Community Friendly Services

Pehchan Training Curriculum
MSM, Transgender and Hijra Community Systems Strengthening

Facilitator Guide

Community Friendly Services
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.
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About this Module

This module is designed to help training participants: 1) understand the concept of friendly services for men who have sex with men (MSM), transgenders and hijras; 2) document existing services in the local context; 3) access and coordinate with these services or create community friendly services if none exist. In the Pehchan programme, this module is used to introduce basic principles of community friendly services to CBO Counsellors, Outreach Workers and Advocacy Officers.

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; Urmı Jadav, The Humsafar Trust; Jeeva, TRA; Harleen Kaur, Manas Foundation; Krishna, Suraksha; Monica Kumar, Manas Foundation; Muthu Kumar, Lotus Sangama; Sameer Kunta, Avahan; Agniwa Lahiri, PLUS; Meera Limaya, Consultant; Veronica Magar, REACH; Magadalene, 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, SAATHII; Dr. Maninder Setia, Consultant; Chetan Sharma, SAFRG; Suneeeta Singh, Amaltas; Prabhakar Sinha, Heroes Project; Sreeram, Ashodaya Samithi; Suresh, KHPT; Sanjanthi 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, Somen Achrya, Shantanu Pyne, Moyazzam Hossain, Amitava Sarkar, and Debjyoti Ghosh Dhall from SAATHII; Cairo Araijo, Vaibhav Saria, Dr. E.M. Sreejit, Jhuma Basak, and Vahista Dastoor, Consultants; Olga Aaron from SIAAP; and Hariyot 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 SAATHII; 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, Yadvendra (Rahul) Singh, Simran Shaikh, Yashwinder Singh, Rohit Sarkar, Chaitanya Bhatt, Nunthuk Vungholkim, Ramesh Tiwari, Sarbeshwar Patnaik, Ankita Bhalla, 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 pehchān.
Module Acknowledgments: Community Friendly Services

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 Author**
Dr. Maninder Setia, Consultant

**Compilation**
Dr. E. M. Sreejit, Consultant

**Technical Input**
Vaibhav Sarai and Debjyoti Ghosh, SAATHII; Olga Aaron, SIAAP; Yadvendra Singh, Rohit Sarkar, Yashwinder Singh and Abhina Aher, India HIV/AIDS Alliance

**Coordination and Development**
Vahista Dastoor, C4D Consultant
Pawan Dhall, SAATHII

**References**
About the Community Friendly Services Module

<table>
<thead>
<tr>
<th>No.</th>
<th>D4</th>
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<tbody>
<tr>
<td>Name</td>
<td>Community Friendly Services</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 what is meant by the term ‘MTH friendly service’;
- Map the service priorities and the barriers faced in uptake of services by the MTH communities;
- Map existing friendly services in their programme area; and
- Identify ways in which services can be made friendly.

**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 Friendly Services’.

**Annexures**
1. Annexure 1 on ‘From the Frontline of Community Action – A compendium of six successful community based HIV interventions that have worked for MSM-TG-Hijras in India’ available on digital files.
## 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>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Community Friendly Services</td>
<td>1 hour</td>
<td>Chart papers, markers</td>
<td>Refer to the slides titled ‘What are Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’</td>
<td>N/A</td>
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<tr>
<td>2</td>
<td>Mapping Community Priorities and Potential Barriers to Friendly Services</td>
<td>1 hour</td>
<td>Chart papers and markers</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>3</td>
<td>Making Services Community Friendly</td>
<td>1 hour</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Making Services Friendly’ from the PowerPoint presentation ‘Community Friendly Services’</td>
<td>Annexure 1 on ‘From the Frontline of Community Action — A compendium of six successful community based HIV interventions that have worked for MSM-TG-Hijras in India’</td>
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<tr>
<td>4</td>
<td>Developing Linkages with Friendly Services</td>
<td>1 hour</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Developing Linkages with Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’</td>
<td>N/A</td>
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<tr>
<td>5</td>
<td>Mapping Friendly Services – Identification</td>
<td>1 hour</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Mapping Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’</td>
<td>N/A</td>
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<tr>
<td>6</td>
<td>Mapping Friendly Services – Tools</td>
<td>1 hour</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Mapping Friendly Services – Tools’ from the PowerPoint presentation ‘Community Friendly Services’</td>
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1 Overhead projector, laptop, sound system and whiteboard should be provided at every training.
Activity 1: Introduction to Friendly Services

