



The Humsafar Trust's Research and Program Knowledge Sharing Meeting

March 12-13, 2020 | Hotel Eros, New Delhi



YAARIYAN
WE DON'T NEED TAGLINES



UMANG
Love. Bond. Trust.



Detailed Meeting Report



ONE STOP SHOP



EQUALITY - INCLUSIVITY - DIVERSITY

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List of Abbreviations

AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
CBO: Community Based Organization
CDC: Centre for Disease Control and Prevention
FHI: Family Health International
GFATM: Global Fund for AIDS, Tuberculosis and Malaria
HIV: Human Immunodeficiency Virus
HIVST: HIV Self Testing
HST: The Humsafar Trust
ICMR: Indian Council of Medical Research
IRB: Institutional Review Board
LGBTQ+: Lesbian Gay Bisexual Transgender Queer+
MDACS: Mumbai District AIDS Control Society
MSM: Men who have Sex with Men
NACO: National AIDS Control Organisation
NGO: Non-Government Organisation
NIRT: National Institute of Research in Tuberculosis
PI: Principal Investigator
PLHIV: People Living with HIV
PrEP: Pre-Exposure Prophylaxis
RCT: Randomized Control Trial
STI: Sexually Transmitted Infection
TGW: Transgender women
USAID: United States Agency for International Development

Day 1 (March 12, 2020): Research

Background

On 12th and 13th March, The Humsafar Trust (HST) organized their annual Research and Program Knowledge Sharing Meeting at Hotel Eros, New Delhi. The first day, accentuated the trust's efforts to establish a linkage between PrEP preferences among MSM across India and the facilitators involved, the findings from its bio-behavioral RCT revolving around Indian MSM communities and from a nationwide Internet-based survey of MSM communities, an analysis of the mushrooming community presence on internet, internet-based safe spaces and experiences of trans-masculine persons in families and in social spaces.





Event Proceedings: Mr. Vivek Anand commenced the sessions for the day with greeting the attendees and announcing Mr. Suhail Abbasi's succession as HST's new chairperson. Addressing and greeting, Mr. Abbasi ushered the audience down a memory lane around the inception of HST and memories of initial experiences and challenges. Quoting from Nida Fazli's 'Safar mein dhoop to hogi... "Safar mein dhoop to hogi, jo chal sako to chalo...' Mr. Abbasi spoke of persistence, the need to combat stigma that continues to suppress gender identities, individual expressions and sexuality, especially around and within LGBTQ+ communities.

"Humsafar is my extended family." In words of Dr. Alka Gogate, Chairperson HST IRB, HST to her, has been a family. From her earliest involvement in HIV testing around 1995 to gaining a deeper insight into MSM identities, to her being appointed Chairperson of HST's IRB in 2006, she talked of the long difficult roads she travelled to know what she knows today. *"People are tired of me but I'm not. I enjoy every day"* she said jokingly, as she continued to mention her association with HST. While appreciating HST's consistent efforts to sustain and their evidence-based approach on HIV/STI prevention and treatment, she commended the collective services of HST's IRB and HST.



Symbolic of good fortune and fresh beginnings, a lamp was lit before the commencement of the day's sessions by all dignitaries consisting of Dr. Raman Gangakhedkar who was the guest of honor, special guests - Dr. Alka Gogate, Dr. Shrikala Acharya, Dr. Venkatesan Chakrapani, Mr. Suhail Abbasi and Mrs. Alpana Dange.



Dr. Raman Gangakhedkar, Padmashri and the event's guest of honor initiated his dialogue, by mentioning his acquaintance with Ashok in 1999 and the influence of this friendship on his behavioral philosophy of LGBTQ+ communities. To him he owes his '*most friendly pediatrician in the community*' title. He spoke of his dream to see LGBTQ+ communities as entities individual entities free of all and any societal stigma or constraints. He encouraged the audiences to remember that a fight much more massive and inevitable, awaits all of us. "*Inclusivity and equality for once labelled socially challenged people*" is one of the dreams he wishes comes true, in addition to his belief that HST will emerge only stronger to the LGBTQ+ communities and other marginalized sections of the society.



Session 1: Behavioral Interventions and HIV

Study presented	Fostering resilience to HIV risk among Indian MSM: findings from a bio-behavioral RCT among MSM in Mumbai and Chennai.
PRESENTER(S)	Dr. Beena Thomas Mrs. Alpana Dange
SESSION CHAIR	Dr. Viraj Patel
SESSION CO-CHAIR	Dr. Chitra Nayak



Dr. Beena Thomas, Consultant, NIRT-ICMR, Social and Behavioral Research, talked of how old and dominant Khajuraho sculptures are and how they seem to be one of the earliest representations of homosexuality in South East Asian history. She further pointed out that reading down Section 377 is limited in its impact as the community still endures innumerable socio-religious impediments. Further, Dr. Thomas indicated the multifarious factors stemming from

internalized homophobia and unaccepting familial attitudes that adversely affected HIV testing and contributed to HIV risks. *“How do we make MSM accept themselves? What do we want in our interventions?”* Speaking of the pilot study in Chennai in 1996, Dr. Thomas reiterated the significance of community participation in surveys and HIV testing. She outlined the need of collective participation in such surveys and enunciated the need to accommodate LGBTQ+ communities in our mainstream societies. She stressed that enabling environments and supportive attitudes would aid LGBTQ+ communities combat the already existing psychological struggles and fears.

Mrs. Alpana Dange, Research Director, HST, then presented the audience with findings from the NIH -funded multicentric study that investigated psycho-social risks of HIV and STIs among Indian MSM, conducted by NIRT and HST in Chennai and Mumbai, respectively in collaboration with Massachusetts General Hospital and Fenway Community Health Center. The study brought attention to the life of MSM communities in India, focusing majorly on their willingness and/or choices for participation in surveys on HIV, negotiations for safer sex practices or reception to basic awareness like use of condoms etc.; and the linkage between self and social acceptance strategies and the relevance of culture in intervention.



Take home messages so far...

- MSM continue to present with sexual and psychological issues –depression, stigma, number of male partners, transactional sex which could influence CAS
- Incorporating mental health interventions with biomedical interventions to address depression, stigma, self acceptance
- We will be able to present a model psychosocial intervention programme once the study analysis is complete

Take home messages so far...

