



# Reducing HIV Vulnerability in Transgender Persons:

## Results and Lessons from VHS-MSA DIVA Project Implementation in India

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The views expressed in this publication do not reflect the views of The Global Fund to Fight AIDS, Tuberculosis and Malaria or Save the Children International.

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# FOREWORD



VHS-MSA DIVA project's four years (2014–2018) of endeavour to comprehensively respond to HIV/AIDS among the transgender/hijra (TG/H) population in India brought many results and accomplishments. The project's activities, conducted under guidance from the National AIDS Control Organisation, Government of India, and in partnership with State AIDS Control Societies, various community-based organisations and other key stakeholders, contributed to the decline in HIV prevalence from 8.82% (2010–2011, Source: NACO) to 3.14% (2017, Source: NACO). Even though this is a major success, a lot remains to be done to reduce the vulnerabilities of TG/H communities in India.

The VHS-MSA DIVA project's wide-ranging initiatives in sensitisation, capacity building, advocacy, community systems strengthening and research have contributed to many policy-level changes benefitting the TG/H communities in the country. The project also piloted various innovation models in close coordination with State AIDS Control Societies; these have yielded promising results. In line with the National Strategic Plan on HIV/AIDS and STI (2017–2024), VHS, through its DIVA project, laid emphasis on out-of-the-box solutions that spoke to identified needs of each specific context.

One of the project's many contributions has been the facilitating role it played in the formation of the National Thirunagai Transgender Kinnar Hijra Association (NATTKHA), the first-ever network of TG/H communities in the country. The project also organised national-level consultations between the TG/H community and the key stakeholders for developing differentiated HIV service delivery models for TG/H people in India.

This document details the major activities and impact of the VHS-MSA DIVA project during its term (November 2014–September 2018). The project has been supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Round 9) programme.

As the VHS-MSA DIVA project comes to an end, I sincerely hope efforts to reduce the HIV and other vulnerabilities of the TG/H people will continue and further build on the significant progress the project has made.

With best wishes,

A handwritten signature in black ink, appearing to read 'Joseph D. Williams'.

**Dr. Joseph D. Williams,**  
Director – Projects,  
Voluntary Health Services

# PREFACE



This report narrates VHS-MSA DIVA project's sustained efforts towards tackling HIV and other vulnerabilities faced by the transgender/hijra (TG/H) population in India. The four-year project (November 2014–September 2018) worked across the country (except North East) to reduce the impact of HIV among the TG/H people. VHS was the Sub-recipient of the project, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9 Programme, with Save the Children International, Nepal, as the Principal Recipient.

The project undertook a host of sensitisation, capacity building, advocacy and research activities to strengthen the national HIV response to HIV among TG/H communities in India. This report presents a summary of the project's approaches, activities, piloted innovations, implementation experiences, achievements, lessons and the path ahead. With its comprehensive, sustained and strategic initiatives and the strong support it received from key stakeholders, the project achieved much success in improving HIV service delivery among TG/H, addressing the vulnerabilities they face, and empowering the community. In a short span of four years, the project was able to develop numerous standardized products, tools, guidelines and manuals that will continue to support improved and customized delivery of HIV services to TG/H communities.

We gratefully acknowledge the National AIDS Control Organisation officials for their guidance, the State AIDS Control Society officials for their active partnership and support, the TG/H community leaders for their fervent cooperation, and the different key stakeholders for their contribution in creating an enabling environment for the TG/H people and influencing policy-level decisions benefitting the community. Heartfelt thanks are also due to the VHS-MSA DIVA project team for its hard work and unwavering commitment that helped the project achieve commendable milestones.

We owe our sincere thanks to the Director – Projects at VHS, the VHS management, and Save the Children International, Nepal, the project's Principal Recipient, for their continuous guidance and support for project activities, as also for encouraging us develop this report as part of the initiative to document the key approaches, results, experiences and lessons from the project.

With regards,

**Dr. A. Vijayaraman,**  
Deputy Director,  
VHS-MSA DIVA Project

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# ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome	MSA	Multi-Country South Asia (Global Fund HIV Programme)
ANM	Auxiliary nurse midwife	MSM	Men who have sex with men
APAC	AIDS Prevention and Control (project)	NACO	National AIDS Control Organisation
ART	Antiretroviral therapy	NACP-IV	National AIDS Control Programme – Phase IV
CBO	Community-based organisation	NALSA	National Legal Services Authority
CDRF	Chronic disease risk factors	NGO	Non-government organisation
CSO	Civil society organisation	OG	Operational guideline
CSR	Corporate social responsibility	PLHIV	People living with HIV
CSS	Community systems strengthening	PR	Principal recipient
DIC	Drop-in centre	SACS	State AIDS Control Society
DIVA	Diversity in Action (project)	SCI	Save the Children International
DLSA	District Legal Service Authority	SHARE	South-South HIV/AIDS Resource Exchange
FM	Financial management	SLSA	State Legal Service Authority
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria	SOGI	Sexual orientation and gender identity
GOI	Government of India	SoP	Standard operating procedure
HIV	Human immunodeficiency virus	STD	Sexually transmitted disease
IBBS	Integrated Biological and Behavioural Assessment	STI	Sexually transmitted infection
ICT	Information and communication technology	TB	Tuberculosis
ICTC	Integrated counselling and testing centre	TG	Transgender
IPC	Interpersonal communication	TG/H	Transgender/hijra
LGBT	Lesbian, gay, bi-sexual, transgender	TI	Targeted intervention
M&E	Monitoring and evaluation	TSU	Technical Support Unit
		TRG	Technical Resource Group

# EXECUTIVE SUMMARY

The DIVersity in Action (DIVA) project is a Multi-Country South Asia (MSA) Global Fund HIV Programme operating in India and six other South Asian countries, with Save the Children International, Nepal, as the Principal Recipient. Voluntary Health Services (VHS), the Sub-recipient, implemented the DIVA project in all states of India (except North East) from November 2014 to September 2018.

The overarching aim of VHS-MSA DIVA project's work in India was to reduce the impact of, and high vulnerability to, HIV in transgender/hijra (TG/H) communities. The project recognised that an effective HIV response will require not only improved delivery of HIV prevention, care and treatment services but also initiatives to address the social, economic, legal and other access barriers that increase the TG/H community's vulnerability. To comprehensively tackle these challenges, the project conducted a wide range of innovative sensitisation, capacity building, advocacy and research activities. These activities were aimed at creating an enabling environment for TG/H people, building capacities of TG/H intervention teams, and advocating for policy change. The project aligned its activities with national programmatic priorities and worked under the guidance of National AIDS Control Organisation (NACO) and in partnership with State AIDS Control Societies (SACS) and community-based organisations (CBOs).

Adopting a multi-sectoral approach to empower the TG/H community, the VHS-MSA DIVA project engaged all of the different stakeholders that have a role to play in reducing the community's vulnerability: government institutions, law enforcement and judicial agencies, Panchayati Raj institutions, civil society, rights-based groups, private sector, funders, community members, media and health care providers, among others. DIVA brought

these stakeholders together to develop and implement strategies to empower the TG/H community, reduce stigma and discrimination, build capacities, facilitate sustainable resource mobilisation and establish enabling systems and structures at the national, state and district level.

The project's targeted, innovative, and community-centred approaches have yielded impressive results. Its work over the past four years (2014–2018) has been instrumental in improving HIV service delivery to TG/H people and is seen to have contributed to the decline in HIV prevalence in the TG/H community—down from 8.82% in 2010–2011 to 3.14% in 2016–2017 (Source: NACO). The project's other major achievements include: building the capacity of 4,169 staff engaged in HIV service delivery across 18 states of India; reaching 3,372 individuals from government, media and law enforcement through sensitisation programmes; providing sustained technical assistance to 39 TG/H CBOs; demonstrating 4 innovative fast-track models to expand coverage of HIV services; developing 84 master trainers, 32 of them from the TG/H community; successfully advocating with national and state governments for policy changes, such as establishment of TG welfare board; and developing 66 manuals, guidelines and other knowledge products for advocacy, capacity building and sensitisation.

These and many other contributions of the VHS-MSA DIVA project have paved the way for stronger progress in checking the prevalence of HIV in TG/H people. Importantly, the project has demonstrated the feasibility and effectiveness of a multi-pronged approach to reduce HIV vulnerability in TG/H people. The progress it has made in improving HIV service delivery to the TG/H community; addressing their multiple vulnerabilities; and empowering them to secure their rights must be sustained and further strengthened.

# INTRODUCTION

## 1.1 Transgender persons and the risk of HIV

Transgender (TG) persons globally find themselves faced with stigma, discrimination, gender-based violence, abuse, restrictive laws and policies, and criminalization of behaviour. Socio-economic, legal and cultural exclusion restricts their access to services, adversely impacts health and well-being, and significantly increases vulnerability to HIV/AIDS. Across the world, TG are among the key populations with a high risk of HIV. The TG population is a staggering 49 times more likely to acquire HIV infection than the general population (UNAIDS, 2016)<sup>1</sup>.

The barriers imposed by criminalization, stigma and exclusion block TG's access to HIV prevention services and increases risky behaviours. With many countries still criminalizing TG populations, their access to education, employment, health care and legal aid is severely restricted. Lack of opportunities and economic vulnerability often leaves sex work the most viable form of income generation for them. In many parts of the world, TG populations have become synonymous with sex work so much so that the proportion of TG population engaged in sex work in countries like India and Malaysia are reported to be as high as 90% and 84%, respectively (UNAIDS, 2014)<sup>2</sup>. Given their poor literacy levels, awareness, and understanding of safe sex options, HIV preventive measures are often difficult to implement among these populations.

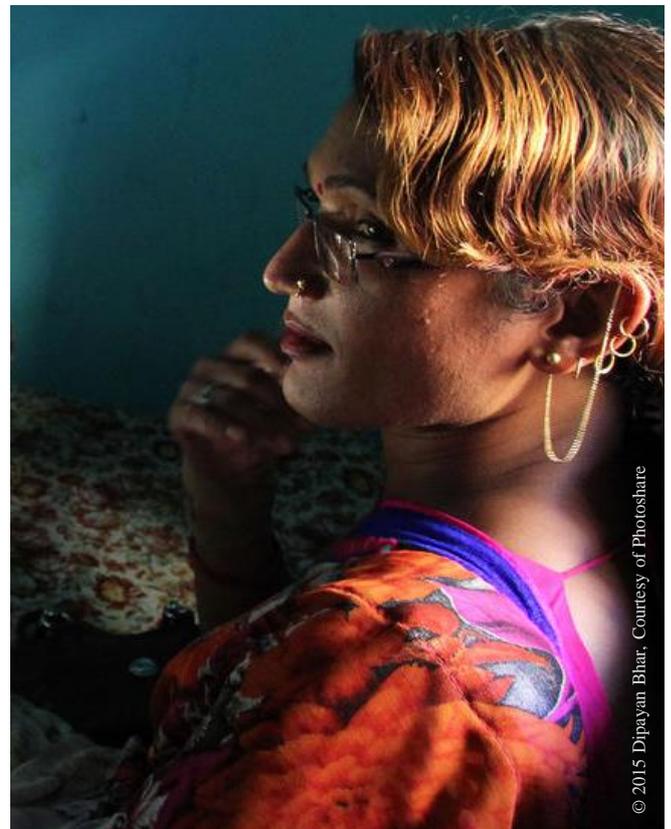
However, with increased attention toward more effectively controlling the HIV epidemic, TG and other key population groups have become a major focus of HIV/AIDS prevention, care and treatment efforts. In countries around the world, supported by international agencies, donors and civil society groups, a range of initiatives are being taken to reduce the prevalence of HIV/AIDS in TG populations.

### Who is transgender?

A transgender is a “*person aged 15 years or more, whose self-identity does not conform unambiguously to conventional notions of male or female gender roles, but combines or moves between them*” (NACO, 2017)<sup>3</sup>.

In contemporary usage, transgender has become an ‘umbrella’ term that is used to describe a wide range of identities and experiences, including but not limited to trans-sexual people, male and female cross-dressers, inter-sexed individuals, and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical.

There are about 25 million transgender people around the world (Winter et al., 2016)<sup>4</sup>.



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1 United Nations Programme on HIV and AIDS (UNAIDS). 2016. *Prevention Gap Report*. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf).

2 UNAIDS. 2014. *The Gap Report*. Available at: [http://cms.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://cms.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf).

3 National AIDS Control Organisation (NACO). 2017. *State Epidemiological Fact Sheets*. Available at: <http://naco.gov.in/sites/default/files/FHI%20booklet%20VOI%203%20-%20Revised.pdf>.

4 Winter, S. et al. 2016. *Transgender people: health at the margins of society*. The Lancet.

*Transgender/hijra population is a high-risk group and reports a disproportionately high HIV prevalence. An effective HIV response must not only include targeted prevention approaches but also address the social, economic, legal and access barriers that increase the transgender/hijra community's vulnerability.*

## 1.2 Transgender/hijra people in India

In India, the words *hijra* or *kinnar* are used to denote TG persons. The community comprises a host of socio-cultural groups and TG identities, such as Aravani, Mangal mukhi, Shivasakti, Jogta, Jogappa, Aradhi and Sakhi. However, not all TG persons necessarily belong to one of these socio-cultural groups.

