



**CAPACITY BUILDING
APPROACHES
TO IMPROVE HIV
SERVICE DELIVERY
AMONG TG/H PEOPLE**



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I AM PROUD TO PROTECT TG / HIJRA RIGHTS

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FOREWORD

The prevention of new infections in high risk Transgender – Hijra population is a major thrust in the National AIDS Control Programme. NACO realised that in order to achieve a high level of coverage and to maintain quality of programme implementation, there is a need for quality learning opportunities, be made available to NGOs/CBOs working at the grass root level.

Under the guidance of NACO and in partnership with SACS, VHS-MSA DIVA Project has undertaken capacity building initiatives for the NGOs/CBOs to strengthen the implementation of Targeted interventions among the Transgender / Hijra people in the country.

This manual captures the various capacity building approaches adopted by VHS-MSA DIVA Project in capacitating the projects personnel who implements Targeted intervention among Transgender / Hijra people.

We thank the NACO, SACS/ TSU for giving us this opportunity, the community leaders, CBOs and the TI personnel who were part of the capacity building initiatives.

I hope the manual will serve as a reference source for those key stakeholders who would like to undertake capacity building approaches for TG-TI projects.

With best regards,

Dr. Joseph D Williams,
Director - Projects,
Voluntary Health Services

PREFACE



Human resource capacity building is a key strategy in the design, delivery, sustainability and scale-up of HIV treatment and prevention programmes. NACO has identified the need to capacitate the TG-TI project personnel on various components of TIs pertaining to TG/H people and under their guidance, VHS-MSA DIVA Project implemented the task of capacitating the various personnel of CBOs/CSOs adopting various innovative approaches.

In partnership with SACS/TSU, VHS-MSA DIVA Project had invested in social capital wherein we have capacitated 84 master trainers across 18 States in the country who could in turn train their TI team on various components of TG-TI projects. Further during the period November 2014 – September 2018, we have conducted induction, refresher, thematic trainings adopting various methodologies and capacitated around 2203 TI personnel of CBO/CSOs implementing TG-TI projects for improving the HIV service delivery among TG/H people.

Various topics on capacity building includes but not limited to community dynamics, HIV/AIDS, sexual health, BCC, outreach, VCT/STI services, condom promotion, treatment care and support services, stigma & discrimination, advocacy, community mobilisation, governance, sustainability, financial management, M&E, roles & responsibilities, leadership development, treatment cascade, prevention models, IT application for effective outreach, etc.

This manual details out the various capacity building approaches adopted by VHS-MSA DIVA Project in improving the HIV service delivery, in enhancing the managerial and technical capabilities of the TI personnel. It reflects the communities needs and aspirations and highlights the fact that capacity building has to be tailor-made based on the requirements of the communities.

Voluntary Health Services extend its gratitude to the entire MSA-DIVA Team for bringing up this manual capturing the approaches. VHS takes this opportunity to acknowledge the guidance from National AIDS Control Organization (NACO), New Delhi and the partnership of all the State AIDS Control Societies across 18 States of India. They have been supportive and provided valuable inputs during the training programmes thus ensuring that the training content reaches all the participants.

VHS thank the active participation of Transgender and Hijra population, CBOs/CSOs, master trainers and all its participants. Special gratitude and thanks to the Project Directors, Additional Project Directors, Joint Directors, Team Leaders – TSU and their team for extending their full support during the implementation of capacity building programmes in their respective states.

VHS acknowledges the significant contributions of Mr.Kaveesher Krishnan in developing this manual with inputs from VHS-MSA DIVA team.

I owe my sincere thanks to the Director – Projects, VHS Management and the PR agency – Save the Children International, Nepal for encouraging us to document the capacity building approaches as part of the MSA initiative and for their continuous support and motivation.

A handwritten signature in black ink, appearing to read 'Dr. A. Vijayaraman'.

Dr.A.Vijayaraman
Deputy Director, VHS-MSA DIVA Project,
Voluntary Health Services

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ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome	MSM	Men Having Sex with Men
APRC	Asia Pacific Regional Centre	NACO	National AIDS Control Organisation
ART	Antiretroviral Therapy	NACP	National AIDS Control Programme
CBHS	Community Based HIV Screening	NALSA	National Legal Service Authority
CBMS	Community Based Monitoring System	NGO	Non-Governmental Organisation
CBO	Community Based Organisation	NIE	National Institute of Epidemiology
CBT	Community Based Testing	NSP	National Strategic Plan
CC	Core-Composite	NULM	National Urban Livelihood Mission
CD4	Cluster Differentiation Cell	OPD	Opioid Substitution Therapy
CSO	Civil Society Organisation	ORW	Out-reach Worker
CSS	Community System Strengthening	PE	Peer Educator
DAC	Department of AIDS Control	PLHIV	People Living with HIV/AIDS
DAPCU	District AIDS Prevention and Control Unit	PM	Project Manager
DIVA	Diversity in Action	PRI	Panchayati Raj Institution
FGD	Focus Group Discussion	QPR	Quarterly Progress Report
GFATM	The Global Fund to Fight AIDS Tuberculosis & Malaria	RMP	Registered Medical Practitioner
HCP	Health Care Providers	SACS	State AIDS Control Society
HIV	Human Immuno Deficiency Virus	SCI	Save the Children International, Nepal
HRG	High-Risk Group	SRS	Sex Reassignment Surgery
HSS	HIV Sentinel Surveillance	STI	Sexually Transmitted Infection
LAS	Loveland Arts Society	TG/H	Transgender / Hijra
LFU	Lost to Follow-up	TI	Targeted Intervention
MEA	Monitoring & Evaluation officer cum Accountant	ToT	Training of Trainers
MIS	Management Information System	TSU	Technical Support Unit
MSA	Multi-Country South Asia	UNDP	United Nations Development Programme
		VHS	Voluntary Health Services

