Transgender - Hijra Strategy

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Coverage

- NACO
- 3 TIs – Denominator 3000 – 5000 (Mumbai, Maharashtra)

- BMGF
- TG – 7,400
- Mumbai and Bengaluru, 2 districts in AP, 5 districts in TN

Estimates?

- NACO estimates- mapping, MSM: *3.51 – 4.12 lacs*
- Anecdotal guestimates peg the transgender populace between 0*.5 – 1 million* in India
- UNDP study - *166,665 –* reported by CBOs in 42 sites*

NACP IV TI vision for transgenders

- Community led
- Addresses structural issues
- Context specific
- Evidence informed
- Makes available new generation prevention and care – support – treatment techonologies
- Balances between public health and human rights approach
- Focusses on integrated service delivery
- Innovations is a key cross cutting strategy

Working Definitions

- **Hijra:**

—"Individuals who voluntarily seek initiation into the Hijra community,

whose ethnic profession is badhai but due to the prevailing socio economic cultural conditions, a significant proportion of them are into into begging and sex work for survival.

These individuals live in accordance to the community norms, customs and rituals which may vary from region to region

Transgender

- Transgender is a gender identity.
- Transgender persons usually live or prefer to live in the gender role different to the one in which they are assigned at birth.
- This has got no relation with anyone's sexual preferences.
- It is an umbrella term which includes transsexuals, cross dressers, intersexed persons, gender variant persons and many more.
- A term that includes people who have not undergone any surgery or physiological changes

Risk profile

- Number of partners?
- Types of partners
- Types of sexual behaviour?
- Sex work?
- Vulnerability and non ability to negotiate safer sex?
- Migration- mobility- awareness/knowledge levels
- Proportion of them exposed to violence, emasculated status, anal sex, substance abuse and risk behaviours?

Context for interventions

- Geographical differences-
- Socio – cultural issues

Challenges

Uncertainty

- The size of TG population
- The magnitude of HIV epidemic among TG

Dual Stigmas

- Sexual orientation
- Gender identity
- HIV infection and STI

We do not know what works?

- What are key elements for effective intervention?
- What are minimum coverage to slow down the epidemic?
  - *High knowledge level Vs. High risk behaviors*