<table>
<thead>
<tr>
<th>Time</th>
<th>1 hour</th>
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<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Understand what is meant by the term ‘friendly service’; and</td>
</tr>
<tr>
<td></td>
<td>• Identify the four basic categories of services to be linked with this programme.</td>
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<tr>
<td>Materials</td>
<td>Chart paper and markers.</td>
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<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘What are Community Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’.</td>
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<tr>
<td>Take-home Material</td>
<td>N/A</td>
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Methodology

Divide the participants into four groups and give each of them a sheet of chart paper. Ask them to divide the paper into two columns. They should label the first column as ‘service’ and the second as ‘not a service’.

Ask each group to spend ten minutes to come up with examples of what they think are services and what they think do not constitute as a service.

For instance, health and legal aid could be services. However, can travelling in an air-conditioned car be called an essential service? Lead the participants into a discussion to help them understand essential services and how they are different from luxuries and conveniences, and how essential services are guaranteed and protected by the law in India.

Ask each group to share their lists. List their responses on a flip chart and put each service under one of the following headings:

- Health services;
- Legal services;
- Government/documentation services; and
- Social security services.

Using the slide titled ‘General Health Services’, discuss the different kinds of health services that everyone needs such as reproductive health, STI, and HIV treatment.

Using the slide titled ‘MTH-related Health Services’, discuss the various services which should be made available specifically for the MTH communities.

Using the slide titled ‘MTH-related Legal Services’, discuss the legal support needed by persons from the MTH communities in of the following cases:

- Handling issues related to police harassment;
- Tackling blackmail;
- Parental pressures and harassment by the family members;
- Attempted suicides; and
- Legal standing of sexual reassignment surgeries.
Using the slide titled ‘Government Documentation Services’, discuss why these services are important, and why some of the important government documents issued to Indian citizens, such as driver’s license, ration card, PAN card, passports, etc., should be considered valuable to MTH communities as well. Additional work is required with government to ensure that these basic documents are available and responsive to the special needs of the MTH communities.

Using the next slide titled ‘Social Security Services’, explain how MTH community members, if eligible, can be part of various government schemes, such as NREGA and NRHM. Next, facilitate a discussion on the need for having health insurance that is gender sensitive.

Introduce participants to the term ‘friendly services’ and ask them to describe what according to them will constitute these service. Using the PowerPoint slides titled ‘Characteristics of a Friendly Service’, explain to the participants that for a service to be qualified as friendly to the MTH community members, it should be:

- Utility-based: useful for the community member;
- Timely: available when required;
- Sensitive towards the different sexuality and gender expressions of the community members; and
- Non-discriminatory towards those accessing it.

Ensure the participants understanding what friendly services are by using various case studies. Example:

Reshmi, a transgender woman, has been just told by the counsellor at a health clinic that she is HIV positive. However, instead of following the standard post-test counselling process, the counsellor tells Reshmi that she needs conversion therapy. Is the counsellor providing a friendly service?
Activity 2: Mapping Community Priorities and Potential Barriers to Friendly Services

<table>
<thead>
<tr>
<th>Time</th>
<th>1 hour</th>
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**Learning Outcomes**

By the end of this activity, the participants will be able to:
- Identify the service priorities of the MTH community and barriers to uptake of these services.

**Materials**

Chart papers and markers.