- Continued high prevalence rates of (untreated) STI and condom less sex among MSM (19% (2009) to >30% (2020))
- Need for STI testing and treatment to be expanded to include gonorrhoea, chlamydia and not restricted to syphilis
- HIV prevalence continues to be high? Have the unreached been reached?
- Non participation in HIV prevention interventions continues to be a challenge
- Need to be cautious of socially desirable responses in eliciting sexual history

(excerpts from the study)

Dr. Beena Thomas, recapitulated the presentation and expressed her concern over the continuing prevalence of HIV and the need for an all-inclusive, holistic approach to these intervention studies. She shared that focusing on STIs was a key learning from this study, drawing from syphilis and other STI cases diagnosed among study participants in both Mumbai and Chennai. *“We can’t take it at the face value.”*, Dr. Thomas emphasized the need of bio-medical interventions and appreciated HST’s constant efforts to devise newer more efficient ways of increasing the participation of MSMs in these studies with field perspectives from Mr. Vinoth, who was the project director on this study for NIRT.

Comments and key learning:

The following are some of the comments and observations from the study:

- The study was conducted in an urban setting with mature HIV interventions and greater access to healthcare. The model should also be investigated in non-urban settings.
- The focus on STI testing indicated that STIs such as syphilis, chlamydia and gonorrhoea are as concern among MSM – this focus must not be lost after the study concludes.
- STIs and HIV rates are high in the study population despite high reported consistent condom usage. This requires further investigation to understand.
- The differences between both cities is also substantial with regard to their HIV and STI rates. Further, exposure to interventions was very high in Mumbai but participants nevertheless had very high HIV and STI rates. The reasons for this need to be investigated.



The following were the key learning: the study must be adapted and conducted in non-urban settings



- Additional findings exploring condom use and STI rates as well as behavior analyses as per reported identities as well as demographics such as income and education.
- Exposure to HIV interventions in this study may be self-reported and may not always translate to HIV and STI testing among communities.
- The findings must contribute to the development of a “counseling package” that can be delivered as a part of routine HIV interventions based on the recommendations and observations of this study.
- In-depth analyses and papers from this study must be shared with all relevant Indian HIV organizations on publication.



Session 2: PrEP-focused Studies

Study Titles	<p>Study 1: PrEP preferences among MSM communities in Chennai and Mumbai – a discrete choice experiment.</p> <p>Study 2: Barriers and facilitators for PrEP prescription among healthcare providers.</p>
PRESENTER(S)	<p>Dr. Peter A. Newman</p> <p>Dr. Rupa Patel</p>
SESSION CO-CHAIR	<p>Dr. Seema Sahay</p> <p>Dr. Shrikala Acharya</p> <p>Yashwinder Singh</p>

Event Proceedings:

The session was introduced by Ms. Shwetambra who invited the session co-chairs and the presenters to the stage.

Dr. Peter A. Newman's presented study findings on PrEP acceptability and preferences among MSM Communities in cities of Chennai and Mumbai via a pre-recorded podcast. "*PrEP has shown to be highly productive across countries*", Dr. Newman, outlined the proliferating use of PrEP in addition to its distinct benefits. Dr. Newman shared information on discrete choice analyses wherein every participant is presented with a set of pictorial cards on a tablet screen and must choose between combinations that are the best and worse. This allows researchers to analyze participant preferences of attributes such as costs, efficacy, access venue, and which of these would a person likely rate lower for determining acceptability and preference. Conclusively, he claimed that cultural and biological aspects are an indispensable facet of this virus and all what it brings with it and that's why, it needs to be dealt with devotedly. We need to ensure greater awareness and accessibility, of a much wider audience to this idea of PrEP and essentially, we need to combat the stigma engulfing it, to guarantee vaster reception to all patients.

Conclusions

- **High level of willingness to use PrEP** among MSM indicates substantial opportunities to provide PrEP to support combination prevention
- **Intermittent** and **daily dosing** options may increase willingness to use PrEP
- **Free or subsidized PrEP** through government hospitals and provision of PrEP through private hospitals may increase uptake

Next Steps

- **Advocacy** for PrEP demonstration projects for MSM in India
- **PrEP research with trans women** in India (qualitative research completed & published)
- **Cultural competency for PrEP providers** at government and private hospitals/clinics
- Interventions to **mitigate PrEP and sexual stigma**

(excerpts from Dr. Peter A. Newman's study.)

Dr. Rupa Patel, Assistant Professor, HIV PrEP Program, Washington University in St. Louis presented her study on Barriers and Facilitators for HIV Pre-exposure Prophylaxis (PrEP) prescribing among healthcare providers over video conferencing. This study aimed to assess current sources of PrEP information and barriers and facilitators for prescribing among healthcare providers in Mumbai, in addition to preferences for education and tools to aid PrEP prescribing among healthcare providers in Mumbai. She further stated that it is imperative for the facilitators to educate themselves enough on PrEP prescription, distribution and their approach to dealing with customers and patients.

Conclusions

- Guidelines by regulatory bodies are desired by providers to foster PrEP prescribing
- Many providers are teaching themselves and we assessed providers' preferences for tools that would aid prescribing
- Facilitators for prescribing included links to CBOs and the community
- Barriers for prescribing included lack of guidelines, limited awareness, costs of PrEP to patients, and the perception that specialty qualifications are needed
- Study findings should be incorporated into future provider educational materials and national PrEP implementation planning

*"I just hope whoever is listening to this and if they have any power in their hands they just go ahead and make the right changes. **This is not for yourself; this is not for morality; this is just for humanity.** Just make the world the better place dammit. Just do it."* (Male, 33, 12 years of medical practice)

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Conclusions

<h2 style="margin: 0;">Limitations</h2> <div style="background-color: #00A0C0; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #00A0C0; height: 20px; width: 5%; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> <input type="checkbox"/> Small sample size <input type="checkbox"/> Providers from one city <input type="checkbox"/> Potential sampling bias 	<h2 style="margin: 0;">Next Steps</h2> <div style="background-color: #4F81BD; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #4F81BD; height: 20px; width: 5%; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> <input type="checkbox"/> Community consultations <input type="checkbox"/> Multi-city sampling <input type="checkbox"/> Recruitment NACO/SACS?
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(excerpts from Dr. Rupa Patel's study)

Comments and Key Learning:

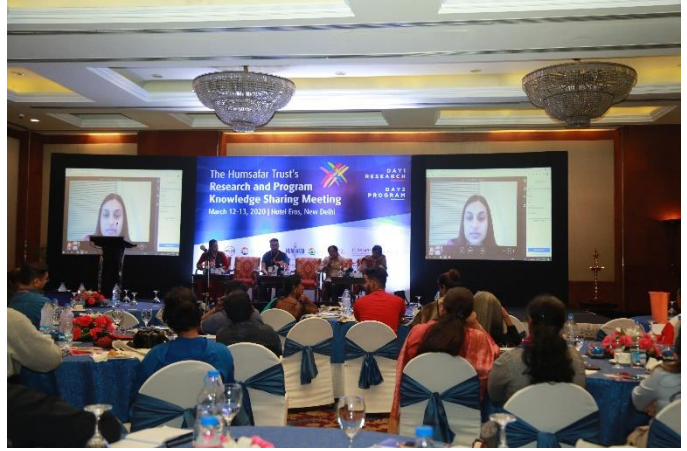
The following are some of the comments and observations from the study:

1. The study necessitates the cultural training of facilitators, providers or suppliers to better deal with patients from diverse backgrounds.
2. NACO needs to establish a plan for free provision of PrEP as suggested and recommended in the study.
3. Future studies should focus on long term PrEP usage among LGBTQ+ elderly.
4. The unwillingness to use PrEP among the HIV positive people were expressed as a concern.

