Community Preparedness for Sustainability

Facilitator Guide

Pehchan Training Curriculum
MSM, Transgender and Hijra Community Systems Strengthening
Pehchan Consortium Partners

India HIV/AIDS Alliance (www.allianceindia.org)

**Pehchan Focus:** National coordination and grant oversight

Based in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national program, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations most vulnerable to HIV, including men who have sex with men (MSM), transgenders, hijras, people who use drugs (PWUD), sex workers, youth, and people living with HIV (PLHIV).

**Alliance India Andhra Pradesh**

**Pehchan Focus:** Andhra Pradesh

Alliance India supports a regional office in Hyderabad that leads implementation of Pehchan in Andhra Pradesh and serves as a State Lead Partner of the Bill & Melinda Gates Foundation.

The Humsafar Trust (www.humsafar.org)

**Pehchan Focus:** Maharashtra, Madhya Pradesh, Goa, Gujarat and Rajasthan

For nearly two decades, Humsafar Trust has worked with MSM and transgender communities in Mumbai, Maharashtra. It has successfully linked community advocacy and support activities to the development of effective HIV prevention and health services. It is one of the pioneers among MSM and transgender organisations in India and serves as the national secretariat of the Indian Network for Sexual Minorities (INFOSEM).

**Pehchan North Region Office**

**Pehchan Focus:** Punjab, Delhi, Uttar Pradesh and Bihar

Alliance India supports a regional implementing office based in Delhi that leads implementation of Pehchan in four states of North India.

Solidarity and Action Against The HIV Infection in India (SAATHII) (www.saathii.org)

**Pehchan Focus:** West Bengal, Manipur, Orissa and Jharkhand

With offices in five states and over 10 years of experience, SAATHII works with sexual minorities for HIV prevention. SAATHII works closely with the West Bengal's State AIDS Control Society (SACS) and the State Technical Support Unit and is the SACS-designated State Training and Resource Centre for MSM, transgender and hijra.

South India AIDS Action Programme (SIAAP) (www.siaapindia.org)

**Pehchan Focus:** Tamil Nadu

SIAAP brings more than 22 years of experience with community-driven and community development focussed programmes, counselling, advocacy for progressive policies, and training to address HIV and wider vulnerability issues for MSM, transgender and hijra community.

Sangama (www.sangama.org)

**Pehchan Focus:** Karnataka and Kerala

For more than 20 years, Sangama has been assisting MSM, transgender and hijra communities to live their lives with self-acceptance, self-respect and dignity. Sangama lobbies for changes in existing laws that discriminate against sexual minorities and for changing public opinion in their favour.
**Contents**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About this Module</td>
<td>2</td>
</tr>
<tr>
<td>About Pehchan</td>
<td>2</td>
</tr>
<tr>
<td>Training Curriculum Overview</td>
<td>2</td>
</tr>
<tr>
<td>Preface</td>
<td>3</td>
</tr>
<tr>
<td>General Acknowledgements</td>
<td>5</td>
</tr>
<tr>
<td>Module Acknowledgments: Community Preparedness for Sustainability</td>
<td>7</td>
</tr>
<tr>
<td>About the Community Preparedness for Sustainability Module</td>
<td>9</td>
</tr>
<tr>
<td>Module Reference Materials</td>
<td>9</td>
</tr>
<tr>
<td><strong>Activity Index</strong></td>
<td>10</td>
</tr>
<tr>
<td>Activity 1: Introduction to Community Preparedness for Sustainability Module</td>
<td>11</td>
</tr>
<tr>
<td>Activity 2: What is Community Preparedness?</td>
<td>13</td>
</tr>
<tr>
<td>Activity 3: Moving from HIV-centric to Community-centric Programmes</td>
<td>16</td>
</tr>
<tr>
<td>Activity 4: Some Guiding Principles for Achieving Community Preparedness</td>
<td>18</td>
</tr>
<tr>
<td><strong>Annexure 1: PowerPoint Presentation – Community Preparedness for Sustainability</strong></td>
<td>20</td>
</tr>
</tbody>
</table>
About this Module

This module is designed to help training participants: 1) understand the concept of community preparedness; 2) become familiar with the rationales and processes to shift the focus of programmes for men who have sex with men (MSM), transgenders and hijras (MTH) from HIV-centric to community-centric; 3) learn strategies to help MTH communities become self-reliant and sustainable; and 4) appreciate the importance of critical thought processes in planning for strong CBOs and communities. In the Pehchan programme, this module is used to introduce basic principles of community preparedness to CBO Programme Managers, Counsellors, and Outreach Workers.

About Pehchan

With financial support from the Global Fund, Pehchan is building the capacity of 200 community-based organisations (CBOs) for men who have sex with men (MSM), transgenders and hijras in 17 states in India to be more effective partners in the government’s HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan, which in Hindi means ‘identity’, ‘recognition’ or ‘acknowledgement,’ this programme will reach 453,750 MSM, transgenders and hijras by 2015. It is the Global Fund’s largest single-country grant to date, focused on the HIV response for vulnerable sexual minorities.

