The Humsafar Trust
India

Location: Mumbai, Maharashtra State, India
Target groups: Men having sex with men (MSM), including transgenders (hijras
Strategic approach: Comprehensive and holistic care, support, information and
advocacy for MSM
Area of operation: City of Mumbai
The Humsafar Trust: grounded in its community

Background and rationale

Very few men in India are open about their sexual orientation. There are some young men in India, especially in large cities like Mumbai, Chennai and Calcutta, who engage in sex with other men before marriage. Many continue to have sex with men after marriage. There are also men who have sex only with men and regard themselves as ‘gay’ or ‘homosexual’. Equally well established a substantial transgender (hijira) community\(^1\). In the city of Mumbai alone, according to estimates by the Humsafar Trust, there may be as many as 350,000 men who have sex with men (MSM).\(^1\)

Sex between men is proscribed by the Indian Penal Code. Being ‘gay’ or ‘homosexual’ is widely regarded as deviant and morally reprehensible. The illegal status and public disapproval of their sexual orientation drives Men having Sex with Men in India ‘underground’ for their sexual needs. This heightens their vulnerability to sexually transmitted infections (STIs) and HIV/AIDS.

In the city of Mumbai, HIV prevalence amongst Men having Sex with Men is estimated at around 20 percent,\(^2\) compared with the national average of 0.8 percent of the adult population.\(^3\)

HIV can also spread from Men having Sex with Men\(^2\) into the general population. Infection trends indicate that more women are being infected. There is evidence to indicate that growing numbers of monogamous women in India are being infected with HIV from their husbands - some of whom could have acquired HIV through sex with men.

Because of their marginalised position in society, Men having Sex with Men in India find it extremely difficult to access the health information and services they need to protect themselves - and their partners - from HIV and other STIs. They also have little access to the

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1. The term ‘transgender’ is used to describe people who were born biologically male, but who identify themselves as female and dress as women. Some have undergone castration or a sex-change operation.

2. The term ‘MSM’ is used because in India (as well as in other countries) many men who have sex with other men do not identify themselves as ‘gay’ or ‘homosexual’. Many MSM are married and lead a bisexual life.
support they need to mitigate the impact of HIV/AIDS on their own community and on wider society. A small number of Indian NGOs and government agencies have begun to respond to this challenge. In the city of Mumbai, for example, the Humsafar Trust has pioneered a ‘holistic and comprehensive’ approach to care, support, information and advocacy for Men having Sex with Men.

Grounded in the community itself, the Humsafar Trust has developed strategies and services which are helping to meet urgent health and social needs of MSM. Through the Trust, and in collaboration with public and private health institutions, about 8,500 men - mostly in their twenties - have been able to access vital health information, care and support, especially with regard to HIV/AIDS and other STIs. Many thousands more have benefited from information provided by the Trust.

The Humsafar Trust has its origins in India’s first gay magazine, Bombay Dost\(^a\), first published in 1990. The first issue of the magazine provoked a flood of letters from readers in different parts of India. “We then realised,” says Ashok Row Kavi, editor of the magazine and founding chairman of the Humsafar Trust, “that there were networks of men having sex with men throughout the country. They were all waiting to come out, but there was no support system, no access to health facilities, and no access to simple advice and counselling. So we decided to start a support system for ourselves.”

Ashok Row Kavi and a small group of friends decided that, to respond to the needs of the Men having Sex Men community for information, health services and social support, they would have to form a legally constituted organisation. In February 1994, after years of legal wrangling, the Humsafar Trust\(^b\) was officially registered.\(^c\) It was another year, however, before the Trust was able to rent one floor of an office block from the Mumbai Municipal Corporation - an early sign of the Trust’s success in breaking down the wall of prejudice and misunderstanding between this marginalised group and the government.

Operating with money from friends at home and abroad, the Trust started to hold meetings once a week. The numbers were small - four or five people at first - but they kept growing steadily. People shared information about their experiences and problems, and also discussed what services the Trust should be offered and how it should develop as an organisation. The Trust also set up a voice mail service, on which people could call up and leave a message. A volunteer would then phone back and agree to meet the caller somewhere in the city, where they would discuss his problems over a cup of tea or coffee.