The following were the key learning:

1. The study revealed that consistent messaging and communication about the limitations of PrEP is much needed.
2. The retailers and facilitators should be educated about all aspects of condom use, as suggested in the study.
3. The study revealed that diabetes or kidney issues, especially the elderly is no reason to discontinue the use of PrEP.

4. The findings must contribute to a more extensive research on the patients' psychology about replacing condoms with PrEP.



Session 3: Internet-based Studies and Self-Testing for HIV


<p>Studies presented</p>	<p>Study 1: Zero meters away: findings from a large internet-based all-India survey of MSM and HIV prevention opportunities.</p> <p>Study 2: Analyzing internet-based safe spaces: understanding the role of e-safe spaces in LGBTQ health and safety.</p> <p>Study 3: Acceptability of HIV self-testing among key populations.</p>
<p>PRESENTER(S)</p>	<p>Dr. Viraj Patel Ms. Mallika Govindan Mrs. Alpana Dange</p>
<p>SESSION CO-CHAIR</p>	<p>Dr. Nomita Chandiook Dr. Beena Thomas Dr. Akshay Raundhal</p>

Event Proceedings:

The session began with **Ms. Shwetambra** greeting the audience and inviting Dr. Alpana Dange, Ms. Mallika Govindan and Dr. Viraj Patel, to present their respective studies for the session. **Dr. Viraj Patel**, Assistant professor of Medicine, Division of General Internal Medicine Montefiore Health System; Albert Einstein College of Medicine, initiated the session with presenting findings from a nationwide internet survey on MSM presence online and all what it entails. Dr. Patel highlighted that the global shift from “*dating offline to dating online*” is fast gaining popularity over traditional approach and that data pertaining for the same is not available for non-urban internet-using MSM. To reach participants from across India, different internet and app-based platforms (Facebook, Grindr, WhatsApp) were used and recruitment



strategies were diversified. While no incentive was offered, individuals who completed the survey were entered a raffle to win an Amazon gift voucher worth INR 1000. Dr. Patel outlined the need to reimagine PrEP dissemination efforts so that PrEP implementation is all inclusive and not limited to only a specific set of population. He further added that no one model of delivery is the perfect model and they need to be innovative and accommodating of all dynamics.

RESULTS
<ul style="list-style-type: none"> • 46% of sexually active MSM have NEVER had an HIV test • 47% of those having condomless anal sex had never had an HIV test • Among those ever tested, 25% last tested >12 months ago • 5.4% reported being HIV positive
<p>Found Structural, Community, and Individual level barriers that appear to correlate with getting tested</p>


Summary & Implications
<ul style="list-style-type: none"> • We reached a large demographically and geographically diverse Indian MSM sample, large proportions were at risk and unaware of their HIV status, particularly those having condomless sex. • Local and national programs need to increase access to culturally competent, nonjudgmental HIV services. • Need to increase educational and behavioral outreach for MSM online

(excerpts from Dr. Viraj Patel's study.)

Ms. Mallika Govindan, Medical student, Albert Einstein College of Medicine presented analyses of *Yaariyan*, HST's LGBTQ+ youth support group and an internet-based e-safe space facilitating access to HIV prevention, treatment and care services among MSM and transgender youth in Mumbai, India. *“Young adults across minority groups in India hard to reach. E-safe spaces creates more receptive support groups for young adults.”* She explained that *Yaariyan*, a secret Facebook group created in 2011, is a vessel to bring forward the information about safe spaces and to reach out to a greater section of the young adults in the community. Ms. Govindan mentioned both the burgeoning psychological crises and the rapidly increasing, voluntary submissions on this Facebook group and believed the latter to be one of the most successful interpretations of this study. She further expressed her appreciation for the participation of HST in the study to help better formulate the data. Conclusively, she pointed out that extending identity recognition and reception in addition to emotional support or just one’s availability could ensure greater participation and visibility of people from the community and across.



Summary

- Sharing positive messages and engaging in banter are key aspects to community-building
- Both psychosocial and tangible supports can be successfully requested for and provided online
- Diverse types of support are important in crisis, and author's ability to self-select responses with which to engage appears to help create a more individualized model of care

 EINSTEIN Montefiore

Implications

Online spaces such as *Yaariyan* provide diverse types of critical support to young adult sexual and gender minorities in India.

Such intervention models should be supported and scaled up as they can efficiently engage otherwise isolated populations and address critical needs.

 EINSTEIN Montefiore

(excerpts from Ms. Mallika Govindan's study.)

Mrs. Alpana Dange, Research Director, HST, then presented findings on acceptability of HIV self-testing among key populations in India. She began with thanking YRG Care, TISS, NACO, C-Sharp and Humsafar for their collective efforts to make this study happen and then went on to discuss the study design which included in-depth interventions and interviews, to explore and understand the acceptability, feasibility and preferred modes of delivery of HIV Self-testing to key populations. Mrs. Dange further explained the social mapping, undertaken by the extensively trained teams of HST and YRG Care, to assess the degree of diversity in areas of interest. Speaking of the benefits of HIV ST like non-invasiveness or no institutional barriers, Mrs. Dange also brought notice to multiple concerns involved in the process like incomprehensiveness for the illiterate or language barriers or the aftermath of when the results test positive. She further claimed the overall attitude towards HIV ST to be considerably positive, citing privacy and convenience as the major reasons for it and that among everyone MSMs are the most tech savvy and are not likely to participate in counselling sessions. Finally, she spoke of people who tend to go underground in case they test positive and suggested all community-based organizations including her own to triple their efforts in reaching to those who are infected and to take in account the escalating risks of this stigma and scare and fighting it.