A. Background

It is estimated that HIV prevalence in India among the Transgender and Hijra community is 3.14% (HSS 2017-18). Therefore, intensive efforts have been made to control the spread of HIV within this sub-population. In India, the national program for the Transgender population has to be scaled up with the involvement of Transgender Leaders, so that, HIV prevalence can be reduced and prevention and care services are made available to these population. As per the NACO - NIE state mapping and size estimation study, the point estimate of the TG/H population majority (71%) of the population were in urban locations, and 47% were living in groups under a TG/H community leader known as “guru/nayak” (gharana based). Among the TG/H who were engaged in sex work (62%), 72% were from the gharana based structures.

The prevention of new infections in TG/H populations is a major thrust in NACP IV. Both NACO & the SACS have placed a high priority on coverage of 100% saturation of the mapped TG/H community. In order to achieve the coverage targets exclusive TG/H led TI (Targeted Interventions) were initiated, and various outreach strategies were adopted at the grass root level. To achieve this target, India is a signatory and committed to achieving 90-90-90 targets of UNAIDS and towards the same NACO has adopted a seven-year National Strategic Plan on HIV/AIDS & STI (2017-24). The vision is that of “Paving the way for an AIDS free India”.

The documentation on VHS MSA DIVA Project on capacity building of Transgender-Hijra TI Projects in India considers the national & global commitments to achieving 90-90-90 targets and NSP (2017-24).

Considering the need to equip the workforce who are implementing TG-TI projects with a goal to increase the HIV service delivery among Transgender/Hijra people, NACO has assigned the responsibility to VHS-MSA DIVA Project for capacitating the TI project personnel who implement TG/H projects. Further, NACO had also sent communication to all the SACS to extend support by deputing their TI personnel for the capacity building programmes organised by VHS-MSA DIVA Project.

Since November 2014, VHS –MSA DIVA Project in partnership with SACS has capacitated around 4169 CBOs/CSOs staff from 165 TIs in 18 States of India for improving the HIV service delivery among TG/H population by conducting induction / need-based thematic / refresher trainings in a phased manner.

The project components entailed the following five-pronged strategies:

- 1) Capacity Building of CBO/NGO Staff
- 2) Capacity Building for Organisation Development (Community Leadership)
- 3) Strengthening Advocacy
- 4) Community System Strengthening (CSS) - Seed advocacy fund
- 5) Experiential Learning and Sharing

While VHS remains to be the Sub-Recipient, the project has been implemented in two phases:

Phases	Name of the PR	Period	States
Phase 1	UNDP-APRC	1 st November 2014 – 31 st December 2016	6 States
Phase 2	SCI-Nepal	1 st January 2017 – 30 th September 2018	18 States

At the end of Phase I, NACO wanted to scale up the capacity building initiatives to 18 States with the support and hence proposed the following training load.

Training load suggested by NACO to VHS to conduct capacity building training program for TI staff

S.No	State	Training Load under Exclusive TI		Training load under Core Composite TI		Inclusive of exclusive and core composite TI		No of Batches	
		PM, ANM, M&EA	ORWs	PM, ANM, M&EA	ORWs	PM, ANM, M&EA	ORWs	PM, ANM, M&EA	ORWs
Zone: South									
1	Kerala	21	7	0	0	21	7	1	1
2	Karnataka	6	6	27	31	33	37	1	1
3	Tamil Nadu & Puducherry	6	4	120	128	126	132	4	4
4	Telangana	0	0	48	36	48	36	2	1
5	Andhra Pradesh	0	0	84	47	84	47	3	2
	Zone Total	33	17	279	242	312	259	11	8
Zone: West and East									
1	Mumbai	12	13	3	3	15	16	1	1
2	Maharashtra	15	9	54	8	64	17	2	1
3	Chhatisgarh	39	13	0	0	39	13	1	1
4	Jharkhand	0	0	9	4	9	4		
5	West Bengal	3	1	0	0	3	1		
6	Odisha	3	2	66	22	69	24	2	1
	Zone Total	72	38	132	37	199	75	6	3
Zone: North									
1	Delhi	18	22	0	0	18	22	1	1
2	Gujarat	3	6	0	0	3	6		
3	Rajasthan	6	3	0	0	6	3		
4	UP	6	4	72	23	78	27	2	1
5	Chandigarh	0	0	1	1	1	1		
6	Uttarakhand	0	0	0	0	0	0		
	Zone Total	33	35	73	24	106	59	3	2
	Grand Total	138	90	484	303	617	393	20	13

