

Positive Rights and Sexual Health

A review of SRH laws and policies for PLHIV in India

Koshish

Authors

Kumkum Pal¹, Viswanathan Arumugam¹, Kaushik Biswas¹, Daxa V. Patel², Manoj Pardesi³, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance, ²Gujarat State Network of People Living with HIV/AIDS (GSNP+), ³Network of Maharashtra People with HIV (NMP+)

Method

A desk review was conducted to examine and analyse how existing laws, policies and programmes at the national and state levels (in four focus states: Maharashtra, Gujarat, Tamil Nadu and Andhra Pradesh) and judicial decisions support realising SRH of PLHIV and key populations in the country. This report suggests recommendations for policy makers, decision makers and implementers on how programmes and policies should be changed or improved in order to better address the SRH needs of PLHIV.

Results

The desk review identified a vast gap between the policies of the National AIDS Control Organisation and other departments of Ministry of Health and Family Welfare in terms of legal and ethical issues. Discrimination related to HIV occurs in multiple settings – employment, healthcare, education, insurance, etc. There is no single statutory law that lays down the procedure and provisions for taking informed consent, maintaining confidentiality of patients, or undertaking redressal if confidentiality is breached. At the same time, criminal laws penalise marginalised populations, such as female sex workers, people who inject drugs, prisoners, transgenders and men who have sex with men which pushes these populations underground and away from health services.

Lessons Learnt

The SRHR of PLHIV raise some controversial issues where morality, religious intolerance and stigma can play a big role in legal and policy debates. Government and other programmes should provide PLHIV and HIV-positive couples with safe and informed choices about their sexual behaviour and reproductive choices. This is urgently needed.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **European Union** for its support to Koshish. Alliance India is grateful for the contributions to the programme by the state lead partners (CHETNA, MAMTA, PWDS and VMM), our state level PLHIV network partners (GSNP+, NMP+, TNWN+ and TNP+), district-level PLHIV networks and community-based organisations across the four implementation states.