Training Curriculum Overview

In order to stimulate the development of strong and effective CBOs for MSM, transgender and hijra communities and to increase their impact in HIV prevention efforts, responsive and comprehensive capacity building is required. To build CBO capacity, Pehchan developed a robust training programme through a process of engagement with community leaders, trainers, technical experts, and academicians in a series of consultations that identified training priorities. Based on these priorities, smaller subgroups then developed specific thematic components for each curricular module. Inputs from community consultations helped increase relevance and value of training modules. By engaging MSM, transgender and hijra (MTH) communities in the development process, there has been greater ownership of training and of the overall programme among supported CBOs. Technical experts worked on the development of thematic components for priority areas identified by community representatives. The process also helped fine-tune the overall training model and scale-up strategy. Thus, through a consultative, community-based process, Pehchan developed a training model responsive to the specific needs of the programme and reflecting key priorities and capacity gaps of MSM, transgender and hijra CBOs in India.
Preface

As I put pen to paper, a shiver goes down my spine. It is hard to believe that this day has come after almost five long years! For many of us, Pehchan is not merely a programme; it is a way of life. Facing a growing HIV epidemic among men who have sex with men (MSM), transgender, and hijra communities in India, a group of development and health activists began to push for a large-scale project for these populations that would be responsive to their specific needs and would show this country and the world that these interventions are not only urgently needed but feasible.

Pehchan was finally launched in 2010 after more than two years of planning and negotiation. As the programme has evolved, it has never stepped back from its core principle: Pehchan is by, for and of India’s MSM, transgender and hijra communities. Leveraging rich community expertise, the Global Fund’s generous support and our government’s unwavering collaboration, Pehchan has been meticulously planned and passionately executed. More than just the sum of good intentions, it has thrived due to hard work, excellent stakeholder support, and creative execution.

At the heart of Pehchan are community systems strengthening. Our approach to capacity building has been engineered to maximise community leadership and expertise. The community drives and energises Pehchan. Our task was to develop 200 strong community-based organisations (CBOs) in a vast and complex country to partner with state governments and provide services to MSM, transgender and hijra communities to increase the effectiveness of the HIV response for these populations and improve their health and wellbeing. To achieve necessary scale and sustain social change, strong CBOs would require responsive development of human capital.

Over and above consistent services throughout Pehchan, we wanted to ensure quality. To achieve this, we proposed a standard training package for all CBO staff. When we looked around, we found there really wasn’t an existing curriculum that we could use. Consequently, we decided to develop one not only for Pehchan but also for future efforts to build the capacity of community systems for sexual minorities. So began our journey to create this curriculum.

Building on the experience of Sashakt, a pilot programme supported by UNDP that tested the model that we’re scaling up in Pehchan, an involved process of consultations and workshops was undertaken. Ideas for each module came from discussions with a range of stakeholders from across India, including community leaders, activists, academics and institutional representatives from government and donors. The list of modules grew with each consultation. For example in Sashakt, we had a single training module on family support and mental health; in Pehchan, we decided that it would be valuable to split these and have one on each.

Eventually, we agreed on the framework for the modules and the thematic components, finding a balance between individual and organisational capacity. Overall, there are two main areas of capacity building: one that is directly related to the services and the other that is focused on building capable service providers. Then we began the actual writing of the curriculum, a process of drafting, commenting, correcting, tweaking and finalising that took over eight months.
Once the curriculum was ready to use, trainings-of-trainers were organised to develop a cadre of master trainers who would work directly with CBO staff. Working through Pehchan’s four Regional Training Centers, these trainers, mostly members of MSM, transgender and hijra communities, provided further in-service revisions and suggestions to the modules to make them succinct, clear and user-friendly. Our consortium partner SAATHII contributed particularly to these efforts, and the current training curriculum reflects their hard work.

In fact, the contributors to this work are many, and in the Acknowledgements section following this Preface, we have done our best to name them. They include staff from all our consortium partners, technical experts, advocates, donor representatives and government colleagues. The staff at India HIV/AIDS Alliance, notably the Pehchan team, worked beautifully to develop both process and content. That we have come so far is also a tribute to vision and support of our leaders, at Alliance India and in our consortium partners, Humsafar Trust, SAATHII, Sangama, and SIAAP, as well as in India’s National AIDS Control Organisation and at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva.

We would like to think of the Pehchan Training Curriculum as a game changer. While the modules reflect the specific context of India, we are confident that they will be useful to governments, civil society organisations and individuals around the world interested in developing community systems to support improved HIV and other health programming for sexual minorities and other vulnerable communities as well.