B. Study Objectives

To document the Capacity Building Approaches adopted by VHS-MSA DIVA Project in improving the HIV Service delivery among Transgender/Hijra people

Specific Objectives

1. To segregate different Capacity Building Approaches (including the processes followed, innovations made and challenges) across the phases in each state. To consolidate the capacity building events under each approaches held in the states from November 2014- September 2018 regarding
 - Qualitative and Quantitative outputs (such as the number of TG-TI Staff trained and the number of master trainers formed);
 - the innovations & lessons learned (scaling up activities)
 - the challenges under the capacity building initiatives
2. To document the staff level changes from attending capacity building events knowledge/ understanding; Technical skills, managerial skills and attitudes.
3. To document the Community level changes (social attitudes and beliefs, organisational capacities and environmental conditions)



C. Methodology

The documentation exercise used qualitative methods and tools to review the literature and gather information using primary data collection tools such as personal interviews, focus group discussion and in-depth interviews. Officials at SACS, CSO/CBO management and staff implementing TG TI projects and communities were interviewed as per their availability. Data collection plan as stated below:

Unit of Documentation	Targets for Documentation	Data Collection Tools
Individual	VHS-DIVA Team	Personal Interviews Review of Project documents Collect descriptive reports
	Project Director & Joint-Director TI SACS/ Team Leader & Program Officer TSU	Personal Interviews Review MIS / QPR / Evaluation report Collect descriptive reports
	TI Staff /TG TI Community	Personal Interviews FGDs Collect Photographs
Organisational	CBO/NGO Management	Personal Interviews Questionnaire
Environment	Stakeholders (based on availability)	Personal Interviews



D. Capacity Building Approaches

The mandate of VHS from NACO was to train the program staff while NACO will train the Project Directors and Peer Educators in the TG interventions. VHS –MSA DIVA had adopted five-pronged strategies in building the capacities of Transgender TI Projects across two phases.

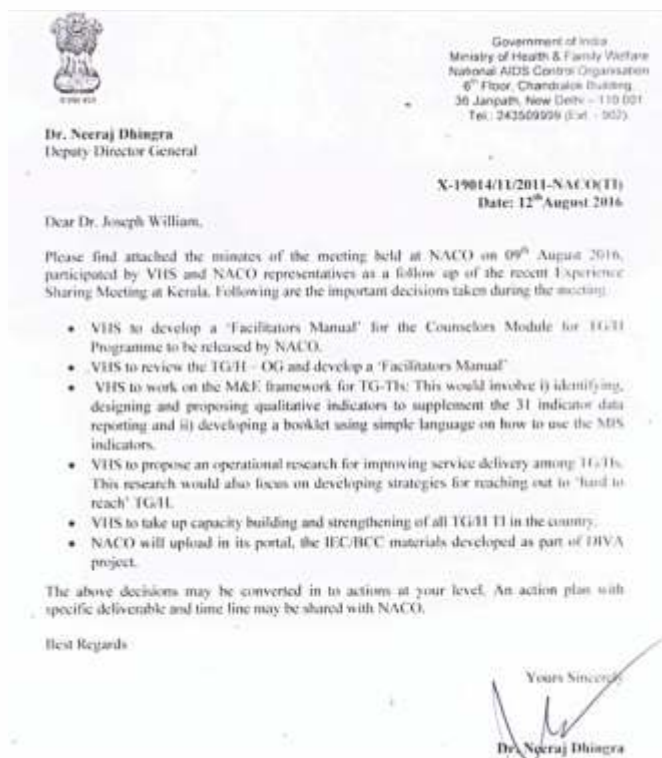
Five pronged strategies



During the Phase, I (2014-16), Kerala, Tamil Nadu, New Delhi, Orissa, Mumbai and Uttar Pradesh were covered. While in Phase II (2016-18), the project expanded to 12 additional states – Karnataka, Andhra Pradesh, Telangana, Pondicherry, Maharashtra, Gujarat, Chandigarh, Rajasthan, West Bengal, Bihar, Uttarakhand, Chhattisgarh, in India. Along with the capacity building assistance, the project also extended support to the state in creating a supportive environment through several strategies for Transgender communities.

To meet the training load target within the stipulated time, NACO proposed VHS to develop Master Trainers with support from SACS. VHS trained 83 Master Trainers, out of which 32 (38%) are from TG/H communities and conducted the training program with support from SACS and TSU. The training curriculum for induction / refresher trainings were developed and finalised in consultation with SACS, TSU officials and selected community experts based on the needs. Most of the trainings were participatory using adult learning principles. Gender Transition Related Services, Mental Health Issues of Transgender persons are some of the sessions included in the training curriculum apart from the regular package.

VHS submits a monthly report on the activities carried out by DIVA project to NACO and quarterly report to Save the Children International regularly. VHS maintain a training log of all the participants who underwent the training program since the inception.