Contacts

Kumkum Pal: kpal@allianceindia.org

Sonal Mehta: smehta@allianceindia.org



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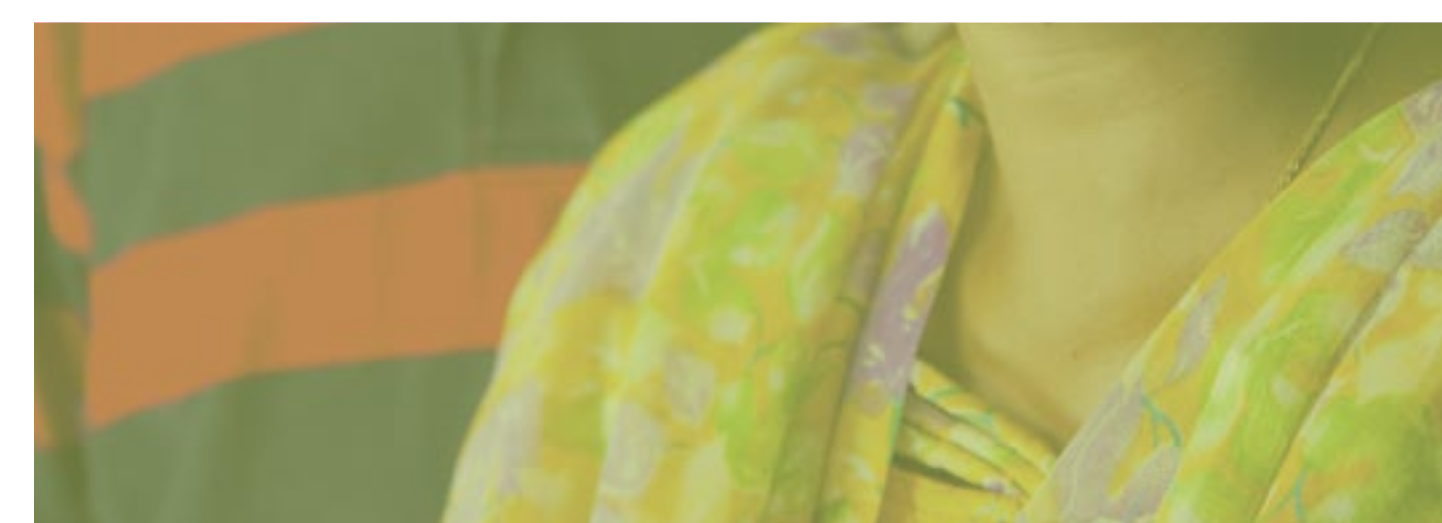
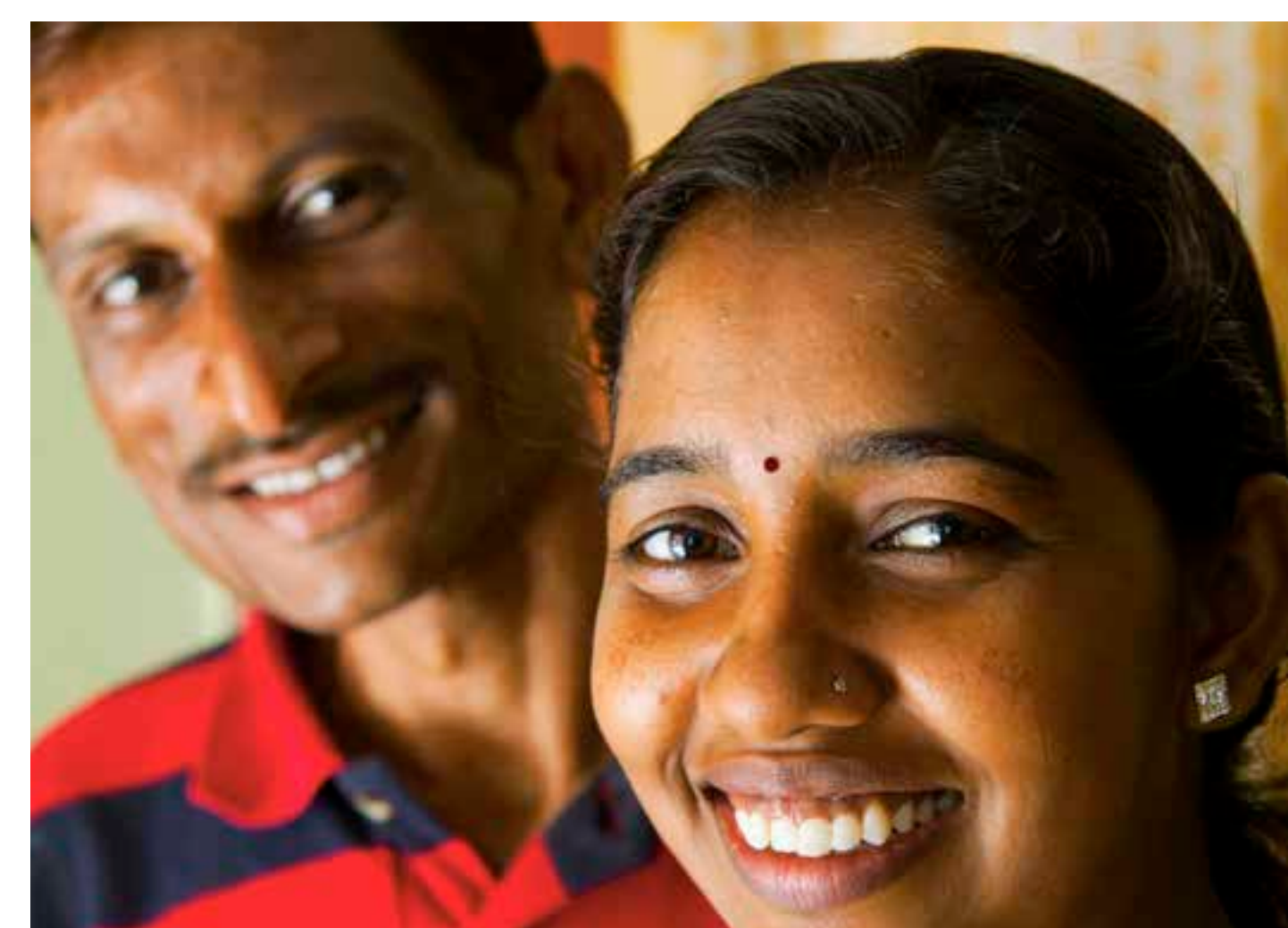
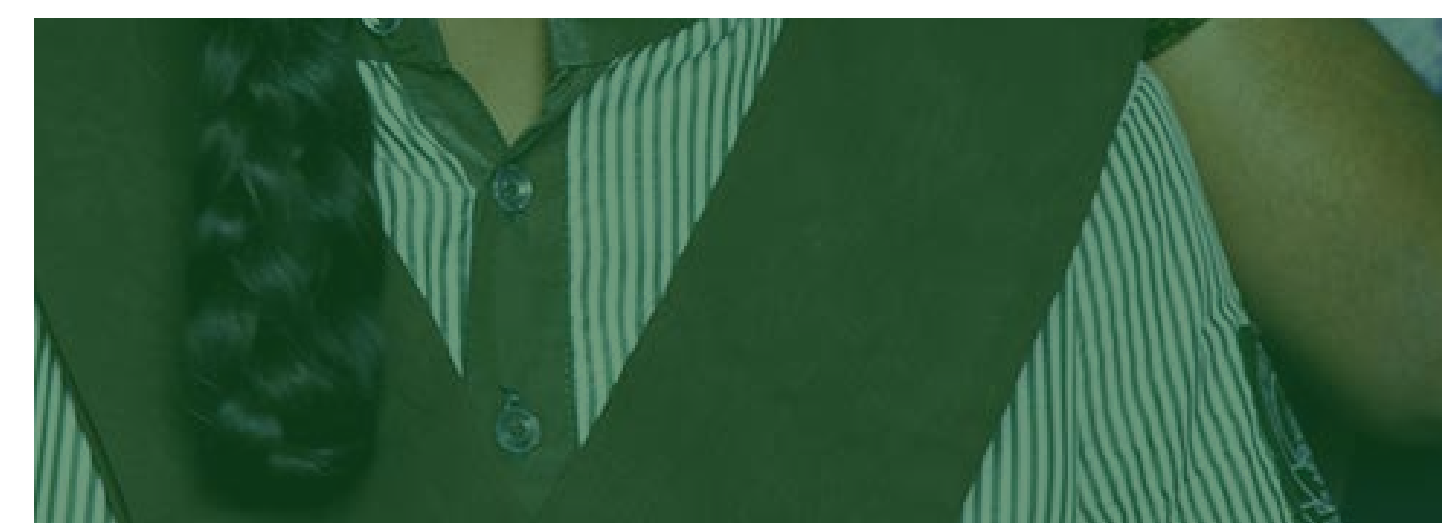
Lack of a comprehensive approach to the sexual and reproductive health needs of PLHIV coupled with stigma and discrimination limits accessibility to and availability of essential SRH services.

Background

There is growing recognition of the importance of Sexual and Reproductive Health and Rights (SRHR) within HIV programmes in order to respond more effectively to the HIV epidemic. Lack of a comprehensive approach to the SRHR needs of people living with HIV (PLHIV) and stigma and discrimination limit accessibility to and availability of essential SRHR services. Alliance India's European Union-supported Koshish project has emerged as a strong initiative supporting advocacy for policies and strategies on SRHR for PLHIV in India.



