Background
HIV prevalence among MSM in India remains disproportionately high—most recently measured at 4.43% in provisional 2010-11 data from the National AIDS Control Organisation (NACO)—as compared with overall national prevalence of 0.2%. India’s HIV/AIDS Alliance in consortium with four other organisations implements the five-year Global Fund-supported Pehcha-n program in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Program and reach 453,750 MSM, transgender and hijra using a community-driven and rights-based approach. The program represents an active collaboration of civil society, government and a donor committed to improving the HIV response for vulnerable sexual minorities.

Methods
Pehcha-n was initially included as part of the HIV component of a Round 8 proposal to the Global Fund in 2008. A group of civil society organisations working with MSM, transgender and hijra communities in India collaborated to develop a proposal that emphasized community systems strengthening as an essential and previously missing element in the government’s efforts to control HIV in these populations. This initial proposal was not recommended for approval but was strongly encouraged for resubmission in Round 9 following evidence of the proposed implementation model’s feasibility was requested, in response to the Global Fund Technical Review Panel’s feedback. Additional negotiations with NACO led to the alignment of the proposal’s systems strengthening and community mobilisation requirements with the Government of India’s Agenda for the Elimination of HIV/AIDS (Agenda), which led to the development of a pilot program called Sashakt funded by UNDP India from 2009-11.

Further negotiations with NACO led to the alignment of the proposal’s implementation model to the national HIV prevention strategy. India’s third National AIDS Control Program (NACP III, 2007-2012) had prominently included HIV prevention in high-risk groups through Targeted Interventions (Ti) for sex workers, MSM and injection drug users. Consequently, Pehcha-n was developed as a mechanism to strengthen CBOs to serve as government funded implementing partners under the Targeted Intervention strategy for MSM and transgender populations.

Conclusions
Even after more than three decades of sustained engagement with HIV, investments in programming targeting MSM and transgender populations remain vastly inadequate. A recent review of donor spending on MSM revealed that barely 2% of HIV prevention funding targets MSM in developing countries (MMGF, 2011).

The Government of India’s support for HIV prevention interventions for MSM and transgender persons was established before the Delhi High Court’s decriminalisation of homosexuality in 2009. India remains a remarkable exception; in far too many low and middle income countries, the criminalisation of homosexuality is used as a primary rationale for simply doing nothing. Pehcha-n experience shows that collaboration—like interventions themselves—need to be tailored to local circumstances. The nature of the Global Fund as a multilateral financing mechanism with its commitment to national ownership enabled the development of a program for sexual minorities in India that might have been difficult to fund through other channels such as bilateral donors or government domestic spending, both of which are subject to more immediate political pressures. In countries without government support for such programming, the Global Fund model can fail sexual minority communities.

Pehcha-n remains the largest single-country grant focused on sexual minorities supported by the Global Fund.

Results
The revised proposal succeeded in Round 9, and after almost two years of implementation, Pehcha-n remains the largest single-country grant focused on sexual minorities supported by the Global Fund. In order to reach MSM, transgender and hijra communities with needed services, community systems strengthening and community mobilisation have emerged as priority interventions, though few programs or donors—in India or elsewhere—have attempted to engage these populations at the geographic scale of Pehcha-n.

At the end of the first eighteen months of implementation (1 October 2010-31 March 2012), Pehcha-n was on target, having achieved or overachieved the vast majority of its indicators and receiving an “A1” rating from the Global Fund. The collaboration that marked the development of the proposal has continued in the program’s implementation. Government support has been essential to success, strengthening the program through engaged leadership and a commitment to community ownership of HIV prevention programming beyond the life of the program.

Combination Collaboration: Success factors to support action for HIV prevention in MSM, transgender and hijra communities in India

Acknowledgements
India HIV/AIDS Alliance would like to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for its support of Pehcha-n and UNDP India for its support of Sashakt. Alliance India is grateful to NACO and India’s Ministry of Health and Family Welfare for their many contributions to our work. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts. At the heart of the program’s success are the hard work of the Pehcha-n teams at the Humsafar Trust, SAATHII, Sangama, SIAAP, Pehcha-n North Region Office and State AIDS Control Societies for their many contributions to our efforts.

Contacts
Joanna Robertson, j.robertson@allianceindia.org
Social Media, s.maitra@allianceindia.org