Although the TG/hijra (TG/H) population has been a recognised part of Indian civilizational history, with important mention in major ancient scripts, their position in society remains fraught. The Indian law recognizes TG/H as a third gender, and the Constitution of India provides them the fundamental right to equality and tolerates no discrimination on the grounds of sex, caste, creed or religion. The legal protection notwithstanding, TG individuals and communities continue to face significant barriers to their full acceptance in society. Their exclusion from social, cultural, economic and political participation both results from and further exacerbates the ostracization, humiliation and abuse they face on a day-to-day basis and erodes their right to live with dignity.

Pushed to the margins of social existence, TG/H largely find themselves locked out of professions. Many resort to begging, dancing at weddings and sex work. Most from the TG community have their first sexual encounter by the time they turn 15 and often have multiple sexual partners. Poor education, limited access to health services, and inadequate knowledge about safe sex enhances their vulnerability to HIV and other sexually transmitted infections (STIs). At the end of 2016, India reported an adult HIV prevalence rate of 0.3% and was home to 2.1 million HIV cases—the third largest HIV population in the world. The epidemic in India is largely concentrated in key populations of sex workers (TG included) and men who have sex with men (UNAIDS, 2017)<sup>5</sup>. In the TG/H population, HIV prevalence stood at 7.2%<sup>6</sup>.

The TG/H community's social and cultural exclusion and existence on the fringes of society have made them hard to reach. The reach is further restricted by the fact that although TG people are treated as a separate socio-religious and cultural group, the community is not homogeneous. Controlling the high HIV prevalence in TG/H populations requires a comprehensive approach with targeted activities for prevention as well as increased opportunities for social inclusion, engagement and employment.

### Legal recognition as a distinct gender

In its landmark ruling on April 15, 2014, the Supreme Court of India recognized transgender as the “third gender”, thereby assigning TG/H people their own identity. Through this recognition, TG/H have been conferred the same rights as every male and female citizen of India, and can carry this as their valid identity on identification documents such as birth certificate, passport, ration card and driving license. At the end of the judgement, the government was given six months' time to comply with the directions of the court in implementing the judgement to benefit third gender persons. However, that has not fully materialized. Also, statutory provisions have not proved sufficient to protect TG/H people's rights to live with equality and dignity. It is crucial to also simultaneously make concerted efforts to tackle the prevalent stigma, stereotypes and practices that result in their marginalization and restrict their rights, choices and avenues for growth.

5 UNAIDS. 2017. *UNAIDS Data 2017*.

Available at:

[http://www.unaids.org/sites/default/files/media\\_asset/20170720\\_Data\\_book\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf).

6 Ibid.

### 1.3 National HIV/AIDS programmatic focus on transgender/hijra people

Evidence on the higher prevalence of HIV in TG/H populations has resulted in increased programmatic focus on this group. TG/H were for the first time ever included as one of the study populations under the National Integrated Biological and Behavioural Surveillance (IBBS) implemented by National AIDS Control Organisation (NACO) during 2014–2015; IBBS is the world's largest bio-behavioural surveillance among high-risk groups and bridge populations and is aimed at generating evidence on risk behaviours among high-risk groups to support programme planning and prioritization.

NACO, the nodal organisation for policy formulation and implementation of HIV/AIDS programmes in India, has a sharp focus on TG/H and other key populations. In the third phase of the National AIDS Control Programme (NACP-III; 2007–2012), NACO had separately mentioned 'transgender people' as having different HIV prevention and care needs than other groups, although it saw commonalities between TG and men who have sex with men (MSM) and clubbed interventions for the two groups in most places. NACP-IV (2012–2017) was launched with the goal of consolidating previous gains and further accelerating the response to the epidemic in India. It aimed at reducing annual new HIV infections by 50% through the provision of comprehensive HIV treatment, education, care and support for the general population and building on targeted interventions (TIs) for key populations and those at high risk of HIV transmission.

NACP-IV identified TG/H as a group requiring special focus and separate prevention strategies. Accordingly, it prioritized the need for exclusive TIs for the TG/H community. The other key priorities under NACP-IV included: scaling up a comprehensive prevention package (including sexual health, risk management, mental health and positive living, advocacy, crisis response and life skills) to achieve significantly increased coverage among TG/H; building the technical skills and organisational capacity of NGOs and community-based organisations (CBOs) to manage TG/H interventions; strengthening the involvement of TG/H in HIV/AIDS response through community development and mobilisation; and reducing stigma and discrimination against TG/H. In line with this, the National Strategic Framework for TG/H is based on the objective of preventing new HIV infections, building and sustaining an environment that supports HIV/AIDS and STI programmes, mitigating the impact of HIV/AIDS on TG/H, improving the collection and use of strategic information, and strengthening the capacity of partners.

*Scaling up of pro-transgender initiatives and on-the-ground efforts to diminish barriers that prevent them from easily accessing vital health care services will enable India to make bolder progress towards the desired HIV/AIDS outcomes.*

NACO has initiated exclusive TIs for TG/H people and reached 240,000 TG/H people with HIV prevention and treatment services in 2015, a significant improvement from the 180,000 reached in the previous year (NACO, 2016)<sup>7</sup>. One of the key contributors to this success has been the adoption of a multi-pronged, holistic approach. Attention to the crucial needs for social, cultural, legal and political inclusion as well as policies, guidelines and systems to ensure education, employment and welfare opportunities have been able to foster progress. Nationally, new HIV infections have fallen by more than half since 2001. Sustained efforts, commitment at various levels, community involvement and ownership, active engagement of key stakeholders and fostering crucial partnerships are all contributing to strengthened progress towards checking the prevalence of HIV/AIDS in the TG/H population. The National Strategic Plan for HIV/AIDS and STIs 2017–2024 provides a solid framework to tailor the response to local needs based on context-specific evidence to realize an AIDS-free India.

The imperative for evidence-based policymaking requires more in-depth research and analysis on size estimation, coverage of TG/H people, and reasons for their vulnerability to HIV. Also, the gaps identified in the mid-term appraisal of NACP-IV, such as the need for mobile phone-based interventions for TG/H, provision of water-based jelly to TG/H, promoting 100% HIV testing among TG/H people (in the year 2016, only 60% TG/H knew about their HIV status [UNAIDS, 2017]<sup>8</sup>), must be addressed.

An important recent milestone has been the Upper House of the Indian Parliament's approval to the Transgender Persons (Protection of Rights) Bill, 2016. It prohibits discrimination against TG/H in areas such as education, employment and health care and directs central and state/UT governments to have welfare schemes for the community. It also underscores their right to be recognized as a separate gender and opens pathways for 'non-discriminatory' education and work facilities, among others.

7 NACO. 2016. *NACO Annual Report 2015–2016*. Available at: [http://naco.gov.in/sites/default/files/Annual%20Report%202015-16\\_NACO.pdf](http://naco.gov.in/sites/default/files/Annual%20Report%202015-16_NACO.pdf).

8 UNAIDS. 2017. *UNAIDS Data 2017*. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/20170720\\_Data\\_book\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf).

# ABOUT VHS-MSA DIVA PROJECT

## Project DIVA

*reducing the impact of, and vulnerability to, HIV in transgender people through targeted sensitisation, capacity building and advocacy programmes for a varied set of stakeholders*

### MOTTO: SUPPORT ASPIRE

<b>A</b>	Awareness
<b>S</b>	Social and human rights
<b>P</b>	Political equality
<b>I</b>	Innovative approaches
<b>R</b>	Resource provision and mobilisation
<b>E</b>	Enabling environment

## 2.1 The DIVersity in Action (DIVA) project

The DIVersity in Action (DIVA) project is a Multi-Country South Asia (MSA) Global Fund HIV Programme operating in eight South Asian countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka and Thailand. The project supports capacity building of in-country and regional community-based Sub-recipient organisations that are engaged in HIV service provision, policy development and advocacy, partnership forming with local governments and health departments, and evidence generation on MSM and TG issues. Community systems strengthening is a major thrust of the project, to which end it supports capacity building of CBOs; creating stronger linkages and networks between community organisations, community-led interventions and government; and providing sustained support to these groups.

Voluntary Health Services (VHS) implemented the project in all states of India (except North East). The overarching aim of its activities was to reduce the impact of, and vulnerability to, HIV in TG/H persons through sensitisation, capacity building, advocacy and research. The project's duration was from November 01, 2014, to September 30, 2018. While VHS was the Sub-recipient of the project, United Nations Development Programme - Asia Pacific Regional Centre (UNDP-APRC) was the Principal Recipient from November 01, 2014, to December 31, 2016, and Save the Children International (SCI), Nepal, from January 01, 2017, to September 30, 2018.

The VHS-MSA DIVA project (hereafter referred to as 'DIVA project' in this document) primarily focused on three areas: 1) creating an enabling environment through sensitisation programmes; 2) building capacities of TG/H intervention teams; and 3) advocating for policy change. The project implemented its activities in close collaboration with NACO, State AIDS Control Societies (SACS), Technical Support Units (TSU), and CBOs/NGOs. Aiming to comprehensively address the vulnerabilities TG/H face, the project collaborated with a varied set of stakeholders: government ministries and departments, parliamentarians, Panchayati Raj institutions, community groups, urban municipal civic bodies, legal service authorities, social service institutions, law enforcement agencies, academic institutions, media, and health care providers.

## 2.2 Guiding principles

Across its multiple initiatives, the DIVA project followed a set of guiding principles that defined its activities, approaches and work on the ground and served to maximize their effectiveness for the TG/H community. These principles, presented below, guided the project as it conceptualized, designed and delivered a combination of prevention-focused interventions across the country.

## GUIDING PRINCIPLES FOR PROJECT DIVA

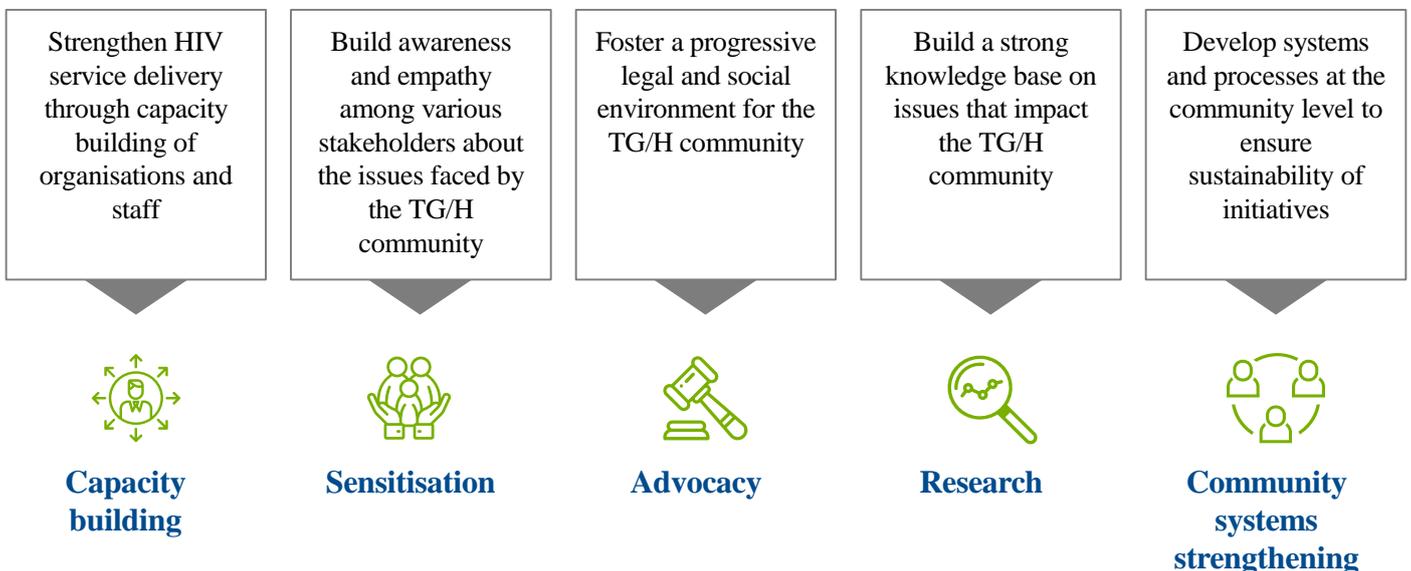
Become a trusted advisor to the community	Create an enabling environment	Design processes for sustainability
<ul style="list-style-type: none"> <li>Respect the community scenario, culture, values and systems while creating a supportive environment to address the stigma and discrimination TG/H face in the broader society and while accessing health care services.</li> <li>Align with community needs and priorities while providing technical support to achieve the goals and objectives of the programme.</li> <li>Provide need- and evidence-based strategic support through tailored interventions to meet the requirements identified in each state.</li> </ul>	<ul style="list-style-type: none"> <li>Build partnerships with government, development partners, coordinating agencies, civil society, community-based and rights-based groups, health care providers, private sector and other stakeholders.</li> <li>Adopt a comprehensive approach to service delivery through consensus building, sensitisation, innovative initiatives and building on what already exists.</li> <li>Employ a community-driven approach and effectively engage with CBOs and local organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Develop systems and processes for greater ownership and sustainability.</li> <li>Use information technology (IT) to strengthen communication and capacity building initiatives.</li> <li>Make documentation and dissemination an ongoing process.</li> <li>Adopt a result-oriented approach rather than an activity- or process-oriented approach.</li> <li>Focus on value for money to design and deliver the most cost-effective interventions to achieve the desired results.</li> </ul>

### 2.3 Major areas of focus

For a project of its size and scope, it was critical for DIVA to have clearly defined focus areas. The focus areas—sensitisation, capacity building, advocacy, research and community systems strengthening—were based on the identified needs for support as well as other factors such as partnering organisations, resources and project management requirements.