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Service without a Smile

Pehchan study of the friendliness of HIV services to sexual minorities in India

Authors

Yadavendra Singh¹, Dr Bella Uttekar²,
Virat Nagar², Sonal Mehta¹, Shaleen Rakesh¹,
James Robertson¹

¹India HIV/AIDS Alliance, ²Centre for Operations Research and Training

To increase uptake of HIV-related clinical services, ongoing sensitisation of healthcare and medical practitioners on the needs of MSM, transgenders and hijras is required.

Background

Uptake of HIV-related services by sexual minorities in India is inadequate. India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Program and reach 453,750 MSM, transgenders and hijras (MTH) using a community-driven and rights-based approach. Pehchan conducted an operational research study to understand MTH satisfaction with the friendliness and responsiveness of government supported HIV-related clinical services such as testing, ART and treatment of STIs and OIs.

Method

The study evaluated four clinical services (as listed in table) on parameters of awareness and availability. Simple random sampling technique was used to select 116 MTH community members across eight programme CBOs. The study was executed using a combination of quantitative and qualitative methods.

Results

Of 116 respondents, 67% identified themselves on the MSM spectrum (kothi: 25%; panthi: 10%; gay: 10%; double decker: 9%; bisexual: 8%; and male sex worker: 5%). Remaining respondents identified as: hijra: 18%; and transgender: 15%.

	Awareness of services (N, %)	No. of respondents availed services in last 6 months (N, %)	No. of respondents ever availed services (N, %)
HIV test	(116, 100.0)	(89, 82.7)	(96, 82.7)
STI clinics	(95, 81.9)	(50, 52.6)	(59, 62.1)
ART	(77, 66.4)	(7,9.1)	(7,9.1)
OPD for OIs	(65, 56.0)	(18, 27.7)	(19, 29.2)

In spite of high uptake of HIV testing, 27% responded that behaviour of counsellors was friendly. Similarly for STI testing, 22.4% reported friendly behaviour by doctors. For ART, 28.5% indicated that doctors provided complete information on medications. For OI treatment, 10.5% thought doctors provided complete information. Data shows that fewer than half (40.9%) of the respondents thought that doctors listened to them. Only 47.8% could fully understand what doctors said, and only 21.7% fully understood prescription instructions.

Lessons Learnt

To increase MTH uptake of HIV-related clinical services, continuous sensitization of healthcare and medical practitioners on MTH health and related issues is required. Clinicians should spend more time with MTH patients to appreciate their problems and confirm understanding of diagnoses and treatment instructions.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **Global Fund to Fight AIDS, Tuberculosis and Malaria** for their support of Pehchan and acknowledges our vital and valuable collaboration with India’s National AIDS Control Organisation. Alliance India celebrates the many contributions of the Pehchan teams at Alliance AP, the Humsafar Trust, PNRO, SAATHII, Sangama, and SIAAP to these efforts. This study was commissioned by Alliance India and implemented by Centre for Operations Research & Training. Special thanks to the members of India’s transgender and hijra communities and other stakeholders interviewed for this study.

Contacts

Yadavendra Singh: ysingh@allianceindia.org
Abhina Aher: aaher@allianceindia.org



Hijra Habba

Drafting a national roadmap for the health and social welfare of India's transgenders and hijras



Authors

Dipika Sangwan Dhanda¹, Girish Kumar¹, Nilesh Kumar¹, Simran Shaikh², Abhina Aher², Sonal Mehta², James Robertson²

¹Pehchan North Region Office (PNRO),

²India HIV/AIDS Alliance

Hijra Habba is an important milestone in India's transgender movement that has led to the creation of a new cadre of transgender leaders at district, regional and national level.

Issue

India is home to a wide range of transgender identities, cultures, or experiences, including hijras, aravanis, kothis, jogatas/jogappas, and shiv-shaktis. Until recently, the national HIV programme included male-to-female transgenders in the category 'men who have sex with men' (MSM). A lack of active involvement by transgenders in designing, implementing and evaluating programmes was creating barriers to their accessing health services, education, and employment opportunities and undermining safeguards to their social, legal and human rights.

Activity

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in

17 Indian states to build the capacity of 200 CBOs to serve as effective partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras. Overall at least 15% of the population served will be transgender or hijra. In 2012, a targeted community mobilization programme for transgenders called the 'Hijra Habba' was undertaken by Pehchan to understand the specific needs of these groups in India, increase visibility, and develop a community-defined roadmap of transgender and hijra priorities across the country.

Results

In May and June 2012, 17 Hijra Habbas were held at state level, followed by a national level Hijra Habba consultation. All in all, these events involved more than 15,000 transgenders in a process of articulated their needs and defining strategic priorities for advocacy and action under Pehchan on interventions to improve their health and social well-being.

Lessons Learned

Roadmaps created through Pehchan's Hijra Habbas have contributed meaningfully to efforts to raise the profile and increase support for vulnerable transgender and hijra populations. The events have led to the creation of a new cadre of transgender leaders at district, regional and national level in India. Government responsiveness to transgender issues has increased including the development of a transgender-specific HIV prevention intervention in the new national HIV strategy (NACP IV). Targeted capacity building by Pehchan has developed a group of 26 transgender trainers who work nationally on sexual minority issues. The Hijra Habba events and consultations are considered to be an important milestone in India's transgender movement.