After two years of trial and testing, we now share this curriculum with the world. Our team members and master trainers have helped us refine them, and seeing the growth of the staff in the CBOs we have trained has increased our confidence in the value of this curriculum. The impact of these efforts is becoming apparent. As CBOs have been strengthened through Pehchan, we are already seeing MSM, transgender and hijra communities more empowered to take charge, not only to improve HIV prevention but also to lead more productive and healthy lives.

**Sonal Mehta**  
**Director: Policy & Programmes**  
India HIV/AIDS Alliance  
New Delhi  
March 2013
General Acknowledgements

The Pehchan Training Curriculum is the work of many people, including community members, technical experts and programme implementers. When we were not able to find training materials necessary to establish, support and monitor strong community-based organisations for MSM, transgenders and hijras in India, the Pehchan consortium collectively developed a curriculum designed to address these challenges through a series of community consultations and development workshops. This process drew on the best ideas of the communities and helped develop a responsive curriculum that will help sustain strong CBOs as key element of Pehchan.

We would like to take this opportunity to acknowledge the contributions of those who helped in taking this process forward, including (in alphabetical order): Ajai, Praxis; Usha Andewar, The Humsafar Trust; Sarita Barapanda, IWW-UK; Jhuma Basak, Consultant; Dr. V. Chakrapani, C-Sharp; Umesh Chawla, UNDP; Alpana Dange, Consultant; Brinelle D’Sourza, TISS; Firoz, Love Life Society; Prashanth G, Maan AIDS Foundation; Urmij Jadav, The Humsafar Trust; Jeeva, TRA; Harleen Kaur, Manas Foundation; Krishna, Suraksha; Monica Kumar, Manas Foundation; Muthu Kumar, Lotus Sangama; Sameer Kunta, Avaahan; Agniva Lahiri, PLUS; Meera Limaya, Consultant; Veronica Magar, REACH; Magdalene, Center for Counselling; Sylvester Merchant, Lakshya; Amrita Nanda, Lawyers’ Collective; Nilanjana, SAFRG; Prabhakar, SIAAP; Priti Prabhughate, ICRW; Nagendra Prasad, Ashodaya Samithi; Revathi, Consultant; Rex, KHPT; Amitava Sarkar, SAATHI; Dr. Maninder Setia, Consultant; Chetan Sharma, SAFRG; Suneeeta Singh, Amaltas; Prabhakar Sinha, Heroes Project; Sreeram, Ashodaya Samithi; Suresh, KHPT; Sanjithi Veul, JHU; and Roy Wadia, Heroes Project.

Once curricular framework was finalised, a group of technical and community experts was formed to develop manuscripts and solicit additional inputs from community leaders. The curriculum was then standardised with support from Dr. E.M. Sreejit and streamlined with support from a team at SAATHI, led by Pawan Dhall. This process included inputs from Sudha Jha, Anupam Hazra, Somnath Acharya, Shantanu Pyne, Moyazzam Hossain, Amitava Sarkar, and Debjyoti Ghosh Dhall from SAATHI; Cairo Araijo, Vaibhav Saria, Dr. E.M. Sreejit, Jhuma Basak, and Vahista Dastoor, Consultants; Olga Aaron from SIAAP; and Harjyot Khosa and Chaitanya Bhatt from India HIV/AIDS Alliance.

From the start, the Government of India’s National AIDS Control Organisation has been a key partner of Pehchan. In particular, Madam Aradhana Johri, Additional Secretary, NACO, has provided strong leadership and steady guidance to our work. The team from NACO’s Targeted Intervention (TI) Division has been a constant friend and resource to Pehchan, notably Dr. Neeraj Dhingra, Deputy Director General (TI); Manilal N. Raghvan, Programme Officer (TI); and Mridu, Technical Officer (TI). As the programme has moved from concept to scale-up, Pehchan has repeatedly benefitted from the encouragement and wisdom of NACO Directors General, past and present, including Madam Sujata Rao, Shri K. Chandramouli, Shri Sayan Chatterjee, and Shri Lov Verma.

Pehchan is implemented by a consortium of committed organisations that bring passion, experience, and vision to this work. The programme’s partners have been actively engaged in developing the training curriculum. We are grateful for the many contributions of Anupam Hazra and Pawan Dhall from SAATHI; Hemangi, Pallav Patnaik, Vivek Anand and Ashok Row Kavi from the Humsafar Trust; Olga Aaron and Indumati from SIAAP; Vijay Nair from Alliance India Andhra Pradesh; and Manohar from Sangama. Each contributed above and beyond the call of duty, helping to create a vibrant training programme while scaling up the programme across 17 states.
India HIV/AIDS Alliance’s Pehchan team has been untiring in its contributions to this curriculum, including Abhina Aher, Jonathan Ripley, Yadendra (Rahul) Singh, Simran Shaikh, Yashwinder Singh, Rohit Sarkar, Chaitanya Bhatt, Nuthuk Vungholkim, Ramesh Tiwari, Sarbeshwar Patnaik, Ankita Bhatta, Dr. Ravi Kanth, Sophia Lonappan, Rajan Mani, Shaleen Rakesh, and James Robertson. A special thank-you to Sonal Mehta and Harjyot Khosa for their hard work, patience and persistence in bringing this curriculum to life.