The capacity building approaches used by VHS-MSA DIVA Project were five-pronged and are detailed below: 1) Training (Induction, Refresher and Technical Trainings); 2) Dissemination of NACO's Operational Guidelines and National HIV Strategic Framework; 3) Training of Trainers (ToT) through Master Trainers and 4) Organisational Development and 5) Experience Sharing Meetings.



The objectives and covered states under each approach are elicited in the table below:

Sl	Capacity Building Approaches	Objectives	States Covered
1	Capacity Building Training (Induction, Refresher & Thematic Trainings) Number of programmes conducted -98	Improve Service Delivery of Transgender TI Projects Acquired Knowledge, Attitude and Skills in: <ul style="list-style-type: none"> • Outreach and Peer Promotion • Counselling Skills Communication & Advocacy Skills • Social Protection & Financial Inclusion opportunities for TGs • Positive Prevention • Mental Health & Positive Living • Community Mobilisation & Collectivisation • Data collection tools and formats 	Maharashtra, Mumbai, Uttarakhand, Uttar Pradesh, Kerala, Tamil Nadu, Delhi, Orissa, Karnataka, Pondicherry, Gujarat, Andhra Pradesh, Telangana, Chhattisgarh, Bihar, Chandigarh
2	Dissemination of NACO Operational Guidelines & National HIV Strategic Framework Number of programmes conducted -20	Learn provisions for Transgenders in the NACO Operational Guidelines and NHS related to Transgender	Maharashtra, Uttarakhand, Uttar Pradesh, Mumbai, Kerala, Orissa, Karnataka, Andhra Pradesh, Delhi, Chandigarh
3	Training of Trainers (ToT) of Master Trainers	Decentralise and disseminate knowledge & skills through State level Master Trainers	All States
4	CBO/ CSO Organisation Development Workshop Number of programmes conducted – 10	Develop Sustainability and Resource Mobilisation Strategies for CBO/CSOs Helped CSO/CBO in Organisational Development	Tamil Nadu, Kerala, Maharashtra, Tamil Nadu, Orissa, Delhi, Karnataka, Andhra Pradesh
5	Experience Sharing and review meeting	Share experiences from different states	All States

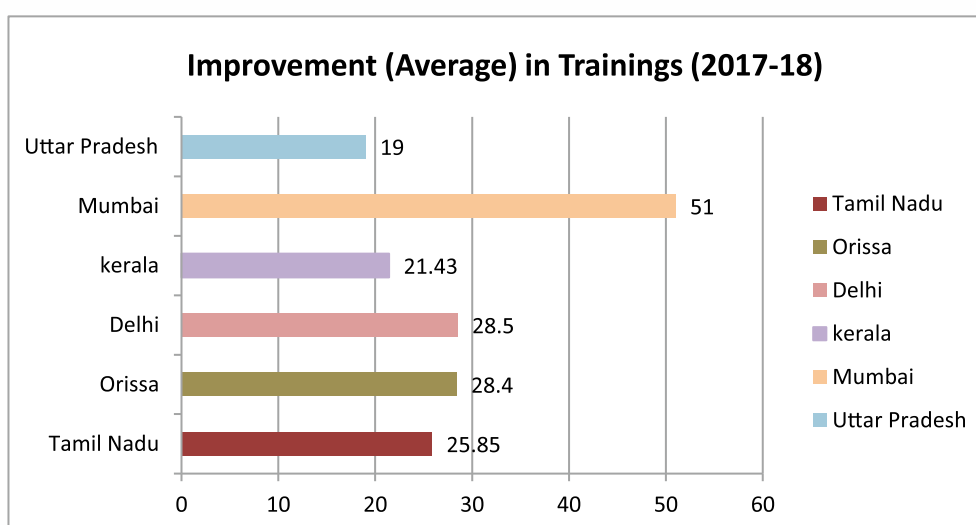
SACS has included the capacity building activities of VHS-MSA DIVA project to the TG-TI project personnel in their annual action plans.

E. Changes in Knowledge, Attitude and Practices

Through VHS-MSA DIVA Project, the TI personnel were capacitated on different categories including dynamics and issues about Transgender/Hijra people. As an outcome, the capacity building programmes has brought in changes in the Knowledge, Attitude and Practices of the TI staff as stated below:

a) Improved Service Delivery: In certain states, the training has impacted in saturation of coverage and effective delivery of services. This was possible, as the training gave clarity and understanding of the concepts, reduced anonymity and demarcation of Transgender from MSM and other sub-groups. Participants now gained clarity on the sexual risk pattern and service needs of TG from MSM.