**Audio-visual Support**

N/A

**Take-home Material**

N/A

**Methodology**

**Part I: Understanding Priorities of the Community**

Divide the participants into two groups and provide them with a sheet of chart paper and pens. Ask the first group to do the following exercise from the perspective of an MSM and the second group from the perspective of a transgender/hijra person. Ask them to draw four columns on the chart paper and name the columns as: Service, Utility Score, Urgency Score and Total Score.

In the first column, ask them to list all the services they feel are required by the community that they are representing.

In the second column, they should score how useful is each service (see the adjacent box for scoring system).

In the third column, they should score how urgent is the need for each of the service (see box for scoring system).

In the fourth column, they should calculate the total score (utility score + urgency score).

After all the groups have completed the exercise, ask them to share their responses. By the end of this exercise, the participants will understand that the services with the highest scores are those which are of the highest priority to the community.

After the presentation, explain that:
- This exercise was to understand which services are important for the community at large;
- Services should be identified on the basis of the needs of the community; and
- There is a need to make these services friendly for the community.

**Part II: Understanding Barriers for Accessing Services**

As participants have now learnt how to identify service priorities, explain to them the need to identify barriers in accessing those services. Ask participants to work in the same groups and identify the barriers to uptake of three most important services identified by them as a group. Ask the groups to classify the barriers either as structural

**Note to Facilitator**

**Scoring for Exercise**

**Assessing Utility Score (Column 2)**

- 1 = least important, least useful
- 2 = not so important, not so useful
- 3 = important, useful
- 4 = most important, most useful

**Assessing Urgency Score (Column 3)**

- 1 = least important, least urgent
- 2 = not so important, not so urgent
- 3 = important, urgent
- 4 = most important, most urgent
(relating to the context or environment) or as individual (relating to the person).

After they have completed the exercise, ask them to share their findings. Point out that structural barriers are the ones that make a service ‘unfriendly’; in other words, though these services are available, they are not accessible because of the barriers. Tell them that the next step in this module will be on how to overcome these barriers and turn these challenges into opportunities to make these services friendly.
Activity 3: Making Services Community Friendly

<table>
<thead>
<tr>
<th>Time</th>
<th>1 hour</th>
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</table>
| Learning Outcomes | By the end of this activity, the participants will learn:  
• How to convince an organisation to offer friendly services. |
| Materials     | N/A    |
| Audio-visual Support | Refer to the slides titled ‘Making Services Friendly’ from the PowerPoint presentation ‘Community Friendly Services’. |
| Take-home Material | Annexure 1 titled ‘From the Frontline of Community Action – A compendium of six successful community based HIV interventions that have worked for MSM-TG-Hijras in India’ available on digital file. |

Methodology

Part I: Making Services Friendly
Remind participants about the four key elements of ‘friendly services’: utility, timeliness, sensitivity, and a non-discriminatory approach.

Apart from these elements, explain why it is also important that the services should have other adjoining facilities. Divide the participants into smaller groups and ask each group to list the facilities that they think need to be added to friendly services.

After allowing them to brainstorm for 10 minutes, ask each group to present their findings and list them on a flip-chart. Ensure that their responses include the following points.

Space
It is important for service outlets to have enough space to deliver certain services to its clients; for example, counselling, clinical or testing services.

Confidentiality
This is one of the most important aspects of service provision and is more relevant for communities that are marginalised and stigmatised.

The participants need to be told about the importance of confidentiality of the information gathered on the clients. Under no circumstances should such findings ever be discussed in any social settings. Always remember a single episode of ‘breach of confidentiality’ can have a lasting impact on the progress made with the clients and on the reach of the programme.

Respect and Tolerance
The organisation should be tolerant towards all community persons. Clients should not feel stigmatised in a space where they access services. The organisation should not impose any service on the client; the services should be offered only if the client is willing to access them.

Sensitisation
Service providers need to be sensitised about different types of gender/sexual identities and its associated terminology and related cultural issues.
Part II: Best Approach for Service Delivery

As a CBO, it is important not to replicate any existing government programmes. One needs to integrate the required services with the existing programmes to complement the government services. If needed, the organisation can develop referral cards to these services and distribute the cards during outreach activities. These cards should not identify an individual as a community person or reveal the person’s identity to others. These cards should carry generic captions such as ‘Wellness Card’ or ‘Health Card’.