Acknowledgements

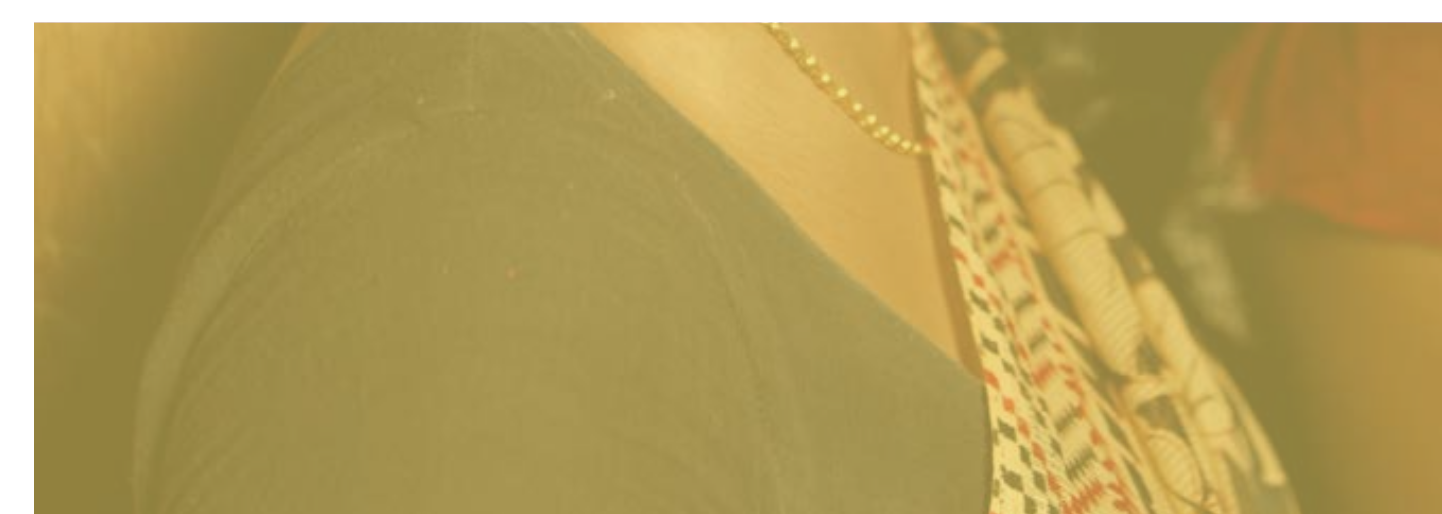
Pehchan North Region Office (PNRO) would like to thank the **Global Fund to Fight AIDS, Tuberculosis and Malaria** and **India HIV/AIDS Alliance** for their support of Pehchan and acknowledges our valuable collaboration with India's National AIDS Control Organisation. PNRO celebrates its vital association with other Pehchan teams at Alliance AP, the Humsafar Trust, SAATHII, Sangama, and SIAAP.

Contacts

Girish Kumar: gkumar@pehchan-north.org

Simran Shaikh: sshaikh@allianceindia.org

India HIV/AIDS
Alliance



www.allianceindia.org



Promoting Entrepreneurship among Female Sex Workers to Reduce HIV Vulnerability in Andhra Pradesh, India

Authors

M. Raja Rajeswari¹, P.S. Rama Devi², K. Jyothi², M. Jamani², P.N. Srinivas¹, James Robertson¹, P. Prabhakar¹

¹India HIV/AIDS Alliance

²Pragathi Mythri Mahila Sangam

Community-based entrepreneurship has the potential to reduce both sexual and non-sexual vulnerability of FSWs.

Issue

Despite discrimination, stigma and violation of human rights that are a routine part of the lives female sex workers (FSWs), a majority of them enter into sex trade due to poverty, indebtedness, social isolation and lack of livelihood alternatives. Research suggests that limited financial resources and poor economic opportunities further contribute to risky sexual behaviour among FSWs (Merzel and D’Afflitti, Am J Public Health, 2003). Community-based entrepreneurship has the potential to reduce both sexual and non-sexual vulnerability of FSWs. It can limit economic vulnerability through creation of employment opportunities, improve negotiation skills, and increase financial assets discouraging HIV risk behaviours for money. Income from entrepreneurship can help build and facilitate strong community coalitions and unified action by FSWs to advocate their needs and help sustain community-based organisations.

Activity

Pragathi Mythri Mahila Sangam (PMMS), a community-based organisation (CBO) formed by FSWs in Anantapur, Andhra Pradesh, has initiated a tailoring training unit and job-lot garment production unit as part of an alternative livelihoods initiative for FSWs. 100 FSWs and their adolescent children have enrolled. Students are undergoing a 16 weeks course curriculum where two teachers have been appointed to cater to the needs of the students.

Results

Estimated monthly income per participant is US\$55, and the CBO anticipates an annual income of US\$5,000 based on training and user fees. 11% women reported that they have reduced sexual encounters from five to three per day. 5% of adolescent girls have submitted applications requesting support to pursue education.

In the first batch of 30 students, 20 women have started working in garment establishments in Guntakal and are earning US\$2 a day. While this initiative has not only generated high levels of motivation and enthusiasm among the community members, it has also facilitated a pathway for decentralizing the tailoring programme through portable tailoring units in different neighbourhood pockets to ensure maximum reach. The idea had evolved from a CBOs initiative to reach out to as many member as possible at a time most convenient to them. These portable units have increased a sense of ownership and trust among members.

Lessons Learned

Community-based enterprise is feasible strategy not only for sustainability of CBO but also for vulnerability reduction among FSWs.

