff was increased from 12 to 36 and various other services provided to the MSM- PLWHA were added to the project

In April 2002 MDACS gave another extension to the project. The USAID/ FHI, after evaluating the project, extended the project in September 2002 for another 18 months.

In March 2004 the project, with added components on care and support, is to get another extension for 18 months from USAID / FHI and enter its third phase. In April 2004 MDACS also extends the project for one more year and thus the project enters its fifth year of intervention amongst MSM community in Mumbai.

### **Today : Current Scenario at HST**

- 1) The HST-MSM outreach programme has reached out to more than 100,000 new and regular MSM clients in Mumbai metro and its surrounding areas.
- 2) The HST outreach program distributes well over 500,000 condoms every year at more than 148 sites in Mumbai and its surrounding areas by 42 outreach staff made possible by MDACS & FHI
- 3) The total number of clients tested for HIV has crossed 5,500 in the last four years
- 4) The total number of clients examined and drugs provided for STI's crossed 10,000 in the last four years.
- 5) The HST has its collaborations with LTMG Hospital, KEM Hospital, Cooper Hospital, Bellasis Road Clinic apart from its own VCTC at its main office premises called the HST Center.
- 6) The VCTC at the HST center remains open on all six days a week with three qualified Doctors and Two Lab Technicians attending to MSM clients in the clinic
- 7) The HST has two qualified pre test / post test counsellors working full time on the project along with three community counsellors trained over a period of two years by the head of the counselling unit.
- 8) The HST has six health-workers facilitating clients at its various collaborating hospitals
- 9) The HST has a qualified nutritionist working on the program providing nutritional counselling assistance to PLWHA
- 10) The HST has a nutritive supplement program giving away nutritional supplement to PLWHA's
- 11) The HST has a team of 14 client outreach workers trained as Committed Community Health Workers (CCHW) to provide care and support to PLWHA
- 12) The HST has one qualified Mental Health Professional to look in the stress levels and other emotional disorders amongst PLWHA
- 13) The HST regularly organises advocacy workshops for Doctors, Police department, Lawyers, Government bodies, political parties, media, student community to sensitise them on MSM issues
- 14) The HST organises one training programme every quarterly to upgrade skills of its staff and provides facilities to the staff to enhance their skills by taking job- related courses
- 15) The HST provides technical assistance to different MSM groups and helps them start projects in their respective cities. It has help set up and start projects in Goa, Baroda, Surat and Pune.

- 16) The HST is part of the petition filed in the Delhi High Court to read down section 377 that criminalizes consensual anal sex between two consenting adults.
- 17) The HST believes in working from within the public health systems and does continuous networking with various public hospitals in Mumbai Metro.
- 18) The HST did its second BSS in December 2001 and presented its results at a dissemination programme held at the conference hall of MDACS, Mumbai ( Report attached )
- 19) The HST has just completed an extensive research project titled “Four Years of Intervention amongst MSM population in Mumbai Metro” showing results of its intervention programme. A dissemination programme has been scheduled for February end 2004

***The HST is a sentinel surveillance site for the National Aids Control Organisation (NACO) for the last four years.***

#### **Tomorrow**

HST is now in a process of re-tracing its path and find out the lacunae in health delivery systems, the multiple stigmas that are attached to same-sex behaviour and the social implications of the aging and single population of same-sex people in Asian populations where being single means social alienation. HST’s roots of being a social support system for self-identified homosexuals has greater implications than it can now express for it means much for the sexual and mental health of women married to MSM in societies where marriage is compulsory in hetero-normative social paradigms.

Thus HST wishes to look at substance abuse, loneliness leading to lack of self-worth which leads to unprotected sex, convergence between gender and sexual orientation, cross-dressing patterns, backward integration with migrant populations into same-sex behaviour, the qualitative nature of male sex work besides a host of problems directly arising out of male sexual health issues.

Finally, HST is a community-based organisation (CBO) of people not very liked in hetero-normative societies. Its needs are to become a center of excellence so that it becomes a quality-based institution, which helps the community it serves to relate and integrate with mainstream society. HST’s endeavours to do that with dignity and decorum under the most trying circumstances.

#### **a) Sensitization of Public Health System**

HST’s main VCTC provides its services from its center. However Mumbai is too spread out and or some accessing the centers services can amount for a lot of time. In order to provide quality services for most MSM, HST decided to expand its services at various other municipal hospitals. HST never wanted to duplicate its services, rather integrate and work in collaboration with the public health systems.

The first step in expansion was to sensitise the health care providers within these hospitals. HST's team of doctors and counselor along with Ashok and Dr Hema Jerajani organized workshops to sensitizing doctors in other municipal hospitals in Mumbai and Thane. Later a demand was even to sensitize nurses and ward boys of these hospitals, as they are the first point of entry into an OPD.

A need was felt to access services of private medical practioners as not all MSM are comfortable going to public hospitals. Out reach workers traced Drs closer to their work sites. These Drs were than approached and given a brief introduction about Humsafar. A small questionnaire was used to find how sensitized the DRs were to MSM issues and how many of them were ready to work with the MSM community. A group of ..... Drs was identified and a sensitization workshop was held for them at HST premises

### **b) Community Mobilisaton and Awareness Building**

*Community mobilization: The Humsafar Way*

The community is the focal point for effective crime prevention. It is the people who live, work and play in a community who understand their resources, problems, unique needs and capacities.

The advances made in LGBT rights and freedoms, to date, have been made possible through the tireless political lobbying and efforts at community mobilization over the years. The DIC space, public health collaborations, community intervention programs and political advocacy have taken years, efforts at bringing the community together for a common cause has been both monumental and valiant for us at the Humsafar Trust.

HST is community mobilization! Our premier efforts could be traced to the mid eighties when Ashok would visit M.G. (Maheshwari Garden) it was around the same time that AIDS and gay rights came into the light, he would talk about gay rights show international press clippings and articles and distribute condoms, the endeavor continued with the annual ritualistic signing of the muster at cooperage grounds on new year evenings and at Ganpati Visarjan at Chowpatty where nearly the entire gay community congregated to celebrate, keeping the police lashings, and the mosquito bites aside. These events are truly model in their own way as it was the earliest traceable moments were efforts to bring the community together could be documented.

Of course Ashok and his friends continued to assemble at dadar platform no.2, where a Victorian styled wooden bench bore witness to the hankering, clashes, and talk of raving queens until the railway authorities decided that its time for the bench to retire 5 years ago.

Ending discrimination on all levels was always and will remain the ultimate goal at HST. HST also works towards providing rational attitudes towards sexuality. The Saturday rendezvous at Gokul witnessed the community occupy a major portion of the bar. Apart from the revelry there was also serious thought on organizing the community and show solidarity. A landmark event in the history of LGBT community in India shaped up, on June 25<sup>th</sup> 1991 the first pride meeting was organized at MG, where candles were lit in memoriam of those who we had lost to the battle of AIDS and Stonewall.

The first gay pub "Voodoo" started in '95 with Saturday nights as gay nights. Till date voodoo remains a popular hangout joint for gay men at the Taj promenade. Around the same time a

smaller group used to make a beeline to SKs in Vile Parle after the Friday workshops at the HST center.

A serious thought was being given to the HIV/AIDS pandemic along with all the parties, get together's and weekly meeting on rights which had become synonymous with the gay community in the west. Ashok's fiftieth birthday bash was nothing less than a celebrity event at Madh Island which had more than 450 people in attendance, the community had come together to celebrate Ashok ammas birthday, a valentine day party at TUK KUKs followed this.

2001: In wake of protest against sec 377 of IPC there was a public protest ~ Dharna organized at Hutama chowk/ fountain one of the most crowded places in south Mumbai. This protest was not on cyber space but in space that is predominantly heteronormative, HST played pioneer in roping into LGBT groups from across the city and other parts of the state to assemble and show solidarity towards a cause that affected the community. The first ever-public demonstration was an eye opener to most of the people around, some were amused, some angry and some plain amazed at the crowd that had gathered.

This meeting was preceded by an impromptu meeting called by Lawyers collective in lieu of the arrest of Bharosa Trust outreach workers in Lucknow, a press conference was called to protest the police action in the Bharosa outreach workers arrest, the HST mobilized self help groups and LGBT groups like aanchal , char chowghi, saathi, samapathik, dai, gay Bombay, and arawanis. The same year end saw transgenders being mobilized for the first time at WAD at a major event at Dadar Railway station and gateway of India. The transgender employees of HST esp. Vasanti Shetty toiled a lot to make this communities' needs visible.

The Friday workshop also adorned a new avatar during this time; HST organized the first HST month long festival culminating at the Diwali dinner which had more than 300 people partying on the first floor of HST.

2002: Two transgenders from HST were arrested in a local train and were physically abused and stripped in public, this event managed to get the community together and question the police department and resulted in being given permission by the MDACS to conduct police sensitization programs all over mumbai.