Overall Attitudes towards HIV ST: Benefits vs. Concerns

Benefits



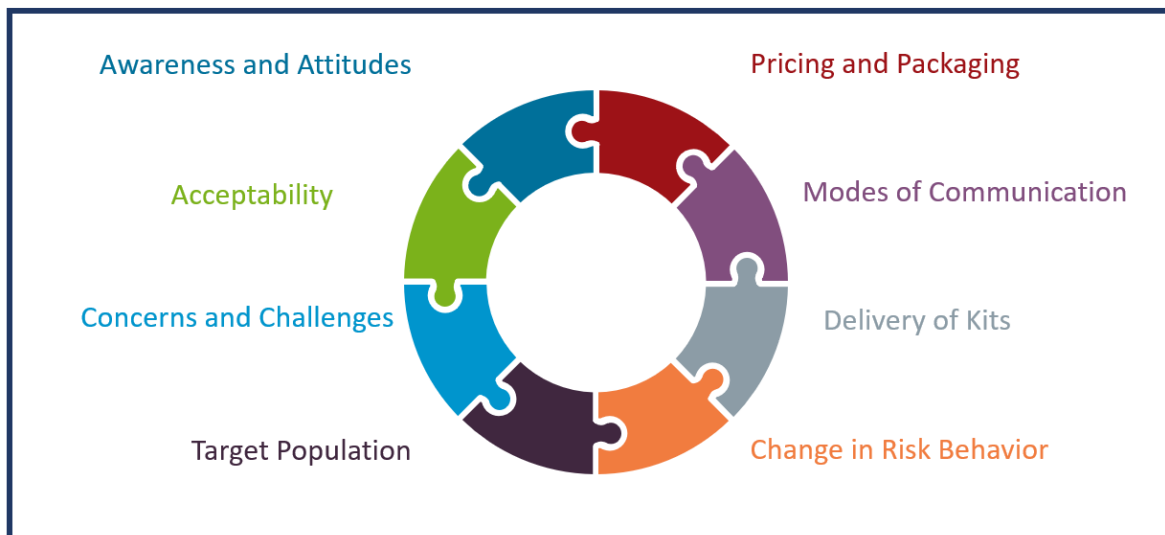
- Convenient – can do it at home, do it anytime, Whenever have a doubt, can do it
- Confidential – no fear of being found at a testing center, Privacy of conducting HIVST
- Non-invasive
- Institutional barriers avoided: time, stigma, wait

Concerns



- Cost: Should not be very expensive
- Use: How will illiterate people understand instructions
- Validity of results: would they need to repeat the process for confirmation
- Linkage to care and pre—post counseling

A snapshot of the Key Findings – What did we investigate



(excerpts from Mrs. Alpana Dange’s study.)

Comments amnd Key Learning:

The following are some of the comments and observations from the study:

1. A diversified approach of inviting the offline population for using PrEP and to get tested, is critical as suggested in the study.
2. The study revealed a high percentage of population who are not willing to get tested at all. Reasons for this are under investigation.
3. Lack of any mention of LGBTQ+ in the already existing national education curriculum was expressed as a concern in the study.

The following were the key learning:

1. Future studies should devise more ways of expanding their online outreach.
2. The MSM circle is integrated and this integration could pave way for further research.



Session 4: Navigating Virtual And Physical Spaces.

Studies presented	<p>Study 1: Navigating family and social spaces: experiences of transmasculine persons.</p> <p>Study 2: Identity, attraction and trust: How MSM compose and assess location-aware dating/hookup app profiles in Mumbai.</p>
PRESENTER(S)	<p>Dr. Venkatesan Chakrapani Dr. Jeremy Birnholtz</p>
SESSION CHAIR	<p>Dr. Brian Horton</p>
SESSION CO-CHAIR	<p>Shruta Rawat Raj Kanaujia</p>

Event Proceedings:



The session commenced with **Dr. Venkatesan Chakrapani**, C-SHaRP; Wellcome Trust/DBT India Alliance Senior Fellow; HST, introducing himself and greeting the audience. Before presenting his study on transmasculine persons’ experiences in family and social spaces, he spoke of his involvement with HST since 2000 and how it had been so empowering. Getting on with the presentation, he initiated his dialogue with pointing out the widespread stigma & discrimination around individual identity, sexuality or expressions, responsible for high risks of mental health conditions and psychological stress. Dr.

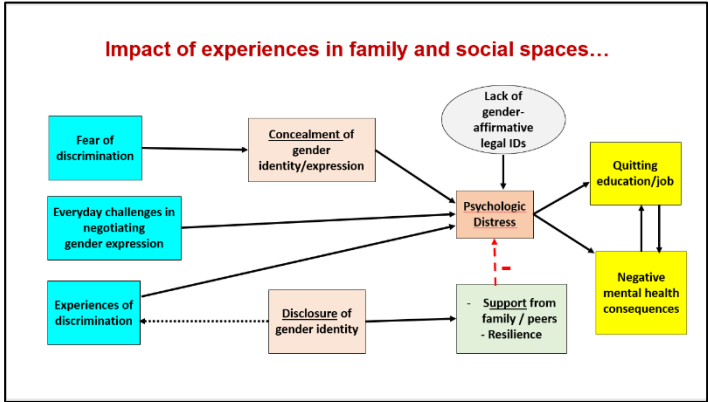
Chakrapani then highlighted physical and emotional abuse people experience when they express their gender identities or the roles they themselves align with against family expectations. He further described that one could endure these struggles throughout their life, rendering them in a state of complete dejection and mental unrest. Outlining the parents’ lack of understanding of gender identities and awareness on LGBTQ+ issues, Dr. Chakrapani stated most parents’ complete disapproval of their

child’s gender expression until their adulthood and further and their ways of forcing them to align most with their assigned gender at birth. He shared that most participants in this study feared eviction or losing financial support from parents. Dr. Chakrapani further presented everyday struggles of transmasculine persons in public spaces from mis-gendering, name-calling to challenges in educational setups and in their personal lives as well, citing the loss of long-held relationships with friends, siblings or cousins, as an example. “*Stress of concealment leads to quitting.*” Conclusively, Dr. Chakrapani stated that transmasculine persons’ access to personal or public spaces is not less than a struggle, to combat which, they often develop resilience strategies, most often to conceal their true selves and at by keeping their mental health at stake.

Resilience strategies

Amidst these challenges, several resilience strategies were identified:

- Self-acceptance
- Strategic concealment/disclosure of trans identity
- Self-advocacy in negotiating gender presentation
- Having supportive families, friends, and partners
- Having supportive peers (offline/online)



CONCLUSION

- **Social-structural gender norms and gender policing** in familial and social spaces **pose extensive challenges** for transmasculine people in affirming their gender.
- Nevertheless, they often **overcame these challenges** with **limited resilience resources**, though sometimes at great costs to their mental health.