Alongside these activities, members of the Humsafar Trust were also engaged in advocacy work with State government officials. These efforts were rewarded when, in 1998, the Director of Health Services of Maharashtra State agreed to provide funds for the Trust to do a ‘sex map’ of MSM sites in Mumbai city. Operating through their contacts within their own circles, the Trust identified 76 places where the

\(a\) Dost means ‘friend’ in Hindi.
\(b\) The Hindi word humsafar means a companion on a journey.
Men meet, either to seek sexual liaisons or simply to exchange information and socialise. Most of these sites were either train stations or bus terminals. However, the Trust did not inform the government of their exact location, which could have resulted in police raids and punitive legal action.

Based on this study, the Mumbai District AIDS Control Society gave the Trust funding for an outreach programme for a target population of 1,000 Men having Sex with Men. Based on their survey findings, Humsafar’s programmers drew up plans for a much larger project entitled ‘Comprehensive and Holistic Care & Support Project in the Sector to Stabilize STIs and HIV in Mumbai Metro’. This now constitutes the strategic approach underlying the Trust’s work.

Objectives

The Humsafar Trust’s Comprehensive and Holistic Project has the following objectives:

- To motivate Men having Sex with Men to adopt safe sex practices and to reduce high-risk behaviour.

- To provide high quality STI services at the Humsafar Trust and/or enable Men having Sex with Men to seek other appropriate services through a system of referral linkages.

- To provide a safe space and a non-judgmental meeting ground for Men having Sex with Men to participate in group discussions on safe and healthy sexual behaviour.

- To develop a model for continuum of care for those living with HIV/AIDS within this group.

The project aims to meet these objectives through five main programme components: advocacy, outreach work, a drop-in centre, access to counselling and STI/HIV services, and operational research.

Programme components

1. Advocacy through a multi-faceted strategic approach

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

Humsafar’s advocacy efforts have been most successful at local and State government level. Humsafar has good working relations with the State and Municipal AIDS Societies, both of which have provided financial support to its activities. Relations between government agencies and NGOs in India are often fraught with tension and mutual distrust, but Humsafar has established a reputation for integrity, technical competence and accountability.

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

Humsafar’s advocacy work takes many other shapes and forms - some so small and discreet as to be almost invisible. For the Humsafar outreach worker on his ‘beat’ at night, advocacy means establishing good rapport with the local police, the pan wallahs, the newspaper vendors, the tea sellers and other small traders in the neighbourhood. It may also involve giving condoms or referring them for STI/HIV counselling and testing. Advocacy also means being good neighbours, for example, with the street children’s organisation with whom Humsafar shares office space. The two organisations jointly celebrate important occasions - such as Divali, Karwa Chauth, Christmas and Id - and once a week children in need of medical care come to the Humsafar clinic. In the eight years that the two organisations have been neighbours, there has not been a single case of a man from Humsafar molesting a child.

Advocacy also means accepting speaking engagements and running workshops for college and university students, industrial workers, the police, lawyers and journalists. Sometimes these meetings bring no immediate, visible result. On other occasions, the results exceed expectations. For example, in October 2002, the all-women’s S.N.D.T. University in Mumbai hosted an international gay and lesbian conference organised by Humsafar. This was the direct result of a talk to 150 students at the university by Vivek Anand, Humsafar’s Chief Executive Officer.

Relations with the police remain strained in many places, and much more advocacy needs to be done in this area. Yet there are small signs of progress. Some outreach workers, for example, say that police come to them for condoms, and others report that police are protecting them from attacks by thugs. The attitudes of police towards transgenders are also changing. Some police are now allowing transgender persons to travel in the ladies’ compartment of trains. This followed a nasty incident in which police arrested and stripped two transgender outreach workers, who were travelling in a ladies’ compartment. The policemen concerned later apologised.