2003: this year saw many firsts coming into picture. HST drag group "Natale tumchaiya saathi" performed in a public auditorium to house full of community and performers family members and friends. This event received tremendous press publicity with India today and other prominent news channels and magazine doing a feature on them.

WAD 2003: Saw the first GLBT pride march from Sion hospital to MGs, both very symbolical places in the journey of HST. MGs being the first place where community mobilization and interventions began. The Sion hospital being the first place where a model partnership between the skin and dermat department and HST was formed. The rally had in attendance doctors and counselors from Sion and cooper hospital, friends in support apart from the community. Skin OPD head Dr. Hema jerjani led the march to the garden where she addressed the gathering, a very peaceful march which came across as a very powerful medium to make GLBT presence felt.



Not to be left behind around the transgender outreach workers from HST mobilized 100 transgenders for a separate march from Mahim station to bandra station, spreading messages of safer sex and trying to voice their issues to the general public, their march culminated at bandra railway station with lata nani from dai and vivek anand from HST addressing the audience.

New years eve saw a party organized by HST at VB house madh island

2004: *January*: World social forum in Mumbai saw HST, BD and ILGA take on the show by storm. The sessions spread over seven days included play readings, stalls and seminars, a poster exhibition paying tributes to the gay icons of India and culminating in a GLBT walk from August Kranti to Azad Maidan on 21<sup>st</sup> January 2004.

Yes, the big fights will probably be won by the big players on a big playing field, but let us not forget what happened to Goliath. We have historically been known for our willingness to stand up and fight, sometimes in radical, unorthodox and yet creative ways. What we need now is the leadership, unity, organization and focus that will enable us to rally together and wage a truly colossal fight -- and quickly, before our dreams and goals can be quashed by our foes for decades to come

## Chapter 4.2

### Outreach Work: *Extending Humsafar's Reach*

#### **Background**

Of all the barriers to realizing adequate HIV prevention in India, perhaps the most harrowing is the overall lack of knowledge, awareness, and acceptance when it comes to the growing AIDS pandemic. For these reasons, creating steps to enhance communication, target and recognize the needs of specified groups within the country, and eliminate the barriers to treatment and knowledge should be considered paramount on any Outreach work agenda. The team of dedicated field outreach workers that represent The Humsafar Trust have been trained to properly understand the fundamentals of the working elements of services offered 'on base' at the Humsafar Centre. These include counseling, voluntary (HIV/AIDS) counseling and testing (VCT) services, detection and treatment of sexually transmitted infections (STIs), and the provision of a safe, secure environment for Men who have Sex with Men (MSM). The existence and related benefits of these elements are translated and carried into the 'field' through personal one-on-one interactions that Humsafar outreach workers have with the many MSM they encounter throughout the Mumbai metro each day.

#### **Sex Mapping**

**The HST, being a community-based organization, was aware MSM activity was happening at various places in Mumbai. It realized that for successful intervention among MSM community it was important to identify these areas and understand the dynamics of sexual activity being carried in these places. It became vital that to reach out to MSM population and thus a need to conduct a sex mapping came into being.**

In 1998 the Humsafar Trust (HST) had its first grant from the Directorate of Health Services in Mumbai to do a sex mapping study in Mumbai. The small grant of Rs.57,000/- was utilised to mobilise community members from all over the city. Ramesh Menon was the HST administration at that time put all his and Ashok's resources and utilized them in identifying areas where MSM community met regularly either for sex or socializing. A list of different areas was drawn up from the information gathered from various community members. The actual verification of these areas was done by the HST administrator. These areas were further divided into two groups.

- 1) Star Sites
- 2) Beats

Star sites were classified as sites where MSM community met up with their friends to essentially socialize and exchange information. These sites were also being used to

exchange contacts and make new friends. However, very little or no sex was happening on these sites.

Beats were classified as sites that members of the MSM community visited essentially for the sole purposes of having sex with casual partners. These sites included places like different toilets on the railway platforms, which become deserted late in the nights, and public areas like the Azad Maidan, Cross Maidan and Cooperage that would have few people late at nights and were used for the purposes of having oral sex.

It was then decided that an outreach programme could begin with the star sites, as working on the sex sites would be a little difficult. The basis of this decision was that MSM population would not be comfortable talking to HST outreach workers on sites that they visited essentially for soliciting sex.

The sex-mapping project with inputs from the community was completed in less than six months and seventy-eight sites were identified. At the beginning of the pilot project with Mumbai District Aids Control Society intervention started on seven sites. Initially MDACS had granted funds to reach out to 1,000 MSM and with limited funds more sites could be intervened.

However identifying of sites continues to be on going process at HST and in March end 2004 the HST outreach staff are providing services on 148 sites in Mumbai Metro and surrounding areas. During their work shifts, Humsafar's field outreach workers visit these key areas around the Mumbai metropolis that have been identified as 'cruising spots' for MSM or simply areas where sex is known to take place. The new sites are identified and mapped with the help of initial sex sites and daily interaction done with MSM clients through strong rapport building by the HST outreach team.

### **Rationale for Outreach Work**

Outreach Work extends the significant shelter and services of the Humsafar Trust beyond the four walls of The Humsafar Centre's Santa Cruz-based physical structure. Care and support, which is so vital to any marginalised community, is provided, along with information, acceptance, awareness, and direction that they may otherwise lack. It is through outreach work that the MSM community is really given a shape, size, and form, for it is through the presence of Humsafar outreach workers that MSM are allowed to think of themselves as a *community*. It is only through this process of identification and self-awareness that empowerment and action necessary for combating stigma and discrimination or HIV/AIDS and other health problems can be realized.

### **OUTREACH RECRUITMENT**

Out reach workers are recruited by a rigorous three-tired procedure. The administrator puts up a notice advertising for the post. The existing ORWs spread the word on their sites. After receiving all the applications, HST begins the recruitment process. Applicants are called for a written test. The written test tests their knowledge in basic issues such as

HIV/AIDS etc. As ORWs have to fill their daily outreach forms, it is necessary that they can write at least in one regional language.

The written test is followed by a group discussion. The GD focuses on their skills of public speaking and their communication. ORWs have to work in field and its imperative that they have good communication skills to be able to motivate clients for HIV test, create awareness about HIV etc.

Those selected in written exams and GD are then called for an interview. The interview lasts for about 15-20 minutes. Some of the parameters in the interview are to check what is the motivation of the participant for the job, how well he knows the MSM community, is he ok with the working hours, his comfort levels with the community and his own sexuality.

They are told at the very outset that they cannot get clients by giving them money, by having sex with them, not their relatives/friends and not by force.

The final stage is an interview with the chairman. It is more of an informal chat where the selected candidate is given an opportunity to interview the interviewers and give his feedback on the recruitment process. The candidate is also encouraged to discuss any factor or issue that may have offended him during the process of recruitment. It enables the organization to plan future recruitments better and have an indepth understanding of the MSM community.

### **Training & Capacity Building**

Once appointed, the ORWs go through an intensive three-day training program. The program is designed to provide them theoretical and practical inputs that would benefit their work.

Some of the topics covered during the training program are as follows:

- Basics of HIV, AIDS and STIs
- Orientation to the various subgroups within the MSM group
- HIV and opportunistic infections
- HIV testing
- ARVs
- Counseling
- Nutrition
- Care and support of HIV positive individuals
- Behavior change communication
- Legal issues
- Rapport building
- Dealing with police harassment/hustlers on the sites
- Stigma/Discrimination and Human Rights of the LGBT community
- Team building

The training maintains a fine balance between classroom sessions and interactive games. Resource people are called for sessions according to their areas of expertise. As some of the issues can be best explained via games, many games are included in the training program. HST has integrated games adapted from various NGOs and has also devised in house gamesome All these are compiled into a training manual. The thrust is to make each session as participative as possible.

After the formal training, the ORWs are sent on the beats/sites for hands on training. They accompany a senior ORW for a period of 20 days. The senior ORW explains him the beat, how to approach clients, distribute IEC, and motivate him to come for a test.

After the first round of training, refreshers training is conducted every three months. The agenda for the refreshers training is a mix of pre decided training sessions and the needs of the ORWS. If the ORW needs more inputs in certain areas, then HST organizes it for them.