Delineation of focus areas at the outset helped the DIVA project to develop a clear and concise framework for its programmes, devise strategies, plan resources to meet programme objectives and clearly define the roles of various stakeholders.

## KEY FOCUS AREAS FOR PROJECT DIVA



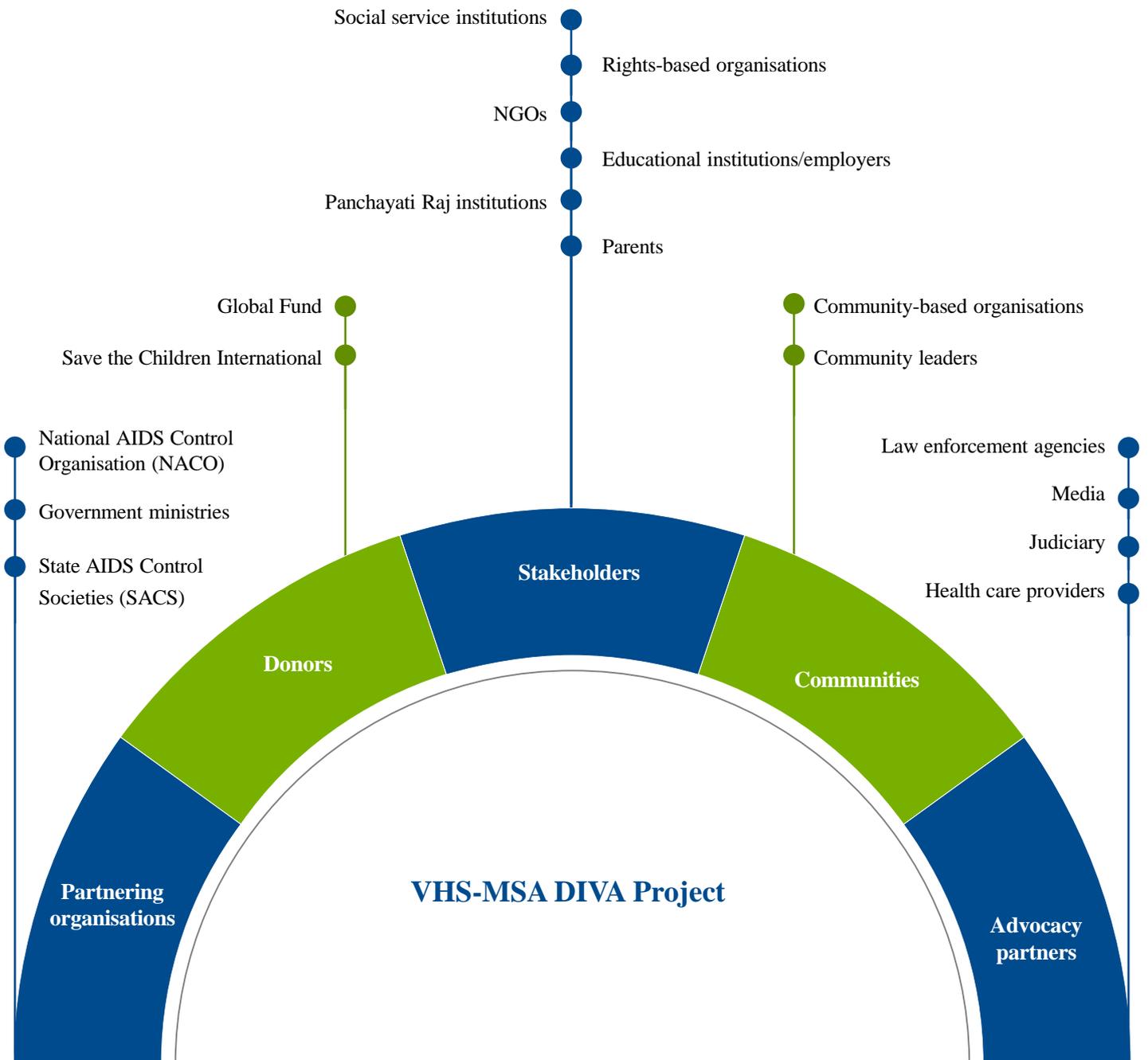
## 2.4 Key stakeholders

Project DIVA adopted a multi-sectoral approach to empowering the TG/H community and engaged all of the different stakeholders that have a role to play in reducing the community’s vulnerability. To this end, the project collaborated with government institutions, law enforcement and judicial agencies, civil society, private sector, funders, community members, media, health care providers, and various other agencies. DIVA brought

together these key stakeholders in developing and implementing strategies to reach out to the most-at-risk and vulnerable populations.

This approach helped establish strong multi-sectoral partnerships for empowering the TG/H community, addressing stigma and discrimination, building capacity, facilitating sustainable resource mobilisation, and establishing enabling systems and structures at the national, state and district level.

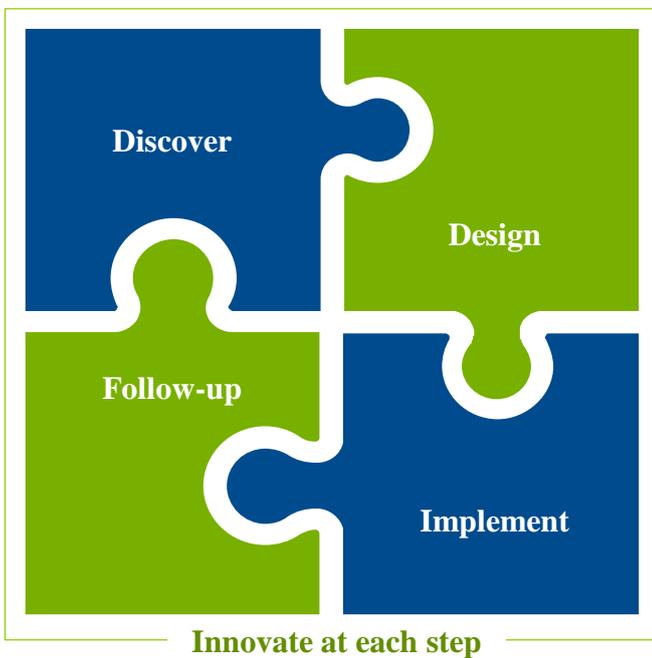
### KEY STAKEHOLDERS FOR PROJECT DIVA



## 2.5 Strategic approach

The DIVA project aimed to achieve its objective of reducing the impact of HIV on TG/H population by not only improving the delivery of HIV prevention, care and treatment services but also building an enabling environment in which TG/H persons can thrive. To effectively achieve this objective, the project developed the D2IF approach—**D**iscover needs, **D**esign initiatives and **I**nvolve stakeholders, **I**mplement initiatives and **F**ollow-up, employing innovation at each stage. This approach is briefly described below.

### PROJECT DIVA'S D2IF APPROACH



#### Step 1: Discover needs

Project DIVA' objective was to improve the delivery of HIV services to the TG/H population in different states of India. Even with a common objective, the strategy needed to be tailored because although there are similarities in the HIV scenario for this community across states, challenges vary to some extent. In support of an evidence-based approach, the project, thus, began by assessing the prevailing HIV scenario for the TG/H community in different states to arrive at state-specific needs. The assessment was done within the larger framework of the project's three focus areas: capacity building, sensitisation and advocacy.

To undertake this assessment, the project team, with support from NACO, collaborated with the respective SACS team and developed a state profile. The state profile contained, among others, demographic, epidemiological and disease prevalence data; CBO empowerment/sustainability-related information; information on the partners working in the state, including CBOs, civil society organisations (CSOs), philanthropists, donors, and networks like those for HIV-positive and LGBT members; leaders; key influencers; master trainers; and names of SACS/TSU officials with their contacts.

As one of DIVA's aims was to build the capacity of CBOs focused on TG/H issues, identifying their organisational and sustainability gaps became an important initial step. With support from the respective SACS team, the TG/H CBOs whose capacities needed to be improved were identified and assessed using a CBO assessment tool<sup>9</sup>. The CBO assessment tool provided information on the status of CBOs on a range of indicators, helping to ascertain and prioritize needs; this information also served as a baseline.

#### Step 2: Design initiatives and involve stakeholders

The identified needs of states and CBOs became the basis for designing the approaches and key initiatives to be implemented by DIVA to enhance the delivery of HIV services to the TG/H community. The project team involved various stakeholders, such as government agencies, social institutions, law enforcement agencies, media, faith-based organisations, and private sector players, to co-create action plans to address the state's prioritized needs. Involvement of stakeholders resulted in their ownership of initiatives, contributing to both successful implementation and sustainability.

In many states, an advisory team was formulated, comprising representatives from various stakeholder groups. The primary objective of the advisory team was to ensure proper design and planning of activities to address the identified needs.

#### Step 3: Implement initiatives

Next, various tools were developed to meet the wide-ranging needs of different states and CBOs. The tools ranged from a simple online resource repository to capacity building programmes and advocacy sessions to longer-term, in-depth fellowship courses. These tools were implemented selectively to meet the varying needs of different target audiences, from National Aids Commission and policymakers to CSOs and on-the-ground implementers.

<sup>9</sup> More details on the tool can be requested from VHS ([www.vhsdiva.org](http://www.vhsdiva.org)).

## Step 4: Follow-up for sustainability

The project well recognized that the complex issues that increase TG/H persons' vulnerability to HIV require a sustained response going beyond the project's term. In view of this need for sustainability, the element of 'follow-up' was built into the project's activities from the start. DIVA project team documented and reviewed the lessons learned from implementation experiences in different states, customized tools, guidelines, materials, etc., accordingly and provided guidance for their subsequent implementation as required.

## Innovation: A cross-cutting strategic thrust

DIVA's overall implementation approach showcased innovation. Besides employing innovative approaches in its activities, the project also piloted innovative models at four learning sites (see Chapter 3, Section 3.6). The main objective of piloting innovative community-driven fast-track models was to explore and test mobile-based outreach strategies to boost coverage and HIV testing, thereby improving HIV service delivery to TG/H people.

## 2.6 Brief introduction to project partners

### Voluntary Health Services

Voluntary Health Services (VHS), the implementation agency for the DIVA project in India, is a registered non-profit society that was established by eminent physician and scholar Dr. K.S. Sanjivi in 1958. Today VHS is a multi-specialty 440-bed tertiary teaching hospital that offers modern medical care to the poor and marginalised sections of society. VHS has nearly 20 years of wide-ranging experience in implementing HIV/AIDS prevention, care and support programs; building capacity of CSOs; and training health care providers. With support from the government and national and international donors, VHS has been managing complex community health and HIV/STI prevention programs for marginalized population, sexual minorities and deprived groups. VHS members have been involved in NACP II, III and IV programming.

### Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is funding the DIVA project. The Global Fund is a 21st-century partnership organisation designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. The Fund raises and invests nearly US\$4 billion a year to support programs run by local experts in countries and communities most in need.

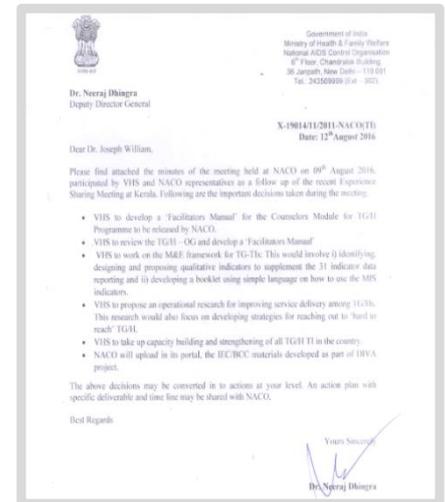
### Save the Children International, Nepal

As the Principal Recipient (PR) for the DIVA project, Save the Children International (SCI), Nepal, has been implementing the Multi-Country South Asia (MSA) Global Fund HIV programme. Established in the United Kingdom in 1919, SCI is an international NGO promoting children's rights and providing relief and support to children in developing countries. SCI is currently working in 120 countries around the world through international programmes that focus on health, education, protection and disaster relief.

# PROJECT ACTIVITIES AND INITIATIVES

## 3.1 Capacity building for improved service delivery

Targeted interventions through NGOs and CBOs have emerged as a critical component of the national HIV response, given their effectiveness in targeting coverage in the TG/H community to prevent new HIV infections. Project DIVA placed rigorous emphasis on capacity building of CBO staff and organisations to improve HIV service delivery, mitigate the barriers the TG/H community faces in accessing health services, and foster community engagement and empowerment. The capacity building programs sought to address, among others, the identified lack of organisational capacity in CBOs, inadequate engagement with key stakeholders, and inadequate knowledge for delivering specific technical/health services to TG/H people.



*Letter from Deputy Director General – NACO, asking VHS to take up capacity building and strengthening of all TG/H targeted interventions in the country*

## PROJECT DIVA'S MULTI-PRONGED CAPACITY BUILDING STRATEGY



### Induction, refresher and thematic trainings

To improve service delivery by targeted interventions for TG/H by building the staff's knowledge, attitude and skills in outreach and peer promotion, counseling, and nurturing social protection and financial inclusion opportunities for TG/H



### Dissemination of key guidelines

To ensure the staff know the provisions for TG/H in NACO's operational guidelines and the National Strategic Framework



### Master trainer resource pool

To build capacity for trainings and to decentralize knowledge and skills building through state-level master trainers in all states



### Organisational development workshop/mentoring support for CBOs/CSOs

To strengthen the TG/H CBOs/CSOs through organisational development strategies and to enable them to secure their sustainability through knowledge of resource mobilisation approaches



### Experience sharing

To further build on the gains from the abovementioned initiatives, organising meetings of participants in all the states to promote knowledge and experience sharing



Snapshots from capacity building workshops



Developed in consultation with respective SACS and NACO, the training content was based on the identified capacity gaps of CBOs. The training covered a range of themes, such as components of NACP-IV operational guidelines, National Strategic Plan, community dynamics, HIV/AIDS, sexual health, behaviour change communication, outreach, STI services, condom promotion, treatment, care and support services, stigma and discrimination, mental health components, advocacy, community mobilisation, governance, sustainability, financial management, monitoring and evaluation (M&E), roles and responsibilities, leadership development, treatment cascade, prevention models, and IT application for effective outreach. Major emphasis was placed on improving the skills of TI staff to address the needs of the TG/H communities in a participatory manner. The capacity building programmes were implemented in line with a multi-pronged capacity building strategy the project developed (see the graphic on the previous page).