Capacity

- TG CBOs
- Health sectors

Stand Alone vs MSM TG Composite Interventions

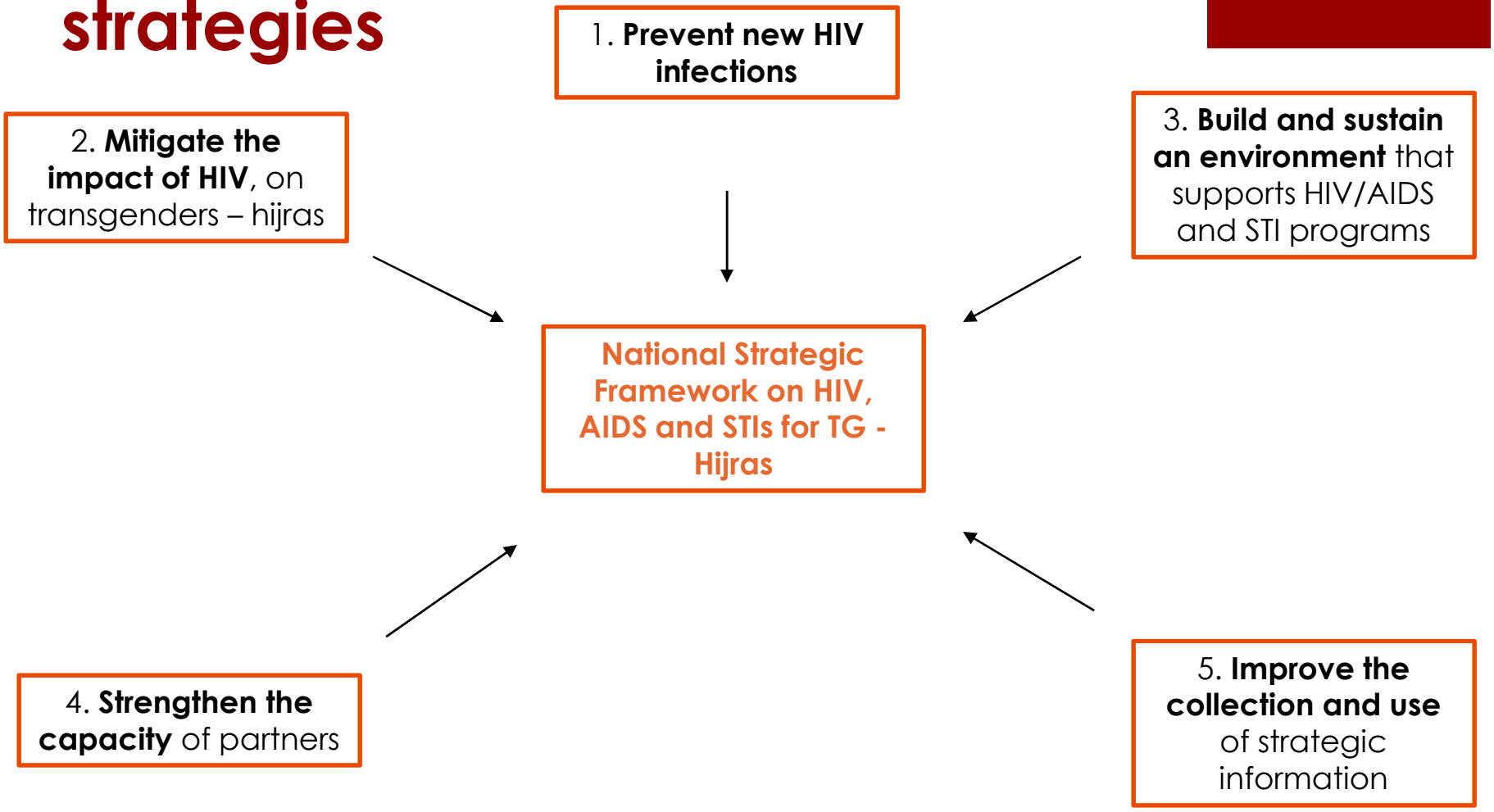
Composite TIs (MSM + TG)

- Commonalities in transmission dynamics, mapping methodology, TI approach
- Broad similarities in advocacy approaches
- Better value for money
- Useful in dispersed TG populations