2. Outreach work: promoting safer sex

More than half of the 54 people who work for the Humsafar Trust in Mumbai are engaged in outreach activities. Twenty young men - all of whom are themselves Men having Sex with Men - and four transgenders, all aged in their early twenties, are the outreach workers of the programme. Based on the Trust’s research on cruising sites and other meeting points for these Men, the outreach workers are assigned specific ‘beats’ which they visit six nights of the week, from approximately 7 p.m. until 11 p.m. Most ‘beats’ are located in or near railway stations and bus terminals.
Transgenders work mainly in particular houses. Before setting out to their ‘beat’, the outreach workers come to the Humsafar Trust office to write a report on the previous evening’s work and to replenish their supplies of condoms and informational materials, which they carry in a shoulder bag.

While on their ‘beat’, the outreach workers chat informally with individuals and small groups of the Men about their problems, steering the conversation whenever possible to STIs, HIV/AIDS and safer sex. They carry out discreet demonstrations of how to put on a condom with each outreach worker distributing 70-80 free condoms per evening. They also distribute informational materials and invite people to visit the Humsafar Trust drop-in centre. In addition, they encourage people who have been involved in risk behaviour to be counselled and tested for STIs and HIV - either at the Humsafar Trust clinic or at one of two government hospitals. Between February 2001 and March 2002, Humsafar outreach workers made a total of 50,961 outreach contacts, including 6,949 people who were new to the programme.

Each outreach worker tries to meet a target of eight new referrals for STI/HIV counselling and testing per month. To help people overcome their fears about testing, the outreach workers usually accompany clients to the testing centre in the mornings, outside their working hours for which they have to pay their own travel costs.

Part of the work of every outreach worker is to build up good rapport with other people on or near their site, such as the police, pan wallahs and teashop owners, because these people can either assist or obstruct their work. This is not always easy, especially with the police. Every outreach worker has a card identifying him or her as a staff member of the Humsafar Trust. However, the card does not state that the outreach workers are working with Men having Sex with Men, nor do the informational materials they distribute indicate that Men having Sex with Men are the main focus of their work. Says Anand, a 21 year-old outreach worker whose ‘beat’ includes many truck drivers and transport police: “We can’t say directly that we are working only for MSM. How could we, when MSM sex is against the law? They would kick me out tomorrow.”

Some outreach workers also have to cope with threats and physical attacks by gangs of thugs demanding money. The Humsafar Trust maintains a Crisis Management Cell to act as a Rapid Response Unit to help sort out any problems that may occur at the outreach sites. A Monitoring Cell also visits sites on a random basis to check on the presence and performance of the outreach worker.

The outreach workers are paid a modest, monthly salary and receive a small travel allowance. After recruitment, they receive three days intensive training in HIV/AIDS, STIs, communication skills, advocacy and legal issues. They are also instructed on the ethical standards expected of them. No outreach worker, for example, is allowed to have sex on their ‘beat’. Neither are they allowed to bribe people, or to recruit friends or family members, in order to meet their monthly targets for counselling and testing.

In the course of their work the outreach workers take part in bi-monthly team meetings with project
staff to discuss issues and problems, and identify possible solutions. They also participate in quarterly refresher training workshops, which serve to update their knowledge, improve their skills and sustain their motivation.

3. The drop-in centre: providing a ‘safe space’
The Humsafar Trust drop-in centre is located close to its office, in an anonymous-looking building on a busy road running through North West Mumbai. The centre is one of the few ‘safe’ spaces in Mumbai where Men having Sex with Men can meet to relax and socialise. For legal reasons, however, the centre does not admit people below the age of 18.

Between February 2001 and March 2002, a total of 3,365 people visited the Humsafar centre, which is open from 12 noon until 8 p.m., Monday to Friday, with Tuesdays reserved for transgenders. There are newspapers, pamphlets and magazines to read, health information materials to take away, and a well-stocked library on sexual health, homosexuality, HIV/AIDS and STIs. Visitors can also watch TV or videos, and listen to music. They can make cups of tea or coffee in the office kitchen. Bottles of filtered water can be collected and taken home - a greatly appreciated service, because many people do not have access to safe drinking water in the boarding houses or other places where they live.

A basket of condoms is conveniently located near the entrance, and visitors can help themselves. There is a strict rule, however, that no one is allowed to have sex in the Humsafar drop-in centre or office. “This centre is not a sexual space,” says Humsafar Chairman, Ashok Row Kavi. The first supervisor of the drop-in centre was sacked for contravening this rule.