### Key outcomes

- 4,169 TI staff trained on various components of the TG/H programme areas
- Development of 84 master trainers (32 of them from the TG/H community)
- Improved service delivery
- Change in knowledge, attitudes and practices of TG/H CBOs
- Enhancement of CBOs' managerial and technical capabilities
- Empowerment and development of leadership in the community

## 3.2 Sensitisation to foster an enabling environment

The DIVA project's overarching objective—reducing the vulnerability of TG/H populations to HIV and empowering the community—demanded that the multiple stakeholders who impact the risk and vulnerability of TG/H get sensitised about the issues that plague the TG/H community. These stakeholders include law enforcement personnel, policymakers, health care providers, media and parents of TG/H persons, among others.

Working in close collaboration with NACO, SACS, TSUs and CBOs, the project conducted several sensitisation programs for government ministries and departments, Panchayati Raj institutions, urban municipal civic bodies, law enforcement agencies, legal service authorities (National Legal Services Authority, State Legal Service Authority and District Legal Service Authority), members of the judiciary, academic institutions and health care providers.

### THE WIDE GROUND COVERED BY DIVA'S SENSITISATION ACTIVITIES

#### Police personnel

To create awareness on the police's role in safeguarding the rights of TG/H persons and supporting prevention and control of HIV/AIDS

#### Health care providers

To provide non-discriminatory health care to TG/H persons so that the community is not afraid of seeking medical help

#### Government, legal and judicial agencies

To build awareness of the need for providing TG/H a positive and enabling environment in which they can thrive

#### Media

To highlight positive stories on TG/H and the struggles, stigma and discrimination they face in order to mainstream their issues and build awareness in the general public

#### Parents of TG/H persons

To create awareness that their children deserve the same rights and opportunities as others and there is nothing to be ashamed of

The objective of the sensitisation programmes DIVA held for various stakeholders in different states was to address the stigma and discrimination attached with the TG/H community, which has not only led to high prevalence and incidence of HIV/AIDS but also increased their socio-economic vulnerability.

### Key outcomes

- **Media:** Increased media focus on bringing out positive TG/H stories
- **Police:** Kerala police department developed standard operating procedures (SoPs) for dealing with TG/H persons and announced construction of separate cells for TG/H in prisons
- **Employment:** Appointment of TG/H people as para-legal volunteers by the District Legal Service Authority of Gadag, Karnataka; recruitment of TG persons by Amazon for its distribution centres at Chennai, Tamil Nadu; and other appointments
- **Health care:** Separate wards and/or beds designated for TG/H in five states; municipal corporation hospitals have extended their timings by one hour to facilitate medical treatment for TG/H
- **Government support:**
  - Government of Rajasthan announced it would issue identity cards for TG/H people and have shelter homes for TG/H people
  - Government of Gujarat to take steps for the formation of district-level TG welfare committee
  - Government of Tamil Nadu to mobilise scholarship support for TG to pursue degree course; the state government also announced seed grant of INR 20,000 each for 10 TG communities and ID cards for 20 TG communities
  - Government of New Delhi agreed to initiate TG population mapping and take steps for formation of TG welfare board
  - Department of Social Work, Manonmaniam Sundaranar University, Tamil Nadu, declared it will offer free courses

### Snapshots from sensitisation programmes



### 3.3 Advocacy for a progressive legal and social environment

Done consistently and effectively, advocacy can be a powerful tool to usher in a progressive legal and social environment for TG/H persons. Advocacy can help draw attention to important issues and direct decision makers towards a solution or policy change.

The TG/H community has faced stigma and discrimination for so long that it has become a complex barrier to break. Although efforts have been made to create a positive environment in which TG/H people can thrive, the stranglehold of stigma and discrimination continues to curtail their rights. The national IBBS study<sup>10</sup> (2014–2015) highlighted that about 50% TG/H faced stigma from family/friends/neighbours and 37% felt discriminated in hospital settings. Notably, positive changes are taking place at the policy level, as seen from the landmark ‘third gender’ recognition by India’s Supreme Court and the parliamentary approval of the Transgender Persons (Protection of Rights) Bill, 2016. However, stronger advocacy efforts need to be initiated and fast-tracked to effectively eliminate stigma and discrimination at multiple levels.

Project DIVA designed and developed a comprehensive framework to determine priorities and approaches for advocacy. For each domain (stakeholder group), the framework identified the desired actions and outcomes. To strengthen advocacy, the project developed and executed a strategy that can be simply be summarized as EPICA (illustrated in the figure alongside).

#### PROJECT DIVA’S MAJOR DOMAINS FOR ACTION

- 
**Legal and policy environment**  
 Changing and repealing existing criminalizing and punitive laws/policies and formulating policies and enacting laws with a pro-TG/H, rights-based focus
- 
**Health services**  
 Increasing the coverage and efficiency of HIV prevention, treatment, care and allied services for TG/H
- 
**Law enforcement and judicial services**  
 Sensitising police personnel and ensuring their cooperation in HIV outreach efforts; reducing harassment, undue arrest, violence, blackmail, and corruption; and improving response to complaints of crimes against TG/H
- 
**Community structures**  
 Empowering and training CBOs, faith-based organisations, and right-based groups; community leaders; and other key stakeholders to ensure that TG/H persons can lead a life of dignity with their chosen identities and can easily access HIV and social services
- 
**Media**  
 Engaging and leveraging media to highlight positive stories on TG/H and bring their issues and problems into the mainstream to build awareness and foster a more positive mindset in the general public



*Shri Nitin Patel, Deputy Chief Minister, Gujarat, thanking VHS for organising Transgender Day in the state*

#### EPICA: PROJECT DIVA’S STRATEGY FOR POWERFUL ADVOCACY

- E** Every programme/event provides an opportunity to advocate
- P** Prepare and involve chief guests/special invitees in advocacy efforts
- I** Integrated approach to advocacy, involving multiple players from multiple sectors in multiple programmes
- C** Community at the centre in efforts to highlight their issues
- A** Advocacy skills for all, including NGO/CBO staff, community advocates and leaders and community members

## Project DIVA's advocacy framework

### For government

- Identify and amend discriminatory laws
- Enact laws and administrative policies and change the existing ones to promote TG/H people
- Enable non-discriminatory access to health care services
- Ensure recognition and respect for existing civil and religious laws and practices

### For civil society

- Ensure that TG/H persons are protected
- Increase public awareness about the TG/H community
- Address discrimination and ensure access to health care
- Prevent violence against TG/H persons

### TG members speaking to media



### 3.4 Community systems strengthening for enhanced community participation

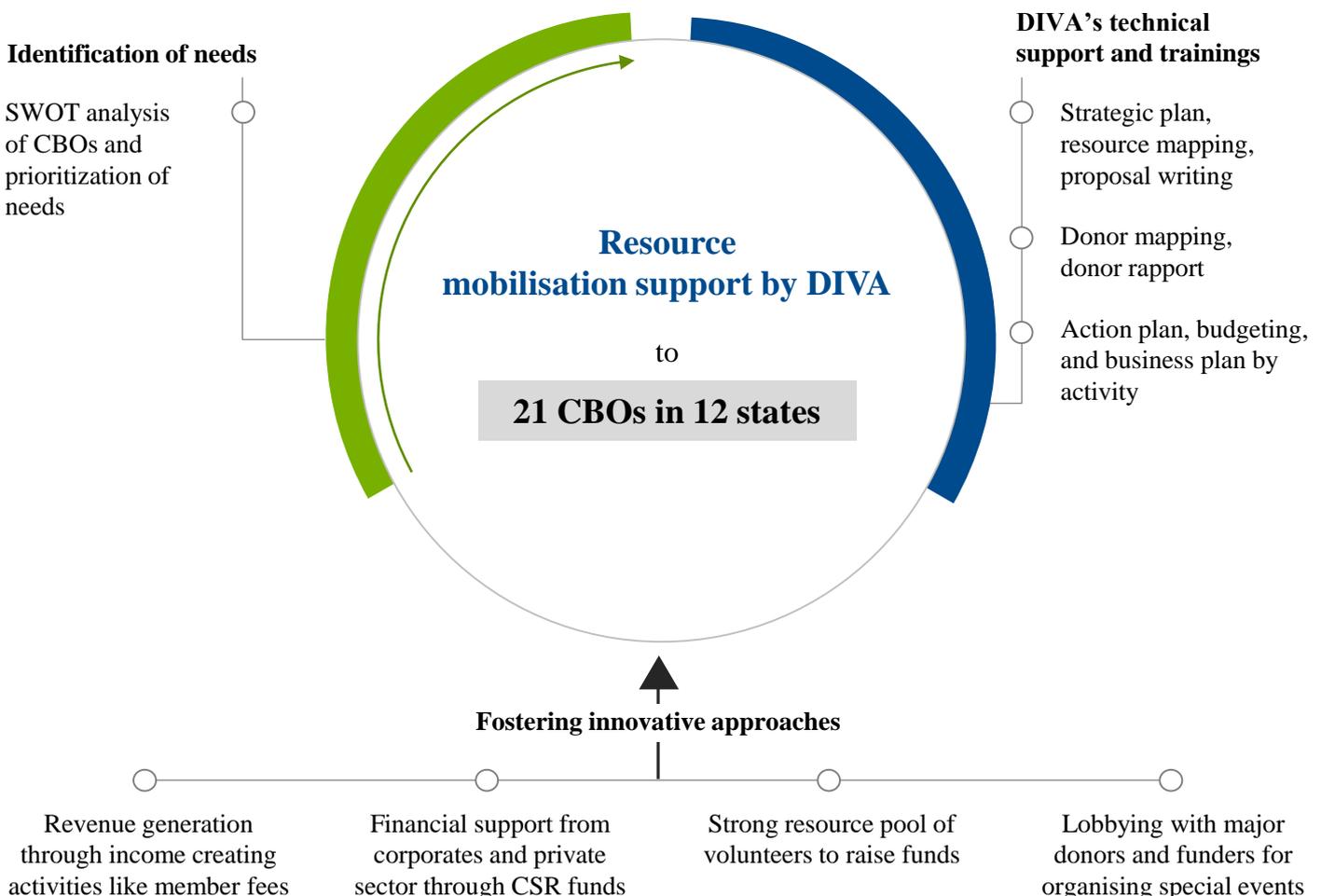
CBOs have a crucial role to play in influencing policies that can impact the lives of TG/H people. CBOs and community groups amplify the voices of the primary beneficiaries of the health system and present their concerns to policy- and decision-makers to ensure that health policies and programs are based on ground realities. However, CBOs often lack funding for advocacy, which is one of their core activities and a crucial instrument of influence. The potential of many of the CBOs, thus, remains stymied due to lack of funds. There is an urgent need to build the organisational and fundraising capacity of grassroots CBOs to enhance their effectiveness and sustainability.

Project DIVA's community systems strengthening approach was aimed at strengthening local advocacy

activities to increase TG/H people's access to HIV prevention and treatment services. CBOs were provided systems strengthening support to enable them to more effectively play their role in advocating for HIV services, fighting stigma, partnering in the delivery of life-saving prevention and care services, and strengthening government's leadership on HIV services, all of which contribute to strengthening the treatment cascade.

Under this initiative, DIVA provided technical assistance to 39 CBOs through on-site visits and facilitated the CBOs in policy- and advocacy-related matters, subject to local context. The CBOs were supported in developing their policies (human resource, administrative, M&E and finance policies), strengthening their organisational capacity, facilitated in contributing to policy-level change, developing second-line leaders, and mobilising resources to secure their sustainability.

#### SUPPORTING CBOs IN RESOURCE MOBILISATION





Snapshots from resource mobilisation events



### Innovative approach to resource mobilisation

The tremendous effort made by CBOs in mobilising resources for their activities and initiatives is noteworthy. However, they are faced with shortage of funds and resources to more effectively undertake and expand programme endeavours and develop a sustainable growth path. Project DIVA supported the CBOs in their resource mobilisation efforts by designing and developing innovative approaches for sustainable mobilisation of resources.

A key resource mobilisation technique the CBOs successfully tried was to mobilise funds through cultural events; the idea emanated from a recognition of the community's cultural skills and talents. The cultural events not only allowed the CBOs to leverage existing TG/H skills but also emerged as a manageable, sustainable method of resource mobilisation. The CBOs skilfully and successfully organised cultural events such as fashion parades, beauty pageants, concerts, exhibitions, festivals, award ceremonies, and cultural and sports competitions.

### Lessons from resource mobilisation efforts

- Every resource mobilising activity is a source of unlearning, learning and relearning.
- While big donors and corporations should be targeted, local donors and businessmen should not be overlooked.
- Small ideas, like placing a donation box at cultural events, can strike big.
- It is important to look out for any opportunities to lobby for resources in both cash and kind.
- Comprehensive cost-benefit analysis should be undertaken to reflect on successes, failures and the path ahead.
- Openness to new ideas and strategies can open up new avenues.