Acknowledgements

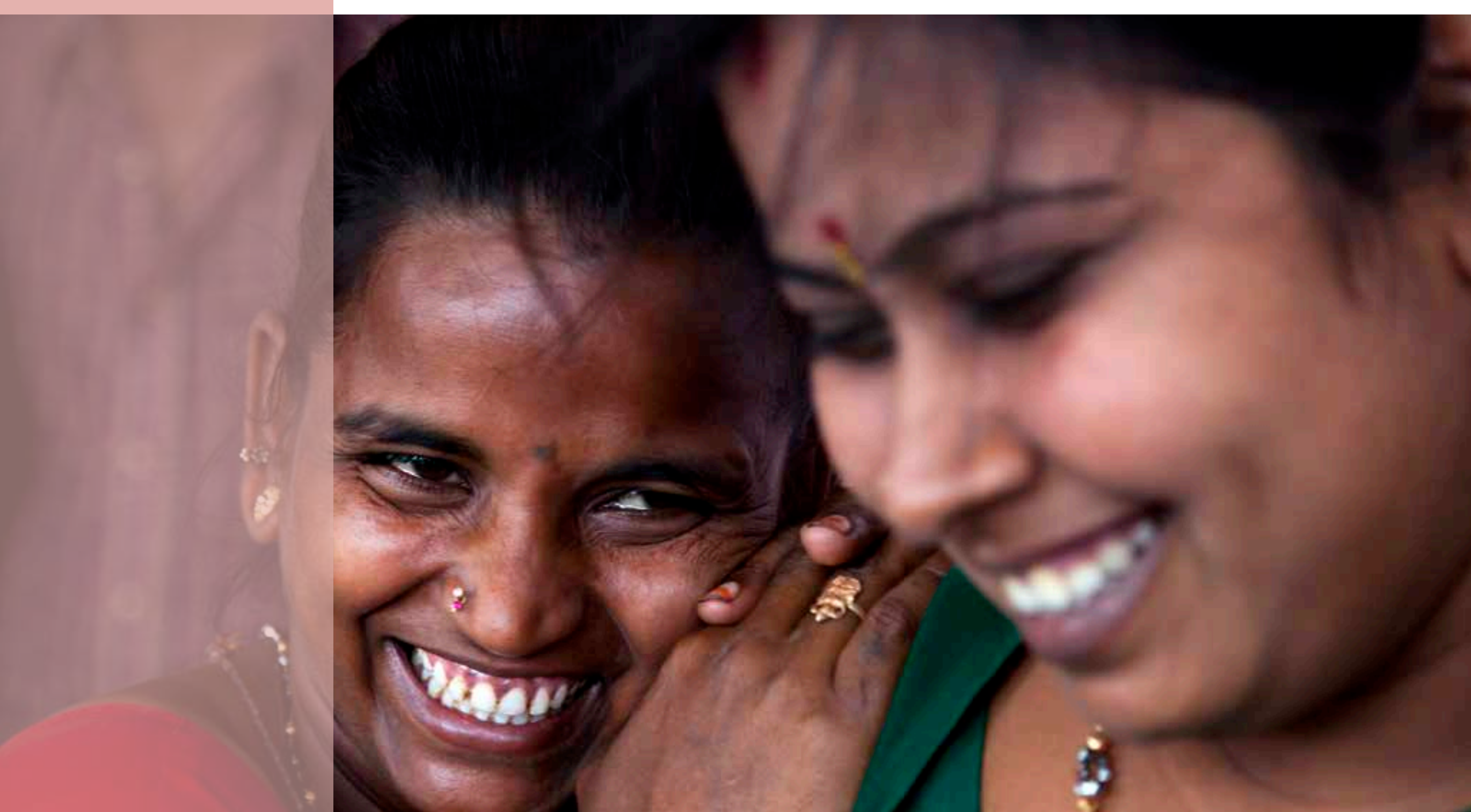
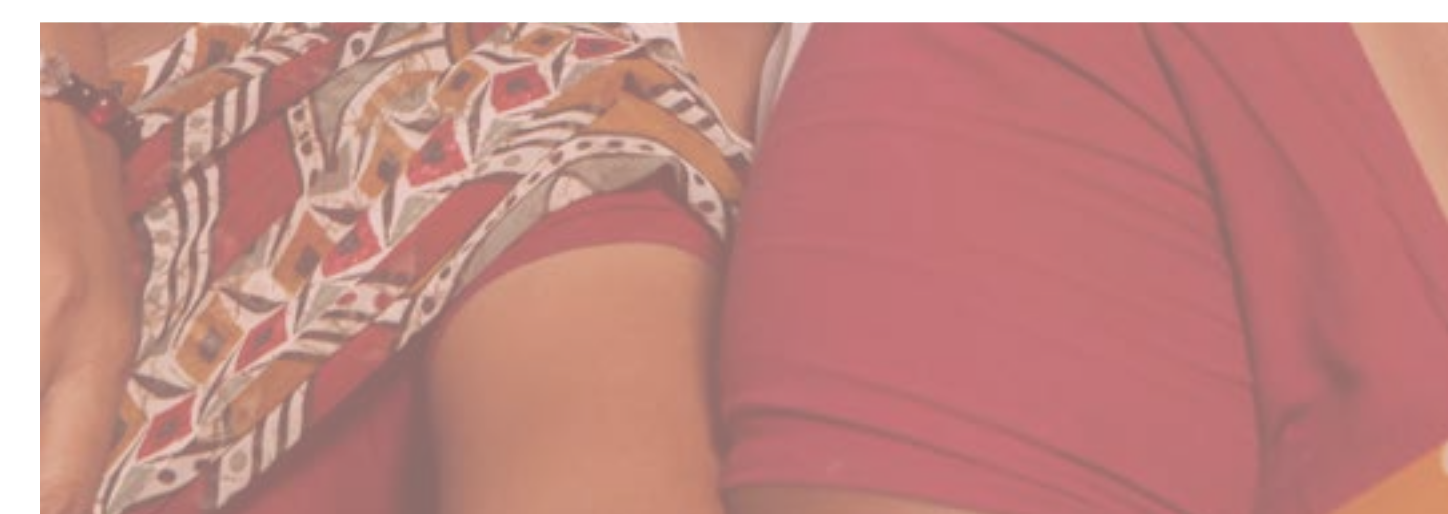
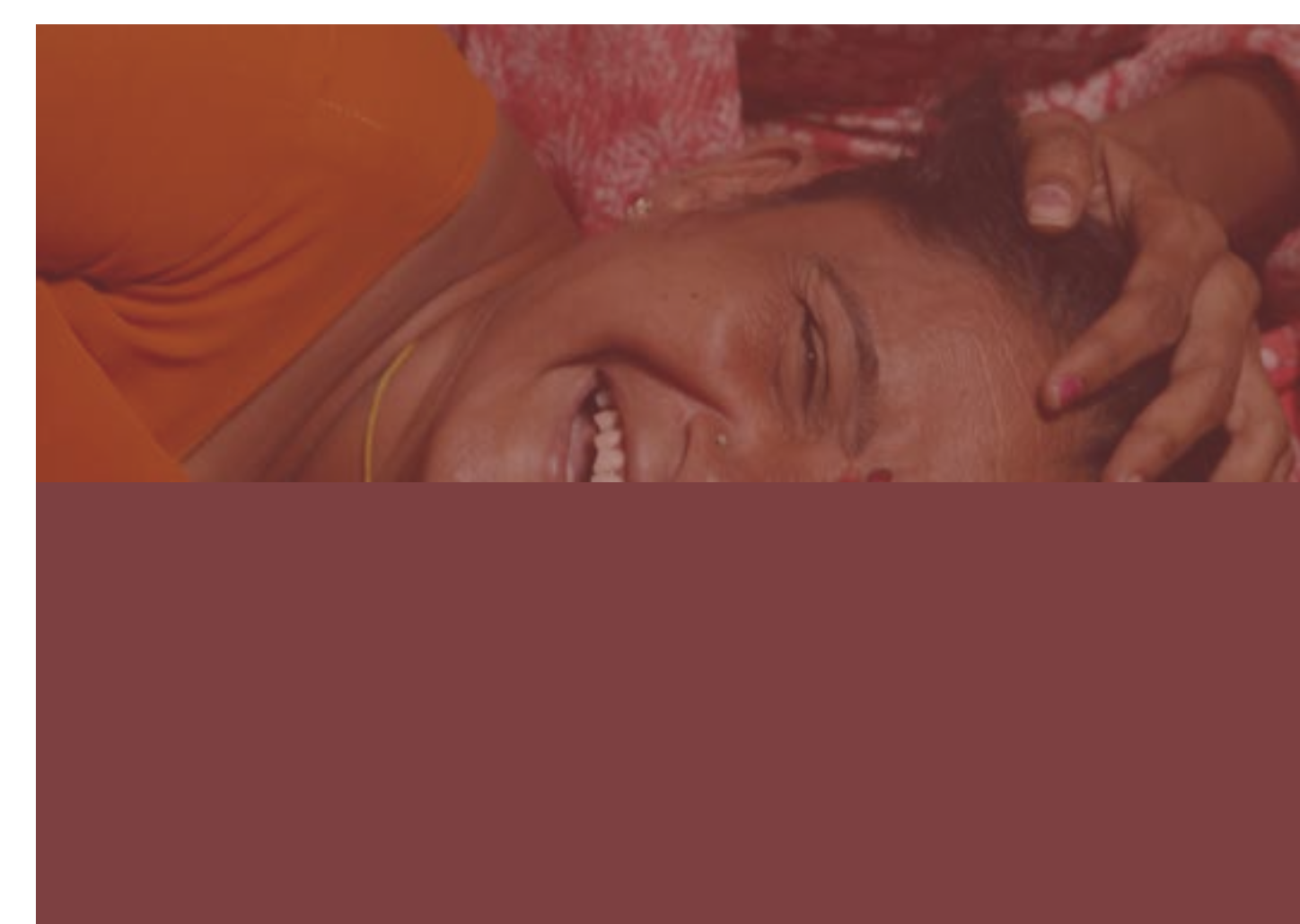
India HIV/AIDS Alliance would like to thank the **Bill & Melinda Gates Foundation** for its support of Avahan in Andhra Pradesh. Alliance India acknowledges our valuable collaboration with our Andhra Pradesh State AIDS Control Society that has contributed to the success of these efforts and Pragathi Mythri Mahila Sangam members for sharing their insights.