Through it all, the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided us both funding and guidance, setting clear standards and giving us enough flexibility to ensure the programme’s successful evolution and growth. We are deeply grateful for this support.

Pehchan’s Training Curriculum is the result of more than two years of work by many stakeholders. If any names have been omitted, please accept our apologies. We are grateful to all who have helped us reach this milestone.

The Pehchan Training Curriculum is dedicated to MSM, transgender and hijra communities in India who for years, have been true examples of strength and leadership by affirming their pehchan.
Module Acknowledgments: Community Preparedness for Sustainability

Each component of the Pehchan Training Curriculum has a number of contributors who have provided specific inputs. For this component, the following are acknowledged:

Primary Authors
Prity Prabhughate, ICRW; S.V. Sreeram, Ashodaya; Sonal Mehta, India HIV/AIDS Alliance

Compilation
Dr. E. M. Sreejit, Consultant

Technical Input
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Coordination and Development
Vahista Dastoor, C4D Consultant
Pawan Dhall, SAATHII

References
About the Community Preparedness for Sustainability Module

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<tr>
<th>No.</th>
<th>D5</th>
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<tbody>
<tr>
<td>Name</td>
<td>Community Preparedness for Sustainability</td>
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</table>
| Pehchan Trainees | • Project Managers  
                   • Counsellors  
                   • Outreach Workers (ORW) |
| Pehchan CBO Type | TI Plus |
| Training Objectives | By the end of this module, the participants will:  
• Understand the concept of community preparedness;  
• Understand why and how programmes for members of the MTH community should shift from being HIV-centric to community-centric; and  
• Understand processes involved in MTH CBOs becoming self-reliant and sustainable. |
| Total Duration | One day. A day’s training typically covers 8 hours. |

Module Reference Materials

All the reference material required to facilitate this module has been provided in this document and in relevant digital files provided with the Pehchan Training Curriculum. Please familiarise yourself with the content before the training session.

Attention: Please do not change the names of file or folders, or move files from one folder to another, as some of the files are linked to each other. If you rename files or change their location on your computer, the hyperlinks to these documents in the Facilitator Guide will not work correctly.

If you are reading this module on a computer screen, you can click the hyperlinks to open files. If you are reading a printed copy of this module, the following list will help you locate the files you need.

Audio-visual Support | 1. PowerPoint Presentation on ‘Community Preparedness for Sustainability’
### Activity Index

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Name</th>
<th>Time</th>
<th>Material</th>
<th>Audio-visual Resources</th>
<th>Take-home material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Module</td>
<td>1 hour 30 minutes</td>
<td>Chart paper, markers</td>
<td>Refer to the slides titled ‘Introduction’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>What is Community Preparedness</td>
<td>2 hours</td>
<td>Chart papers, markers</td>
<td>Refer to the slides titled ‘What is Community Preparedness’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Moving from HIV-centric to Community-centric Programmes</td>
<td>2 hours</td>
<td>Chart papers, markers</td>
<td>Refer to the slides titled ‘Moving from HIV Centric to Community Centric Programming’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>Achieving Community Preparedness: Some Guiding Principles</td>
<td>2 hours</td>
<td>Chart papers, markers</td>
<td>Refer to the slides titled ‘Some Guiding Principles of Community Preparedness’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’</td>
<td>N/A</td>
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</tbody>
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1 Overhead projector, laptop, sound system and whiteboard should be provided at every training.
Activity 1: Introduction to Community Preparedness for Sustainability Module

Time | 1 hour 30 minutes
---|---
Learning Outcomes | By the end of this activity, the participants will be able to:
  • Define what a ‘community’ is; and
  • Identify its features and characteristics.
Materials | Chart paper, markers.
Audio-visual Support | Refer to the slides titled ‘Introduction’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’.
Take-home Material | N/A

Methodology

Using the slides titled ‘Introduction’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’, discuss the following points:

- NACP III clearly articulated that communities should be the primary focus of responses to the HIV epidemic.
- NACO’s Targeted Intervention (TI) Operational Guidelines outline processes involved in helping communities most affected by HIV to set up a response.
- Transitioning programmes to community-based organisations (CBOs) is the ‘what’ part of the policy. The ‘how’ part of the policy depends on affected communities being prepared to take responsibility for implementing a prevention programme, while looking at community advancement as the larger agenda.
- It is in this context that we need to understand community preparedness as a stage in which communities advance their needs beyond HIV and find solutions through which such needs can be addressed.
- This module is not intended to be a skill-based module, but rather a module geared towards facilitating thought processes.

Ask the participants what they understand by the term ‘community’ and list their responses on a flip-chart. Divide the participants into five groups and provide chart paper to each group. Ask each group member to list the various communities that they are a part of. The list should be ranked in a descending order, with the community that majority of the group members identify with being at the top of the list.