### 3.5 Research to strengthen the knowledge base

A key objective of the DIVA project was to build a robust evidence base on the impact of HIV on TG/H populations. To this end, the project undertook research

and participated in country-level studies. The resulting knowledge base has provided a firm foundation for designing strategies, guidelines and frameworks to strengthen the national HIV response for the TG/H population. Some of the project's major research work is summarised below.

#### LEGAL GENDER RECOGNITION A Multi-Country Legal and Policy Review in Asia

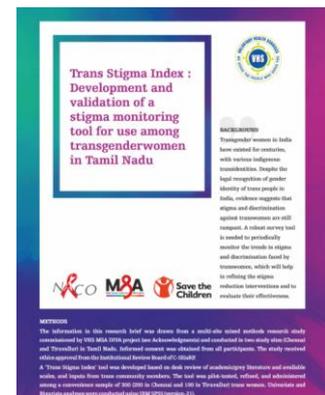


#### Review on legal gender recognition

The project participated in a comprehensive review of the existing laws, policies and practices in nine countries of Asia, including India. The review highlighted the need for detailed assessment of relevant laws, regulations, court decisions and policies, including the context within which they have developed, to provide a robust basis for strategic planning to overcome the barriers that TG people face.

#### Transgender stigma index study

This study focused on the stigma the TG/H people face due to their identity, which does not necessarily conform to traditional societal systems and structures. The study sought to examine the gaps and develop, pilot and validate a comprehensive 'Trans Stigma Index' to measure the stigma and discrimination faced by trans-women in various settings and spheres of life. The tool is an effective medium to track changes in trends for the different components of stigma and discrimination faced by trans-women.



#### Operations research on HIV service delivery

The purpose of this research effort was to identify the gaps in implementing the existing package of NACP-IV TI services for beneficiaries in select DIVA intervention states. The report tracked existing challenges in access to services such as STI/HIV testing, condom usage, ART and HIV/TB. It highlighted the need for addressing challenges at the CBO, community, SACS, TSU and NACO level; developing strategies to reach the hard-to-reach TG/H people; and for piloting innovations to improve overall service delivery, consistent condom usage, and application of information technology.

### 3.6 Innovative fast-track models to boost coverage

A major achievement for project DIVA has been its successful piloting of innovative community-driven fast-track models to boost coverage of HIV services in the TG/H community. Four innovative models—*Dera-led*<sup>11</sup> Network Model, Making the Invisible Visible Model,

Reaching the Young TG/H through ICT Model, and Connect, Link and Network Model—were tested at four geographically dispersed sites (in (Karnataka, Odisha, Delhi and Andhra Pradesh). The four ‘learning sites’ were identified under NACO’s guidance and in consultation with SACS on the basis of availability of TG/H intervention programme and IBBS 2015–2016 data.

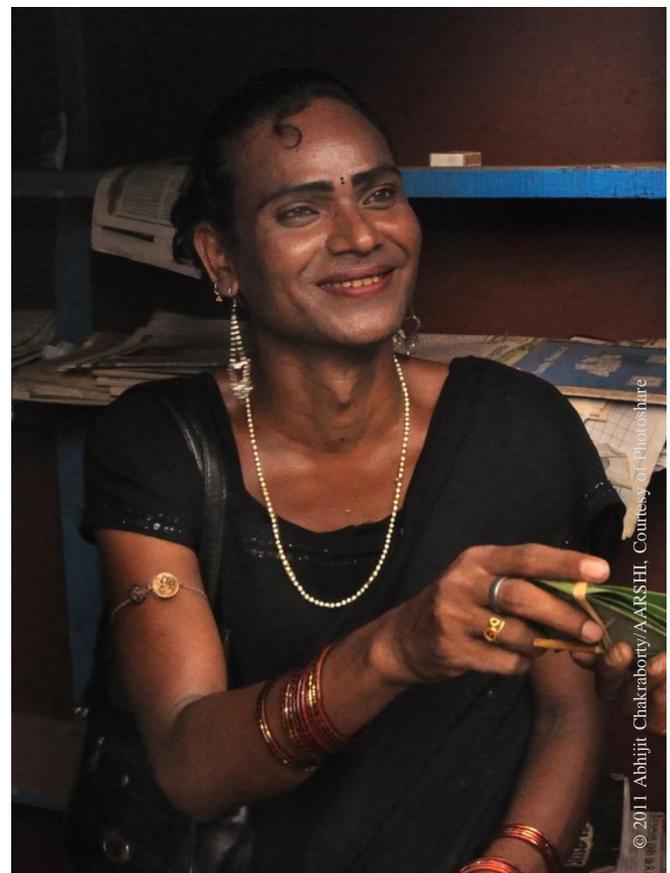
#### SITES FOR PROJECT DIVA’S INNOVATION MODEL PILOTS

No.	Innovation Model	Implementing CBO	Site
1	Dera-led Network Model	Kinnar Bharti	Delhi
2	Making the Invisible Visible Model	Sakha	Bhubaneswar
3	Reaching the Young TG/H through ICT	Payana	Bengaluru
4	Connect, Link and Network Model	KYSS	West Godavari

The learning sites were expected to serve as model CBOs/sites to be showcased for decreased HIV prevalence. The models piloted and promoted at these sites needed to reach the hard-to-reach and unreached groups within the TG/H community through mobile-based outreach strategies. DIVA used a focused approach in undertaking its technical assistance and capacity building activities and exposure visits at the four sites. Details on the piloted models and their key results are presented in the table on the next page.

#### Objectives for testing fast-track models

- *To pilot innovative fast-track strategies for reaching the unreached TG/H people*
- *To promote innovation sites as learning sites for the TI staff implementing TG programmes*



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<sup>11</sup> Dera refers to transgender commune or household.

## PROJECT DIVA'S INNOVATION MODELS AND KEY RESULTS

Innovation models	Dera-led Network Model	Making the Invisible Visible Model	Reaching the Young TG-H through ICT	Connect, Link and Network Model
<b>Objectives</b>	To assess the feasibility of dera-led intervention model reaching the unreached TG-H people with HIV services	To test the efficacy of an event-based model in boosting coverage, testing and treatment services	To reach the young TG/H through social media and events to link them with HIV services	To reach rural TG/H through multi-level networking and mobile-based model to link them with HIV services
<b>Process</b>	<ul style="list-style-type: none"> <li>• 4 deras identified as sites</li> <li>• 4 community mobilisers trained to facilitate outreach in deras</li> <li>• Linkages established with Integrated Counseling and Testing Centres (ICTCs) for HIV testing</li> <li>• Dera-led STI camps organised</li> </ul>	<ul style="list-style-type: none"> <li>• 10 sites mapped to reach the unreached TG/H</li> <li>• 10 community mobilisers trained to register 250 TG/H</li> <li>• Local events organised to mobilise the community and link them with services</li> </ul>	<ul style="list-style-type: none"> <li>• Congregation points for young TG/H identified to link with young TG/H persons</li> <li>• Online outreach profiles created on PlanetRomeo, Grindr and Facebook to link with young TG/H persons</li> <li>• Meetings held with hamaam<sup>12</sup> leaders where new young TG/H are engaged in sex work</li> <li>• 4 young volunteers trained to reach the young TG/H</li> <li>• Mapping done of private health clinics where young people can access STI services</li> </ul>	<ul style="list-style-type: none"> <li>• Young TG/H from rural areas enrolled</li> <li>• Village-level health camps organised for HIV and STI screening</li> <li>• Meetings held with Panchayati Raj institutions and block development officers to link welfare activities</li> <li>• 5 rural-based community mobilisers trained to link new TG/H in rural areas</li> <li>• Major event held to bring in key government officials and put forward a charter of needs for TG/H and advocate for state-level welfare committee</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>• 93 new TG/H registered</li> <li>• 11 new TG/H underwent STI screening</li> <li>• All new registered 93 TG/H underwent HIV testing</li> <li>• 84 TG/H underwent a Syphilis test</li> <li>• 2 TG/H detected HIV positive</li> </ul>	<ul style="list-style-type: none"> <li>• 258 new TG/H registered in events and festivals</li> <li>• 32 new TG/H underwent STI screening</li> <li>• 91 new TG/H screened for HIV</li> <li>• 11 TG/H detected HIV positive</li> <li>• 10 sub-events conducted to link TG/H with health and social protection services</li> </ul>	<ul style="list-style-type: none"> <li>• 82 young new TG/H registered</li> <li>• 11 new young TG/H underwent STI and HIV screening</li> <li>• IPC video developed by young TG/H to promote HIV testing and condom use</li> <li>• Major event organised to mobilise young people</li> </ul>	<ul style="list-style-type: none"> <li>• 80 new young TG/H from rural areas enrolled</li> <li>• 40 new young TG/H screened for HIV</li> <li>• 2 TG/H detected HIV positive</li> </ul>

12 Hamaam refers to a place managed by TG community leaders for TG/H communities.

## Key lessons from fast-track model pilots

- Fast-track models helped in reaching the unreached young TG/H people in lesser time and minimised the gap between reach–test–treat, thereby strengthening the overall HIV prevention and treatment cascade.
- The concept of safe space for the TG/H people is not limited to drop-in centres (DICs) anymore, and there are other non-traditional spaces where the community can be reached. Both physical and virtual safe spaces should be targeted to reach the unreached TG/H people.
- Physical spaces and avenues such as Deras, religious and cultural events, community gatherings, hamaams, village panchayats and virtual spaces like Facebook, PlanetRomeo, Grindr and WhatsApp can be used to identify the unreached TG/H persons and link them with services.
- Needs of TG/H people go beyond HIV/STI testing and treatment, and, hence, a holistic health model needs to be introduced that also caters to other needs such as gender transition and sex reassignment.
- Given the changing dynamics of the community and of HIV transmission, investment in operations research is needed to promote evidence-based programming; the evidence will allow interventions to make course-corrections and revamp strategies in time to increase the efficacy of outreach models.

# RESULTS AND ACHIEVEMENTS

## 4.1 Key achievements

Through its multiple activities across different states of the country, the DIVA project substantially contributed to reducing the impact of and vulnerability to HIV in TG/H populations. The project's work over the past four years

(2014–2018) has been instrumental in improving HIV service delivery to TG/H people and is seen to have contributed to the decline in HIV prevalence in the TG/H community—down from 8.82% in 2010–2011 to 3.14% in 2016–2017 (NACO)<sup>13</sup>. The DIVA project's other major achievements are summarised in this section.

13 NACO. 2017. *HIV Sentinel Surveillance 2016–17 – Technical Brief*. Available at: [http://naco.gov.in/sites/default/files/HIV%20SENTINEL%20SURVEILLANCE\\_06\\_12\\_2017\\_0.pdf](http://naco.gov.in/sites/default/files/HIV%20SENTINEL%20SURVEILLANCE_06_12_2017_0.pdf).



## PROJECT DIVA: MAKING AN IMPACT IN MULTIPLE WAYS

### Paving the path for bolder progress

- DIVA was instrumental in the decision by several states to declare April 15 as Transgender Day.
- DIVA made efforts to secure the approval of the Transgender Persons (Protection of Rights) Bill, 2016, by the Upper House of India's Parliament. The project has also advocated for passage of the bill by the Lower House of Parliament.
- DIVA conceptualized and supported establishment of Transgender Welfare Board; five states (Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh and Rajasthan) are already on board and another three states (Delhi, Uttar Pradesh and Gujarat) are in progress.
- DIVA advocated for and helped develop the state policy for TG/H people in three states (Kerala, Odisha and Andhra Pradesh); another two states (Gujarat and Chandigarh) are in progress.
- DIVA developed master trainers on TG/H issues; their expertise can be utilised by SACS for cascade training of TI teams.
- DIVA's advocacy and sensitisation programs for media personnel have resulted in positive media stories on TG/H people in print and electronic media.

### Innovating for stronger impact

- DIVA piloted four innovative fast-track models at learning sites in four states (Karnataka, Odisha, Delhi and Andhra Pradesh) to test new approaches for improving HIV service delivery in the TG/H community.
- DIVA piloted a prevention and treatment cascade mobile application in collaboration with the Delhi State AIDS Control Society; the app will reduce the workload of outreach workers and allow them to concentrate on outreach activities.
- The project helped to develop comprehensive TI package for the TG/H people and also trained community people to become master trainers.
- DIVA used ICT applications for outreach in TG/H communities.
- DIVA documented success stories and lessons from the work with TG/H people; this knowledge base can inform other future initiatives in the area.

### Collaborating for success

- The partnership between VHS, the Global Fund, Save the Children and India's national and state governments has demonstrated a successful model for collaborative program management to secure improved and sustainable HIV service delivery to the TG/H population in India.
- DIVA adopted a multi-sectoral approach, engaging and collaborating with a diverse set of stakeholders, including government departments and institutions, law enforcement and judicial agencies, civil society, media, private sector, funders, community members and health care providers, among others.