## **OUTREACH PROCESS**

### **1. OUTREACH WORKERS SCHEDULE:**

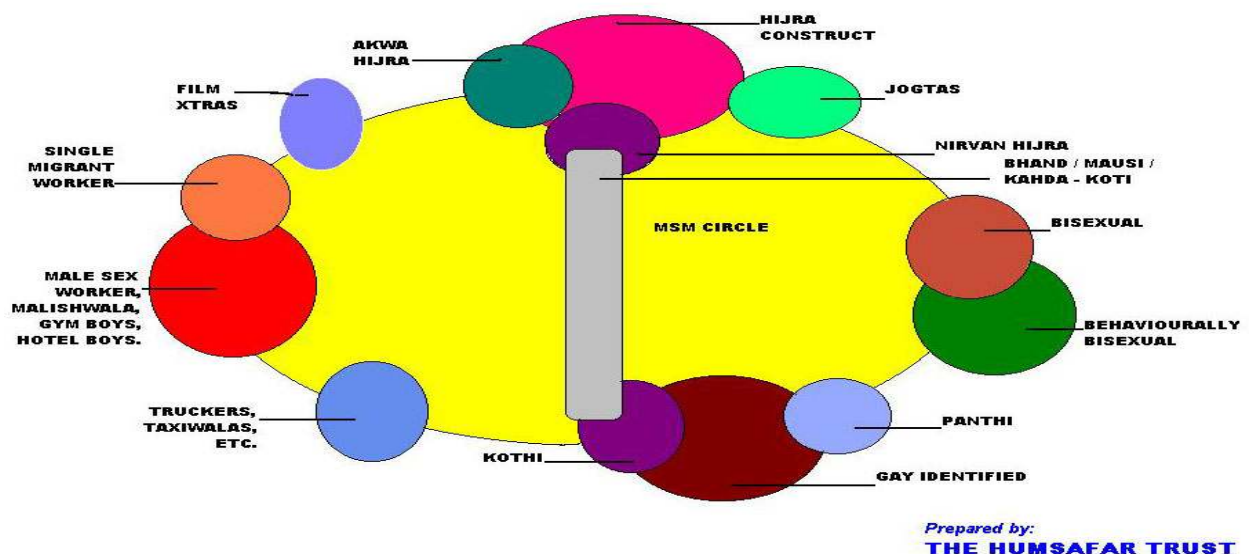
Outreach starts at 7.00 p.m. As soon as HST outreach worker reaches the assigned beat / site he starts interacting with regular MSM clients / groups, distribute condoms and remind them about their regular health check up. HST outreach worker work with different MSM identities on the same beat. Hence lot of time HST ORW needs to relate with the group as per their traits. During the interaction with the regular MSM clients, an ORW also need to keep an eye on new person visiting the site for the first time. Once the ORW notice there is new guy, he makes sure to get detached from the regular clients group and approach this new client with Ice breaking conversation (What's the time? Are you \_\_\_\_\_? Your face looks so similar to my friend \_\_\_\_\_?). ORW gives nothing but self-introduction in the first ice-breaking meeting and assures the person to meet next time on the same beat again. It's a very difficult task, which an outreach worker has to complete because HST outreach worker shifts clients initial sexual attraction in to nice warm friendship, which is essential for strong rapport building. Outreach work continue till 11.00 p.m. Daily reporting for all the HST outreach worker start from 4.00 p.m. to 6.00 p.m. that includes submitting daily outreach form, condoms collection and feedback about beat.

Once the client becomes comfortable and starts interacting, HST outreach workers starts providing him information about several topics such as Humsafar Trust support system, community workshops, issues about his sexuality, safe sex practices, HIV/AIDS and STIs. )

## Rapport Building

Obviously, not much information can be obtained from an individual during one's first encounter with them. Therefore, the first, and perhaps most important step of Humsafar outreach work is *rapport building* as establishment of trust is the foundation upon which awareness, knowledge, and support can be extended.

As the field outreach worker begins observation of their "beat" for several initial days, they will identify individuals that might benefit from Humsafar's succor and services. After the ice is broken through small talk (i.e. asking for the time, etc.), the field outreach worker might begin speaking to the individual about anything more substantial, ranging from societal or familial pressures relating to their sexual identity, symptoms that could be related to known STIs, knowledge and/or fears about HIV/AIDS or other psychological, societal and health issues. Basically, in this context, the outreach workers serve as an extending voice and arm of the services offered to individuals that then take the next step of visiting the Humsafar Centre.



## Reporting and Monitoring

Daily, the outreach workers keep a log of individuals they meet, the location (roughly) where the meeting took place, a description of that individuals' sexual identity, and whether or not a condom was given to him. Completing this daily log requires a strict observation of a standard procedure and an understanding of the intricacies of the MSM community.

**DAILY OUTREACH FORM**

Name : \_\_\_\_\_

Developed By : **THE HUMSAFAR TRUST**

Day

: \_\_\_\_\_

Beat : \_\_\_\_\_

Date

: \_\_\_\_\_

| Sr. No. | Name | MSM Identity (MSM, Bi, Koti, Panti, Tr., Gay etc.,) | Occupation & Age | Contact IB/ New/ F1/ F2/ REG | Referral information     |                          | Testing information    |                        | Condoms given | Condom used in last 7 days |
|---------|------|---|------------------|------------------------------|--------------------------|--------------------------|------------------------|------------------------|---------------|----------------------------|
|         |      |   |                  |                              | Referred for STI Testing | Referred for HIV Testing | Tested for STI Testing | Tested for HIV Testing |               |                            |
|         |      |   |                  |                              |                          |                          |                        |                        |               |                            |

New Outreach:   
Pudi Sold:

F 2 Outreach :

Khush

**Moderators' Remark:**

F 1 Outreach:   
ORW: \_\_\_\_\_

Regular :   
Sign of Moderator : \_\_\_\_\_

Sign of

## 1. DATA ENTRY OPERATOR :

COLLECTING FORMS → MAINTAINING CONDOM AND OUTREACH FORM REGISTER → ENTERING DAILY DATA IN TO THE HUMSAFAR TRUST MIS SYSTEM → PREPARING MONTHLY REPORTS

OUTREACH WORK IS MONITORED FIVE DAYS A WEEK EXCLUDING FRIDAY DUE TO THE COMMUNITY WORKSHOP IN HUMSAFAR TRUST. OUTREACH WORKERS ARE TRACKED BASED ON THEIR GIVEN TIMINGS FOR PARTICULAR SEX SITE. SUPERVISOR NOT ONLY VISITS THE BEAT BUT TALK WITH REGULAR CLIENTS ABOUT SERVICES BEING PROVIDED AND IF HE IS SATISFIED WITH THE FACILITIES BEING PROVIDED TO HIM BY HST THROUGH ITS OUTREACH WORKER. AFTER GETTING FEEDBACK FROM THE CLIENT THE OUTREACH MANAGER HOLDS MEETINGS WITH THE OUTREACH WORKERS TO GIVE HIM GUIDENCE ON IMPROVING HIS RAPPORT BUILDING AND DISCUSSES THE PROBLEMS FACED ON WORK SITES.

SUPERVISORS HAVE WEEKLY MEETING WITH OUTREACH MANAGER REGARDING THE VISITS THEY HAVE MADE AND GENERAL FEEDBACK ABOUT BEATS AND REGULAR CLIENTS. ONE OF THE SUPERVISOR IS VATERING STAR SITE ON SUNDAY WHERE MSM CLIENTNS MEET FOR SOCILIZATION AND CRUSING FROM ALL OVER MUMBAI AND EXTENDED MUMBAI. THIS ALSO PROVIDES AN OPPORTUNITY FOR A SUPERVISOR TO EXTRACT INFORMATION ABOUT SITE.

THE PROJECT MANAGER HAS MEETINGS WITH OUTREACH STAFF EVERY FIFTEEN DAYS TO EVALUATE THE PROGRESS OF THE PROJECT. THIS MEETING ESSENTIALLY REVOLVES AROUND TARGETS ACHIEVED BY THE OUTREACH STAFF, PROBLEMS COMING IN THE WAY OF PROVIDING QUALITY SERVICES, PROBLEMS FACED IN DEALING WITH PUBLIC HEALTH SYSTEMS, EXPLORING NEW SITES THAT MSM FREQUENT AND ANY NEW IDEAS THAT COULD IMPROVE WORKING OF HST.

Project evaluations to be added briefly - Vivek

### **Obstacles**

Sometimes the extending arm of Humsafar faces difficulty in flexing, however. This difficulty largely comes from harassment by police and local 'thugs.

***AS QUOTED BY VIJAY PAWAR ONE OF THE SENIOR MOST OUTREACH STAFF OF WORKING SINCE THE LAST FIVE YEARS WITH HST***



AN OUTREACH WORKER HAS TO WORK / DISTRIBUTE CONDOMS TO HIS MSM CLIENTS. THERE HAVE BEEN INSTANCES WHEN THE POLICE STAFF ASSUMES THAT BY GIVING AWAY CONDOMS AN OUTREACH WORKER ENCOURAGES MSM SEXUAL ACTIVITY. THIS LEADS TO UNWARRANTED HARASSMENT OF THE OUTREACH WORKER ON THE WORK SITE

A CERTAIN PERCENTAGE OF MSM ARE NOT VERY COMFORTABLE ABOUT THEIR SEXUALITY. THIS LEADS TO FEELINGS OF GUILT, SHAME AND SELF HATRED AMONGST THE MSM COMMUNITY. AN OUTREACH WORKER IS THE FIRST POINT COUNSELLOR FOR THE CLIENT AND HAS TO MAKE EFFORTS TO MAKE HIM FEEL COMFORTABLE ABOUT HIMSELF. IF THE OUTREACH WORKER CANNOT HANDLE THE CLIENT HE MAKES EFFORTS TO BRING HIM TO THE HST COUNSELLING CENTER SO THAT THE CLIENT CAN GET PROFESSIONAL HELP FROM THE HST MENTAL HEALTH PROFESSIONAL.