Ask a member from each group to read out the list of the communities compiled in the group to the rest of the participants. Reflecting on the lists, discuss reasons why communities are formed. Some of the reasons are:

- For a common cause.
- For a sense of belonging and identity.
- For more social or political power to its members.

Note to Facilitator

This module is designed to prompt participants to assess, evaluate, envision and plan for their CBO and community through various activities.

Note to Facilitator

Remember that the choice of the communities listed in this exercise could be sexual, religious, social, cultural, regional, and local.
Encourage the participants to add to the list of points above; then write them down on another chart paper and put it up on the wall. Discuss the term ‘community’ with the help of the PowerPoint presentation and explain that:

- There is no universally accepted definition for the term ‘community’; it means different things to different people.
- The term ‘community’ refers to a group of people who come together based on certain shared common values and is sometimes associated with the term ‘social cohesion’.
- A person identifies with a particular community depending on factors such as need, benefits of membership in such a group, and access to resources available to the community.
- A person can be a part of various communities at the same time.
- Communities often overlap in terms of priorities and needs.

Give an example of how communities overlap and can be labeled as ‘interconnected communities’. For instance, a common priority among the sexual minority community groups and HIV programme is being able to seek health services without discrimination.

Divide the participants into three groups and ask them to brainstorm on the following topics within their groups:

- Group 1: What are the unique characteristics of the MTH community?
- Group 2: What are challenges that MTH community face?
- Group 3: What keeps the community together and what are their strengths?

After about 10 minutes, ask each group to present some of the key points they discussed. Write down the responses on a flip-chart under three columns marked as ‘characteristics’, ‘challenges’ and ‘strengths’.

Ask each group how the participants reached a consensus regarding the question given to them. If there were differences of opinion, how did they resolve them? Explain to the participants that the above exercise exemplifies certain processes that occur in a community. Very often there is a common larger cause or issue which unites individuals into communities and links them to other communities. While there might be various members who would have varied opinions/perceptions of the problems and solutions, continuous dialogue is what is necessary keep this process ongoing.
Activity 2: What is Community Preparedness?

<table>
<thead>
<tr>
<th>Time</th>
<th>2 hours</th>
</tr>
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<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will:</td>
</tr>
<tr>
<td></td>
<td>• Understand what the term ‘community preparedness’ means; and</td>
</tr>
<tr>
<td></td>
<td>• Understand the importance of community preparedness.</td>
</tr>
<tr>
<td>Materials</td>
<td>Chart papers, markers.</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘What is Community Preparedness’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’.</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>N/A</td>
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</tbody>
</table>

Methodology

Ask the participants what they understand by ‘Community Preparedness’, and write their responses on a chart paper. Using the slides titled ‘What is Community Preparedness’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’ describe community preparedness as a process that makes communities self-reliant by identifying solutions through community-based activities and mobilising local resources to provide for their needs.

List the following elements that characterise the term ‘community preparedness’:

• Encouraging self-reliance;
• Finding community-based solutions;
• Identifying appropriate collaborations;
• Ensuring voices are heard; and
• Identifying community resources, including funding to address community needs and enable financial sustainability.

Explain the importance of community preparedness:

• Resources are finite.
• HIV-targeted interventions do not necessarily deal with non-HIV related matters (such as the psycho-social issues) that are often equally important for the community.
• In absence of any formal funding, a community may find it difficult to meet its needs, and CBOs may struggle to survive.

Read out the following case study and ask participants to list the solutions that the community can find to address Bebo’s situation.

Bebo, a hijra, has been leading a dual life. The family knows that Bebo is very effeminate but has no clue that she has embraced the hijra culture. One day, however, a neighbour comes over and complains to Bebo’s father that his son is nuisance and abuses the father for having such a child. Incensed, Bebo’s father throws Bebo out of the house. Bebo has nowhere to go. What can the community do in this situation?

After they give their responses, initiate a group activity titled ‘How prepared are we?’
Here, the idea is to make the participants find out more on how a community (or a CBO) should prepare themselves in order to address various issues. Divide participants into four groups and give each group four sheets of blank paper. Ask each group to discuss the following four questions and write down the answers to each:

- What are the services provided by your CBO and what resources does the CBO have? (Responses should list any services and programmes of the CBO, as well as available resources, including funds and facilities but also stakeholder relationships and formal partnerships).
- What are the gaps you see in your CBO?
- What do you think can be done to address these gaps?
- What are the potential problems/obstacles you anticipate in resolving issues faced by MTH CBOs?

Ask each group to stick their response sheets on the four walls of the room, with answers to the first question on one wall, to the second question on another, and so on. Next, ask the participants to walk around the room and read silently what the other groups have written. Facilitate a discussion by doing the following:

- Describe the common themes that emerge across the groups.
- Point out the disagreements that emerge among the groups.
- Brainstorm all possible reasons for these agreements and disagreements.
- Remind participants that the purpose of this exercise is to merely highlight the fact that all CBOs have their unique strengths and weaknesses; despite their differences, there are enough commonalities that bring all of them together under the larger umbrella of serving the MTH community.