### Creating a strong repository of knowledge products

- DIVA developed a CBO assessment tool to ascertain the capacity building needs of CBOs as well as state-level needs and priorities; usage of this tool helped customise technical assistance and support to meet specific CBO and state requirements.
- The project established a resource directory ([www.vhsdiva.org](http://www.vhsdiva.org)) of best practices, government policies/schemes, training manuals, IEC material, networking resources, and other relevant information on TG/H and HIV/AIDS to promote knowledge.
- DIVA's sensitisation programs reached 3,372 individuals. The project also built the capacity of 4,169 staff on issues affecting TG/H people, HIV and human rights.
- DIVA developed a total of 66 guidelines, toolkits and BCC materials on various topics to ensure quality and consistency in implementation of services by various partnering agencies in different states.
- The project developed a facilitators' guide on NACO's operational guidelines for TG/H people.
- DIVA developed a TG stigma index, the first-ever such initiative in the country.
- DIVA facilitated the development of the national TG/H advocacy framework for the country.

# PROJECT DIVA: ACHIEVEMENTS AT A GLANCE

Sustained technical assistance and support provided to

**39 TG/H  
community-led  
organisations**

Capacity building undertaken for

**4,169 staff**  
engaged in HIV service delivery across **18 states**

**175**

capacity building workshops organised across the country

**23**

**training manuals and guidelines**

developed to support TG/H service delivery

**84  
master trainers developed**

**32**  
of them are from the TG/H community

**TG/H welfare boards**

established in  
**5 states**  
(Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh and Rajasthan)

supported in  
**3 states**  
(Delhi, Uttar Pradesh and Gujarat)

More than

**400**

**TG/H-focused stories** facilitated in newspapers and other mass media

Sensitisation programs reached a total of

**3,372**

individuals across government, media and law

**43**

**knowledge products**

developed for advocacy, capacity building and sensitisation

**4**

**innovative fast-track models** for TI packages piloted

**April 15 declared as  
TG/H Day**

in Bihar, Chhattisgarh, Puducherry, Odisha and West Bengal

**State policies for TG/H**

formulated by Karnataka and Kerala; policy formulation underway in Chandigarh, Gujarat and Odisha

**SoPs** on TG/H promulgated for the police department and separate prison cells secured for TG/H in Kerala

## 4.2 Case studies

### Resource mobilisation through cultural events: CBOs Salem Thirunangaigal Nala Sangam and Thozhi demonstrate success

The DIVA project mentored more than 39 CBOs on resource mobilisation strategies and approaches. Salem Thirunangaigal Nala Sangam (STNS) and Thozhi were among the CBOs the project lent technical assistance to on this front. The CBOs were imparted knowledge and skills on resource mobilisation approaches and supported in development of strategic plans, undertaking income generation drives, forming committees with specific roles and responsibilities, conducting finance review of events and organising post-event activities, such as continuing communication with existing and potential donors.

CBOs STNS and Thozhi leveraged the newly acquired knowledge to organise several successful cultural events for resource mobilisation: fashion parade, beauty contests, and concerts; these events were well received and also saw attendance from film celebrities and philanthropists. The two CBOs demonstrated how the TG/H community's existing cultural talent could be capitalised as a viable and sustainable tool for resource mobilisation. The funds generated helped the CBOs meet some of their day-to-day operational expenses, and, in a few instances, to also disburse staff salaries. The CBOs have used the funds to lease office premises, and no longer pay rent. Importantly, the cultural events emerged not only as great resource mobilisation tools but also platforms for advocacy.

### Resource allocation for the welfare of TG/H people: Kerala's Kannur Panchayat shows the way

Despite the state of Kerala reporting one of the highest literacy rates in the country, there remains a severe lack of support for the TG/H community and a deep-rooted abhorrence towards them. Under guidance from NACO and support from UNDP-APRC, project DIVA joined forces with the Kerala State AIDS Control Society (KSACS) and the Kannur district panchayat to address this problem. The main objective of this effort was to improve HIV service delivery to TG/H through sensitisation, capacity building and advocacy activities.

The first step was to identify the TG/H individuals and place them in a bracket different from MSM. DIVA then rolled out a series of sensitisation programmes for health care personnel, media personnel, law enforcement officials, CBOs, Panchayat leaders and other stakeholders. These programmes aimed to foster social acceptance of TG/H persons, reduce discrimination against them and improve their access to health care. Based on NACO's operational guidelines, targeted intervention NGOs were imparted training to improve HIV service delivery. Apart from this, advocacy programmes were also conducted for key stakeholders to improve the visibility of TG/H people.

Concerted and consistent advocacy and sensitisation efforts developed within the key stakeholders a strong understanding of the issues faced by TG/H people and the need for supporting them. Success of the sustained advocacy is evident from the Kannur district Panchayat's decision to allocate INR 11,00,000 for TG/H welfare. This is an important step in creating an enabling environment for the TG/H people in the district.



## 4.3 Notes from the ground

### BUILDING KNOWLEDGE, SECURING ACTION

*“We will promote family counseling and support parental acceptance of transgender/hijra people.”*

District Social Welfare Board Officer,  
Villupuram, Tamil Nadu

*“Exclusive interaction between police officials and transgender persons and with NGOs, health department officials, and social welfare department officials will be arranged.”*

District Superintendent of Police,  
Gorakhpur, Uttar Pradesh

*“We want such type of sensitisation and trainings to be given to all cadres of officials in the police department.”*

District Superintendent of Police,  
Raipur, Chhattisgarh

*“It is entirely new for us to learn about transgender people. We will not stigmatize or discriminate with them”*

Auxiliary Nurse Midwife,  
Puducherry

*“I learnt about the rights of TG/hijra people...It is the duty of health care providers to serve them just the way we serve any other human being.”*

District Medical Officer,  
Kottayam, Kerala

*“We learnt about the significance of referrals and linkages to enable TG people to better avail various services.”*

Outreach worker,  
Kinnar Maa TI, Mumbai

*“Imparting knowledge through practical sessions has been very helpful for us.”*

Program Manager,  
Healthline TI, Kerala

## 4.4 VHS-MSA DIVA project's knowledge products and tools

### Flipbooks

- **Healthy Life is Bliss**

The flipbook talks about STIs and their symptoms. It is small and handy and can easily be carried in the wallet/pocket.

- **RPR Testing**

The flipbook explains the importance of rapid plasma reagin (RPR) testing. It covers what is syphilis, how to identify it, the testing method, and the consequences of not testing syphilis.

- **Importance of HIV Testing**

The flipbook is aimed at creating awareness on ICTCs, the need for HIV testing, and importance of pre-test counselling. It is available in Hindi and Odiya.

### Inter-personal communication (IPC) materials

- **OK Sister!**

The material is in the form of story cards. It is an innovative IPC tool that carries messages on HIV transmission, condoms, quality of life, STIs and the importance of visiting the ICTC. It is available with a user guide that explains how the story cards are to be used.

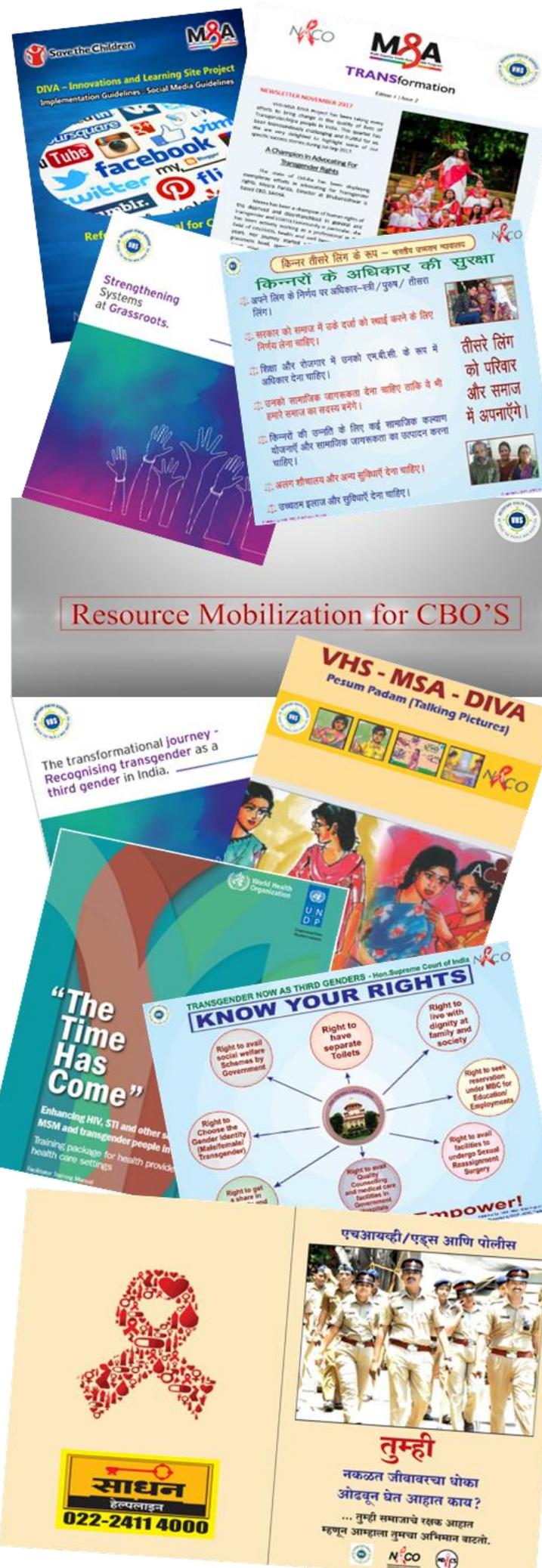
- **Talking pictures**

In the form of playing cards, this IPC tool has information on STIs, HIV, condoms, types of IPC, livelihood and skill training and the services available in a TI project.

### Tools

- **CBO Assessment Tool**

The tool assesses CBOs on governance, legal compliance, infrastructure, staffing, programme management, finance and accounts management, M&E system, enabling environment, external relationships, self-sustainability and TI components.



- **CBO Sustainability Tool and Guidelines**

A self-analysis tool, it allows CBOs to evaluate their sustainability plan as well as identify weaknesses and areas of improvement. It analyses CBOs on four "pillars of sustainability": institutional, programmatic, financial and environmental/external. Guidelines for the correct usage of the tool are also provided.

- **Toolkit on Resource Mobilisation for CBOs**

The guidebook aims to strengthen CBOs' knowledge and skills to strategically and systematically mobilise resources for HIV/AIDS activities. A set of guidelines for proposal writing is also included along with a sample.

## Policies and reports

- **Advocacy Framework on HIV, Human Rights and SOGI**

The framework outlines the global, regional and national commitments related to HIV, human rights and sexual orientation and gender identity (SOGI). It guides on the process for developing country-specific priorities, partnerships and strategies. It also contains summaries of country-specific commitments and interventions.

- **History and Evolution of Jamaat and its Role in Empowerment of TG People in Tamil Nadu**

The report explains the Jamaat system and its impact on the lives of TG, the challenges faced by TG communities and recommendations for addressing them.

- **Sustainable Livelihood Projects for the TG People**

The report talks about the sustainable livelihood projects that can be adopted for economic empowerment of the TG people.

- **State Transgender Policy – Kerala**

The document, issued by the Department of Social Justice, Government of Kerala, is a state policy document on TGs in the state. It covers the issues faced by the state's TG people, the strategies and responsibilities for implementing the policy and the results framework.

- **NALSA Judgement: Simplified Version**

This is an abridged version of the long NALSA judgement on the third gender. It summarises the key points from the judgement to help in implementation and advocacy activities.

- **TG Day Report**

The report captures the process of organising TG Day and the policy decisions taken because of advocacy efforts in 17 states of India.

- **Legal Gender Recognition in India: A Legal, Policy and Practice Review**

Based on a multi-country study by the project, this report discusses legal protection, gender recognition and steps to address criminalization of TG communities in India.

- **Standing Committee Report on the Transgender Persons (Protection of Rights) Bill, 2016**

The report focuses on the Transgender Persons (Protection of Rights) Bill, 2016, that has been passed by India's Upper House of Parliament and presented before the Lower House of Parliament. In this report, the Standing Committee discussed ending TG people's struggles through equal rights.

- **Trans Stigma Index: Development and Validation of a Stigma Monitoring Tool for Use among TG Women in Tamil Nadu**

The report details the DIVA project's TG stigma index study, the first of its kind in the country; it details the process and results of the study.

## Posters and sticker

- **I am Proud to Support TG People (sticker)**

This is a sticker with the message: "I am proud to protect TG/H rights." It is useful for key stakeholders and used in lobbying for the rights of the TG people.

- **Supreme Court Judgement on Third Gender (poster for TG people)**

The poster presents a simplified version of the Supreme Court judgement on third gender and emphasizes the rights of TG people. The poster, available in English, Hindi and Tamil, is for display at drop-in-centres and other places that are accessed by the TG community.

- **Supreme Court Judgement on Third Gender (poster for general public)**

The poster presents a simplified version of the Supreme Court judgement on third gender and emphasizes the rights of TG people. The poster, available in English, Hindi and Tamil, aims to highlight the issues and rights of the TG people among the general public and create awareness about the areas where the TG could be supported based on the Supreme Court judgement.

## Newsletter

- **Transformation**

This newsletter captures DIVA project's highlights from every quarter.

## Booklets

- **Thumkhi**

The booklet is in Marathi language and is used by law enforcement agencies to create awareness about TG communities, their issues/challenges and how law enforcement agencies can help the TG people. Its aim is to check the violence perpetrated on TG people by police personnel.

- **Booklet on Supreme Court Judgement on Third Gender**

The booklet provides a summary of the Supreme Court judgement on third gender and the rights of TG people.

- **"Being Trans" in India**

This booklet is intended for TG people and talks about the health-related, legal and other issues they face and the ways to address them.

- **Government Welfare Policy for TG People in India**

The booklet provides a summary of the government orders issued by various state governments in India for the welfare of the TG people.