COMFORTABILITY WITH ONES OWN SEXUALITY AND SEXUAL BEHAVIOUR IS AN IMPORTANT COMPONENT OF THE OUTREACH PROGRAM.

A NUMBER OF INSTANCES HAVE ALSO BEEN WHERE THE MSM ACT IRRESPONSIBLY AND THUS CREATING TROUBLE AT WORK SITES. THE LOUD BEHAVIOUR, CLAPPING ACTIVITIES ON THE SITES/ BEATS, INSTANCES OF FORCING THEMSELVES ON NON MSM POPULATION TO HAVE SEX IN TOILETS CREATE UNHEALTHY ATMOSPHERE AND LEADS TO TROUBLE ON SITES / BEAT.

THERE HAVE BEEN INCIDENCES WHERE MSM GROUPS WERE BEATEN UP OUTSIDE THE PUBLIC TOILETS / CROWDED LOCAL TRAINS AND PUBLIC GARDENS. THESE PRACTICES MAKE OUTREACH PROGRAM DIFFICULT AND SOME OF THE WORKSITES HAD TO BE ABANDONED OWING TO ITS PROBLEMATIC NATURE.

In addition, competition between two or more NGOs that are currently operating in the Mumbai metro on similar platforms (i.e. HIV/AIDS, MSM, safe sex, etc.) can lead to baseless accusations, discouragement, and unfriendly vibes that can severely hamper outreach efforts. Problems may also surface while attempting to appropriately identify and effectively target intervention to affected groups. These problems arise mainly because support and services for this particular target community will only be openly accepted if an individual is aware and not in denial of their own sexual behaviour, identity, customs, and/or vocabulary.

## **Chapter 4.3**

### **MEDICAL & COUNSELLING SERVICES**

#### **1 Summary**

#### **2 Establishment of Humsafar Centre & Health-related Projects**

#### **3 Counseling**

- ❖ Initial services: Voice-mail help line, Street Outreach
- ❖ Present-day services: HIVV/AIDS: pre/post test, nutritional, spouse notification, mental health counselling

#### **4 Medical facilities**

- ❖ VCTC/Consultation
- ❖ VCTC protocol
- ❖ Testing
- ❖ Testing protocol

#### **5 Nutrition program**

#### **6 Safe sailors club**

#### **7 Annexure**

- ❖ Counselling data- telephonic and face-to-face
- ❖ Brief representation of HST medical & counselling services
- ❖ Collaboration with Hospitals/PMPs etc...

## **1. Summary**

### ***The beginnings:***

The aforementioned “Meghraj parties” that took place in the early eighties were major eye openers for people who later took on the crusade to fight the deadly virus of HIV.

*Ashok Row Kavi recalls about the parties that, “for admission, one needed the reference of two gay men, and the cover charge was Rs 80. These parties had invariably large crowds, sometimes even 700 people, the highlight being drag queens and dark rooms,”*

Despite being exciting from a social standpoint, these parties revealed a disturbing fact: the dark rooms were being used for sexual activities and despite condoms being made easily accessible, very few individuals actually used them. This occurrence of unprotected sex at parties was a severe cause of concern.

Therefore, following this realisation, a meeting was held by all the concerned people, including Ashok, Suhail, Sridhar and Karim, to discuss the serious nature of the practice of unprotected sex among the gay men in their circles. In this meeting Suhail suggested that they work extensively in raising awareness of the population on consistent condom usage. He maintained that anyone could be positive and that there was an urgent need to promote safer sex practices.

### ***Gay health in print:***

The first issue of the gay magazine “Bombay Dost” came out in 1990 and the magazine that first came out as a newsletter covered health issues of the LGBT community in India.

“Bombay Dost” in its charter stated clearly “To provide counselling, information and advice in all such areas which are of interest to this alternative sexuality and its safe practise” It was evident in the charter that this group would look into the health issues of the LGBT community seriously and make efforts to deal with them.”

Ashok Row Kavi mentions “The community today was faced with the issue of HIV/AIDS and no one was addressing it. Bombay Dost did provide a social platform but someone had to address the medical problems of the gay and lesbian community. If we’re not even surviving, what social issues can we think about discussing?”. While Bombay Dost carried very vital information on subjects dealing with alternate sexuality, it also started including advertisements that spoke about safer sex, and listed places where free testing and counselling can be received.

## **2. Establishment of Humsafar Centre & Health-related Projects**

The early gay activists (Ashok Row Kavi, Suhail, Sridhar and Karim) felt that the magazine alone was not enough, and there was a need for a physical “safe space” for the community. This sentiment led to the formation of The Humsafar Trust in the year 1994. Interestingly, the readership and community formed by Bombay Dost would play a large role in the implementation of key Research activities for Humsafar in the near future, not to mention serve as an important Community Empowerment tool.





Psychiatrist takes charge of the client but is always working in consultation and coordination with the professional counselor. The medical treatment and prescriptions of drugs, if necessary are done by the Psychiatrist working on the project

### ***HIV/AIDS pre test & post test counselling***

Apart from community counseling HST offers pre-test and post- test counselling at its various VCTC's in Mumbai Metro. A team of three community counselors trained under the Head of Counselling Unit, Ms. Vrushali Deshmukh, for two years carry out the job professionally at the Skin and Dermatology Out Patient Department at Cooper / KEM and Bellassis Road clinic. A professionally qualified counsellor, Hemangi \_\_\_\_\_ from Bombay University provides pre test and post test counselling at LTMG Hospital and the Ms. Deshmukh, a qualified counselor from TISS handles clients at the HST VCTC along with monitoring the work of all counselors working for HST. The counselling unit also includes professionals working on Nutrition, and the Mental Health of Positive as well Non Positive MSM clients.

The first professionally qualified counselor to work with HST was Mr.Rajeev Dua from TISS, but unfortunately had to be asked to leave the job for his unethical conduct with some of the clients.

A year later Ms. Vrushali Deshmukh, also from TISS became the first full time female counsellor to join HST. Initially there was a bit of hesitation at both ends but soon she took charge of the population that she was dealing with and has now been with HST for over four years. "I was interested in knowing everything related to MSMs, especially as there were not much documented research/studies on MSMs in India. Initially I felt out of place but now it's like working in a homely environment" says Vrushali Deshmukh, Head of Counselling Unit at Humsafar.

As part of community led initiative, members from the community are trained in the counselling skills and Murgeshan, Ashok Patangi and Vijay Bansode have been trained under Ms. Deshmukh for two years and now independently handling community as well as pre test and post test counseling. If the counselor is from within the community it can have its own advantages and disadvantages. "Well there is this myth that if you are homosexual you will push others to become homosexuals. I do not agree as being homosexual is as natural as being a heterosexual and only if the client has homosexual orientation then I do help him to settle on that ground. If the client is not comfortable with his sexual orientation I help him become comfortable," says Murgesh, community counsellor at HST.

### ***Telephonic Counselling***

The telephonic counselling deals with a spectrum of issues like sexual practices, health issues, information about Humsafar Trust, social issues such as gay marriages, marriage pressures from families, community support, harassment at workplace, problems with hustlers and cheaters and also with police personnel.

Vrushali comments "Interpersonal motivation like finding companionship and intimacy are important but in the last couple of years there has been a steady rise in the number of



**VCT Protocol**

After the questionnaire is filled an informed consent is obtained from the client stating that the client voluntarily consents to go for a test. Once the written consent is obtained the client proceeds to the clinic where the doctor then examines the patient.

The doctor, before examining the client, makes sure that the client has understood the information provided in the counseling session and if he is fully satisfied the client is examined. The examination includes a thorough check-up for the presence of any STI's and provide syndromic treatment if needed. The Lab Technician then draws blood for a HIV test or any other test that may be deemed necessary by the Doctor.

The client is then advised to collect his report in a maximum three days time on production of his valid referral card. The client collects his report from the counselor after a detailed post test counselling session. The counselor then sends the client to the Nutritionist for a nutrition counselling and if needed the counselor can also refer the client to the Mental Health Professional / Psychiatrist. 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 window period or is negative.