Most visitors coming to the centre have heard about it first from an outreach worker or via the Humsafar telephone information line. There is no pressure on anyone to disclose their real name. Neither is there any pressure on anyone to discuss their sexuality: transgenders, for example, are just as welcome as the others.

As they become more familiar with the centre, visitors also become aware of the various services offered by the Humsafar Trust. These include, for example, free HIV and STI counselling and testing, and lectures, discussions and social events on Friday nights (sometimes attended by over 200 people) on the first floor of the same building. The centre therefore serves as a means of encouraging health-seeking behaviour, while also serving as an entry point for people who might become staff or volunteers of the Trust.
4. Access to services:
Counselling, Voluntary
Counselling and Testing and STI treatment
For Humsafar staff, the ‘counselling’ process usually starts with a discussion of high-risk sexual behaviour on the telephone information line or between an outreach worker and a client at a cruising site. In such cases the ‘counsellor’ is a lay person with some basic training in communication skills and some practical experience in matters related to sexual behaviour and sexuality. The process moves onto a different level when the client visits either the Humsafar clinic, or Sion Hospital, for counselling from a professionally qualified counsellor.\(^5\)

Both counselling and testing are provided free of charge to the client. During the period February 2001 - April 2002, a total of 1,308 Men having Sex with Men were counselled and referred for STIs and HIV testing, of whom 289 (22 percent) tested HIV-positive and 161 (12 percent) were diagnosed with syphilis.\(^6\) HIV care and prevention go hand-in-hand. Regardless of whether the outcome of their HIV test is positive or negative, all clients counselled at Sion Hospital or the Humsafar clinic receive sexual health education and two condoms. Some 50 of those positive attend Sion Hospital for regular follow-up, health monitoring, nutrition supplements and dietary advice. The Trust also provides their members who are living with HIV/AIDS free supplies of filtered water.

Sion Hospital provides Men having Sex with Men with free treatment for bacterial STIs, as well as some common HIV-related opportunistic infections such as candidiasis. Anti-retroviral treatment is also available, but not affordable to most of Humsafar clients or staff.

5. Research: informing programming and evaluation of impact
Although the Humsafar Trust began without a baseline survey or any other kind of systematic research, the involvement of the organisation’s leaders in Bombay Dost magazine gave them valuable insights into the problems and needs of Men having Sex with Men. The baseline survey carried out by the Trust in 1999/2000 was the first quantitative assessment of the scope and nature of MSM activities in India. The survey was carried out by Humsafar outreach workers, with training, technical support and supervision from professional market researchers. This experience provided valuable information which helped Humsafar’s planners to better understand the knowledge, attitudes and behaviour - as well as the problems and needs - of MSM in Mumbai, and to plan their strategies and activities accordingly. Two years later, in 2001/2002, a second survey was undertaken to assess the changes that might have occurred in the meantime.

The follow-up survey identified an additional 49 places where the Men meet, making a total of 125 known sites in Mumbai. The survey also found some significant, and generally encouraging, changes compared with two years earlier. For example, 84 percent of respondents who were involved in receptive

\(^5\) The End of Project Review carried out by Family Health International in May 2002 points out that these two processes are qualitatively different, and suggests that the term ‘counselling’ should be reserved for “psychological, behavioural and sexuality assessment associated with a clinical intervention, like STI/HIV testing or psychotherapeutic care (sometimes called therapy)\(^6\).\)
anal sex reported that their partners always used a condom, compared with 41 percent two years earlier. The average number of sex partners was seven, compared with 11 two years previously. As in 1999/2000, about half of the respondents also had sex with female partners, but the proportion that used condoms rose from 34 percent to 47 percent. Most respondents were young, with 54 percent were aged between 18 and 25.6

Although these were positive trends, some findings of the 2001/2002 survey gave cause for concern. The report comments: “The average number of male partners being seven still indicates that there is a heavy turnover of partners, which implies a very high risk of transmitting infections. Moreover, the high number of partners implies more of a casual approach towards the relationship, which raises the fear of not following serious health practices.”7 In addition, 35 percent of respondents admitted to having suffered from a sexually transmitted infection in the previous six months, compared with 21 percent in the baseline survey two years earlier. This increase may be due, however, to more people reporting their STI as a result of greater awareness of the problem.