- **Compilation of Positive Stories**

This booklet compiles the positive TG stories that have resulted from the DIVA project's work in various states of India.

## Manuals and case studies

- **The Time has Come**

It is a training package for health providers to reduce stigma in health care settings as well as to enhance HIV, STI and other sexual health services for MSM and TG people in Asia and the Pacific.

- **Operations Manual for Monitoring and Evaluation**

The manual covers M&E values, core components of M&E, importance of M&E structure, indicators, analysis and data quality.

- **HR/Admin/Finance/M&E manuals**

These manuals are intended for CBOs to strengthen their organisational capacity and thereby improve their project management skills and secure organisational sustainability.

- **Facilitators' Manual on NACO TG/H Operational Guidelines**

The facilitators' manual aims to support the implementation of NACO's National Operational Guidelines for TG/H. The manual will assist facilitators/mentors in building the capacities of TI staff to scale-up interventions and reach the TG/H people with quality services. The manual will be used by SACS for continuous capacity building and to provide technical and mentoring support to the TIs for TG/H. It can also be used as self-learning material by CBOs/CSOs/networks.

- **Documenting the CSS Seed Advocacy Fund Efforts**

This document carries case studies from various CBOs that have been supported with CSS seed advocacy grant by the DIVA project.

- **Resource Mobilisation for Sustained Initiatives (ReMoSI) through Event-based Model**

The reference manual is aimed at building CBOs' capacity for planning and managing resource mobilisation initiatives. It aims to develop CBO members' knowledge and skills for systematic planning, conducting resource mobilisation activities, and managing and undertaking follow-up activities.

- **Addressing Mental Health Issues of H/TG People: A Reference Manual**

This reference manual is especially aimed at mental health professionals, including psychiatrists, clinical psychologists, social workers and peer counsellors. It talks about the common mental health issues among TG/H people and ways to address them.

## Modules

- **Implementation of Dera-led Model in Improving HIV Service Delivery**

This module details the implementation of the Dera-led innovation model to improve HIV service delivery.

- **Use of Social Media in Improving HIV Service Delivery**

This module explains about the use of social media to improve HIV service delivery.

- **Implementation of Event-based Model in Improving HIV Service Delivery**

This module details the implementation of an event-based model to improve HIV service delivery.

- **Implementation of Networking Model in Improving HIV Service Delivery**

This module details the implementation of a networking model to improve HIV service delivery.

- **Charting New Horizons: An Advocacy Framework for Action on TG Persons and Hijra Rights in India**

This module spells out the national-level advocacy strategy for the TG/H people. It seeks to address the advocacy needs of the TG/H people through upcoming TIs across the country and to enable their voices to be heard and for communities to be empowered to meet the challenges of HIV.

## Documents

- **Documentation of the VHS-MSA DIVA Project on Capacity Building of TG/H TI Projects**

This document lists the capacity building approaches adopted by the DIVA project to improve HIV service delivery for TG/H people in India.

- **The Journey of VHS-MSA DIVA Project**

This document showcases the impact of the DIVA project in print form.

- **Experiences of Prevention and Treatment Cascade Application**

It captures the experiences and processes of prevention and treatment cascade application, which has been piloted among the TI staff to improve HIV service delivery.

- **A Journey of Processing Innovations and Pilots**

It highlights the experience of implementing pilots at learning and innovation sites to reach the TG population in Dera/Gharanas of Delhi, rural areas in Andhra Pradesh, virtual reach in Karnataka and at festival in Odisha.

## Fact sheets

- **Empowering TG/Hijra People: Glimpse of Good Practice Series**

This document captures some of the best practices used by the DIVA project during Nov. 2014–Dec. 2016. Produced in the form of a fact sheet, the document describes "how" (i.e., the process followed) and its impact on the TG/H people.

- **Engaging Media in Mainstreaming of TG Community**

The fact sheet covers the efforts made by the DIVA project to engage media for mainstreaming TG communities.

- **Promoting Transgender Friendly Services**

The fact sheet covers the efforts made by the DIVA project to sensitise health care providers for promoting TG-friendly services.

- **Ensuring Justice for the TG Community**

The fact sheet covers the efforts made by the DIVA project to sensitise judicial members for ensuring justice for the TG people.

- **Exposure of TG Issues within Law Enforcement Agencies**

The fact sheet covers the efforts made by the DIVA project to sensitise law enforcement agencies for ensuring legal services for the TG people.

- **The Transformational Journey - Recognising Transgender as a Third Gender in India**

This document talks about the advocacy efforts made by the DIVA project and the results/successes thereof.

- **Strengthening Systems at Grassroots**

This document focuses on the seed advocacy grants given to CBOs by the DIVA project and the results/successes thereof.

- **A Decade of Advocacy Efforts and Initiatives: Tools and Techniques Used for Encouraging Change**

It details the processes, tools and techniques used for encouraging change among the TG/H communities through the DIVA project's advocacy efforts.

- **Resource Mobilisation - Nurturing the Community to Grow**

It spells out the resource mobilisation trainings the DIVA project conducted for CBO members and the results and lessons learned.

## Videos

- **Ab Aur Nahin**

The interactive video is an IPC tool aimed at creating legal awareness and promoting self-esteem, problem handling, advocacy and unity among communities.

- **Yun Bi Ho Saktha Hein**

The video is intended to sensitise secondary stakeholders so as to create an enabling environment for the TG/H people.

- **Kamoshi**

The engaging silent video aims to sensitise secondary stakeholders on the violence faced by TG/H people and how they can contribute to creating an enabling environment for the community.

- **Rukku Sokku Super**

This video for TG/H people focuses on self-esteem, dignity, mainstreaming and public acceptance, condom use, personal hygiene, and STI myths and misconceptions.

- **Video Documentation of the Impact of VHS-MSA DIVA Project – Phase I**

This video captures the impact of the DIVA project during its phase 1 (Nov. 2014–Dec. 2016). It features interviews from policymakers, action photographs from phase 1 activities, and information on the community's development through the DIVA project. The video carries sub-titles in English.

- **Experience Sharing and Review Meeting: A Video**

The video covers the experience sharing and review meeting organised by the DIVA project. It captures the meeting's proceedings; the project's achievements during Nov. 2014–May 2016; and interviews from UNDP-APRC, NACO, SACS, TI staff, and the TG/H community on the implementation of project DIVA in India.

- **Hum Aapke Saath Hein**

This video shows social acceptance of the TG/H people by the different stakeholders who were sensitised through the DIVA project.

- **A pack of five culturally sensitive videos**

This set of videos contains messages for the TG/H people about HIV testing, implementation of TIs, drop-in-centres, condom promotion and importance of social media in implementing TIs.

- **How to Mobilise Resources**

The video captures the resource mobilisation trainings conducted by the DIVA project and their impact.

- **The Journey of VHS-MSA DIVA Project**

This showcases the impact of the DIVA project in video form.

- **Advocacy Efforts towards TRANSforming India**

The video captures the impact of the TG Day events held in various states in India through the DIVA project.

# PROJECT MANAGEMENT

Project DIVA worked in India with a single-minded commitment to reduce the impact of HIV in TG/H people. Its detailed action plan, tight project management, active collaboration and coordination with various stakeholders, focus on keeping the TG/H community at the centre, and testing and adoption of innovative, sustainable approaches contributed to the project's strong progress over its four-year term.

## 5.1 Partnership and project management

Project DIVA was launched with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), under guidance from NACO and partnership support from SACS. Save the Children International, Nepal (SCI, Nepal) was the Principal Recipient and VHS-MSA the Sub-recipient. SCI and the sub-recipient provided regional-level support to CBOs and CSOs working on TG/H issues in India.

SCI and VHS-MSA worked as collaborative partners to achieve the common goal of reducing the impact of HIV/AIDS among TG/H people in India. SCI helped the project to network, coordinate and get linked with other funding organisations. It also undertook regular monitoring and evaluation of the project and provided technical assistance, feedback, training and guidance to

the project. SCI and VHS-MSA maintained close collaboration, coordination, and communication and jointly identified areas for improvement. VHS managed the various programmes and activities of the project through the strong team of domain experts it put in place to plan, manage and execute the project.

## 5.2 Financial management

Strong financial management played a critical role in ensuring smooth implementation and efficiency of the various project initiatives and activities. The project closely integrated programme and finance and sought 'value for money' for any expenditure, thereby delivering cost-effective programmes. Regular internal and external audits kept spending within budgets and helped monitor compliance with agreed procedures.

In terms of expenditure of funds, 82% of the funds allocated for capacity building of health workers, including those at the community level, were spent; 62% of institutional capacity building, planning and leadership development funds were spent; 71% of the funds for social mobilization, building of community linkages, collaboration and coordination were expended, and 72% of those for surveys were spent. From the program perspective, the project achieved its intended targets as follows:

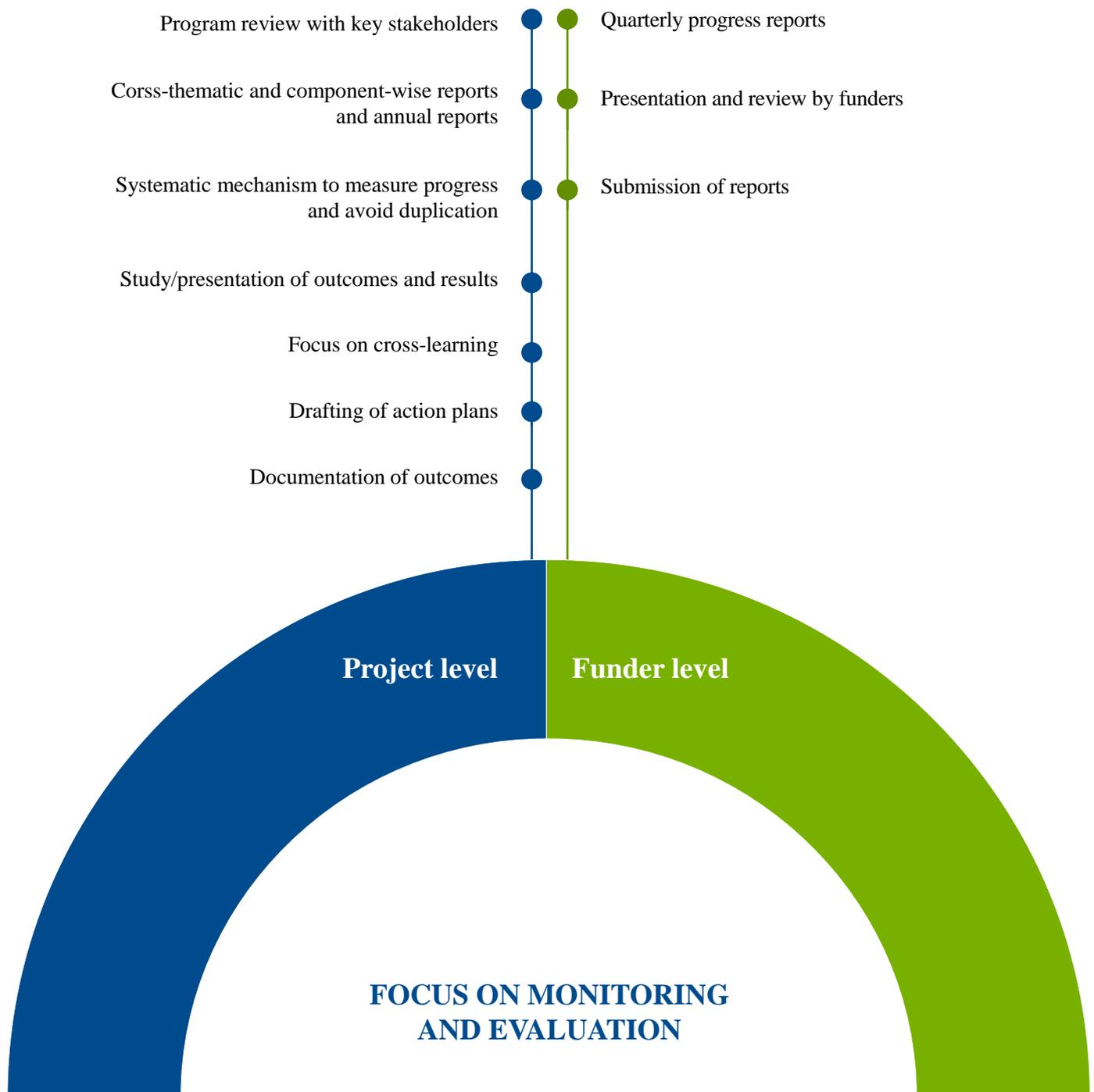
Indicator	Output Indicator	Target (Jan 2017– Sep 2018)	Result (Jan 2017– Sep 2018)
<b>Resilient and Sustainable Systems for Health (RSSH)-Community response and systems</b>	Number of community workers currently working with community-based organisations/non-government organisations who received training on different aspects related to HIV service delivery for MSM and TG populations according to national guidelines (wherever they exist) or as per international standards	2,360	5,822/236 (247%)
<b>RSSH-Community response and systems</b>	Number of members of the community who attended meetings/events on different aspects related to human rights, HIV service delivery for MSM and TG population	405	736 (182%)
<b>RSSH-Community response and systems</b>	Number of community-based organisations with minimum capacity) to deliver services for HIV to MSM and TG people	14	14 (100%)
<b>RSSH-Community response and systems</b>	Number of knowledge products developed as related to reduce the impact of HIV on MSM and TG populations	3	14 (467%)

### 5.3 Monitoring and evaluation

Establishment of a robust and transparent M&E system was a key priority for the project and its partners. Based on the concept of 'Share, Learn & Act', an M&E framework was developed for project DIVA. It not only helped in keeping track of the various multi-level and

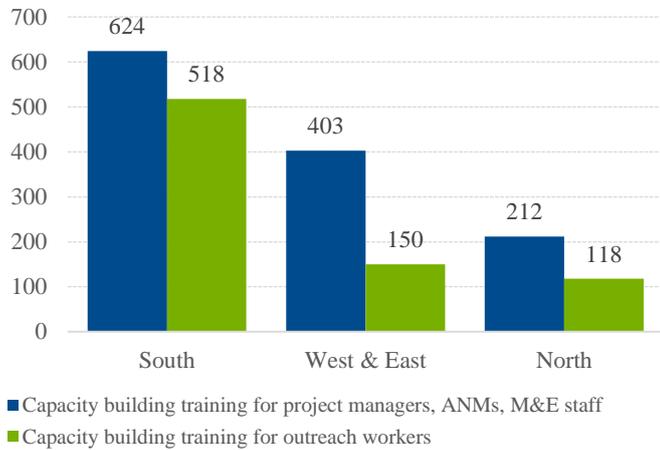
cross-thematic activities the project undertook but also enabled its stakeholders to review progress, study results and incorporate key learning into action plans and strategies. The system also helped in securing accountability and compliance by ensuring that an activity/programme was carried out in accordance with the set guidelines.