The client is advised to avail services of the Safe Sailor Club, a support group that has been established for positive MSM, if he has tested positive for HIV. HST also has a spouse notification programme that encourages married HIV positive MSM to bring in their spouses for check up and testing.

The client is referred to LTMG Hospital if he has tested positive for HIV. A special 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 of LTMG Hospital or as desired by the client. As part of care and support provided by HST, any client that may need temporary hospitalisation for treatment of Opportunistic infections is referred to a hospice linked with HST programme

A special nutritive supplement is provided to all HIV positive clients at the various VCTC centers of HST and records maintained by the counselors to ensure a regular follow up and note the effectiveness of the nutritive supplement being given to the client.

**Face to face counseling data analysis.****January 2003 to June 2003.****Total number of cases handled:**

Break up:

| Sr.no. | Issue for counseling.               | Number of clients. | Percentage. |
|--------|-------------------------------------|--------------------|-------------|
| 1.     | Sexuality and social.               |                    |             |
| 2.     | HIV/AIDS                            |                    |             |
| a)     | Pre-test.                           | 804                |             |
| b)     | Post-test.                          | 212                |             |
| 3.     | Nutritional. (New case/ Follow-up). | 260/56             |             |
| 4.     | Spouse notification.                | 03                 |             |
| 5.     | Mental health. (New case/           | 22/57              |             |

**Telephonic counseling data analysis.****January 2003 to June 2003.****Total number of calls received: 90**

Break up:

| Sr. no.       | Type of call.        | Number of call | Percentage. |
|---------------|----------------------|----------------|-------------|
| 1.            | Sexual practices.    | 24             | 26.7%       |
| 2.            | HST information.     | 16             | 17.8%       |
| 3.            | Social issues.       | 14             | 15.65       |
| 4.            | HIV/AIDS/STI's       | 12             | 13.3%       |
| 5.            | Sexuality.           | 10             | 11.1%       |
| 6.            | Health issues.       | 06             | 06.7%       |
| 7.            | General information. | 04             | 04.4%       |
| 8.            | Care and support.    | 02             | 02.2%       |
| 9.            | Others.              | 02             | 02.2%       |
| <b>Total.</b> |                      | <b>90</b>      | <b>100%</b> |



## The Humsafar Trust Medical and Counseling component

### Counseling Facilities.

**Voice mail counseling-** (1994-2001), was the pioneer for the counseling and the outreach work.

**“We met gay men from Churchgate to Borivali and Thane to discuss their problems”**

**-Vivek Anand.  
C.E.O Humsafar trust.**

**Telephonic counseling-** (2001 onwards), the facility is available from Monday to Saturday from 12:30 pm to 8:00 pm.

*“Telephonic counseling is important as many of the clients*

**Face to face counseling-** (2001 onwards), this component majorly deals with the pre and post HIV/AIDS counseling done at the center. There are at times certain cases of counseling on sexuality and social issues.

**“ Societal pressures force gay men in to matrimony. Living a gay identity and maintaining a heterosexual married life is difficult for them. This takes a toll on their mental health.**

**-Vrushali Deshmukh.  
Counselor.**

### Medical facilities.

**HIV/AIDS testing center-** (\*\*\*\* onwards), this is the only HIV/AIDS testing center for the MSM community with great efforts taken by Dr. Maninder and Dr. Sameer.

“

”

**-Dr. Maninder & Dr. Sameer**

*STI testing- ( 1996-1999) HST remained unfunded and MSM were referred to KEM Hospital for testing.*

*(1999 onwards ) HST VCTC was set up and collaboration with*

*STI treatment center- (2001 onwards)*

**The Humsafar Trusts Medical and Counseling component.  
In collaboration with Sion, KEM, Cooper Hospitals and  
Private medical practitioners at hotspots.**

Counseling facilities.

**HIV/AIDS pre & post test counseling-** (Sion-1999, Cooper-2001, KEM-2003), started with a view of providing counseling facilities to the clients taking into consideration various factors like easy accessibility and saving time.

**“ Most of them are clear as far as their identity is concern, but majority of them carry a lot of misconceptions regarding health espically HIV/AIDS.”**

**-Hemangi Mhaprolkar.  
Counselor,  
Sion hospital.**

Medical facilities.

**HIV/AIDS testing -** (Sion-1999, Cooper-2001, KEM-2003), started as part of the FHI and MDACS projects.

“

”

**-Dr. Hemangi Jerajani  
HOD-Skin-LTMG Hospital**

**Face to face counseling-**

**“Apart from the family problems there are many community members who come with problems related to their steady partners.”**

**-Ashok Patanghi.  
Community counselor,  
Cooper hospital.**

**STI testing and treatment-**

*“ Our society still carries those old misconceptions, that having anal intercourse with young boys would cure them of STIs. Anal STIs are difficult to understand and most of those who suffer are unaware of it. Working with the community is an experiance in itself.”*

**Private medical practioners-** This is part of partnership building exercise, also aimed at providing better and easily accessing facilities without waste of time in traveling. Certain hotspots were identified and MSM clients were interviewed. Data was collected in regards to the type of practice the PMP has. There was primary sensitization carried out for these PMPs by visiting them personally and putting forward the idea before them. A training and sensitization program is scheduled for the same.

## The Humsafar Trust's Safe Sailors Club

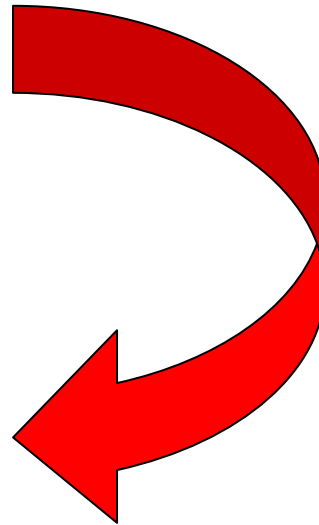
**The Humsafar Trust's** expansion program aimed at providing health care to the community members who are infected by the deadly virus of HIV, armed with vision of **care and support.**

**The Safe Sailors Club-**working as an offshoot of The Humsafar Trust is the safe space for the MSM community members who are infected with HIV.

**“ Humsafar has given us the platform to raise our voice and gave us a new beginning at the time when our world had come to a stand still. The sun of our lives did shine somewhere else but it definitely sees a gentle and respectful setting here.**

”