Contacts

M. Raja Rajeshwari: mrajeshwari@allianceindia.org
Dr. P. Prabhakar: pprabhakar@allianceindia.org



India HIV/AIDS
Alliance



www.allianceindia.org

Reducing Discrimination towards FSWs and MSM in Government Healthcare Settings in Andhra Pradesh, India

Authors

Dr. Shanthi¹, P.S. Renuka¹, Dr. P. Prabhakar¹,
T. Kailash Ditya¹, James Robertson¹

¹India HIV/AIDS Alliance

Direct interface with government officials led to better understanding of community perspectives, reducing stigma and discrimination experienced by these groups.

Issue

Female sex workers (FSWs), men who have sex with men (MSM), and transgenders accessing the government health facilities for regular medical check-ups and testing face self-stigma and routine discrimination from healthcare providers, which impacts service utilisation and overall health.

Activities

To create a platform where community members and government health care professionals can get to know each other and partner in district-level HIV prevention programmes to improve the uptake of referral services (HIV testing, STI, ART and TB), a series of community-led consultative meetings were held with the district health department. Issues related to timings of government STI

clinics, availability and attitude of medical officers, discrimination at HIV testing and community care centres were put forward to healthcare professionals by the community themselves. A list of community members responsible for bringing community issues to the notice of the District AIDS Control and Prevention Unit (DAPCU) was submitted to the district health officials by community representatives. It also included a list of those interested in serving as DOTS providers for TB treatment.

Result

- > The involvement of three representatives of vulnerable communities in monthly DAPCU meetings was accepted by the government.
- > Healthcare provider timings for STI/ RTI treatment were changed to accommodate community needs.
- > Counsellors at HIV testing and community care centres were trained to provide discrimination-free services.
- > Six community members were placed as TB DOTS providers.

Lessons Learned

Representatives of vulnerable FSW and MSM populations were accessed through a participatory approach, which was taken well by the community. Direct interface with government officials led to better understanding of community perspectives, which reduced stigma and discrimination experienced by these groups. Collaboration of community and health care professionals resulted in improved service provision for most-at-risk populations.