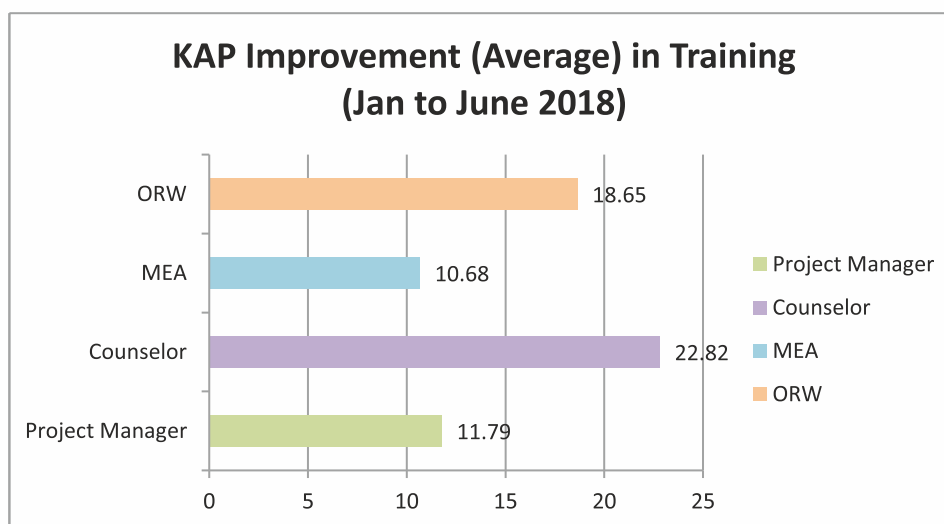
The project training enabled TI staff to improve project performances by identifying and enrolling Transgenders in the project, enhanced service delivery through clinical footfall, HIV and Syphilis Testing, Condom uptake, ART linkage etc. STI and HIV reactive cases have increased over time. For instance, at Pahal Foundation TG TI in Delhi, 13 HIV positive cases were identified between January 2017 to July 2018 through CBT Camps, are linked to ART and on regular follow up. There are no LFU cases reported during the period. Further, through enhanced Clinic footfall, 33 STI cases were identified and treated during the year.



b) Enhanced Managerial and Technical Capacities: Ownership and management capacities of the TI personnel have improved, particularly on new identification, outreach, planning and prioritisation, teamwork, performance review and crisis advocacy with community leaders and law enforcement agencies. The staff has gained the confidence to solve and strategise solutions to overcome field level issues, facilitate HRGs in planning outreach and advocacy training with Health Care Providers and Police. Further it has also improved the governance and managerial skills of the CBO members.

The session outlines were planned in such a way to maximise engagement of both old and new TG TI staff by charting out training expectations and needs during the begin of training. Role plays, games and demonstrations were incorporated in the sessions.

Master trainers identify the community needs and can prioritise services using tools such as Preference Ranking¹. Focus Group Discussion with a TG CBO Management in Delhi revealed that the training gave a lot of respect and improved self-esteem and respect for the field staff, for being able to dispel knowledge gained from the training. Police harassment on ORWs for condom distribution has reduced after effective advocacy with them, who no longer torture them. More TGs are joining as Peer Educators with them.



“VHS-DIVA have been organising good trainings and had increased our confidence ...we are able to respond to community needs. The trainings had benefitted on areas which were earlier ignorant or had limited knowledge to us. Networking for TGs, Communication and Advocacy skills for SRS and Police harassment, Section 377 and NALSA Judgement were all new learnings to me”. - Mx Pushpa, ORW, Aarohan TG TI, Delhi

c) Reflect communities need and aspirations: Training has yielded ownership among the community staff to shed hesitation to meet, walk across the corridors and communicate with confidence with power holders. They have learnt the etiquettes of speaking and behaving in public. They organise training and series of mainstreaming events such as Transgender Day, Hijra Hubba and Pride Walk.

Participants also fondly related training days with memories of learning's along with good and safe accommodation, food, ambience and comfort.

¹ As per NACO's Operational Guidelines, Preference ranking aims to identify the reasons for gaps in regular contact and clinic attendance and prioritize the same and make plans to address them.

“In the most training of VHS-DIVA, participants and trainers at VHS training were with no ego, as everyone was from the community, understood the need and mutually took care of each one's concern. They called us by our names, by itself was a new experience and recognition to us. Travelling and living together, eating food and dances and other fun-filled events altogether with serious classroom learning was to cherish as lifelong memories. Learning too was with very little compulsions” – Mr Ram Prakash, Project Manager, Aarohan TG TI, Delhi



d) Cascaded to access basic entitlements: Participants who attended Training of Trainers (ToT) in Delhi and Chennai recall that as Master Trainers, their personality has moulded with low fear factor and high communication skills. They can prepare well and disseminate knowledge with confidence.

Most VHS-MSA DIVA training schedule had a mix of content, however very systematic and need-based themes to teach participants to reach out for beyond TI service components such as skills in TG mapping in uncovered areas, mobilisation for Community Based HIV Testing (CBHT), advocacy and linkages, PLHIV Care, legal and human rights and access to basic entitlements, service linkages and tracking, rapport with stakeholders, scope in digitalisation of communication messages using Android / smartphones for online chats etc. The training schedule has along with learning, there were cultural events and enjoyment at the end of each day.