**-Shashi & Kalyani.  
Co-ordinators of The Safe  
Sailors Club.**

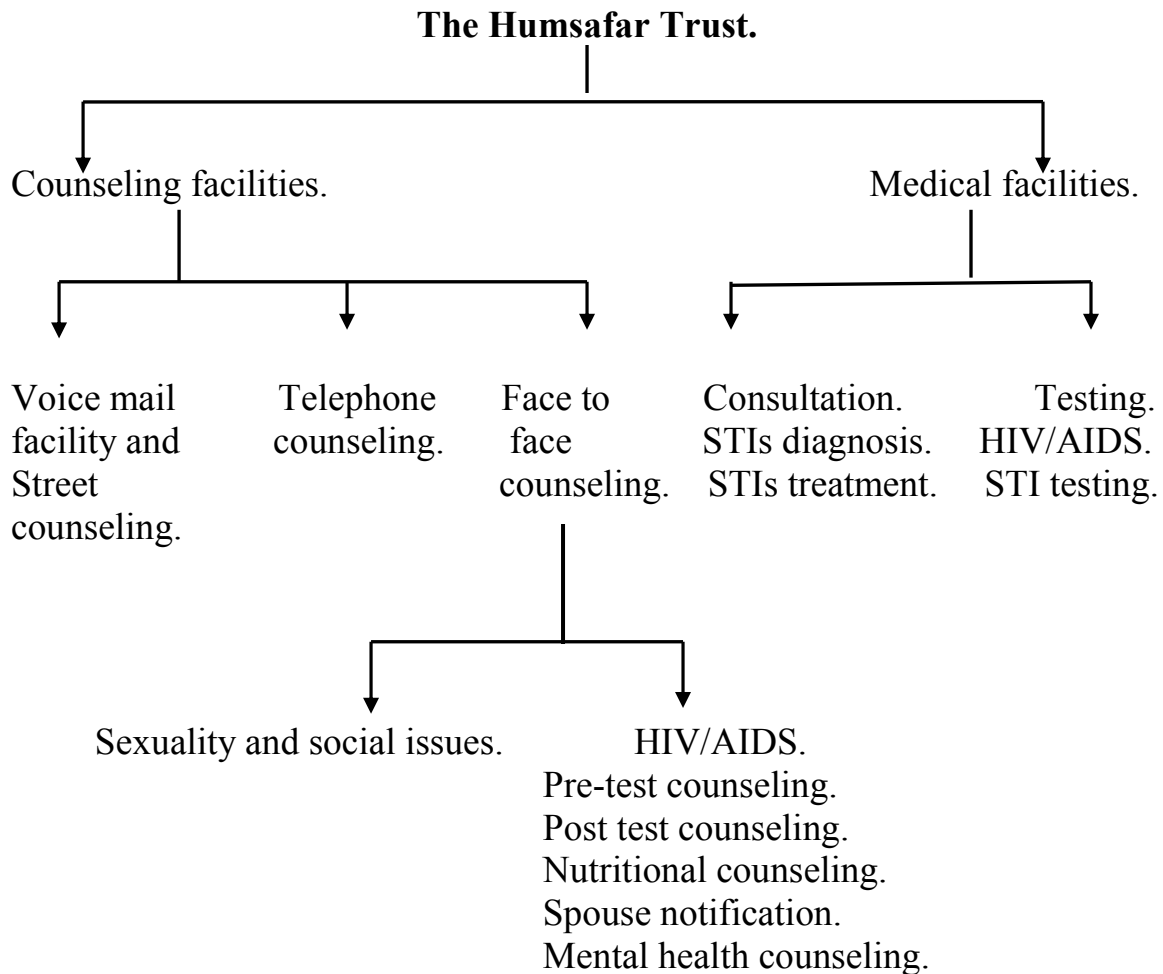


**The Safe Sailors Club**, incorporated on 16<sup>th</sup> March 2002 after a need assessment done for the positive MSMs by Kalyani and Shashi from the Humsafar trust. It is situated in the premises of the Municipal Eye hospital at Grant road.

There were a series of meetings conveyed for the same, where in-depth discussions on social issues after being positive were discussed. Issues like sexual practices, diet, health facilities dominated such sessions. This led to a better understanding between each one of them and the experience sharing resulted in positive hope.

**“I felt that there was a need for such a set up, many of our friends tested positive. There was need for a platform where social and other needs could to be assessed and a remedy can be seeked in order to better our lives, I started feeling this when I myself fell sick,”** recalls Shashi. Apart from the nutrition program there are other activities such as field trips, medical checkups, advocacy programs also organized. **“There are efforts made to see in what manner we can establish a Hospice or a hospital on our own for the ailing and sick in the community;”** adds Ashok.

## The Humsafar trusts medical and counseling component.



## The Nutrition Program

The Humsafar Trust started its nutrition program in February 2001 for the community in general and also HIV positive MSM in specific. **“Nutrition is always considered opposite of Malnutrition, whereas people should understand that it not only should see the provision of sufficient amount of food to the body but also provide efficiency oriented energy supplies, thus by creating an alkaline situation in the body,”** says **Anant Vaidyanathan**, the community nutritionist. The approach to achieve the status of health is based on personal experience of the community nutritionist with a feeling of fresh understanding between disease and therapeutics. Thus having a more physiological understanding and approach rather than pharmacological. **“I discourage any one from becoming a sub-ordinate of medicines and rather encourage people to discover the road to health through natural means and methods,”** adds Anant.

The nutrition program carries out various activities as follows:

- ❑ Provide nutritional counseling for HIV positive MSM
- ❑ Workshops on importance of nutrition at various advocacy programs run by the trust
- ❑ Training of the Humsafar staff i.e. the outreach workers and community counselors in nutrition management.
- ❑ Training of HST counselors and community counselors to provide nutrition counseling as part of their post test/ongoing counseling sessions.

The program emphasizes on providing services to members of the Safe Sailors Club, where there is provision for daily lunch. The lunch menu is worked out to provide nutritious food. It is less oily, less spicy consists of pulses, rice, chapattis, green leafy vegetables and lots of fresh green salads. They are advised to follow similar diet regime with emphasis on including immune system boosters such as dates, raggi etc. Lemon juice forms a major prescription for them in practically all cases it has proved to be a great therapeutics agent. Previously dates, raggi and vitamin B complex capsules were provided to the positive members but were later discontinued. This has been replaced by a regular supply of flour made out of sprouted wheat, millet and moong sprouts. This replacement has proved to be more healthy nutritional supplement as opposed to earlier dates, raagi and soya powder.

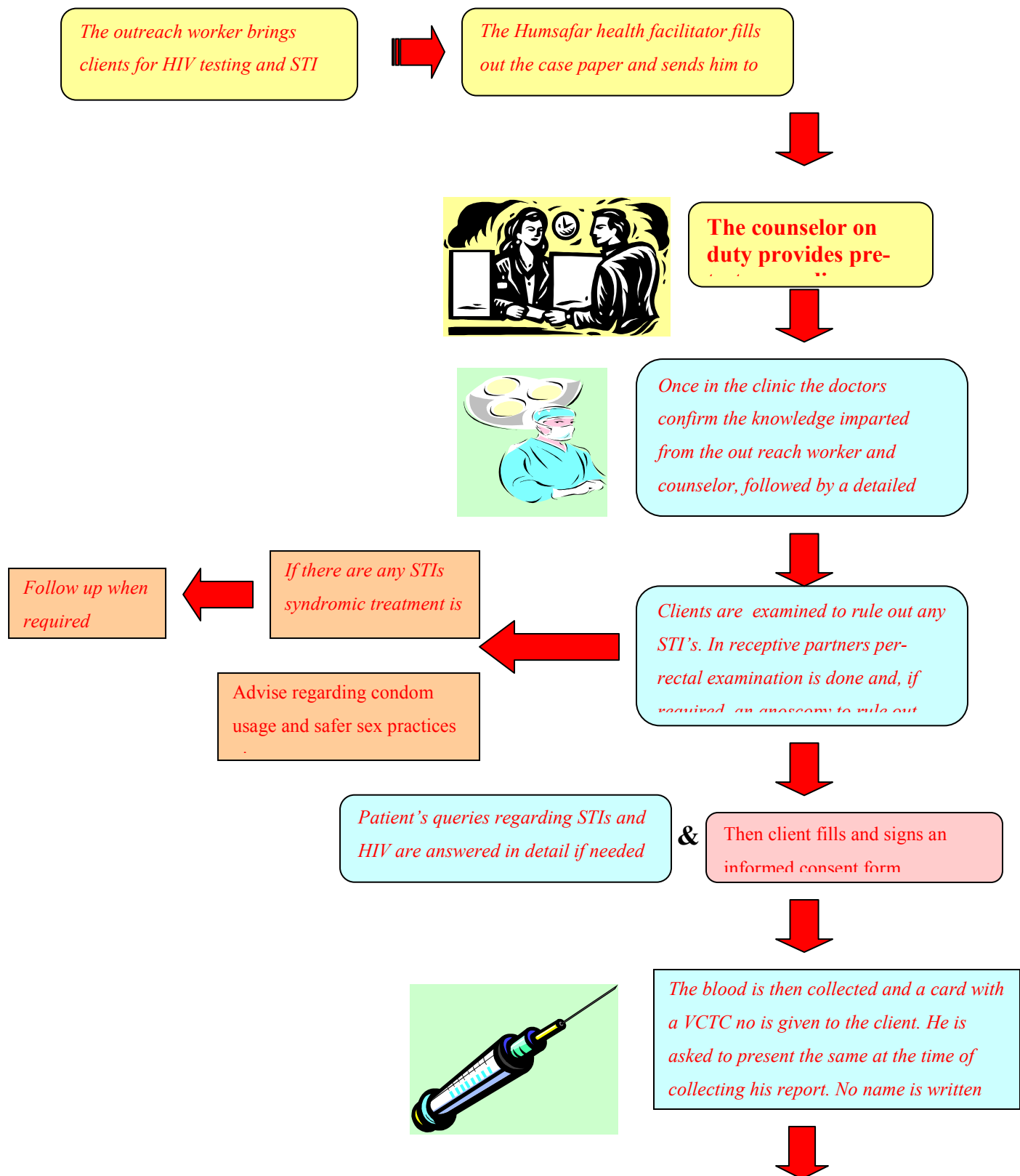
**“My basic aim is to free people especially from the community from the myths and misconceptions they have in regards to their health and those in particular to nutrition,”** says Anant.