If the organisation wants its name on the cards, it can use acronyms that will help maintain the confidentiality of the clients but at the same time be useful in data collection. There should be a weekly review of the number of cards distributed and the number of cards collected.

The organisation should also conduct exit interviews with clients on a regular basis to assess their satisfaction levels and to improve the services accordingly. The questions asked at the time of the exits interview could include the following:

- Were you happy with the services?
- What are the changes that you feel are required to improve the services?
- Are there any changes required in the referral cards?
Activity 4: Developing Linkages with Friendly Services

**Time** | 1 hour
---|---
**Learning Outcomes** | By the end of this activity, the participants will learn:
- How to create sustainable links with organisations through the various communication strategies to offer friendly services; and
- How to maintain links through follow-up procedures.

**Materials** | N/A
**Audio-visual Support** | Refer to the slides titled ‘Developing Linkages with Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’.
**Take-home Material** | N/A

### Methodology

**Part I: Building Links**

Remind participants that the breadth of services provided to MTH communities can be expanded by linking with organisations that provide services useful to the MTH community persons. Using the slides titled ‘Develop a Relationship’, discuss with participants how best to liaise with other organisations:

- Meet the key administrative people in a service-provider organisation. The initial meeting should be to discuss relevant information about the community, your organisation, the project, relevance of the project, and the potential services required.
- Do not appear to be demanding or aggressive in the first meeting. Remember, it may take time before an agency or an organisation is willing to even arrange a first meeting.
- Developing linkages should be seen as a long-term commitment for any programme and as one of its long-term goals. Do not burden the personnel of the agency, with whom a linkage is sought with a lot of information in the first meeting itself.
- Identify a key person in the organisation who can liaise between your CBO and the service-provider organisation.
- Pay courtesy visits to the agency on a regular basis; this will keep them updated as well as involved.
- Try to get a written agreement from the agency and the authorities, if possible.

In order to turn existing services into friendly services, the existing barriers need to be removed through sensitisation. Using the slide titled ‘Sensitise the Service Provider’, orient service providers, including administrators, with tailored information. Remember not to burden them with all the information in the first session.

The sensitisation component should broadly include discussion on the MTH community profile, key problems faced, needs of the community, and basic conceptual information on gender and sexuality issues. Remember that for many service providers it will be the first time that they are being told about these issues; so it is important to be sensitive, patient and perseverant with them.
Discuss some of the potential barriers that the MTH community members have faced in the past and brainstorm with the service providers to find solutions to these barriers. Remember, sensitisation is an ongoing process and through sensitisation, one should seek long-term solutions for better service-delivery and not provide ad hoc or stop-gap solutions. Using the slide titled ‘Having Realistic Expectations’, explain the following to the participants:

- In spite of all the efforts made by the CBO, there may be still some service providers who are homophobic and transphobic. CBO members should not feel demotivated, especially if it is a new CBO that is planning to develop relationships with service providers.
- Some services cannot yield immediate results/outcomes because of time constraints. For example, in a public hospital the waiting times may be longer than usual.

One should also explain to the MTH community members the limitations of service providers. However, let them know that efforts are being made to streamline the processes for them. Update your database of service providers regularly, at least every six months.

**Part II: Communication between Stakeholders**

Discuss some of the processes and mechanisms that allow streamlining the communication between MTH community members and the service providers, with the CBO acting as the intermediary. Use slides titled ‘Communication Strategies’ to describe how the communication can be streamlined.

Encourage the community members to inform the CBO of the barriers that they face when access services, as the CBO play a pivotal role in acting as a mouthpiece for the community. Based on complaints from the community members, the CBO should reach out to the service providers and sensitise them so that they become community-friendly. After that, the community members should be encouraged to give feedback on the quality of the services received. This will help the CBO assess the difference made after their intervention.