Explain how this exercise will help them identify available resources within their organisation and what they can do to utilise them for the communities they serve. Explain how the information generated from this exercise can be used as the basis for resource mapping, deliberations and re-envisioning of the programme the organisation offers. (Refer to Module A3 on Resource Mobilisation for inputs on innovative means of mobilisation).

Show the table below to make the participants understand how a CBO can address a problem by (a) conducting a participatory exercise to understand the unmet needs of the community; and (b) mapping a course of action to address these needs by mobilising available resources.

<table>
<thead>
<tr>
<th>Gaps (e.g. missing services)</th>
<th>Ways to fill gap</th>
<th>Possible obstacles</th>
<th>Resources available to fill gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Health insurance</td>
<td></td>
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</table>
Remind participants that:

- CBOs need to constantly deliberate on ways to be prepared to meet the needs of the community and on how to sustain those efforts.
- Community preparedness is a process that is best achieved through the participation of its constituents, MTH community members.
- A community is said to be prepared if its members are self-reliant and their needs are met.
- Representation of members from all sub-sections of the community is important to arrive at a common understanding and a plan of action.
- Mapping resources and anticipating problems helps to plan ahead.

Note to Facilitator

In all likelihood, the participants will have mentioned issues and needs that go beyond HIV services. Point this out to them, and explain that it is because of these needs that the shift from HIV-centric programming to community-centric programming is important.
Activity 3: Moving from HIV-centric to Community-centric Programmes

**Time** | 2 hours
--- | ---
**Learning Outcomes** | By the end of this activity, the participants will be able to:
- Develop a vision for their organisations beyond HIV-centric programmes.
**Materials** | Chart papers and markers.
**Audio-visual Support** | Refer to the slides titled ‘Moving from HIV Centric to Community Centric Programming’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’.
**Take-home Material** | N/A

**Methodology**
Divide the participants into smaller groups, and ask them to develop ideas that will ensure community involvement and engagement for an effective HIV prevention intervention. Ask them to consider the following questions:

- Is health a priority issue for community? If so, what are the barriers to accessing healthcare services? If not, how do we ensure health becomes one of the community priorities?
- How do we address a lack of interest among MTH community members when HIV-related messages are communicated repeatedly by peer educators?
- When community members continue to face stigma and discrimination, how do we encourage them to utilise healthcare services?
- How can we creatively address the needs of the community beyond HIV-related services so as to provide psycho-social support, mental health, family support, social inclusion, linking with government schemes, advocacy for additional schemes, etc.
- How do we work towards broader social inclusion of MTH populations?
- How do we shrug off the label of ‘people who work in the field of HIV prevention’?

After giving the participants adequate time to discuss various scenarios, ask each group to share their discussions. Note these responses on separate sheets of chart paper, with each sheet dedicated to one question. That way, all the answers can be noted down for other participants to see.

Using the PowerPoint slides titled ‘An HIV-centric CBO and a Community-centric CBO’, discuss how HIV-centric programmes deal only with HIV, whereas community-centric programmes are more holistic and look at the various aspects involved in community members’ lives. Through this discussion, participants will:

- Understand how some CBOs may not be HIV-centric and are already dealing with other community-centric issues. For example, in addition to HIV, a CBO may be working to address violence or the need for psycho-social support among community members served by CBO.

**Note to Facilitator**
You can adapt the questions to capture the interest of participants.
However, please ensure that participants are able to work at the conceptual level required for this activity. If you find that some participants are quiet, it may be because they are not as comfortable with these issues as others are. You will need to draw them into the discussion.
• Understand that when a CBO decides to expand its focus beyond HIV programming to broader community issues, organisational development becomes essential to ensure strong organisations are available to advance community goals.

• Understand how it is important for the community to look beyond the resources made available for HIV. Resources for HIV prevention are becoming scarce, and if CBOs do not utilise the existing support structures to build and develop their organisations, they may end up without resources to carry out their goals.

Divide the participants into three groups, and ask them to explore issues related to sustainability. Moderate the discussions in each group to ensure that all important areas that could form part of a CBO are covered, such as:

• Financial resources;
• Social capital; and
• Availability of government schemes.

After each group makes their presentations to the larger group, use the slides titled ‘Financial Resources, Social Capital and Government Schemes’ and further elaborate on the topic.

Remind the participants that CBOs and community members need to reflect and examine the focus of their programmes and CBOs. Will this focus offer them ways to achieve sustainability while allowing them to meet community needs?