Acknowledgements

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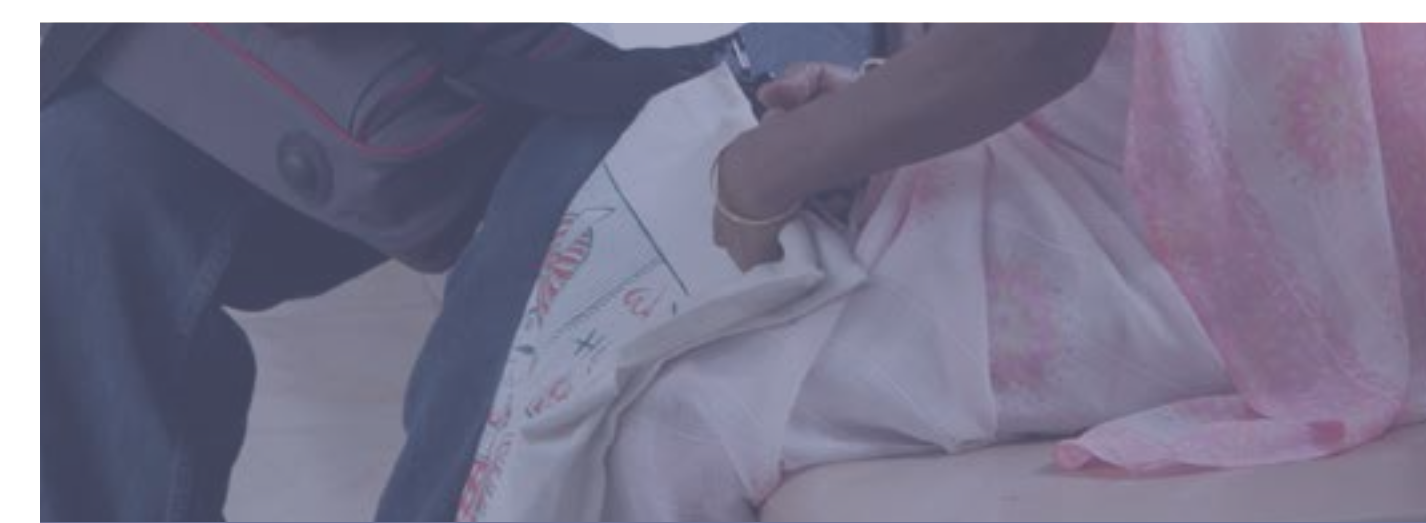
Contacts

Dr. V. Shanti: svejella@allianceindia.org

Dr. P. Prabhakar: pprabhakar@allianceindia.org



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Alliance



www.allianceindia.org



Confronting Stigma, Embracing Life

HIV risk of non-disclosure of sexual orientation by MSM



Authors

Rohit Sarkar¹, Kaushik Biswas¹, Abhina Aher¹, Yadavendra Singh¹, Sonal Mehta¹, Shaleen Rakesh¹, Ankita Bhalla¹, James Robertson¹

¹India HIV/AIDS Alliance

Internal stigma discourages disclosure of sexual orientation to female partners.

Introduction

HIV prevalence among MSM in India remains disproportionately high at 4.43% as compared with overall national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgender and hijras (MTH). The programme’s midline study found that a significant number of MTH (28%, n=129) have ever had sexual encounter with a female partner. However, internal stigma discourages disclosure of sexual orientation with these partners.

Method

A mixed method of evaluation was used. A cross-sectional study sampled MTH subjects covering 23 districts across six states among CBOs which had provided services for at least six months under Pehchan. Seventy-two focus group discussion, 79 key informant interviews, 24 in-depth interviews were conducted as part of a qualitative process.

Result

The Pehchan midline study shows that 11.31% (n=601) of MTH have even been married to a women. Of them, 78% are currently married with a mean of 11.28 years living with spouse. However, ‘fear of losing my family’ (60%) and

‘being rejected’ (58%) among other reasons lead to non-disclosure of their sexual orientation to female partners. A lack of understanding of reproductive health contributes to multiple vulnerabilities, including HIV. While disclosing sexual orientation is a personal decision, the programme encourages safe sexual behaviour by MTH and all their partners. Through partner and spouse counselling during the first two years of implementation, Pehchan reached 237 women and linked them to services such as general reproductive health clinics.

Respondents by Reasons for not Revealing MTH Identity to Spouse*

Reasons	Percent
Fear of being rejected	58
Do not want to hurt her	23
Fear of losing my family	60
Fear of losing my children	33
Fear of losing my partner/spouse	42
My family will be put to shame	29
Sample size (Those who have not revealed their MTH identity to spouse)	49