I am a master trainer, undergone ToT through VHS MSA DIVA project. Before the training, I was little passive with less confidence. But after the training and my interaction with the trainers & co-participants, my knowledge has increased and I feel more confidence to deliver the work I am doing. And I feel so much worth and better now – Mx Sayed Toufiq, ORW, Lakshya Trust TG TI, Surat, Gujarat

e) Tailored to fit uniqueness: As an outcome of training, the projects have altered certain existing tools as felt appropriate such as micro plans, unique documentation formats, Field Supervision and Monitoring Methods, Community Specific Risk and Vulnerability Assessment, Partner Notification, Site Map Assessment, Counselling formats, linkage with NULM schemes etc. Now Counselling Sheet does not confine to risk, and clinic details alone in certain projects rather extend to deal with a mental health crisis and legal issues. Similarly, learning to operate social chat media, communities have accessed divergent digital services.

“Through counselling training, there has been a reduction in LFU missed cases by better follow up and ART linkage of HIV positives cases. Confidentiality ethics has also been properly maintained at the project level. Further Counselors also need to gain better skills to meet psycho-social needs of Transgenders than just clinical care, Counseling has also helped communities to articulate for their rights”. – Mx Alisba, Counselor, Pabal Foundation TG TI, Delhi

“...Thus, there had been a lot to use from training lessons back at our work. For example taking sessions, ability to monitor and track service uptake, supervise staff using CBMS tool and bring in innovations in field-based counselling and tool development are all through the VHS rendered training” - Ms Sasmita Saboo, Project Manager, Sakha CBO, Bhubaneswar

“We feel more empowered after coming to Pabal Foundation (TG TI), as we got confidence from the training on NALSA, Human Rights and legal aid given to us. We have been telling communities first to bring change in their attitudes and then expect attitudinal change from the society. We set ourselves as examples for the community. Now with the knowledge, we can fight for our dignity and self-respect. We can legally guide and escort communities for legal aid services in case of violation or denial of rights. Four cases were fought to date and won successfully on divorce, cybercrime etc.” – FGD with TG Community Staff, Pabal Foundation, Delhi





F. Changes in the Social and Policy Environment

Besides training, the VHS-MSA DIVA Project has been a catalyst in influencing social and policy environment in support of Transgender across different states. As an impact of VHS training, TG communities no longer are hidden from the social mainstream and have become friendly and open to their gender. Towards the TI staff, communities have started to open up with their sexual problems, able to reach out for partner testing and started to interfere at families and institutions where the case of stigma & discrimination is reported. CBOs like Loveland Arts Society, Kollam (Kerala) and Sakha, Bhubaneshwar (Orissa) have started to do public awareness on TG issues and initiated several mainstreaming opportunities. The organisations are to advocate for a single window for service delivery with power holders.

In Kerala, advocacy support had led in the formulation of State Policy, constitute State TG Welfare Board and roll out of certain inclusive schemes on a reservation in academic programs, promotion of TG friendly clinics, washroom and livelihood program for Transgenders.

Recently Bhubaneshwar Municipal Hospital received Kaya Kalp Award for its quality service delivery, that had displayed the logo on TG friendly premises and had so many promotion initiatives. The state has proposed to seek political reservation of Transgenders with political leadership. The state of Kerala has flung far ahead in several initiatives for Transgenders such as election manifesto for the welfare of TGs, TG cell in Prisons, G-Taxi driven by TGs, Neighbourhood Groups among TGs and Schemes under PRIs.

With the financial support of Panchayati Raj Institutions (PRIs), State Poverty Alleviation Mission (Kudumbasree) and Financial Institution, communities from TG TI projects have started feasible livelihood ventures such as chips making a unit (through Healthline CSO, Kannur) and ornament rental venture (LAS, Kollam). In Bhubaneshwar, TGs work as Traffic Volunteers & Home Guard Constable and the organisation Sakha is planning to venture into tailoring unit, beautician course, driving etc. for the communities.

There are so many Transgenders, who have ventured as celebrities and are popular. Mx Sadhana (Orissa) is Social Development Officer, Mx Aiswarya Rituparna (Orissa) is Sales Tax Officer, Mx Soorya (Asianet Comedy Star Celebrity) and so many to name a few. Communities have themselves formed a team and create opportunities to advocate for their rights and privileges by organising fashion shows and celebrate important events.

“Mainstreaming and inclusive approach for Transgender through integrating their issues into development agenda of nutrition, shelter, livelihood and education sectors is needed. Sensitisation in High School authorities must be considered along with other stakeholders. Visible TG friendly institutions would help them to non-besitantly visit and access basic services. State TG policies may translate into enactments that ensure punitive measures against violation of human rights accrued on them”. - Dr S K Swain, Joint Director (TI), Orissa SACS

There is a need of Transgender Desk under the Social Justice Department for monitoring the progress of Transgender intended schemes. And SRS may be included in such scheme designs. Need Assessment Surveys by different agencies on Transgender have been done. However, the outcome has been inadequate. The community expects support in policies for Sex Reassignment Surgery (SRS), Hormonal Therapy and Breast Implants in Government Hospitals; Social Protection assistance including Health Insurance and Housing.