Funding and sustainability

The HumSafar Trust has come a long way since 1995, when it started with US$1,000 begged and borrowed from friends and supporters. By 2002 the Trust had an annual budget of US$150,000 and a staff of 61 (54 in Mumbai and seven in Goa). Its main sources of funds were Family Health International, the Elizabeth Taylor Foundation, the Mumbai District AIDS Control Society and the Maharashtra State AIDS Control Society.

The Trust’s main activity, the Comprehensive Project, was funded by Family Health International between February 2001 and July 2002. After being favourably reviewed in May 2002, the project entered a second phase of 18 months.

However, the Trust has devised ways of generating income from its own resources. In one scheme, for example, it will contact everyone who has received services and support from the organisation and ask them for an annual contribution of Rs 1,000. This scheme is modelled on the Indian tradition of giving an annual dakshma to one’s personal guru at the time of Divali (the Hindu Festival of Lights). Another scheme in the making is the production and delivery of lunches and dinners to people in their homes. Given that 30 percent of the population of Mumbai are single people, this service should find a ready market. A third scheme is a health insurance fund, to which HumSafar staff will make monthly payments to help to cover the cost of anti-retroviral treatment for staff with HIV/AIDS.

Achievements and lessons learned

Since its inception in the early 1990s, the HumSafar Trust has weathered many storms, learned a number of lessons and notched up some significant achievements:

1. **The Trust’s first achievement is its very survival:** Many other similar organisations working with Men having Sex with men and gays in India have withered and died in the face of relentless hostility from many different sections of
government and society, or lack of financial support. Yet the Humsafar Trust, after several years of slow and painful progress, has gone from strength to strength since receiving support from the Government of Maharashtra in 1998.

Continuity in leadership and being **grounded in the community** they support are the major reasons for the survival and staying power of Humsafar. All the board members, outreach workers, office staff and other non health professional staff of the Humsafar Trust are themselves MSM or transgenders. This strengthens their commitment to the aims of the Trust, and also enhances their personal credibility and effectiveness. The Trust has created and maintained amongst its staff and volunteers **high morale and ethical standards** which help to protect the Trust from outside criticism. This is, in itself, a considerable achievement, since MSM are not a homogeneous group. The transgender (hijira) community, for example, are a highly visible group who do not identify themselves with the MSM community. In Humsafar, however, they work in harmony alongside the MSM majority, who do not question their unique sexual identity.

**The Humsafar Trust offers an alternative ‘family’, providing not only an emotional home but also practical help in times of illness or other need.** Concern for the welfare of individual staff members and volunteers is extremely important for survival, the organisational morale of all NGOs, particularly those working with stigmatised and marginalised groups such as sex workers, injecting drug users and people living with HIV/AIDS, many of whom are rejected by their own families.

Thirty seven year-old Vivek leads a double life. From morning until mid-afternoon he works in his successful film and video production company. He then travels to the Humsafar office, where he works until late evening as the organisation’s Chief Executive Officer. For Vivek, what is unique and distinctive about Humsafar is its family ethos:

“Humsafar was set up as a support system and an alternative family system. We call it the Humsafar family (parivaar). At the beginning, when I first met Ashok, I was not looking for sexual contacts. I was looking for a support system. Over a period of ten years all my straight friends had got married and started leading their own lives. My sister and brother also got married. Not that they don’t love me - they do, and they care for me, but they have their own lives. I was the one who didn’t have a support system. And in Ashok I found a parent figure who could understand me.

“We have a core group of about 12 friends, six in Mumbai, some in other parts of India, some in the USA. Those of us in Mumbai meet every weekend - it could be in my house, or Ashok’s house, or someone else’s house. We meet just to chat and discuss our problems - what’s going on. Sex doesn’t play any role. And this is something we want to pass on. Sex is a very important aspect of your life, but it’s not everything. You have to learn to look beyond that. Sex is available outside - who’s stopping you? But here we are promoting a kind of family culture.