(excerpts from Dr. V. Chakrapani’s study)

Dr. Jeremy Birnholtz, Associate Professor, Communication Studies, Northwestern University, presented his study findings via video conferencing. Post his introduction, Dr. Birnholtz spoke of his association with HST to work on a study that focused on MSM presence and negotiation of identity

disclosure and trust building on location-based dating/hookup applications like Grindr, Tinder, Scruff etc. in India. He focused on Grindr throughout the study and highlighted how it works with across geographical and



cultural dynamics. Dr. Birnholtz further outlined the rapidly growing use of Grindr and different attitudes and preferences of individuals on the app. He further highlighted how platforms like these could function in different roles in users' lives; some users use the app exclusively for seeking sex, while others use it for networking and social support, while some may use it for both. *"It creates a safe space for the users and the people from community, also establishing a sense of recognition and common identity."*, Dr. Birnholtz presented this application's use that bridge gaps between the larger community and the individuals. The study also presented information on users engaging these apps for connecting with locals in a place prior to travelling to that place. *"These apps contribute to people's visibility."*, Dr. Birnholtz stated that visibility of users on these applications could get them mixed reactions; for instance, users sharing an HIV positive status could face exclusion due to stigma associated with HIV, or users choosing to be more discreet near their immediate neighborhoods from the fear of blackmail, extortion and outing. *"Sex brings them in but once they're there, they realize what they have been missing on."*, conclusively Dr. Birnholtz pointed out the need to expand this approach to meeting people through multiple other networks like Instagram, for people want support and want to be uplifted.

Lessons

Dating apps are for more than dating and sex.

People find **community** and **visibility**.

Users **share** information, but this can be **risky**.

Implications for Intervention

Apps are for more than sex.

How can we help MSM share information **safely** and **prevent harm**?

What other **community resources** could be incorporated into apps?

(excerpts from Mrs. Dr. J. Birnholtz's study.)

Comments and Key Learning:

The following are some of the comments and observations from the study:

1. The study revealed the increasing presence of MSM communities on online dating applications.
2. The study's focus on cis-gendered people outweighed the focus on trans-persons, and this was expressed as a concern.
3. The findings from the study should contribute to an effective implementation of neighborhood integration, as suggested by the data from these dating applications.
4. The study expressed concerns regarding the widespread gender normativity across mainstream communities.

The following were the key learning:

1. The study revealed the need to identify and educate a major part of the mainstream community on LGBTQ+ issues.
2. It will take much more than just interventions to help trans-people to actualize their identities and expressions.



Study in highlight: Equal Access to Education for LGBTQ+

Study Presented	Experiences of LGBTQ in educational settings and institutions
PRESENTER(S)	Aakansha Bhattar Dicky Baruah
PANEL SPECIALISTS	Gautam Yadav Dr. Subhojit Sen Dr. Venkatesan Chakrapani

Event Proceedings: The session was initiated with **Aakansha Bhattar** and **Dicky Baruah** introducing themselves and welcoming the audience. They then presented their study on the experiences of LGBTQ+ in educational institutions. The study's chief focus was to highlight experiences of LGBTQ+ in mainstream educational setups in addition to the multiple degrees of mishandling, abuse and censure endured in these setups. They



presented the study eligibility criteria and methodology and highlighted that the findings were limited to participants from online platform. The study findings revealed high percentages of respondents reporting depression, suicidal thoughts and concealment of gender identity during their time in their educational institutes. The study highlighted the need of integrating quality study material on LGBTQ+ community with the already existing national education curriculum as well as the need to train academic and non-academic staff on LGBTQ+ issues. The presenters further indicated challenges accessing educators to participate in the study. and indicated complete unawareness of LGBTQ+ issues, lack of motivation to incorporate LGBTQ+ issues as well as latent homophobia. They presented case studies from two model educational institutes—Bombay International School and The Vidya Organization—that had structured programs to educate staff and students on LGBTQ+ issues.

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SERVING THE LGBTQ+ SPECTRUM SINCE 1994

Recommendations

Training for educators and parents

• But there are definitely things that all the parents should know about like basic things. Not sensitize them to the extent that we have to go for a five hours workshop. Because none of these parents would. But at least inform them that this is what it is and this is something that's very real, very tangible even and work with that. **And teachers for sure.** Because honestly there are also the teachers who also bully the student how they walk or talk – Clerk

Sessions with Students

• When there is break in the college or when college gets over, many boys go down to have breakfast. If gay boy or bottom and all stand, then nobody stands with them. I explain the students that he is like us. He is like us and there is no different. We should have equality. We shouldn't say that he is different. We shouldn't feel ashamed in standing with them. We should feel proud that we are standing with them because they are very sensitive people and tolerate everything - Educator

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SERVING THE LGBTQ+ SPECTRUM SINCE 1994

Recommendations

- Right to Education and New Education Policy need to have a separate LGBTQ component.
- Teacher trainings on SOGIE and issues related to be able to create a safe and inclusive space for LGBTQ+ students.
- Anti-bullying policy for educational institutions.
- Sex, gender and sexuality sensitization for students and all educational staff members.

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Experiences of LGBTQ in educational settings

Self-Realisation	Coming Out	Violence	Discrimination
Few of the participants said that they got to know about themselves when they were young and growing up. Also few said that they have read about LGBTQ community and also seen in TV and movies and also from peoples perception and thus were getting to know about their own sexual orientation	Few said that they had supportive families and friends who understood them and accepted them the way they are. Also few said that many of friends and classmates started making fun and also made mockery out of their situation. Also many of their family members were not at all supportive and harassed them after knowing their sexual orientation	On asking participants about reasons why they don't come out, few said that because of their parents, family members narrow minded thinking, orthodox thinking and culture. Also few said that they used to get bullied and harassed when they come out or are being made to come out	Community members have faced teasing, taunting, isolation and mockery. Not only did that make them feel low and depressed but also unhappy within themselves basically regarding their identity

(excerpts from Dicky and Akanksha's study.)

Gautam Yadav, HST, stressed the need to monitor safety of and safeguarding interests of all LGBTQ+ minors in schools against any forms of discrimination, stigma or abuse.

Dr. Alpana Dange, Research Director; HST, stated her concern over the inability to reach across all segments of the community and ensuring greater visibility or participation, despite innumerable efforts

to do so. “*There is a systematic approach to monitoring bullying or peer pressure in urban schools, but efforts have to be made to extend this to all schools.*”, she said, post inviting Gautam Yadav to the stage.