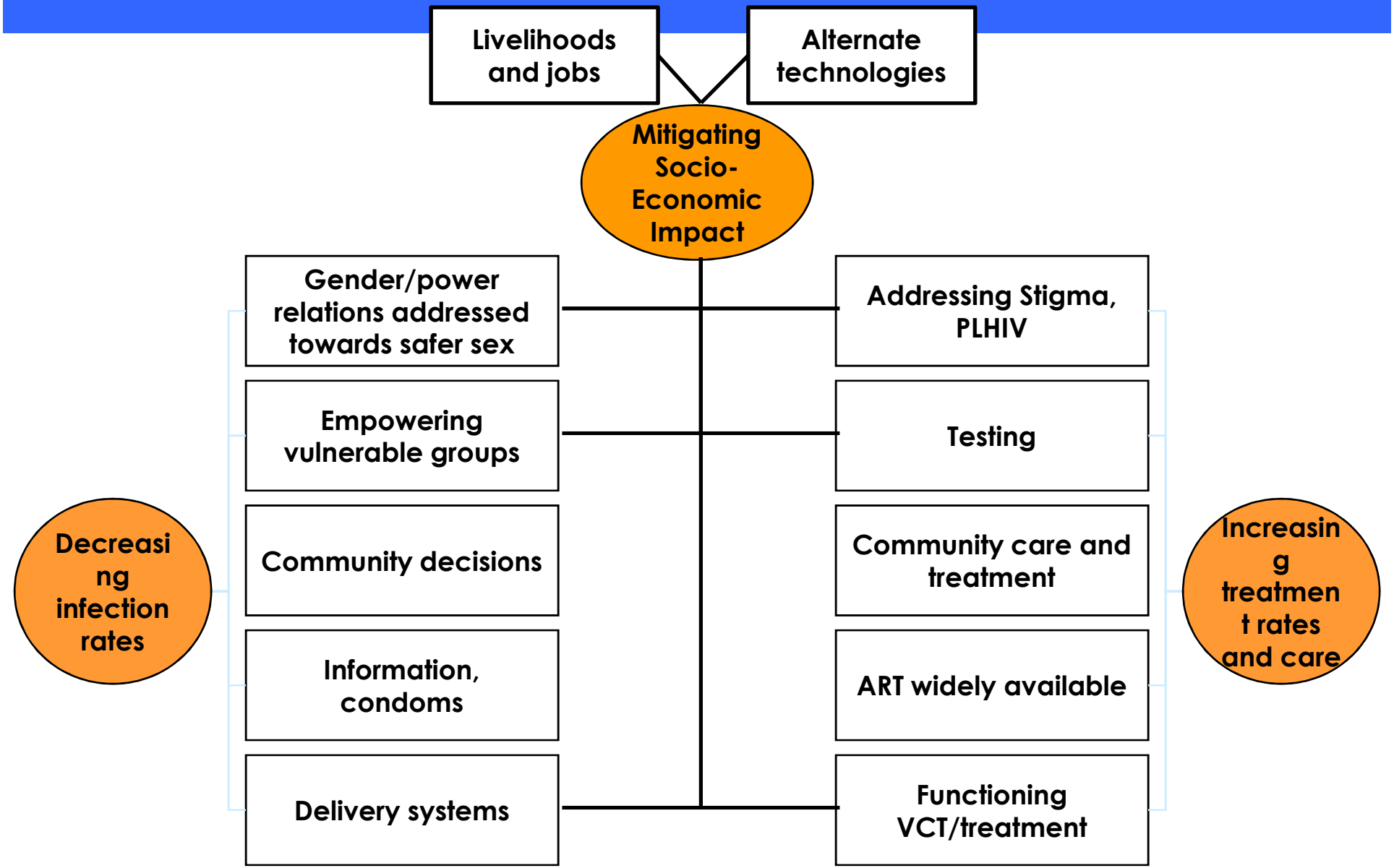
Separate TIs for TG

- Address specific socio-cultural context of TGs including gharanas, guru-chela relationship
- Provide specific health care needs of TGs
- Higher HIV prevalence – needs more focus
- Close knit community
- Useful in concentrated TG population settings

National Strategic Framework for Transgender - Hijras: 5 strategies



The Targeted Intervention Response



Objective of each strategy

O.1. **prevention**: Empower TG – Hijras with knowledge, skills, and attitudes to protect themselves against HIV by provision of a scaled up and comprehensive package of prevention services

O.2. **care, support, treatment**: decrease HV and AIDS-related morbidity and mortality by facilitating access by TG - hijras to stigma-free continuum of care services

O.3. **supportive environment**: reduce stigma and discrimination, strengthen leadership, and mobilize additional resource

National Strategic Framework on HIV, AIDS and STIs for TG - Hijras

O.4. **capacity building**: strengthen the technical and organisational capacity of government, NGOs, CBOs, donors and technical assistance providers to implement the strategic framework and operational plan

O.5. **strategic information**: Program design, review and quality improvement is informed by enhanced collection and application of strategic information

Key priorities (to improve the HIV response for TG - Hijras)

1. Scaling up of **comprehensive prevention package** to achieve significantly increased coverage, particularly where TG – hijras are concentrated and then scale up coverage where they are spread out/ scattered

2. Improving the **quality of prevention services**

3. Building the **technical skills and organizational capacity of CBOs and provide transition support where ever needed**

4. Strengthening the **involvement of TG in HIV/AIDS response** through community development and mobilization

5. Strengthening the **partnership** between government, CBOs, TG and technical assistance providers

6. Reducing **stigma and discrimination** against TG – hijras

7. Mobilizing **sufficient resource** for effective response

Activities proposed to be covered 1(2011 inception phase) + 5 years (April 2012- March 2017)

Expected results

- S.1: 5 expected results

Result 1. scaled up delivery of strategic behaviour changes communications, community outreach and peer education programs for visible- concentrated and hidden- scattered TG – Hijras

Result 2: increased correct and consistent condom and lubricant use by TG – hijras

Result 3: increased availability and use of quality and stigma-free STI services appropriate for TG – hijras