“What happens some day, when I turn 60, and I’m not too hot about sex, and I get unwell and take time to recover? Who do I turn to? I turn to my family. This is my family and this is where I will go.”

Vivek Anand, Chief Executive Officer of the Humsafar Trust

Vivek Anand.

2. **Humsafar has succeeded to bring about safer sexual behaviour:** Research carried out by the Humsafar Trust, with technical sup-
port and supervision from professional market researchers, has reported a large increase - from 41 percent to 84 percent - in consistent condom use among their clients engaged in anal sex. This is an impressive and encouraging finding, which - if confirmed by independent research - would mean that a good start has been made in breaking the chain of HIV transmission, not only within the community of Men having Sex with Men but also with their female sexual partners and their infants.

The Humsafar Trust has demonstrated the importance of operational research to guide programming. Although the Humsafar Trust began without any formal research, the baseline studies carried out just before the project began to expand in 1999 provided reliable data for the programming process which led to the strategic approach of providing comprehensive health information, care and support. They also helped to convince the local government authorities of the size of the population of Men having Sex with Men and of their importance in the epidemiology of HIV/AIDS. The data also provided a bench-mark against which the achievements of the project are being measured as time progresses.

The analytical and self-critical approach and willingness to be open about shortcomings and weaknesses, and to consider new strategies and working methods has contributed to a certain flexibility in approaches. The management and staff of Humsafar learn from the people they are trying to serve partly through the pages of Bombay Dost, which still circulates widely within MSM circles in India. Regular meetings and workshops at which Humsafar staff can exchange experience and discuss problems is a part of this learning process. Additional opportunities for learning are provided by the external evaluations carried out from time to time by the donor organisations which fund the work of the Trust.

3. Succeeded in influencing positively official attitudes: Only a few years ago, government policy makers in Mumbai were unaware of the large number of this group in the city and the extent to which they are at risk of both contracting and transmitting HIV and other STIs. Through its research and sustained advocacy work, the Humsafar Trust has convinced government policy makers of the importance of reaching Men having Sex with Men with information, services and support in order to stabilise and reduce prevalence and incidence of STIs and HIV among them. It is now recognised by government and international agencies, not only as champion of ‘gay rights’, but also as a viable partner in strengthening community-based responses to the HIV epidemic. This is a remarkable development, especially given the fact that sex between men is still proscribed by the Indian Penal Code. Through advocacy at many levels and in different areas of official and public life, the Trust helps to create a social environment in which the Men are able to play an active and effective role in preventing the spread of HIV and mitigating the impact of AIDS.

4. Provision of support and services to those who otherwise have no access: The Trust found that rather than attempt to provide everything itself, it has worked in partnership with other organisations, especially with the governments of Maharashtra State and Mumbai city, and with government hospitals which provide sexual health and
HIV/AIDS-related services. This is more sustainable and managerially simpler than trying to provide a wider range of specialist services under Humsafer’s own roof.

Through this partnership, some 8,500 Men having Sex with Men have received support and services of various kinds, mostly free of charge, either through or directly from the Humsafer Trust. Several thousand more have received printed materials produced and distributed by the Trust. The health care services which Men having Sex with Men can access through Humsafer are of high quality and delivered in a sensitive, non-judgmental manner by well trained and experienced professionals. The counselling provided at the Humsafer office and at Sion Hospital is an important contribution to HIV prevention, especially amongst the young Men, who constitute the majority of clients who come for counselling. The Trust’s drop-in centre in Central Mumbai provides a safe and secure space where Men having Sex with Men can meet to exchange information and share experiences, or simply to relax and socialise.

5. **Staff capacity building and support is critical for quality services:** Humsafer Trust has very few professionally trained staff, but it offers training courses to all its office staff and outreach workers. These are reinforced by regular workshops to upgrade staff knowledge and skills, combined with on-the-job support and supervision. As a result, Humsafer staff generally feel confident about their own knowledge and skills. The modest financial support provided helps to maintain staff morale and maintain staff continuity and consistency in performance standards. Outreach staff also appreciate the regular visits and ‘crisis support’ which they receive from their colleagues at the Humsafer office.