Gautam Yadav, initiated his dialogue with recounting his own story of dropping out of school when a bunch of children in 8th grade, harassed him and called out on his queerness. He further pointed out, the lack of direction, counselling and support from anyone in the family or outside.



Comments and Key Learning:

The following are some of the comments and observations from the study:

1. The neglected state of LGBTQ+ minors in educational setups was expressed as a concern in the study.
2. The study was conducted in urban school setups, majorly.
3. The study necessitated establishing a system for registering cases of bullying across schools.
4. Future studies should include younger students as subjects for research, as suggested in the study.
5. Voluntary participation of LGBTQ+ members in studies as such, have been discussed upon.

The following were the key learning:

1. Future studies should mention socio-economic factors, that associate with any or all objectives of the study.

2. A sense of disassociation within the LGBTQ+ communities was expressed as a concern in the study.
3. The study appreciated Tagore International School's efforts on gender sensitization.
4. The study reported lack of cooperation from the school staff in innumerable cases.



CLOSING REMARKS:

“We’re the people best equipped to help ourselves.”, Vivek Anand said towards the end of the day’s session. He expressed his appreciation over Dr. Rupa Patel’s and Dr. Jeremy Birnholtz’s joining in the session irrespective of the international time differences and then went on to thank HST and everyone for making this event happen.

Day 2 (March 13, 2020): Program

On 12th and 13th March, The Humsafar Trust (HST) organized their annual Research and Program Knowledge Sharing Meeting at Hotel Eros, New Delhi. Day 2 of the event, focused on sharing project work and achievements from advocacy, health, and capacity building departments with presentations on HST’s clinical services and interventions involved; Transcend Project; Project Diversity and Action; Project Linkages (EPOA) and other outreach strategies for HIV testing and advocacy for LGBTQ+ rights.

Session 1: Health and Interventions

Presentation	HIV – Health: Communities and Clinical Services
PRESENTER(S)	The Humsafar Trust Clinic Team
SESSION CHAIR	Dr. Alka Gogate
SESSION CO-CHAIR	Vivek Raj Anand

Event Proceedings: Mrs. Shruta Rawat commenced the sessions for the day by greeting the audience. She stated that HIV interventions and providing to the community, has been the trust’s focus since its inception. She then invited the session’s chair and HST’s Clinic Team who then presented HST’s work on HIV testing and relayed clinical forefront.



Mr. Rakesh, HST Clinic Team, post introducing himself, spoke of the clinic’s service versatility about being not just an HIV testing lab with doctors and counsellors but also a safe space for voices and identities. Umang



Sharma, HST Clinic Team, pointed out the registration process for patients using ‘Smart Health

Cards' to make sure no one leaves without getting tested. Dr. Akshay Raundhal, HST Clinic Team, discussed the relevance of RTI colored kits available for patients who walk in with concerns not aligning with HIV.



Ganesh, HST Clinic Team, discussed Project Linkages, a community-based model that focuses on improving ART adherence and retention among key populations through provision of community-centric services. He highlighted the relevance of adherence to medication, citing his own experience with HIV as an example. Dr. Ganesh stated that, supportive counselling, not for HIV alone, is the clinic's holistic approach to a better community. "It's our one stop shop solution.", Dr. Ganesh said, as he spoke of the clinic's community friendly setup and his vision of seeing a clinic as such, nationwide.

Mr. Pallav Patankar, further explained the clinic's online system of tracking the patients and how it, being an open-ended system facilitates the record keeping, from initial registrations to counselling and consultation. He then pointed out the twofold benefits of this system, the record-keeping of the patients' medical history and this being a supply of information for further research. "It is visionary in a way for HST to see this working so well." Pallav said, as he spoke of the unused potential of this system and what could be cultivated of it. Dr. Alka Gogate, expressed her appreciation over the evolution of the trust having just HIV testing centers in 1999, to what they



have today. Speaking of the inevitable inadequacies that most community-based organizations

struggle with, Dr. Gogate suggested that we can't be a solution to everything. We need to think of our patients first, what's best for them, where is it available and how we direct them to it because we clearly aren't as resourceful as the tertiary level organizations. She further pointed out the need to shift the focus to senior population too and how we



need to focus on much more than just HIV. Dr. Alka Gogate conclusively, restated the significance of organized record-keeping of patients' medical history and appreciated Pallav Patankar's success in doing so. Mr. Vivek Raj Anand, CEO HST, spoke highly of the clinic team's unswerving efforts to serve the community since its inception and further honored Dr. Alka Gogate's involvement since 'day one'. "Humsafar will always be a model of dialogue and negotiation.", Mr. Anand said, as he referred this clinic's possibility to the collaboration between the community and public health delivery. He spoke of his vision to establish community friendly holistic centers such as this, nationwide. Conclusively, Mr. Anand brought attention to the need of pushing the government to grant greater autonomy to the community, a space that fosters their opinions and bring in action all possible measures for the same.

LINK ART CENTRE



Decentralized Care and Treatment: Link ART Centre set up under Project LINKAGES in collaboration with Mumbai District AIDS Control Society (MDACS), United States Agency for International Development (USAID) and FHI360 in March 2019. This community-based model focuses on improving ART adherence and retention among KP PLHIV through provision of community-centric services.

ACHIEVEMENTS

- LINK ART centre for MSM / TG communities
- Awarded by Mumbai Mayor as the 1st Community Based Link ART Cetner
- Holistic approach care (One door for multiple services)
- Increased treatment adherence amongst KP's
- Stable CD4 , Viral Load suppressed and no major OI's detected in KP's for those enrolled in the LAC since last one year
- Respectful and community friendly environment
- Increased acceptance of community friendly services by the PLHIV community.

(excerpts from the study.)

Comments & Key Learning:

The following are some of the comments and observations from presentation:

1. The online patient registration system has proven to be very efficient in tracking the patients' medical record and history.
2. Plans to expand the link ART's services to include ART initiation have been discussed.
3. Alternative funding methods for testing and following up on potential PrEP users, were expressed as concerns in the study, that needed immediate attention.
4. The clinic presents a challenge with lack of continuity in data because a high percentage of patients who attend the clinic for immediate needs (mental health counseling, nutrition guidance, physician consultations) do not follow up.

The following were the key learning:

1. Observations necessitate on the need for adherence model for PrEP and ART.
2. HIV interventions for the elderly must be prioritized.
3. A publicity model in collaboration with private partnerships is key in integrating multiple services toward a functioning holistic model.