Result 4: increased use of quality and stigma-free ICTC services by TG – Hijras

Result 5: conducive environment for delivery of comprehensive prevention package through collaboration with gatekeepers and stakeholders

Expected results

- S.2: 3 expected results

Result 1: better understanding barriers to TG - Hijras accessing HIV/AIDS care, support and treatment services

Result 2: increased use of stigma-free HIV/AIDS care, support and treatment services by HIV positive MSM and their partners and families

Result 3: strengthened linkages between MSM prevention services and care, support and treatment services

Expected results

- S.3: **4 expected results**

Result 1: reduced stigma and discrimination against TG - Hijras

Result 2: leadership and advocacy demonstrated by all partners (government, donors, technical assistance providers, CBOs)

Result 3: increased coordination and collaboration among partners

Result 4: sufficient resources mobilized and allocated

Expected results

- S.4: 6 expected results

Result 1: strengthened leadership and advocacy capacity by all partners

Result 2: strengthened technical and organizational capacity of CBOs to undertake quality prevention activities and referral to care, support and treatment services

Result 3: strengthened involvement of TG- Hijras and CBOs in the HIV and AIDS response

Result 4: increased and more coordinated technical assistance to CBOs providing MSM prevention services

Result 5: strengthened capacity of STI services to provide quality and stigma-free STI services

Result 6: strengthened capacity of care, support and treatment services to provide quality and stigma-free services to TG - Hijras

Expected results

- S.5: 4 Expected results

Result 1: HIV and STI surveillance and behavioural data is collected and used to inform the response

Result 2: Agreed Tg population size estimate and networks and entry points for interventions identified

Result 3: Improved social and operations research on TG – Hijras interventions

Result 4: Improved monitoring of TG – Hijras programs and evaluation of the efficacy, effectiveness and impact of interventions

Comprehensive Package

A comprehensive service package for Tg - Hijras should include:

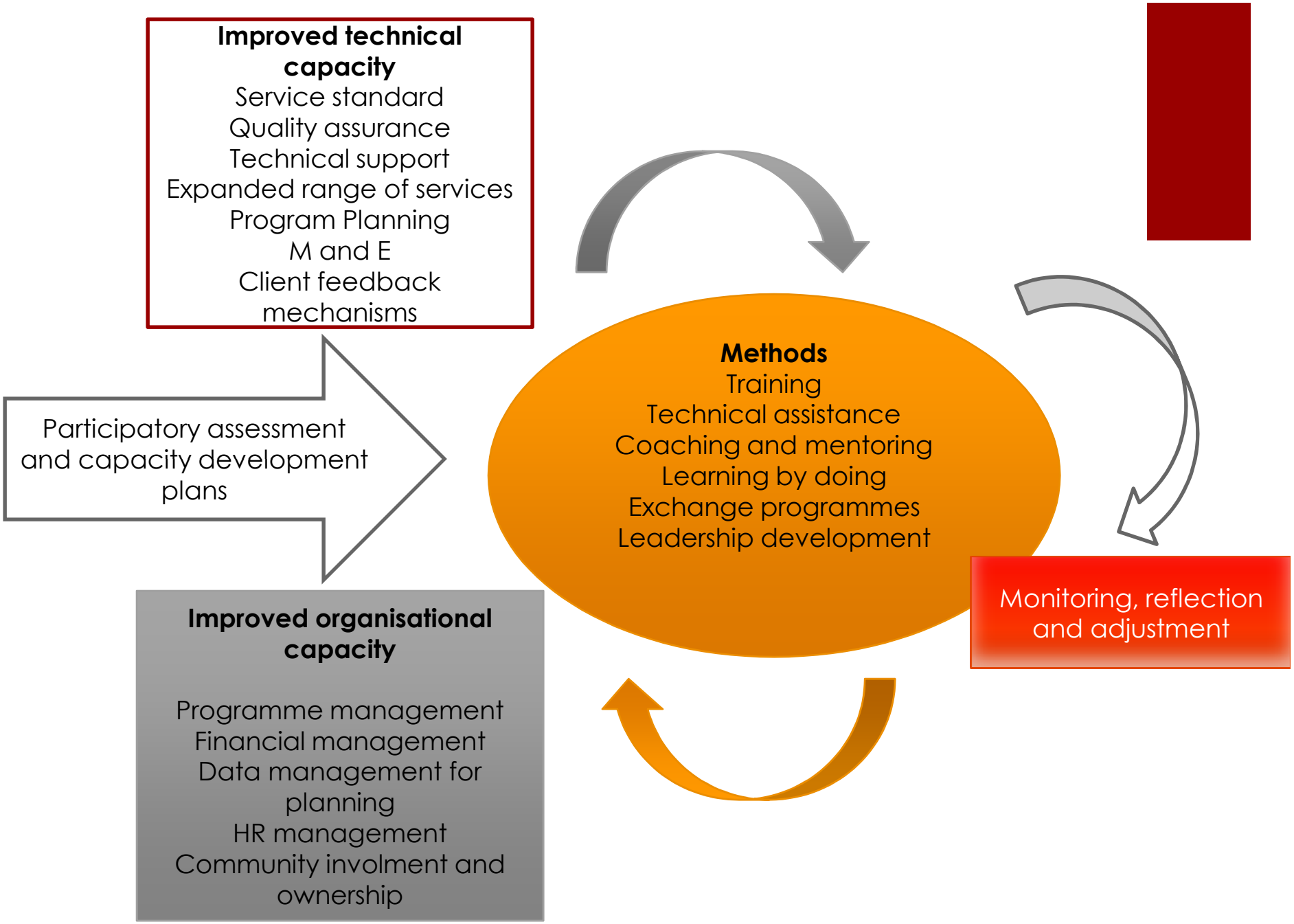
- Free distribution of condoms and lubricants
- Outreach projects and operation of DICs and safe spaces
- Targeted media campaigns
- HIV and sexual health services that include:
  - HIV counseling, testing and treatment
  - STI screening and treatment
  - Screening and treatment for genital and ano-rectal problems
  - Linkages to existing mainstream health programs
  - Hormonal management and monitoring for TG - hijras