#### PROJECT DIVA'S SUSTAINED FOCUS ON M&E

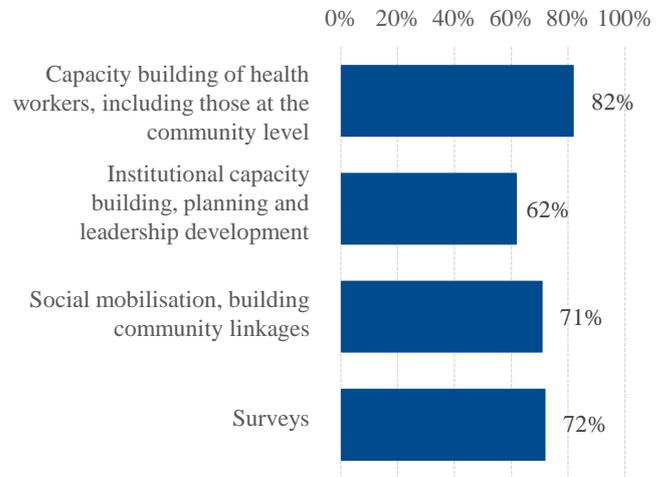


## PROJECT DIVA'S ACTIVITIES IN NUMBERS

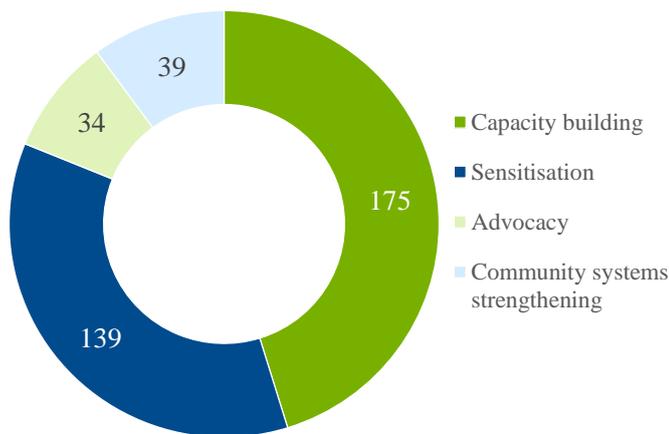
**Graph 1: Capacity building training programs held for TI staff in different parts of India**



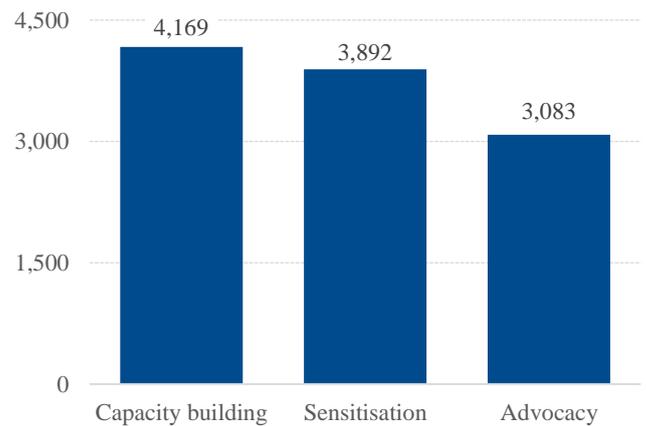
**Graph 2: Expenditure on training programs for TI staff**



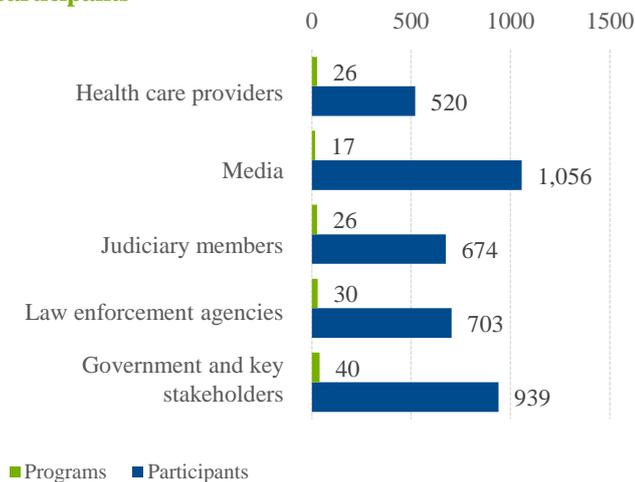
**Graph 3: Number of programs conducted (by focus area)**



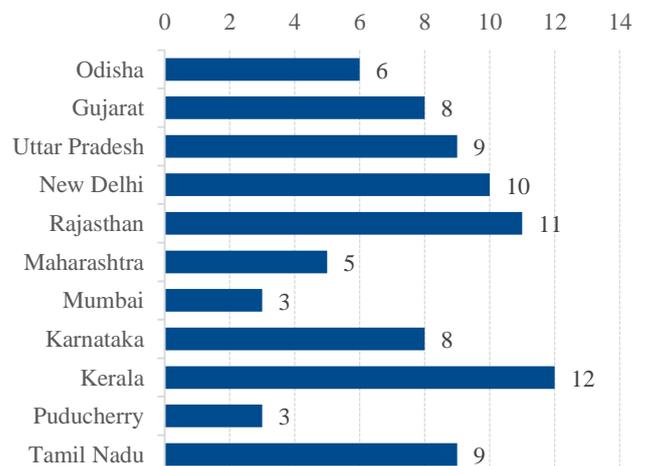
**Graph 4: Number of training participants (by focus area)**



**Graph 5: Number of advocacy programs and participants**



**Graph 6: State-wise number of master trainers developed by Project DIVA**



# LESSONS AND RECOMMENDATIONS

## 6.1 Key lessons

- **Engagement and collaboration with multiple stakeholders requires clarity of roles.** A project like DIVA requires simultaneous collaboration with many stakeholders, such as CBOs/NGOs, community leaders, rights-based organisations, government and bureaucracy, police, lawyers, media and health care providers. It is critical to engage all of the stakeholders in a structured manner with a clear understanding of the roles they need to play to achieve the programme's goal of delivering improved HIV services to TG/H.
- **Multi-sectoral approach helps to improve TI services among TG/H people.** Given the differing nature of social networks in the TG/H community, traditional prevention and outreach programmes often fail to get traction, due mostly to their one-dimensional outreach approach and stigma and discrimination in health care settings. A multi-sectoral approach involving CBOs, SACS, TSU, ICTCs and DAPCU offices and a wide range of stakeholders can increase coverage and reach.
- **Being community-centric fosters community ownership and sustainability.** Keeping the community at the centre during planning, developing, implementing and monitoring of programmes brings better results and fosters ownership in the community.
- **Investing in social capital and developing second-line leaders yields results.** Globally, funds are shrinking. Strategic thrust is thus needed on increasing, retaining and utilizing social capital. A resource pool of capacitated workforce should be developed for knowledge sharing and peer-led technical assistance. More focus should be placed on emerging young leaders, and they should be provided tools to design programmes and establish alliances. Linkages with CSR and philanthropic foundations must be channelized for community mobilisation and leadership development.
- **Empowerment of CBOs is critical for sustainability of programmes.** As the TG/H community has been stigmatized and excluded for long, its members have a high reliance on the community and its leaders. CBOs have thus emerged as the single most powerful channel to reach the TG/H people. These community-based groups must be capacitated and supported in advocacy and resource mobilisation.
- **Partnership between government, bureaucracy and CBOs must be strengthened.** Empowered CBOs have been instrumental, through advocacy with policymakers, bureaucrats and politicians, in several policy changes, such as the Transgender Persons (Rights of Protection) Bill, 2016; creation of TG welfare board in several states; TG pension schemes; and education and employment opportunities.
- **Sensitisation of police, lawyers, media and health personnel is important.** Sustained effort towards sensitisation is crucial to reduce the community's vulnerability and improve access to services.
- **Development of tools, processes and systems contributes to a structured and consistent programmatic approach.** The tools, processes and systems become instruments of communication, collaboration and coordination among various stakeholders and agencies working towards the common goal of supporting the TG/H people.
- **Regular monitoring and review must be built into programme management.** Detailed and regular review of programme implementation, challenges and results provides insights on what is and isn't working on the ground, and this learning can be incorporated into existing and planned programmes. It is also useful for providing inputs and communicating results to donors and other stakeholders.

## 6.2 Major recommendations

- **Strengthen partnership with government ministries and departments to create a positive policy framework for the TG/H community.** Political commitment and leadership from the concerned departments is critical to ensure that civil and political rights of the TG/H community are respected and secured through focused government interventions.
- **Initiate size estimation on a priority basis.** Data on the TG/H people in the country is inadequate, and must form a priority to enable effective planning.
- **Build the TG/H community's capacity for effective advocacy.** Programmes should focus on empowering the TG/H community and creating awareness among them about their rights, including the right to sexual and reproductive health, right to work, right to education and right to be treated with dignity and respect.
- **Design innovative approaches with a clear focus on results.** Programmes and interventions should be designed and implemented with clearly delineated impact and outcomes in mind. Impact indicators should be defined at the outset.
- **Customise the approach based on state/CBO needs and priorities.** One-size-fits-all approach does not yield results. The support provided, such as for capacity building, must speak to the specific needs of the context and the participants.
- **Engage the TG/H community from the beginning to enhance ownership.** Relationships and rapport must be built with various key stakeholders and leaders from the community. They should be involved right from programme design to its implementation to ensure their support and ownership is secured.
- **Nurture champions (master trainers) within the community.** Community members who have attended previous capacity building programs can help facilitate learning, promote innovation and assist with programme scale up in the community/state.
- **Develop innovative products and approaches.** Innovative approaches and tools must be designed and tested to target the vulnerabilities of TG/H people and the needs of community-based groups. For example, some supported CBOs showed success with the innovative resource mobilisation strategy of organising cultural events to raise funds.
- **Promote knowledge sharing.** Project DIVA is working towards the establishment of an e-group for CBOs at the national and state level, e-newsletters, mobile applications, and information repositories for sharing experiences, lessons and best practices.

## Conclusion and the Way Forward

Project DIVA has demonstrated the feasibility and effectiveness of a multi-pronged approach to reducing the impact of, and vulnerability to, HIV in the TG/H population. The project kept the TG/H community at the centre of its programmatic effort and designed targeted strategies to tackle the multiple factors that contribute to their vulnerability. Recognizing the need for creating an enabling social and political environment in which the TG/H can thrive, DIVA engaged and collaborated with a diverse set of stakeholders, right from CBOs and rights-based groups to government ministries and departments, police personnel, judiciary, media, private sector and health care providers. Across its multiple activities in capacity building, sensitisation, advocacy and research, DIVA kept the focus on collaboration and innovation.

DIVA has multiple achievements to its credit: building the capacity of 4,169 participants through 175 training programmes; building the organisational and fundraising capacity of 39 CBOs; sensitisation of 1,056 media, 703 law enforcement, 674 judiciary and 939 government personnel; development of 84 master trainers, 32 of them are from the TG/H community; piloting of 4 innovative fast-track models to expand coverage of HIV services; successfully advocating with national and state governments for policy level changes, such as the establishment of TG welfare board; and development of 66 manuals, guidelines and knowledge products for advocacy, capacity building and sensitisation. These and many other contributions of the DIVA project have paved the way for stronger progress in checking the prevalence of HIV in TG/H communities; addressing their social, political and economic vulnerabilities; and empowering them to secure their rights.

To sustain a strong forward journey of this initiative, DIVA has identified the following next steps:

1. DIVA will help develop a **pipeline of projects for the different states, based on the specific needs and priorities of different states and CBOs**. It will include project plans and proposals, the funds required and the measurable outcomes.
2. DIVA will **disseminate the project's results and lessons learnt** through donor/partner conclave and showcase its innovative practices and approaches to reach the TG/H community.
3. DIVA has demonstrated **new approaches and innovative practices in other project countries**. The project will share these approaches and their proven methodologies for possible replication and scaling up to reach the TG/H people.
4. DIVA is looking at **setting up a networking platform for individuals and organisations at the national level and creating an e-newsletter** to share experiences, lessons learnt and best practices for reducing stigma and discrimination against the TG/H community.



## **VHS-MSA DIVA Project**

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