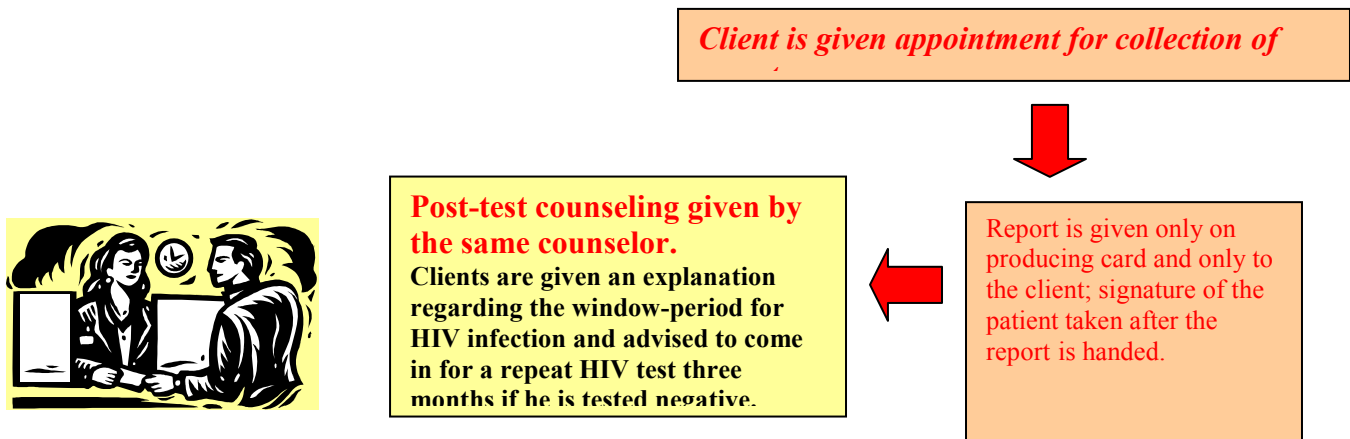
### **The nutrition programme**

*“A gay person is condemned to a life of aloneness. Physical independence is the fall out of a healthy body. He should be completely out of fear of diseases”*

**-Anant Vaidyanathan,  
Community Dietician.**

## The VCTC Protocol.





### **MENTAL HEALTH SERVICES:**

Mental health interventions have always been at the core of services delivered at The Humsafar Trust. Even before any staff could be formally trained in counseling, psychosocial issues of ‘coming out’, ‘loneliness’, ‘dealing with pressures of marriage’ etc always formed the core topics of discussions during the Friday workshops. It was not before 1995 that Dr. Chitra Subramaniam conducted a training program to formally train street counselors. The focus of this training was to enable members of the community to provide emotional first aid to community members. The services of Dr.Chitra Subramaniam was available to gay men wherever the street counsellor felt the need for an intervention by a professional. The first round of street counselors included Ramesh Menon, Suhail Abbasi and Sridhar Rangaihn. The younger lot of MSM were counseled by the younger generation gay men like Rakesh Modi and Pallav Pantanakar. This could be traced as the beginning of formal mental health interventions at Humsafar Trust.

Since then mental health interventions took various forms of telephonic counseling, face to face counseling and street counseling. In 1998 Mr. Rajiv Dua a MSW from TISS joined HST as part time counsellor to provide mental health support to the community after Dr. Chitra Subramaniam left for Geneva. The street counseling programs continued with one of the Trustees Suhail Abbasi, Vivek Anand and Prakash Mirpuri, each manning the helpline twice a week. The services of Mr. Rajiv Dua had to be terminated following some unpleasant complaints filed by some of the members of the community who were being provided counseling by him.

In 1999, with the initiation of Health Programs, the focus of activated broadened to include health concerns and subsequently the focus on mental health diluted. However, even with this new focus, mental health needs continued to be addressed by Ms. Vrushali Deshmukh who had joined HST as full time counselor to provide pretest and post test counseling to MSM who wished to access services of the HST-VCCTC

The year 2002 witnessed rejuvenation of mental health services. Dr. Anuradha Menon, a resident Psychiatrist, formally reinstated mental health services at Humsafar. Through her work Dr. Anuradha addressed issues of staff burnout, stress of people living with HIV / AIDS and mental health issues of the community at large. Her work with Humsafar laid foundation for future interventions and collaboration with various mental health professionals. Mental health interventions continued with Ms. Priti Prabhughate replacing Dr. Anuradha in March 2003. Ms. Priti continues working on similar issues as Dr. Anuradha. However, the scope of intervention has broadened to include online counseling services at qs\_hst@hotmail.com, therapeutic services to more people in the community etc.

Group interventions have been initiated with the aim of promoting positive mental health, these sessions will gradually address issues on sexuality and mental health.

The Humsafar Trust is in the process of planning and conducting a mental health baseline study of MSM in Mumbai. (in collaboration with Fenway Community Center in Boston)

#### **4.4 Services Provided to HIV positive MSM**

##### **Safe sailors Club: A support group for +ve MSM.**

The sentinel surveillance data shows that there 16-24% HIV prevalence amongst MSM in India. Forming a support group of HIV positive MSM is an extremely difficult task in India where MSM face discrimination, as being MSM and HIV positive leads to multiple stigmatizations. Although there quite a few support groups that look into the needs of sero positive people, there was no specific organization catering to the needs of MSM PLWHA, hence Humsafar Trust has nurtured a support group for this section that would deal with the issues of MSM PLWHA exclusively.

##### Care and Support program (Safe Sailors Club)

The care and support program was conceived since the center started referring clients to Sion Hospital for testing.

With the start up of its intervention programs in Mumbai, the HST started referring its clients primarily to Sion Hospitals and later to other peripheral hospitals for HIV screening. If the results were confirmed sero-positive cases the clients were counseled and a new case file was opened in the hospital for follow up cases. The clients were referred for a battery of tests to undertake prior to commencement of any treatment. The clients were specified to undergo tests, which could commence immediately as it was done free at the OPD ( Out Patient Department )

The only test, which they had to pay for were sonography and X ray, which were priced very nominally as the tests were done in a public health care setting.



In 2001 testing facilities were activated in the HST but it was not until July 2002 that reports started being given at the HST clinic. In the second phase of FHI – USAID supported project, post test counseling which earlier happened in LTMG hospital started happening within HST premises and reports could be collected from HST clinic. At this point after a need arose to set up a center for positive MSM. Some of the clients who tested positive would discuss their issues with Shashikant Shetye who has been working with HST for years and is out to everyone about his status as a positive person. It became more and more necessary that MSM who are positive find it difficult to discuss their positive status within Humsafar premises and would prefer a safe space for themselves. Thus began the process of setting up Safe Sailors Club- a support group for HIV positive MSM now being managed by positive MSM and for MSM positive population.

Outreach workers, counselors, doctors refer clients to the support group meetings. The SSC is also regularly discussed at various community mobilization events within or outside the HST premises and information about SSC is given.

Shashi and Anil met with Ashok and Vivek to discuss the need to formalize a group of positive MSM who could look into the needs of other PLHA.

The meeting resulted in negotiation for a drop in center space at Kamatipura eye hospital.

The need for a separate space emerged due to:

- PLHA found it difficult to come and discuss their issues, as if anyone would sit with either the counsellor or shashi for a long time would result in sending alerts that something fishy is going on.
- Some were scared that their status would no longer remain confidential.
- The drop in center was too generalized.

The first formal meeting was conducted on 16<sup>th</sup> March 2003 at the Kamatipura hospital, a needs assessment was conducted over the next few fortnightly meetings. The needs assessment shed some much awaited light on the psychosocial as well as health needs of PLHA.

The site selected for the meetings was finalized at Kamatipura eye hospital as this area was centrally located and was easily accessible, it also provided for a safe space where MSM PLHA would not be discriminated on grounds of sexuality and infection status.

Also the area surrounding this center was home to a horde of male prostitutes inclusive of Hijra and cross dresser sex workers. There were quite a few of these sex workers who self reported HIV positive status and would come seeking medical aid at ASHA.

There are quite a few cinema houses in the vicinity that screened pornographic films these theaters are frequented by MSM to seek out partners for quick fugitive sex. ASHA and HST staff on regular basis tapped these cinemas, and gave on information on same sex behavior, STIs, HIV/AIDS and condom use.

The proximity of STD treatment centers viz. ASHA Bellarsis road clinic and Gaurabai clinic.

The ASHA center also played house to the HST~ ASHA joint nutrition initiative. The center at ASHA although not fully functionally was being managed by PLWHAs thus ensuring total confidentiality.

The meetings of SSC last an hour and half these meeting don't follow agenda but often the basic concerns of the participants are discussed, and then the issues of the hours are deliberated upon, special emphasis is laid on treatment literacy. Group members in need of treatment or hospitalization are either referred to JJ hospital for enrollment or to Sion for case paper opening.

Prior to commencement of the session participants hold each other's hands and swear an oath of confidentiality on the following lines " I swear that we may never voluntarily or involuntarily discuss the status of the support group members in front of others, in any circumstance or fight".

The services include a complete physical check up by a certified medical practitioner, distress and family counseling by sensitized doctors and counselors, to develop a legal support system in event of loss of job, inheritance issues and discrimination, providing monthly nutritional diet programs, provide employment opportunities and develop life skills for community mobilization.

This Drop In Center is exclusively of positive MSM where can meet and discuss their needs and based on their needs various services are provided to them. The support group is vigilantly supervised and operated by +ve people, there is stringent emphasis on confidentiality and anonymity of the group member's status.

The group started with a modest beginning of 25 members and now includes many more. This center is now operational 6 days a week, Monday through Saturday between 12 noon and 8.00 pm.