Services for HIV-positive TG - Hijras:

- Treatment for HIV, including the treatment of opportunistic infections (OIs)
- Provision of antiretroviral treatment (ART) and monitoring of CD4 counts and HIV viral load together with adherence

Prevention services such as:

- Care, counseling and testing for sero-discordant couples
- Psychosexual counseling
- Psychosocial counseling, including substance use issues


Improved technical capacity
Service standard
Quality assurance
Technical support
Expanded range of services
Program Planning
M and E
Client feedback mechanisms
Participatory assessment and capacity development plans
Improved organisational capacity
Programme management
Financial management
Data management for planning
HR management
Community involment and ownership
Methods
Training
Technical assistance
Coaching and mentoring
Learning by doing
Exchange programmes
Leadership development
Monitoring, reflection and adjustment

HIJRA-TG TI
NACP-IV (2012-2017)

Objectives: ***To have Hijara-TG Resource pool***
To initiate exclusive Tis for Hijara-TG community
Involve Gurus as leaders for Health Initiatives

Pre-NACP IV Phase
(2011-12)

- *Setting up 12 Tis (by Aug. 2011)*
- *Synergy with GFATM R-9 (identification and preparation of groups for NACP – IV)*
- *Validation of KP population-by Dec. 2011*
- *Advocacy with Gharanas-Task force construction*
- *Analysis of 12+ Hijra-TG project in this year*
- *WG- will work as TRG*
- *Communication strategies/materials*
- *Desk review of social welfare scheme*

NACP IV – year 1
(2012-13)
As per validation start new Tis
Out of previous Tis – Develop 3 learning Sites

NACP IV – year 2
(2013-14)
Scale-up and saturation

NACP IV – year 3,4 & 5
(2015-17)
Quality of TIs

State Government Initiatives

Hijra-TG Welfare Boards in the states having sizable Hijras-TG population (TN Experience)

Outcomes

1. Improved HIV/AIDS program management capacity at the national and provincial level for a scaled up and more comprehensive range of services for Tg - Hijras.

2. This includes the technical and organizational capacity to deliver a comprehensive package of services for TG - Hijras in HIV prevention, care, treatment and support.

3. Improved organizational management and leadership capacity of CBOs and NGOs working to deliver HIV prevention services for Tg – Hijras leading to increased absorptive capacity for scaled-up, higher quality services fully accountable to donors and the community.