Further, to ensure that a follow-up to the referral is conducted, the community persons should be given follow-up (referral) cards by the CBO, which are later collected by the service providers and returned to the CBO, after being filled out by the service providers.

In certain situations, there may be a reversal of roles in which the service provider refers community persons to the CBOs, especially in situations where community persons have no knowledge about the existence of the CBO as a support forum.
Activity 5: Mapping Friendly Services: Concepts

<table>
<thead>
<tr>
<th>Time</th>
<th>Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Map and create a directory of friendly services.</td>
</tr>
</tbody>
</table>

| Materials             | N/A                                                                               |
| Audio-visual Support  | Refer to the slides titled ‘Mapping Friendly Services’ from the PowerPoint presentation ‘Community Friendly Services’. |
| Take-home Material    | N/A                                                                               |

Methodology

Ask the participants what they understand by ‘Mapping of Services’. After eliciting their responses, elaborate:

- Why each CBO should identify service providers needed by the communities they serve, and list them; and
- Why these lists should be accessible, visually appealing, easy to use and understand, and not overly coded.

Describe the importance of tools used in mapping services. Describe how important it is:

- For CBOs to be aware of the different types of mapping tools.
- For programme staff to be able to provide information by using the tools as and when required (for example, if a client needs medical help, the administrator of the CBO should be able to suggest a few options based on the client’s time preferences, location, and requirements); and
- To have regular communication among CBO staff (ORW, Project Officers/Managers, and Administrative and Finance Officers) about updating existing databases (for instance, if a new clinic has opened in the neighbourhood, it should be updated in the database).

Divide the participants into groups based on the organisations they have come from, and ask them to:

- Identify the services necessary for their CBO; and
- For each service, identify a service-providing organisation and key personnel through whom to access those services. (Explain to them that it is important to include the name of at least one contact person for each of the services listed.)

Remind participants that getting names of contact persons is not always easy and possible. Also, remind them the importance of collecting visiting cards and other potential information/contact information from these services. Ask them to go through the following checklist to see if they have covered key people when it comes to linking with the external service provider organisations:

- Names of public hospitals and various departments in these hospitals, names of heads of the departments and other key staff in the departments, hospital administrators, private hospitals, small polyclinics, individual dispensaries, general physicians, Ayurvedic doctors, homeopathic doctors, microbiology and pathology laboratories, radiology centres, and 24-hour chemist shops.
• Legal services, including nearby police stations, names of the Officers-in-Charge in these police stations, legal consultants who work with marginalised communities, and individual lawyers/legal aid agencies willing to help MTH community members (government legal services authorities should be included).

• Government services, including addresses of local corporation offices, Block Development Officers, Panchayati Raj institutions, water and electricity services; and HIV-related government bodies, such as SACS, DAPCUs, ICTCs, ART centres, Community Care Centres, and DOTS centres.

• Social security services, including addresses and other contact details of government schemes/programs, such as NREGA, NRHM, ration card services, BPL cards, Aadhaar cards, and local banks, insurance service providers, and post offices.

Explain to the participants that it is important to know their region/city/area very well. It is important for project implementers to:

• Know that maps of big cities are available, which can be useful tools for visualising the entire city;

• Know the details of the city/area where the project is based;

• Decide the level at which details are needed. For example, in some cities it may be easy to have details at the level of neighbourhoods, whereas in other cities (large metropolitan cities) details may be feasible only at larger levels (example: Mumbai, where each suburb may represent an entire town; it may be difficult to have detailed information across all areas of the city);

• Be familiar with local names of streets and other terms or expressions used to describe the regions; and

• Provide all the names of the regions, both old and new, in the service maps and contact databases.
Activity 6: Tools to Map Services

<table>
<thead>
<tr>
<th>Time</th>
<th>1 hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Learn the various tools used in mapping of services.</td>
</tr>
<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘Mapping Friendly Services – Tools’ from the PowerPoint presentation ‘Community Friendly Services’.</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Methodology

Part I: Drawing Maps of Service Providers

Divide participants into smaller groups, preferably participants who are familiar with a particular geographic area, and give each group a printout of an outline map or chart paper. (See the adjacent box).

