

2018

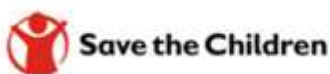


Learning Journey of DIVA

A.S.P.I.R.E

Awareness | Social Equality | Political Rights | Innovation | Resource | Enabling Environment

the best for the TG/H Community



© 2018

VHS-MSA DIVA Project

The Voluntary Health Services Multi-Speciality Hospital & Research Institute Rajiv Gandhi Road,
T.T.T.I. Post, Adyar, Chennai – 600 113. Ph.: 044-22541965 E-mail: admin@vhsprojects.org /
Website: www.vhsdiva.org

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the Save the Children International.

This document is available in printed or online versions.

All rights reserved

Acknowledgement

I wish to thank the VHS-MSA DIVA Project Director, Dr. Joseph D Williams and his team:

1. Dr. A. Vijayaraman- Deputy Director - Programmes
2. Mr.B.Kamalakar, Finance Controller
3. Mrs. K. Priya-Senior Manager-Knowledge Mgt/M&E
4. Dr.Pannirselvam, Senior Manager – Finance/Admin
5. Shankar Silmula, Senior Manager – Programmes
6. Mr. I. Johnson-Regional Manager
7. Mr.Tluanga Colney, Manager – Finance
8. Mr.Balaji, Logistics Officer
9. Mr. R.K. Sivaramakrishnan-Regional Manager
10. Mx. P. Girish Kumar-Regional Manager
11. Mr.Gideon Balasingam, Manager – M&E

for their guidance and continuing support during our meetings and subsequent writing of this report.
I am privileged to work with you all.

Documented By
Juhee Sachdev
Consultant

Acronyms

AIDS	Acquired immune-deficiency syndrome
APAC	AIDS Prevention and control project
ART	Anti-retroviral therapy
CBO	Community-based organization
CSO	Civil society organization
CSR	Corporate social responsibility
DFID	Department for International Development, UK
GOI	Government of India
HIV	Human immunodeficiency virus
HIV+	HIV-positive
ICTC	Integrated counseling and testing center
LW	Link worker
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NACO	National AIDS Control Organization
NACP-IV	National AIDS Control Program, Phase-IV
NGO	Non-Government Organization
ORW	Outreach worker
PAC	Project advisory committee
PD	Project Director
PE	Peer Education
PLHIV	People Living with HIV/AIDS
SACS	State AIDS Control Society
STD	Sexually Transmitted disease
STI	Sexually Transmitted infection
STRC	State Training and Resource Center
TAI	Tamil Nadu AIDS Initiative
TI	Targeted intervention
TSU	Technical support unit
TRG	Technical resource group
VHS	Voluntary Health Services

Executive Summary

The DIVA (DIVERSity in Action) project is funded under Multi-Country South Asia grant in India and is the Sub-Recipient wherein Save the Children International, Nepal is the Primary Recipient.

The project under the guidance of National AIDS Control Organisation (NACO) and in partnership with respective State AIDS Control Societies (SACS) goal is to reduce the impact of HIV on Hijra (H) / Transgender (TG) population. It strives to improve the health and human rights issues of TG/H people through capacity building, policy advocacy and research initiatives.

In fulfilling its mandate to reduce the impact of HIV on TG/H, the project DIVA has been able to build capacity of 4169 participants through 175 programmes, sensitized 1056 Media, 703 Law enforcement agencies, 674 Judicial members, 939 Government & key stakeholders and have 84 Master trainers. To achieve its goals, it developed 66 knowledge products for advocacy, capacity building and sensitization.

VHS MSA-DIVA implemented community-driven innovative approaches to improve the overall HIV service delivery programme by incorporating newer strategies within the existing intervention framework and encourage community-led advocacy. Project DIVA piloted innovative models through 4 Learning Sites within 4 states in India for new TI packages towards the national programme.

This “Learning Journey of DIVA” is one of the key deliverables of the program to share their approach, learnings, experiences, achievements and path ahead.

Project DIVA will need to become more agile, devise appropriate innovations, and improvise its approaches and strategies for more sustainable impact on TG/H community by improvised delivery of HIV services to meet with different needs and priorities of the various states and CBOs.

The innovative approaches and practices adopted by Project DIVA were to **ASPIRE** – to create **Awareness** about TG/H community, support for **Social Equality & Human Right**, enable **Political Rights, Innovative approaches** to involving TG/H in Society, provide **Resource** for better livelihood and create and **Enabling Environment**.

Key Achievements

From 2014-2018, VHS- MSA DIVA project has substantially contributed to the decline in HIV prevalence among Transgender/Hijra people from 8.82% (2010-11) to 3.14% (2016-17) – Source: NACO. The project was instrumental in delivering improved HIV services to Transgender/Hijra population. With the extensive, comprehensive, sustained and strategic service delivery and sound support from the key stakeholders, the project has achieved success of their concerted efforts.