G. Key Lessons Learned

VHS- MSA DIVA's state-level implementation plans were derived in consultation with SACS and TSU team. Training was designed based on site mapping and development of state-specific training plans. Such gestures yielded ownership and commitment from State authorities for the training events. Few significant lessons gathered from this assessment, as perceived by training participants and SACS / TSU officials are stated below:

- a) VHS- MSA DIVA training helped SACS to save training budget, so as spend on other need-based activities. This was of great help when HIV funding size had been on depleting, and there exists no committed agency in training TI staff. The training was self – sufficient and had also improved the managerial and technical capacities of SACS and TSU too.
- b) Quality of training resulted in better understanding of the concept, definition and dynamics of TG issues. It also improved community mobilisation skills for improving new registration, service uptake and other project performances.
- c) In locations with no TG interventions, newly identified TG was clubbed with either MSM or Core Composite interventions for HIV service delivery. The additional workforce was sanctioned (ORW and PE) to extend services.

“The trainings were of good quality and most SACS made it an opportunity to equip SACS, TSU and TI staff from other typologies too on learn on TG issues” – Mr Kamlesh Meswania, Joint Director (TI), Gujarat SACS

- d) TI Progress/ Performance Reviews during the training events enabled participants to relate learning's with their expected responsibilities and deliverables.
- e) Besides, creating a competitive spirit for mutual learning and showcasing examples, exposure visits and review meeting had broadened understanding of the scope of policy formulation for Transgenders in each state. Expertise from South Indian states was brought as resource help in translating state plans into action.
- f) Different Capacity Building approaches of VHS – MSA DIVA Project was effective, as through resource person panel (Master Trainers) were selected from respective states, had disseminated across different levels and cadres of the TG TI Projects. Master trainers held training for other staff and community members. Further, there were inter-state technical training on need-based themes.

“VHS inputs gave impetus to our CBO office bearers to organise and coordinate fundraising initiatives with minimal resources. We have learnt to lead our communities through addressing their conflicts, has generated wide acceptance and recognition for the CBO leaders. Zilla Panchayath, Corporation, line departments and activists now know us and our work. We expect to mould more community ambassadors among the communities, to raise voices, sensitise and advocate for our needs. We are no longer hidden communities and owe all accomplishments to VHS DIVA Project”. – Mx Anu Stephen, President, Loveland Arts Society, Kollam.

- g) Training catered to the unmet needs of the community such as Sexuality, Gender, Sex Reassignment Surgery and hormonal therapy etc. As a result, communities are grown to be able to articulate and advocate for their rights by themselves. In certain states, TG policy and Welfare Board have been constituted through the efforts of communities.
- h) Earlier, NACO's TG interventions overlooked the importance of Deras and were not defined in the Operational Guidelines. More understanding and skills on such cultural cults were needed for effective targeted intervention among such groups, However, across certain north Indian cities, over these years, certain TI staff have gained respect from and influence over the community leaders (Dera Leaders), even at the magnitude of intervening their inter-group clashes and conflicts.
- D) Intervention could be more effective during festival mode in certain states. TG communities in large become more visible to attract males during public gatherings. Other feasible approaches based on state-specific features such as Hamam, Aghada, Toli based approaches for feasible community mobilisation and service uptake could be piloted.



j) Besides training, the VHS-MSA DIVA Project play a proactive and catalyst role to influence policy environment through advocacy, coordination and follow up with local power structures. The projects have yielded qualitative and holistic development among Transgender community in the intervened states. There were efforts to create a supportive policy environment and roll out of inclusive schemes through sensitisation and advocacy supports from VHS. Improved service delivery and project performances have resulted in such an approach.

k) As an offshoot of capacity building, several livelihood ventures have been tried out among Transgenders in the country. After considering its feasibility and state specific appropriateness, certain ventures such as Ornament and dress rentals and Chips and Curry powder making Units were piloted by Transgenders in Kerala state. Certain wage employment initiatives have also been reported as in Supermarket and Coffee shops (for billing, vending, packing and serving, Police Home Guards and Traffic Volunteers, Training in Driving and placement as Ola/Uber, Training and placement as a beautician, tailoring (cloth bag), and low cost housing projects etc. These engagements have benefitted the community in gaining respect in society, fetched regular wage and employment, comfortable in working by associating with community members and savings and income. However, delay in sanctioning of projects including finances and consistent workforce may hamper the project spirit.

“External support in the form of consistent motivation and leadership, cohesiveness and we feeling, financial and technical integrity, and drive to yield outcome are key to the success of any ventures among Transgenders”. – Jijo alias Sandhya, Co-Proprietor, Nice Chips (Venture of Transgenders, Kannur)

l) The outcome of training has also led to less report on the incidence of stigma/discrimination Health Care providers, police and power holders. In most North Indian states, TI staff reported of communities reduced in visiting unqualified/ quack health care providers.

m) Consistency in training outcome was influenced by heavy attrition among TG TI Staff and also frequent transfers of power holders including service providers (HCPs). However, training follows up, and the result has been consistent in projects with community staff and community friendly service providers.