Point out that shifting focus from HIV/AIDS programming to other community issues is a difficult task as it can lead to discussion of key economic issues for community members themselves, such as livelihoods.
Activity 4: Some Guiding Principles for Achieving Community Preparedness

<table>
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<tr>
<th>Time</th>
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<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
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<tr>
<td></td>
<td>• Identify some of the guiding principles of community preparedness.</td>
</tr>
<tr>
<td>Materials</td>
<td>Chart papers, markers.</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘Moving from HIV-centric to Community-centric Programming’ from the PowerPoint Presentation ‘Community Preparedness for Sustainability’.</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>N/A</td>
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Methodology

Summarise the learnings of the previous session by reminding the participants that:

- Community-preparedness is a process wherein communities engage in deliberations to understand and plan actions to ensure sustainability of services meant to cater to the needs of the community.
- For a community to be prepared, CBOs need to undergo a paradigm shift from being HIV-centric to being community-centric in their approach and programming.

Using the PowerPoint slide titled ‘Some Guiding Principles’, list the various guiding principles of community preparedness and spend some time in discussing with the group the following:

- **Shifting Focus from Being HIV-centric to Community-centric**
  As discussed in the previous exercise, such a shift would mean that CBOs have to think innovatively about ways to mobilise and develop resources to support unfunded mandates, such as an employment initiative that may not be presently funded under any programme in their CBO.

- **Mainstreaming**
  Explain how the ultimate aim of the MTH community and CBOs working with MTHs should be to become an integral part of society without feeling socially excluded.

- **Conflict Resolution**
  As seen in most of the exercises in this session, all members may not agree on the list of priorities and needs, nor will their perceptions be the same. To add to this, the MTH community is characterised by different sub-communities that have their own characteristics and unique needs. Therefore, conflict resolution and ensuring all the voices are heard are important to a holistic understanding of what preparedness means to a community and a CBO. Conflicts among community members should be resolved in such a way that the parties involved feel like the resolution is a win-win situation.
Transparency and Accountability

Transparency and accountability together enable community members to have a say about issues that matter to them and gives them a chance to influence decision-making and hold those making decisions to account. A CBO can increase its transparency by presenting the information of its work in plain and readily comprehensible language and formats appropriate for different stakeholders, including community members themselves. Information should retain enough detail necessary for analysis, evaluation and participation. To increase accountability, the CBO can invite members and outsiders to participate in regular meetings and discussions. This can increase the CBOs accountability towards the communities they serve.

Wrap-up the day’s activities by explaining how community preparedness is an essential part of supporting the establishment and development of strong MTH CBOs to meet the challenges of HIV as well as the breadth of issues faced by community members.
Annexure 1: PowerPoint Presentation – Community Preparedness for Sustainability
**Why Community Preparedness?**

NACG III → TI Operational Guidelines

*Communities should be the primary locus of responses to the HIV epidemic.*

*Outline processes involved in helping communities most affected by HIV to set up a response.*

Are communities ready to take over the responsibility of implementing a prevention programme, while looking at community advancement as the larger agenda?

**Why this Module?**

This module is not intended to be a skill-based module, but rather a module geared towards facilitating thought processes.

**What is Community Preparedness?**

A stage in which the community advances its members and their needs beyond HIV, and finds solutions through which such needs are addressed.
Why is There a Need to Form a Community?

- People tend to come together for a common cause.
- Being a part of a community offers a sense of belonging and identity.
- A community as a collective, offers more bargaining power to its members.

What is Community?

There is no universally accepted definition for the term and different people perceive it differently:

- It may refer to group of people who come together based on certain shared common values, and is sometimes associated with the term social cohesion.
- A person identifies with a particular community depending on factors like needs, functions served by membership of a group or resources shared by the community.
- A person can be a part of various communities at the same time.
- Communities often overlap due to similar priorities and wants.

Brainstorming Session

Group 1: What are the unique characteristics of the MTH community?

Group 2: What are the challenges that MTH community normally face?

Group 3: What keeps the MTH community together?
Community Preparedness

What is It?

- It is a process that makes communities self-reliant.
- It is achieved by identifying solutions through community-based activities.
- It includes mobilising local resources to provide for community needs.

Elements in Community Preparedness

- Self-reliance;
- Ability to find solutions;
- Choosing community-based solutions; and
- Identifying community resources.
Why is it Important for the Community to Be Prepared?

- Because resources are finite.
- Because HIV-targeted interventions don’t necessarily deal with other matters, such as psycho-social issues, that are equally important for the community.
- Because in absence of any formal funding, a community may find it difficult to meet its needs and the CBO may even cease to exist.

Case Study

Bebo, a hijra, has been leading a dual life. The family knows that Bebo is very effeminate but has no clue that she has embraced the hijra culture.

One day, however, a neighbour comes over and complains to Bebo’s father that his son is nuisance and abuses the father for having such a child.

Incensed, Bebo’s father throws Bebo out of the house. Bebo has nowhere to go. What can the community do in this situation?

How Prepared Are We?