Preparing India to Success

- DIVA was instrumental in the decision by **16 states to declare April 15th as Transgender day.**
- **DIVA initiated efforts for Transgender Persons (Protection of Rights) Bill** to be passed in Upper House of Parliament. Advocating for passing of the bill by Lower House of Parliament.
- DIVA **conceptualized and established** Transgender Welfare Board declared in five States - Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh and Rajasthan and another three states are in progress - Delhi, Uttar Pradesh and Gujarat.
- **DIVA supported and developed the state policy for Transgender/Hijra persons** in three States - Kerala, Odisha and Andhra Pradesh and another two states are in progress - Gujarat and Chandigarh.
- **DIVA contributed for developing master trainers whose expertise can be utilized by SACS for training their teams on Targeted Intervention focusing TG people**
- DIVA contributed for **publishing positive media stories on TG/H people in print / electronic media**, which is the result of its sensitization programme to media personnel at state / regional / national levels

Innovating to Success

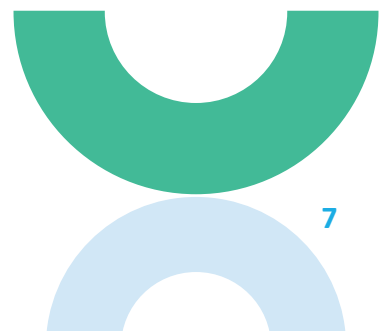
- **Prevention & treatment cascade mobile application** – The project has piloted a prevention and treatment cascade app in collaboration with the Delhi State AIDS Control Society thus reducing the workload of the outreach workers so that they can concentrate on their outreach.
- **Piloted various models through innovation and learning site** for improving HIV service delivery among TG/H people. The project developed 4 learning sites: Karnataka(Payana), Odisha(SAKHA), Delhi(Kinnar Asmita), Andhra Pradesh(KYSS).
- Helped to develop comprehensive / differential TI package for the TG/H people and also utilized community people to become master trainers.
- Used ICT applications in outreach the TG/H people.
- DIVA captured **many success stories about Transgender response in India.** It invested time and resources to distill, document the best practices and the lessons learnt in key areas of Transgender issues and needs and how can we improve service delivery to them.

Partnering to Success

- The **partnership between VHS, Global Fund, Save the Children and the GOI (national & state level)** serves as a successful model for collaborative program management for innovative, improved and sustainable HIV services to Transgender/Hijra population in India.

Collaborating to Success

- To understand and gain more insights about the priority areas in each state, **DIVA developed the CBO Assessment (CBO Assessment)** to assess the CBO as well as State level needs and priorities. It benefited them to customize their focus areas based on CBO and State requirements.
- The project **established an Transgender community resource directory** (www.vhsdiva.org) of best practices, government policies/schemes, training manual, IEC material, networking resources, other relevant information around transgender and also HIV/AIDS for knowledge sharing.
- **DIVA has conducted sensitization, training and capacity building programs** for more than 1,100 people on issues affecting Transgender/Hijra persons, HIV and human rights.
- DIVA developed **guidelines and toolkits for CBO Need Assessment, BCC material** on various topics to ensure quality and consistency in implementation of these services by various partnering agencies in different states.
- **'Facilitators Guide'** on NACO Operational Guidelines for HTG people was developed
- The project developed a **TG Stigma index**, the first ever initiative in the country
- The project facilitated the **national TG/H advocacy framework** for the country.



Noticeable & Significant Events

The major events that were substantial in taking the project where it is today are depicted in the timeline below:



Figure 1 : Significant Events

Key Learnings

Lesson 1: Engage stakeholders and ensure collaboration and coordination

In a project like DIVA, there are many stakeholders such as CBOs, NGOs, community leaders, rights-based organizations, the government & bureaucracy, police, lawyers, media, social service institutions, etc, thus it becomes critical to engage all of them in a structured manner with a clear understanding of their roles in achieving the program goals of delivering improved HIV services to transgender.

Lesson 2: Multi-sectoral approach helps to improve TI services among TG/H people

Due to the variability of the sexual, social network among the communities – the traditional prevention outreach programme often fails to target comprehensively. The reason is because of old/conventional, one-dimensional outreach approach and stigma and discrimination in health care settings. Hence multi-sectoral approach is the need of the hour and strong partnerships between CBOs, SACS, TSU, ICTS Centres and DAPCU offices.

Lesson 3: Investing in social capital, developing second line leaders proves results

The funds are shrinking, thus strategic directions are needed for the investments to increase, retain and utilise the social capital. The bank of the capacitated workforce should be developed for knowledge sharing and peer-led technical assistance. More focus should be given to emerging young leaders and provide with tools to design their programmes and establish alliances. Linkages with CSR and philanthropic foundation needs to be channelised to support the community mobilisation, and leadership capacity building efforts.

Lesson 4: Empowering of CBOs for sustained program services

Being stigmatized, criminalized and marginalized for a long time, TG/H people turn to their community leaders to address their issues and needs. The CBOs have emerged as the single most powerful gateway to reach out to the TG/H people, who can not only mobilize resources, engaged but play an active role in advocacy and capacity building to resolve their challenges.