### **Humsafar Parivar Credit Society**

A credit society was formed in August 2002 to finance sustainable treatment and to meeting emergency financial needs of the HST staff . To avoid stigma and discrimination the society maintains total secrecy regarding its members status.

A panel representing management, staff and outreach workers was elected. All employees initially contributed Rs.1,500 and the CBO contributed 25% to the amount raised. Employees contribute 5% of their salary every month.

The money raised from the egroup [humsafardost@yahoogroups.com](mailto:humsafardost@yahoogroups.com) that was set up with Rs, 1,000 as membership and 22 'friends' became 'well-wishers' is deposited in the bank

account . The trustees agreed to give 25% of all private donations. A bank account “The Humsafar Parivar (family) Credit Society” was opened with Rs.300,000/- with the ICICI Bank . Safe investment options were identified and funds invested in different options.

Negotiations were held with Ranbaxy and Cipla. The price of Rs. 3,000 per month of Anti Retroviral Therapy was reduced to Rs. 1,340/-

The cost of treatment is equally divided between the Society and the beneficiaries. Costs would be met from interest earned. Efforts to consolidate the corpus fund continue.

### **Humsafar Dost**

Started on the Diwali day 2002, guru-dhakshina-concept. Over the last ten years, the Humsafar Trust, has tried to develop a support system for gay men and other men-having-sex-with-men (MSM) in Mumbai metro. HST has helped a little over 7,000 young and old men to access help, support and care through the public and private health systems. The Trust’s drop-in center, library, archives and other health facilities like the STI clinic and in-house VCTC have been offering various services to the community..

The Trust’s STI clinic alone has examined 10,000 clients for STI’s diagnosed and treated and 5,543 have undergone HIV test at the HST VCTC and its collaborating public hospitals in the four years of its intervention program that started in April 1999.

The Trust is like a ‘Mother’ to thousands of gay, bisexual, transgender and intersexed men in and around Mumbai metro. And just as growing children remember their ‘Mother’ when they move out, the ‘Mother’ too beckons her children to remember her in her times of need.

The Humsafar Trust runs on donations from its well-wishers, grateful clients, funders and grants from public organizations like corporate bodies, government bodies and international agencies. The Trust has plunged into providing care and health services without providing a corpus for itself. HST now has 72 full time employees working on several projects of the Trust.

The Humsafar Trust came up with this new concept called “ The Humsafar Dost” ( The Humsafar Friend ) by making a nominal contribution of Rs. 1,000/- ( USD 25 only ) annually and build the following corpus.

A corpus to sustain its daily functioning, which is not funded. Thus its administration, the running of its library and drop-in center has to be financed through private donations. This runs to around Rs. 850,000 annually for a core of six permanent staffers. It includes the administrator, office-clerk, accountant, peon cum pantry-in-charge and a drop-in-charge and various services being provided by the Drop In Center.

What does the Humsafar Trust offer in return?

It offers a platform to its 'Dosts' or friends to share in the various programs of the Trust. The special E-Group "[humsafardost@yahogroups.com](mailto:humsafardost@yahogroups.com)" will keep all its 'Dosts' up-to-date about the various functions being held, the programs started or implemented and the future plans of the Trust.

The Trust plans outings, picnics, retreats, meditations and yoga camps, cinema shows and cultural opportunities. It plans to give out health-giving recipes, culinary hints for single gay men; offers to special sales advertised possibly on the Trust's notice boards and even talk about what should happen in the longer run. HST is open to suggestions, opinions and process hints on how to improve our performance and better serve the community.

All of this comes to Humsafar's supporters for a small fee. Each 'Dost' must send Rs. 1,000 every year on Diwali to the Trust by cheque only to be credited to the Humsafar Trust payable in Mumbai. On being credited to the account of the Trust, the 'Dost' gets added onto the E-Group and can correspond, network and generally access the latest work about the Trust and its functioning in Mumbai.

However later it was felt that friends should not be bound for a specific amount and more friends were added to the humsafardost egroup with a choice to donate voluntarily. The dost list has a membership of 43 friends and some of them gave far beyond the call of duty and made handsome donations to the trust.

More friends are being added to the humsafardost list every month.

## **Chapter 4.5**

### **BCC Strategy and IEC Development.**

A strategy for Behavior change and developing communication materials

The Humsafar Trust, established in 1994, has seven main components in its functioning. The main work is within the community where it runs a drop-in center at Vakola Municipal Market with counseling rooms and a help-line for information on sexuality, male STIs and HIV/AIDS.

The Humsafar Trust, on a modest scale, also undertakes advocacy with other segments of society like lawyers, teachers, academia and college students. It has started a short course on gay issues for the post-graduate students of clinical psychology at Bombay University's Kalina Campus. It sensitised trade union leaders to homosexuality and its social impact last year and also closely collaborates with the Lawyers Collective, an NGO of the legal profession fighting for human rights.

The Trust has an extensive street outreach service where more than 30 trained street outreach workers scan public sites to build rapport, offer information on sexual health and distribute condoms and health literature to men seeking sex with other men (MSM).

The Trust runs India's few STI clinics specifically for gay men and MSM where oral and anal checkups are offered besides HIV tests after pre-test counseling. A one-window offer of prompt care, post-test counseling and after care on diets and change of life styles is offered at Sion Hospitals for such men and is to be extended to other hospitals soon. The Clinic also offers voluntary testing (VTC) facilities funded by NACO.

The Trust's center houses one of the largest libraries on homosexual issues with over a 1,000 books, newsletters, research papers and magazines on homosexual and lesbian subjects. It has been donated books and rare research papers on the subject by various people from India and abroad and is in the process of cataloguing them for research purposes. It is open to research students on sexuality and gender.

**BACKGROUND :**

Acquired Immune Deficiency Syndrome (AIDS) has been recognized as one of the critical health and development concerns of this century. Caused by the Human Immuno Deficiency Virus (HIV), the infection and the syndrome have taken pandemic proportions.

The communication needs of the target group with regard to STD / HIV / AIDS intervention programme and suggest the communication needs of the population, especially the high vulnerability groups, which would aid in designing communication programmes that focus on the media component of the HIV / AIDS prevention strategy including planning, formative research, message development, material design, pre-testing, dissemination, implementation and monitoring would specifically lead to devising appropriate communication strategies with regard to HIV / AIDS and STDs of the priority target audiences in Maharashtra state with particular reference to desire behavior change from a state of “Unaware” to “Ready for behavior change”.

*The areas of enquiry in order to gain an in-depth insight into the psychology and inner working of the group with regard to HIV / AIDS.*

*Current availability and needs of the MSM community of communication regarding STD / HIV / AIDS. And also Communication requirements for PLWHA.*

*What kind of communication campaign would the target audiences most prefer? ( the extent and depth of information, story telling, giving examples, etc.)*

*What communication channels would be most preferred to deliver the message? (Media channels –TV, Radio, Newspaper –pamphlets, leaflets, street plays, skits, community meetings, individual counseling)*

For evolving appropriate communication strategies.

The geographical areas to be covered are quite diverse in terms of cultural, linguistic, economic, urbanization, penetration of mass media, cultural preference and prevalence of media, voluntary initiatives, size of high-risk groups and risk behavior.

It is realized that the community and stakeholder involvement is imperative to carry out the communication needs assessment. It is proposed to involve ‘community consultants’ (MSMs) for interfacing with the community. These ‘community consultants’ would be the influential people from within the target groups. This process will also facilitate interaction with the community in the language they understand, enhance their ownership of the research and hence reduce the gap between research and intervention.

“The Communication Strategy Plan proposes to develop a comprehensive communication strategy that will include a review and analysis of existing IEC material, and pre-testing and development of new material as needed. The peer leaders and workers will use printed material like re-designed games, flip-charts, brochures, and pamphlets extensively in their inter-personal and group discussions”

The complete communication ‘package’ would also consist of pamphlets from the Lawyers Collective on legal issues around HIV/AIDS, implications of Section 377 IPC and sexual harassment.

Taking these above factors in mind, the pre-tests of the already existing IEC material revealed that for one-on-one communications, the pamphlets and brochures/booklets would be small enough to carry around in one’s pocket/brief-case/shoulder jhola, profusely illustrated and brief texts.

Care and support needs to be started from **outside** the community, as there is too much homophobia and lack of self-worth within the community. One communication strategy would be to try and get people to **trust one another** in the community.

How does the communication strategy increase self-worth and thus set up community hierarchies to work for care and support? Resource books, openness about HIV and the OI that they generate. Is that enough? Not determined thru FGDs.

Folk theatre and drama is an excellent method as MSM love ‘drama’ and ‘theatre’. Humsafar Center’s most popular programs are ‘artistic’ programs like ‘fancy dress, Mr. India, Mr. Handsome, Dance and Nautch-Gaana competitions, etc. These are not just popular are immensely helpful in community formation.