Session 2: Health and Interventions

Session Title	Transcend Project: Facilitating inclusion of transgender communities in corporate spaces.
PRESENTER(S)	Shwetambara Nilofer Maske
SESSION CHAIR	Dr. Venkatesan Chakrapani
SESSION CO-CHAIR	Yadavendra Singh (Rahul) Subodh Sen Raj Kanaujia

Event Proceedings: The session began with Mrs. Shruta Rawat greeting the audience and introducing the Transcend Project, a project focusing on enhancing LGBTQ+ presence in nationwide educational setups and corporate sector.

Nilofer Maske, Project Transcend HST, highlighted the neglected state of transgender communities prior to the NALSA Judgement in 2014. She highlighted the social exclusion as well as the lack of workplace policies to protect transgender employees that severely impacted transgender communities. Shwetambara, Project Transcend HST, highlighted the absence of adequate socio-economic information on transgender persons. She further talked of the project's skill building initiatives with rural minority



communities
and how

these have been structured to cater to specific needs of these communities. Shwetambara stated the exchange of personal life experiences and knowledge sharing as one of the specialties of the project's workshops. She highlighted the stagnancy caused in this regard by corporate unwillingness to participate in sensitization initiatives, which posed

additional challenges to visibility of transgender persons in these mainstream employment domains. Anjali Siroya, Advocacy Unit HST, presented initiatives in which identity and social entitlement documents like Aadhar Card, PAN card, Voter ID, Ration cards, Caste certificates and Gender certificates, which were made available for transgender persons as a part of Project Transcend.



Capacity building of community leaders

TRANSScend
Supporting Transgender Rights in India

- Capacity building of 124 transgender leaders from 12 transgender community-based organisations in Delhi, Mumbai and Bangalore (on research methodology, legal awareness, advocacy, effective use of social media, resource mobilisation strategies including volunteer mobilisation and grant writing, leadership, organisational development, and setting-up and strengthening state transgender welfare boards.)

THE HUMSAFAR TRUST

(excerpts from the study)

Identity and social entitlement documents

TRANSScend
Supporting Transgender Rights in India

- 639 identity and social entitlement documents were made for transpersons in Mumbai, Delhi and Bangalore. (These included Aadhar Card, PAN card, Voter ID, Karnataka Government WCD loan, Bank accounts, BPL Ration card, Caste certificates, Gender certificate and Name change in gazette)

THE HUMSAFAR TRUST

Comments & Key Learning:

The following are some of the comments and observations from the study:

1. The challenges of transgender persons to gain acceptance in workplaces post gender-reaffirmation processes, have been expressed as concerns highlighted by this project.
2. The study highlighted gaps in transgender persons' primary education as concerns in gaining viable employment. Strategies to address need to be investigated.
3. The study highlighted rigid employment criteria based on educational qualifications and complete ignorance of any or all socio-economic factors responsible for their lack of any such requirements among corporate establishments.

The following were the key learning:

1. There is a need to follow up on the sensitization programs based on the recommendations and observations of this initiative.
2. Initial training of trans persons as interns prior to permanent jobs must be mandated based on recommendations of this project. More mentorship programs catering to transgender communities are needed for an efficient recruitment process.
3. Future projects should focus more on sensitizing corporate establishments on diverse, all-inclusive workforces in addition to sensitizing media persons and political representation by transgender communities.




Session 3: Capacity Building


Session title	<p>Presentation 1: Project Diversity and Action: Capacity Building across 27 Indian states.</p> <p>Presentation 2: Project Linkages: EPOA and other outreach/testing strategies.</p>
PRESENTER(S)	<p>Tinesh Chopade Shruta Rawat</p>
SESSION CO-CHAIR	<p>Aditya Singh Deepika Joshi Shwetambara</p>

Event Proceedings: The session began with Yashwinder Singh, HST, greeting the attendees and inviting the chair for the session. Tinesh Chopade, Advocacy Manager HST, presented the findings from Project Diversity and Action, a nationwide project implemented across 11 states with the objective of enhancing community visibility and outreach, especially in unapproached places like northeast India. He further stated initial difficulties in implementing the study were overcome with extensive outreach to rural population in the area. On community system strengthening, Tinesh highlighted socio-economic challenges of finding a common working ground with stakeholders having unfavorable views toward LGBTQ+ issues and larger community dynamics.






Project Scope and Activities



Sr. No.	Training Indicator	Number of States	Participant Trained
1	Capacity Building training of CBO/NGO Staff to improve service delivery	27	1799
2	Training on stigma/discrimination in health care settings for mental healthcare providers working in MSM Tis	4	79
3	Training on MSM Sexual and reproductive health	6	87
4	Training on 'Treatment is Prevention/ Positive Prevention' for MSM and TG people	8	239

(excerpts from the study)



Lesson Learnt

- Increased collaboration and networking with NACO,SACS and regional partners is effective
- Involvement of smaller CBO's for seed grant activities was crucial for the sustainability of the organization.
- Experience Sharing and Review meeting (ESRM) was useful in planning next project phase as it provided an opportunity for the community members to co-design the next phase
- IDAHOT and key community events provided visibility and increased access to hard to reach community members

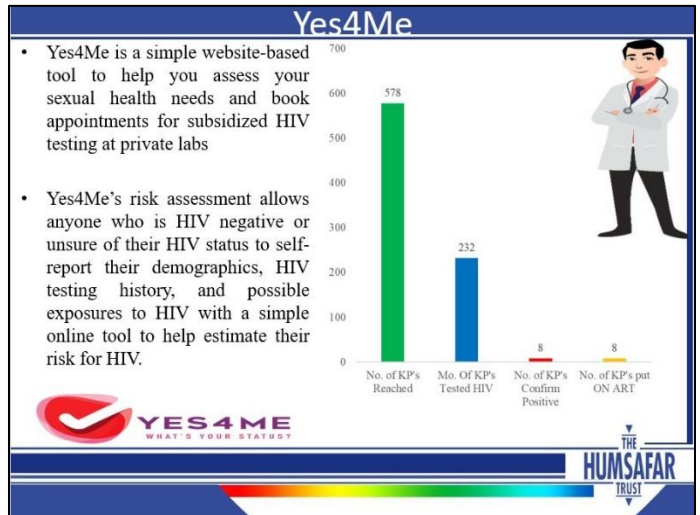
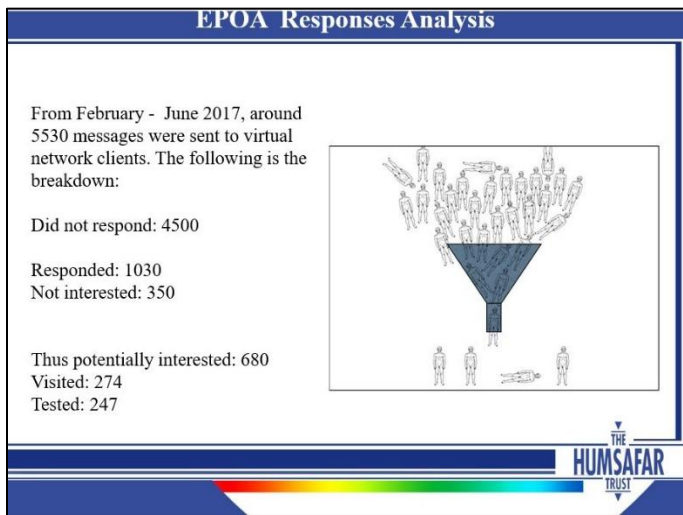