Tell them that they are going to draw a map of the service providers they have identified from the previous exercise.

Ask participants to come up with a design strategy for their maps using design symbols or colour codes for different types of service providers. Also create a legend to document the symbols/codes created and used.

They can decide how to structure the map. For example, in a city such as Delhi, it may be easy to construct a map in concentric circles around the CBO, whereas in Mumbai, it may be easier to construct a map around the suburban railway lines. (Refer to the slides titled ‘Mapping Friendly Services – Tools’ from the PowerPoint presentation ‘Community Friendly Services’.) Participants can decide whether to create one map with multiple types of service providers or separate maps for separate types of services.

Give them about 30 minutes to develop their maps, guiding them whenever necessary.

Part II: Creating a Database in Excel Sheet

Explain that while maps provide a visual representation and will be very handy in the field, they are limited when it comes to the amount of information they can contain. Therefore, it is vital that CBOs maintain documents with particulars of service providers and one of the most convenient tools can to create this database is through Excel sheets. Excel sheets work well as databases because the information contained in them can be referenced in various ways, including sorting, filtering and searching.

Give a guided tour to participants on how they can create a directory of service providers.

In the first row of the Excel sheet, fill each cell with a description that suggests what data the column will contain. Suggested columns are: name of the organisation, status of the organisation, hours of operation, services, distance from the parent organisation, contact person, phone numbers, and email addresses (if available).

Create columns for the services: for example, HIV testing, ART availability, VDRL testing, HBV vaccination, and use a tick (symbol) for the services provided and a cross (symbol) for the ones not available with the service provider.
Ask the participants to write in a separate column the various barriers (from the list made earlier) that clients might face when trying to access these services.

Fill the Excel sheet with some sample data. Demonstrate how you can use the search, filter and sort functions of Excel. (If you are not familiar with these, use the Help facility of MS Excel to learn them).

Sum-up the session with the following observations:

- Drawing maps which identify service providers in a certain geographical area and maintaining lists of services providers in Excel sheets are the simplest mapping tools that CBOs can use. Maps of service providers can be hung on the drop-in centre walls, and Excel sheets are easy to create, update and refer to; and
- Remind participants that maps and directories are living documents, and they need to be constantly updated with current information.
Annexure 1: PowerPoint Presentation – Community Friendly Services
**General Health Services**

- **Health services (General)**
  - General care
    - Outpatient facilities for regular check-ups
    - Inpatient services for illness and hospitalisation
    - Investigation services for general illnesses, CT scans, MRI scans etc.
  - OTI-related services
    - Prevention: such as condoms, lubricants etc.
    - Testing: such as ELISA, Western Blot, CD4 counts, Viral load, Anti-retroviral (ARV) resistance
    - Treatment: such as 1st and 2nd line ARVs
    - Hospitalisation: for the severity II
  - Care: such as palliative care, nursing care, hospital care, continuum of care in home
  - HIV-related services
    - Prevention: such as condoms, lubricants etc.
    - Testing: such as VL, Hepatitis B, Hepatitis C, HSV urine tests
    - Treatment: facilities, antibiotics, antifungals, and antiretrovirals
    - Hospitalisation: if required in cases of secondary and tertiary syphilis
    - Vaccination for Hepatitis B

**MTH-related Health Services**

- **Specific health services**
  - Mental health services
    - Psychiatric counselling services
    - Suicidal thoughts and attempts: handling of these issues
    - In-patient services for severe cases
  - Sexual reassignment surgery
    - Pre-surgery care
    - Post-surgery care
  - Other feminisation services
    - Breast implants
    - Voice training
    - Taking care of the hair issues (hair removal, laser treatment)

**MTH-related Legal Services**

- Handling issues related to police harassment
- Tackling blackmail faced by the community members
- Parental pressures and harassment by the family members
- Attempted suicides
- Legal standing of sex reassignment surgeries – discussed in Human and Legal Rights Module
Government/Documentation Requirements

- Identity cards such as driver’s license, ration card, PAN card should reflect full-range of gender identities.