**Challenges for the way forward**

To continue meeting the needs of Men having Sex with Men on a long term basis, the Humsafer Trust would need to carefully review what is currently not working as effectively as it should:

- **Strategic planning:** The review carried out by Family Health International (FHI) in May 2002 noted that, although strong at community level, Humsafer Trust finds it difficult to engage in long-term strategic planning. The review recommended “increased technical support in the development of management systems, up-scaling of activities and research.” The long term strategic plan should also include monitoring and evaluation. The FHI review also noted that there was a need for better monitoring and evaluation of project activities, which have expanded rapidly since 1998.

- **Partner notification:** A particularly thorny problem is that of partner notification, especially of female partners. As noted by the Family Health International review: “The failure of MSM with HIV or another STI in this project to notify their female and male partners has been well-documented in project reports and was reiterated during the review. Whilst everyone agreed that it was an important issue and many proposed some possible solutions, there was a general feeling that it was too difficult.”

It is easy to understand why the Men find it difficult to disclose their
HIV-positive status to their partners: HIV and MSM are both associated with stigma, discrimination and secrecy in India. Notifying the wives of men about their HIV-positive status is particularly difficult. But a solution will have to be found, not least because non-notification encourages the spread of HIV to women and their babies. The Humsafar Trust has tried to respond to this challenge by appointing a special counsellor in a hospital, but so far not a single one of these Men has come with his spouse for counselling. The Trust is still considering alternative ways of addressing this difficult issue.

- **Reaching younger males:** Humsafar does not provide services and support to boys under the age of 18, since this is the legal age for adulthood in India. To become involved with ‘under-age’ boys would risk the reputation of the organisation, especially as it operates on government premises. “We’ve had kids of 16 and 17 coming to us,” says Humsafar Chief Executive, Vivek Anand, “and they’ve been very clear and self-confident about their sexuality, but they are under-age so we just keep in touch with them on the phone and tell them to come here after their 18th birthday if they still want to. We also refer them to psychologists for consultations if they want professional advice.” However, this is a critical group of young men who need access to information and services.

- **Establish a support system for those affected:** Increasing numbers of Humsafar Trust clients, staff and volunteers who are already HIV-positive are likely to develop clinical symptoms of AIDS in the foreseeable future. In the absence of affordable anti-retroviral treatment, many will die prematurely. This will place a heavy emotional and economic burden, not only on their relatives and friends but also on everyone involved in the Trust as well. Support systems need to be put in place for maintaining a high level of staff morale and addressing likely burn-out when the numbers of AIDS-related deaths increase. HIV-positive men associated with the Humsafar Trust have not yet established a support group to reduce isolation and provide a focus for support aimed at addressing their specific needs. There are, however, enough Men having Sex with Men to establish such a group and it is likely that such a group will be started in the near future.

- **Meeting unmet needs of many MSMs:** The Men who have come to the Humsafar Trust for information, services and support are only a small fraction of the men in Mumbai who have sex with men. Some are involved with other NGOs, but most still keep their sexual orientation secret from their families, work colleagues, neighbours and spouses. Humsafar aims to increase the number of clients coming to its clinic by focusing more on the ‘hot spots’ where there is a greater concentration of Men having Sex with Men. But all these efforts by Humsafar will contribute to meeting the protection needs of only a fraction of this group in the country.

Much more needs to be done in terms of:

- Continued advocacy to advocate with National AIDS programmes to address and incorporate the
special requirements of Men having Sex with Men into the design and of their STD/HIV prevention and AIDS care Programmes. Some have included it but implementation lags behind. Governments and donors need to prioritise the long term funding of implementation and evaluation of projects as a main component and not just an add on.

- More determined efforts must be made to change public perceptions to get rid of denial and prejudices. Serious and concerted lobbying is needed with policy makers for the implementation of anti-discrimination and protective laws to reduce human rights violations against Men having Sex with Men which impede the provision of HIV/AIDS prevention and care services.

- Lack of, or unreliable epidemiological data are an obstacle to promotion of sexual health and HIV prevention. For the development of strategic approaches for advocacy and for evidence-based programming more research towards understanding same sex behaviour, its prevalence and relation to HIV/STI risk, should also be carried out.

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9 Ibid.