- What are the services provided by your CBO and what resources do they have? (Includes services, resources, programmes, funds etc).
- What are the gap areas you see in your CBO?
- What do you think can be done to address these gaps?
- What are the potential problems/obstacles you anticipate in resolving the issues faced by MTH CBOs.
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<th>Possible obstacles</th>
<th>Resources available to address the gap</th>
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<tbody>
<tr>
<td>Health Insurance</td>
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Just to Remind You...

- Community preparedness is a process that is best achieved through the participation of its constituents — MTH members.
- A community is said to be prepared if its members are self-reliant and their needs are met.
- Representation of members from all sub-sections of the community is important for arriving at a common understanding.
- Mapping resources and anticipating problems helps to plan ahead.

Community Preparedness

Moving from HIV-centric to Community-centric Programmes
Discuss

Is health a priority issue for the community?
- If YES, then what are the barriers that members face in accessing healthcare services?
- If NO, then how do we ensure that health becomes one of the community’s priorities?

Discuss

How do we address the problem of poor comprehension, and sometimes disinterest, among MTH members when HIV-related messages are communicated monotonously over and over again by peer educators?

Discuss

When community members continue to face issues of violence, violation of rights and severe stigma and discrimination, how do we enable them to utilise healthcare services?
Discuss

How can we creatively address the needs of the community beyond HIV-related services?
- Psycho-social support;
- Mental health;
- Family support;
- Social inclusion;
- Linking government schemes; and
- Advocating for additional schemes.

Discuss

How do we work towards social inclusion of MTH populations and other sexual minorities?

Discuss

How do we change the perception that we are people who only work in the field of HIV prevention?
Financial Resources

Possible avenues, a combination of which may be made use of:

- Membership fee;
- Donations;
- Implementing projects in which suitable negotiations are done with donor to include organisational development cost;
- Setting up multi-purpose cooperative society through which savings and credit facilities are offered to the community while judiciously investing the money for higher returns; and
- CBO embarking on social entrepreneurship to do business and earn profits that can be utilised to meet non-HIV needs of community.

Social Capital

- To ensure social inclusion of MTH populations by securing their identity as sexual minorities.
- To be visible in society (through media) as an organisation striving for HIV prevention — periodical media coverage of all CBO activities is crucial.
- To join mainstream issues and show solidarity, thus sending a strong message that MTH populations are equally concerned about these issues (gender against corruption, tribal issues, farmers issues etc., are a few example).
- To ensure meaningful involvement of local MLAs and MPs in events organised by CBO, to enlist their support for MTH issues.

Government Schemes

The members of the community can get their entitlements and other special provisions by:

- Ensuring access for MTH community to social entitlements (ration card, voter identity card, PAN card, passport etc.); and
- Engaging with state governments to advocate for special welfare schemes for MTH.
Community Preparedness

Some Guiding Principles of Community Preparedness

Remember

- Community preparedness is a process, wherein communities engage in deliberations to understand and plan actions to ensure sustainability of services meant to cater to the needs of the community.
- For a community to be ‘prepared’, there is a need for CBOs to undergo a paradigm shift from being HIV-centric to being community-centric in their approach and programmes.

Some Guiding Principles

- Mainstreaming: moving towards social inclusion.
- Resolving conflict.
- Ensuring transparency and accountability.
References

Notes
# Pehchan Training Curriculum

**MSM, Trangender and Hijra**  
Community Systems Strengthening

<table>
<thead>
<tr>
<th>CG</th>
<th>Curriculum Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>module A</strong></td>
<td></td>
</tr>
<tr>
<td>A1</td>
<td>Organisational Development</td>
</tr>
<tr>
<td>A2</td>
<td>Leadership and Governance</td>
</tr>
<tr>
<td>A3</td>
<td>Resource Mobilisation and Financial Management</td>
</tr>
<tr>
<td><strong>module B</strong></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Basics of HIV Prevention and Outreach Planning (Pre-TI)</td>
</tr>
<tr>
<td><strong>module C</strong></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td>Identity, Gender and Sexuality</td>
</tr>
<tr>
<td>C2</td>
<td>Family Support</td>
</tr>
<tr>
<td>C3</td>
<td>Mental Health</td>
</tr>
<tr>
<td>C4</td>
<td>MSM with Female Partners</td>
</tr>
<tr>
<td>C5</td>
<td>Transgender and Hijra Communities</td>
</tr>
<tr>
<td><strong>module D</strong></td>
<td></td>
</tr>
<tr>
<td>D1</td>
<td>Human and Legal Rights</td>
</tr>
<tr>
<td>D2</td>
<td>Trauma and Violence</td>
</tr>
<tr>
<td>D3</td>
<td>Positive Living</td>
</tr>
<tr>
<td>D4</td>
<td>Community Friendly Services</td>
</tr>
<tr>
<td>D5</td>
<td>Community Preparedness for Sustainability</td>
</tr>
<tr>
<td>D6</td>
<td>Life Skills Education</td>
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