Lesson 5: Partnership with the Government, bureaucracy and organization

Empowered CBOs through positive advocacy efforts with policy-makers, bureaucrats, politicians brought about policy level changes such as the Transgender Persons (Rights of Protection) Bill, creation of TG Welfare Boards in several states, TG Pension schemes, education and employment opportunities etc.

Lesson 6: Sensitization of police, lawyers, media personnel and health officials brought about systemic change

Continuous sensitization efforts of police, lawyers, media personnel and health care providers and active engagement of these stakeholders is important for reduction of violence, proper medical care, publishing positive stories, creating enabling environment for TG/H people, which was a critical issue for them. It significantly improves the impact of the program and adaption by them.



Lesson 7: Development of systematic tools, processes and systems

A structured and detailed approach to realise the goal of minimising HIV/AIDS prevalence among TG/H is required. These tools, processes and systems are key components for communication, collaboration and coordination among various stakeholders and agencies working towards the betterment of TG/H people. We learnt that having community at the centric stage in planning, developing, implementing and monitoring the

Lesson 8: Regular and continual monitoring & review

Unless and until a detailed analysis is done of the programmes, challenges, objectives and outcomes, a comprehensive understanding will not be possible. This will also be helpful in providing inputs and communicating results of the programmes sponsored by various agencies/donors. It will support effective and efficient adaptation of the lessons learnt in the preceding/existing programmes.



Recommendations

Partnering with government, ministries / departments for creating a positive political framework for the TG/H community. Political commitment and the leadership of concerned departments is critical to ensure that civil and political rights of the TG/H community are respected and provided through focused government interventions. National policy-makers should fully support developing a policy framework for the TG/H community to be recognized, to get citizen rights and have access to all social and political services.

Strengthening the TG/H community for effective advocacy. Programs should be targeted towards empowering the TG/H community and creating awareness among them of their rights including right to health, including sexual and reproductive health, right to work, right to get education and right to be treated with dignity and respect.

Designing of innovative approaches with clear impact to strengthen the TG/H community. Capacity building programs/approaches should be designed and implemented with a clear impact and outcomes in mind, which in turn contribute to the overall development goal of improving the HIV services to the community. The indicators should be defined at the start of the engagement.

Customization of the approach based on State/CBO and priorities. The approach needs to be based on the state and the CBO needs and priorities with the blend of various tools like on-line repository, research, capacity building, advocacy or sensitization program, local mentors, to promote continuous and sustainable impact on the community.

Engage the TG/H community from the beginning to enhance ownership. Building relationships with various key stakeholders within the community like their leaders and involving them from the design to implement phase will improve their support and ownership. It will smooth the integration into their existing programs and initiatives.

Nurture champions (Master Trainers) within community. Community members who have attended previous capacity building programs, such individuals can help facilitate learning, promote innovation, and assist with scale-up within the community / states. Project DIVA to assist the states to leverage their expertise.

Continuous development of products and approaches from the lessons learnt for enhanced impact and reduction of stigma against the TG/H community. Project DIVA to continuously evolve and develop new innovative products and process for reduction of stigma / discrimination against the TG/H community and supportive environment. **Event-based approach can bring in resource mobilization for the CBOs**

Knowledge Sharing & Adoption within various CBO for sustainability and ownership. Project DIVA to organize e-groups at national levels and state level between CBOs, or e-newsletters, mobile applications, learning sites for piloting innovations for sharing of experiences, lessons learnt and best practices and adopt the same.



Conclusion

To capitalize DIVA's learnings, experience and achievements, in the short time of four years, DIVA was able to achieve a lot. They were able to develop standardized products, tools, guidelines and manuals for customized and improved delivery of HIV services to the TG/H community.

Within USD 2.2 million, the project has been able to build capacity of 4169 participants through 175 programmes, sensitized 1056 Media, 703 Law enforcement agencies, 674 Judicial members, 939 Government & key stakeholders and have 84 Master trainers. In a short span of time, DIVA piloted various innovative models through 4 Learning Sites within 4 states in India for new TI packages towards the national programme and developed 66 knowledge products for advocacy, capacity building and sensitization.

As Next Steps

1. DIVA to come with **pipeline of projects in different states based on the state/CBO needs/priorities** – , project plans & proposal, draft funds required and measurable outcomes.
2. DIVA to **disseminate the lessons learnt, experiences and achievements through DONOR/PARTNER** conclave and showcase their innovative practices and approaches with their methodologies to reach the TG/H community.
3. DIVA has demonstrated some new approaches, and innovative practices in various states with some proven methodologies, which can be **replicated and scaled up in HIV/AIDS to reach the TG/H people.**
4. DIVA to look at **setting up networking of individuals or organizations at national level, e-newsletter** for sharing of experiences, lessons learnt and best practices on reduction of stigma / discrimination against the TG/H community.

These innovative approaches and practices adopted by Project DIVA were very beneficial and **ASPIRE** – to create **Awareness** about TG/H community, support for **Social Equality & Human Right**, enable **Political Rights, Innovative approaches** to involving TG/H in Society, provide **Resource** for better livelihood and create and **Enabling Environment.**