From Where to Here

- The Humsafar Trust implemented Multi country South Asia Global Fund HIV program since October 2014
- Worked in 11 states of India in first phase (Oct 2014 to Sep 2016)
- Project work expended to 27 states from October 2016 as per direction and support from NACO
- Now, HST looked at as **Technical Resource Center** for MSM component in the country
- Gained the visibility through advocacy initiative



Mrs. Shruta Rawat, Research Manager HST, presented achievements of Project Linkages on behalf of Sandeep Mane (Project Director, HST, Linkages). She stated the increasing online presence of the community members on internet and its potential use in outreaching MSMs for HIV interventions. Mrs. Rawat shared details on peer navigation used to outreach PLHIV who were lost to follow up. She further discussed presented enhanced peer outreach (EPOA), a unique outreach strategy that followed the principle of respondent-driven sampling to reach hard-to-reach MSM through virtual messaging or TGW who had never been tested. She highlighted the success of event-based HIV testing which involved organizing unique community events for peer support and bonding along with HIV testing being made available at the venue. Conclusively, she talked of Yes4Me, a web-based platform to link community members to private testing centers.



excerpts from the study)



Aditya Singh, Executive Director; Johns Hopkins University, stressed on connecting with the population that is the most difficult to reach out to, in addition to suggesting NGOs to undertake a course correction in the way they implement things. He stated that today technology is at its best and we must make the use of it. Deepika Srivastava Joshi, Public Health Analyst at



US Centers for Disease Control and Prevention, discussed NACO's integrated training curriculum and suggested that it should be accessible to everyone. She further suggested a wiser use of the internet in spreading awareness and also stated the importance of *active case finding* and *good case management*, in dealing with virus control.



Comments & Key Learning:

The following are some of the comments and observations from the study:

1. Findings from Yes4Me and strategies such as EPOA's virtual outreach should be explored in greater depth. EPOA has the potential to be pursued as a strategy in national HIV interventions.
2. Uncertainty about this project's sustainability was expressed as a concern as the EPOA was not implemented further beyond the demonstration stage despite promising achievements.

The following were the key learning:

1. Future programs should include program planning, active case finding and good case management as its objectives.
2. Observations from this presentation revealed the immediate need to expand general awareness about ART and its barriers across outreach workers and peers.




Session 4: Advocacy

Session title	Advocating for LGBTQ+ rights: sensitizations, crises and mainstreaming activities of HST (2017–2019)
PRESENTER(S)	Anjali Siroya Transcend and Advocacy Units
SESSION CHAIR	Ms. Amrita Sarkar Mr. Suhail Abbasi
SESSION CO-CHAIR	Saadhya Pawar Christy Raj Shwetambara Yadavendra Singh

Event Proceedings: The session began with Mr. Suhail Abbasi HST, greeting the audience and inviting the chair for the session, Ms. Amrita Sarkar of SAATHI. Anjali Siroya, Advocacy HST, presented achievements of HST’s Advocacy Unit. Anjali spoke of the sensitization workshops conducted by this team in educational setups, with corporates and political parties to ensure inclusiveness of LGBTQ+ community members. She highlighted the Advocacy team’s efforts in organizing roundtable and panel discussions in corporate spaces to discuss key LGBTQ+ issues and to ensure greater employment opportunities for the community members. She further talked of *Prabal*, HST’s capacity strengthening initiative with *Sweekar*, Mumbai, to strengthen awareness among parents of LGBTQ+ individuals, in addition to their ongoing work with support groups like *Yaariyan* and *Umang*.







Sensitization Workshops

Basic sensitization on Sex, Gender and Sexuality along with Rights of LGBTQ Community.

The Humsafar Trust conducted more than **680** sensitization workshops in different settings – Police, Lawyers, Media, schools, collages, malls and various forums from **2017-2019**. Around **15,000+** People attended this sensitization workshops.



PRABAL



HST initiated Prabal which aims at strengthening parents of LGBTQ to mobilize and form networks of support. In the first phase of the initiative HST conducted six different training session with parents of LGBTQ in collaboration with Sweekar – The Rainbow Parents in Mumbai




Career fair and confluence for LGBTQ+ community

The Humsafar Trust (HST) has collaborated with Q-rious first Job fair in Delhi as community partners.

9 corporates providing placement and it was attended by 350+ community members. 10+ candidates got placed and the recruitment process is still on.

(excerpts from the presentation.)

A series of short films, focusing around the lives of trans persons were screened thereafter, in addition to a discussion regarding the same. Christie, an independent filmmaker, speaking of his film highlighted the day to day struggles of trans persons with disability, in addition to the stigma around sex reassignment surgery and its after effects. Yadavendra Singh, stated the *stark reality of non-acceptance of trans sexuality and the beauty of not giving up*, as the major reasons for him to produce his film. Saadhya Pawar, expressed his appreciation over the fact that films are the best mediums to educate the masses of the LGBTQ+ reality. Saadhya further suggested that more focus should be put on transmen, their social presence and post SRS side-effects.

Comments & Key Learning:

The following are some of the comments and observations from the study:

1. The findings from advocacy experiences highlight the need for ‘relief packages’ to address urgent trans issues.
2. Post gender-reaffirmation exclusion and eviction have been expressed as concerns that need immediate attention.
3. Legal advocacy for trans persons is imperative for safer transitions.

The following were the key learning:

1. Project observations revealed the need to devise a more amicable approach to counselling and management of families with trans-children.
2. A more personal approach is needed when dealing with trans persons with disability as recommended and observed in the study.
3. Bilingualism across interventions could attract greater attention from the key populations.



CLOSING REMARKS:

Quoting Robert Frost's Stopping by Woods on a Snowy Evening, Mrs. Alpana Dange, HST, stated in her closing remarks the need to keep struggling to attain equality and acceptance on all fronts. She highlighted that a lot of work still needs to be done, for one step forward is three steps back and how we shouldn't stop until we only move further.



Acknowledgements

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Supporting Partners