H. Conclusion and Way forward plans

VHS MSA DIVA project has set the strenuous benchmark for capacity building agencies to accomplish on the address the issues of Transgender. The systematic, flexible and need-based curriculum has improved the capacities for effective HIV service delivery among Transgender TI Projects in several intervened states. The capacity building approach and strategies were holistically designed, not just to improve the capacities but to trickle down in creating an enabling social and policy environment for Transgenders in every Indian state. In certain states like Kerala, Gujarat and Orissa, the training and its effect have been multi-faceted, while it leaves a lot of potential areas for other states to emulate and carry forward. Following is the way forward plan for consideration:

- As attrition is very high in projects, intermittent with more frequency of technical trainings for TG TIs and SACS may be considered. In Training, improving TI Staff Counselling Skills may be on priority.

- Master Trainers need updating on knowledge and skills on advocacy and linkage to entitlement schemes. Master trainers of VHS-MSA DIVA may be considered in district level training of SACS.
- Training to cover PLHIV care including positive prevention and follow up strategies. Pilot community based models to link PLHIV from Transgender communities for ART treatment adherence in different social settings.
- Training to have developed state specific roadmap and support plans to follow up towards coordination and networking with service providers. Full-Time workforce support at TI project is warranted for coordination and networking with service providers.
- Train leaders and intervention strategy may be piloted among Dera and Non-Dera (Gharana/Aghadas) sub-groups. Training may consider state specific and culturally appropriate sessions on TG issues.
- In states with diffused TG population (no gharana/dera system), a community consortium could be formed, and interventions can be initiated. In the Link Workers programme the same could also be merged or linked with DAPCU.
- In a state like Delhi, where transgenders are not unorganised and highly dynamic known for their sub-groups clashes, formulating supportive policies would be difficult. There are very fewer amenities for TG community in Delhi, and the community needs to access rights in securing separate wards in hospitals, space in OPD, separate washrooms in public toilets, marriage for TGs, TG help desk at the police station and banks etc.
- Training content must expand on larger issues of Transgenders such as inter-sex, sensitivity to child abuse and other health issues like SRS and Hormone Therapy.
- Communities with any ailment mostly drop-in to RMPs or private doctors, sensitisation and training needs of private doctors (including RMPs) have not been addressed.
- Participants felt that the VHS DIVA training has fetched understanding mostly on the street based transgenders, while Dera and Network-based Transgenders (including trans movement) are not covered who too are mostly at risk.

“In most Deras/Agharas, TI Staff struggle to gain entry and influence into the community with messages on safe sex practices. Convincing and getting Dera leaders into confidence for spiritual and religious reason is cumbersome. New generation from Deras too are sceptical of disclosure and so are not open about sexual practices”. - Dr Rajesh Gopal, Additional Project Director, Gujarat SACS

- In certain states like Orissa and Kerala, Transgender is spatially spread out, to unaddressed through neither TI Projects nor the VHS training.
- In most training, hand-outs (study materials and presentations), electronic resource directory (on SRS and Counselling) were not shared to participants.

- Systemic issues are yet to be addressed such as unavailability of SRS facilities and CD4 machines in certain states and require concurrent advocacy efforts of the community.



Annexure – Tools

Tool on Personal Interview (VHS DIVA, SACS and TSU Personnel)

1. What are the main benefits of the VHS DIVA training to SACS & TSU, particularly in terms of new knowledge, skills and management capacities efficiency of TG TI projects, bringing innovations and effectiveness in the TG policy environment?
2. What technical outputs or policy and / or recommendations have been developed as a result of VHS DIVA trainings in the states ?
3. What were the quantitative outcome of TG TI projects in terms of service delivery has been achieved as an outcome of VHS DIVA Projects ? (MIS, QPR, Evaluations)
4. What were the key lessons learnt from the VHS DIVA trainings?
5. Has there been any innovations in the capacity building process of VHS-DIVA?
6. May I have quantitative / qualitative reports and few photographs to substantiate the information.

Tool on Personal Interview (TI Staff only)

1. What knowledge and skills from the training do you apply regularly in your duties?
2. What aspects of the training (knowledge, skills, networks etc) do you pass it on to others?
3. What are the main benefits to you personally from the training?
4. What factors (if any) have hindered you from using your skills and knowledge gained from the training on return?

Tool on Personal Interviews (TG TI/CBO Management)

1. What are the main benefits of the training to the organisation, particularly in terms of efficiency, innovations and effectiveness in the policy environment?
2. What technical outputs or policy and / or recommendations have been developed as a result of trainings?
3. Has there been any change in the capacity of the TG organisation since last 4 years?

Tool for FGD and Case Study (ORW, PE and Community members)

1. Has there been any improvement in your confidence, competence, opportunities of service delivery, activity expansion, scale up of geographies in last 4 years ?
2. Has there been changes in social attitudes/ beliefs, responses from service providers such as health care providers, police, elected representatives?
3. Has there been any new schemes/ projects launched towards TG-H community since last 4 years ?
4. Has there been any change in the capacity of the TG organisation since last 4 years?
5. What are the changes in the TGs environmental conditions since last 4 years ?