- Other important documents such as passports, registration of property and other documents.

Social Security Services

- How can they be made a part of various government schemes such as NREGA, NRHM if required?

- Is health insurance provided in some of the states of the country?

- How to accommodate all these services in a gender-sensitive way?

A Friendly Service Is...
A Friendly Service Is...

Timely

I had fever three days ago! Why are they taking my temperature today?

Sensitive

I told him my parents threw me out of the house, and he's asking me what bad thing I did!

Non-discriminatory

Are my bows too pink for them?
Characteristics of a Friendly Service

- Utility-based: services should be relevant for community members.
- Timely: services should be available when required by community members.
- Sensitive: services should be sensitive to the different sexuality and gender expressions of community members.
- Non-discriminatory: services should be non-discriminatory towards those accessing it.

Community Friendly Services

Making Services Friendly

Factors That Make an Organisation Client Friendly

- Space;
- Confidentiality;
- Respect and tolerance; and
- Sensitisation.
Example of a Wellness Card

Wellness Card

Name: ____________________________
(may not be included if clients feel uncomfortable)

Date: ____________________________

PPMSS (example)
(Acronym for the Organisation & Pehchan programme)

Community Friendly Services

Developing Linkages

Sensitise service providers

Develop a relationship
Above All, Have Realistic Expectations

I want to.... But....

Communication Strategies

Feedback on barriers. Feedback on quality of services. They will provide services. Follow-up calls collected and given to the CBD. Sensitive service providers to community needs. Provide follow-up cards to community members.

Feedback

Communication Strategies

Service provider may refer this member to the CBD. A community member accesses the service provider directly. Has no knowledge of CBD. CBD may inform the member of other community activities.
Community Friendly Services

Mapping Friendly Services

Communication Strategies

Remember:

- There should be a list of different types of services;
- They should be accessible by everyone;
- The list should be presented in a visually pleasing manner;
- The list should be easy to use and understand; and
- It should be safe, and not overly coded.

Importance of Using Mapping Tools

- For programme directors to be aware of different types of mapping tools;
- Administrators should be able to provide information by using the tools as and when required; and
- There should be regular communication between outreach workers (ORWs), administrators, and directors to update the existing database.
Have you Included the Following in the List of Services

- Names of health service providers;
- Legal services;
- Government services; and
- Social services.

When Mapping Services...

- Maps of big cities are available and can be useful tools for visualising the entire city;
- Know the details of the city/area where the programme is based;
- Decide the level at which the details are needed;
- Be familiar with local names of streets and other terms or expressions used to describe the regions; and
- Provide all the names of the region, both old and new.

Guidelines for Creating a Service Map

- Use existing line maps if available. If maps are not available for your region, design a line map based on your knowledge of the city/area.
- Always have code-books/legends for the map. It should be documented clearly.
- Do not put a lot of things on the map. Use different maps for different types of services.
- Always decide how the maps will be constructed – at what level and in which format.
Community Friendly Services

Mapping Friendly Services: Tools

Mapping Along the Hotspots (Suburban Railways)

Legend: White circle – Health service providers

Mapping in Concentric Circles

Legend:
- White circle – organisation
- Small blue circle – 5 km from the organisation
- Blue circle – 10 km from the organisation
References

Notes
Notes
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# Pehchan Training Curriculum

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

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<td>Basics of HIV Prevention and Outreach Planning (Pre-TI)</td>
</tr>
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<td><strong>C</strong></td>
<td>Identity, Gender and Sexuality&lt;br&gt;C1</td>
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<tr>
<td><strong>D</strong></td>
<td>Human and Legal Rights&lt;br&gt;D1</td>
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