*Multiple responses were allowed by respondents

Conclusion

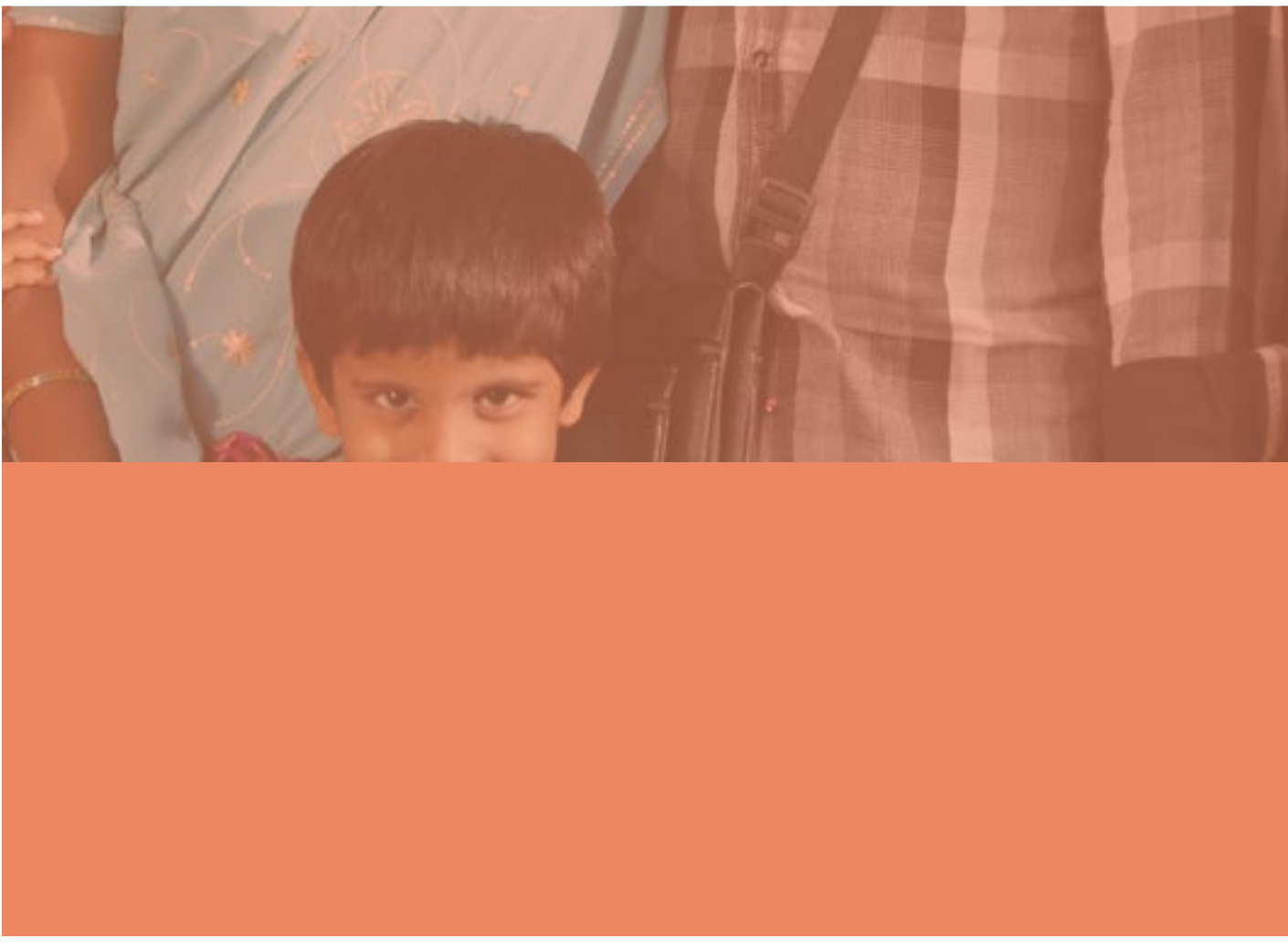
The study highlighted the complex issue of internal stigma and increased vulnerability of female partners of MTH to HIV. Pehchan adopted a specific strategy to motivate MTH clients to take steps beyond self-stigmatization to address the sexual and reproductive health of their female partners. Although disclosure of sexual orientation poses considerable challenges, the situation for MTH with female partners has improved with Pehchan support helping to motivate them to address the health and wellbeing of their female partners.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **Global Fund to Fight AIDS, Tuberculosis and Malaria** for their support of Pehchan and acknowledges our vital and valuable collaboration with India’s National AIDS Control Organisation. Alliance India celebrates the many contributions of the Pehchan teams at Alliance AP, the Humsafar Trust, PNRO, SAATHII, Sangama, and SIAAP to these efforts.

Contacts

Rohit Sarkar: rsarkar@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org



As You Like It

Targeted services for young MSM improve HIV prevention impact in India

Authors

Rohit Sarkar¹, Kaushik Biswas¹, Abhina Aher¹, Yadavendra Singh¹, Sonal Mehta¹, Shaleen Rakesh¹, Ankita Bhalla¹, James Robertson¹

¹India HIV/AIDS Alliance

Early intervention and youth-specific services improve HIV prevention among efforts for younger MSM.

Introduction

HIV prevalence among MSM in India remains disproportionately high at 4.43% as compared with overall national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras. Pehchan conducted a midline study to understand progress with target populations. This study identified particular vulnerability of young MSM below 25 years age to HIV due to inadequate interventions for them and lack of need-specific services. (For males below 18 years, direct service provision such as condom distribution to this population is risks legal repercussions as the legal age of consent in India is 18 years.)

Method

A mixed method of evaluation was used. A cross-sectional study sampled 601 MSM, transgender and hijra covering 23 districts across 6 states, which have received Pehchan services for at least six months through CBOs. Seventy-two focus group discussion (FGDs), 79 key informant interviews (KIs), 24 in-depth interviews (IDIs) were conducted as part of qualitative process.

Result

Pehchan midline study showed the mean age of first male-to-male sex is 15.43 years. Under 25 have low consistent condom usage: 62% and 74% in last one month with regular and non-regular partners compared to other age groups at more than 70% and 80% respectively. [See Table.]

In response, Pehchan is providing a range of services as per the needs of younger MSM including mental health, partner and family health counselling which serve as a catalyst for this group to improve health-seeking behaviours. The programme also advocates with government to provide basic services to those under 18.

Distribution of Respondents by Age and Condom Use

Condom use during anal sex with regular male partner	Regular MSM partner				Non-regular MSM partner			
	18-24	25-34	35-44	45+	18-24	25-34	35-44	45+
Consistent condom use in the last one month	62%	70%	80%	100%	74%	80%	82%	75%
Consistent condom use in the last six months	53%	69%	65%	83%	61%	76%	79%	75%
Sample size (Those who have anal sex with regular male partner)	97	102	20	6	148	135	28	8

Conclusion

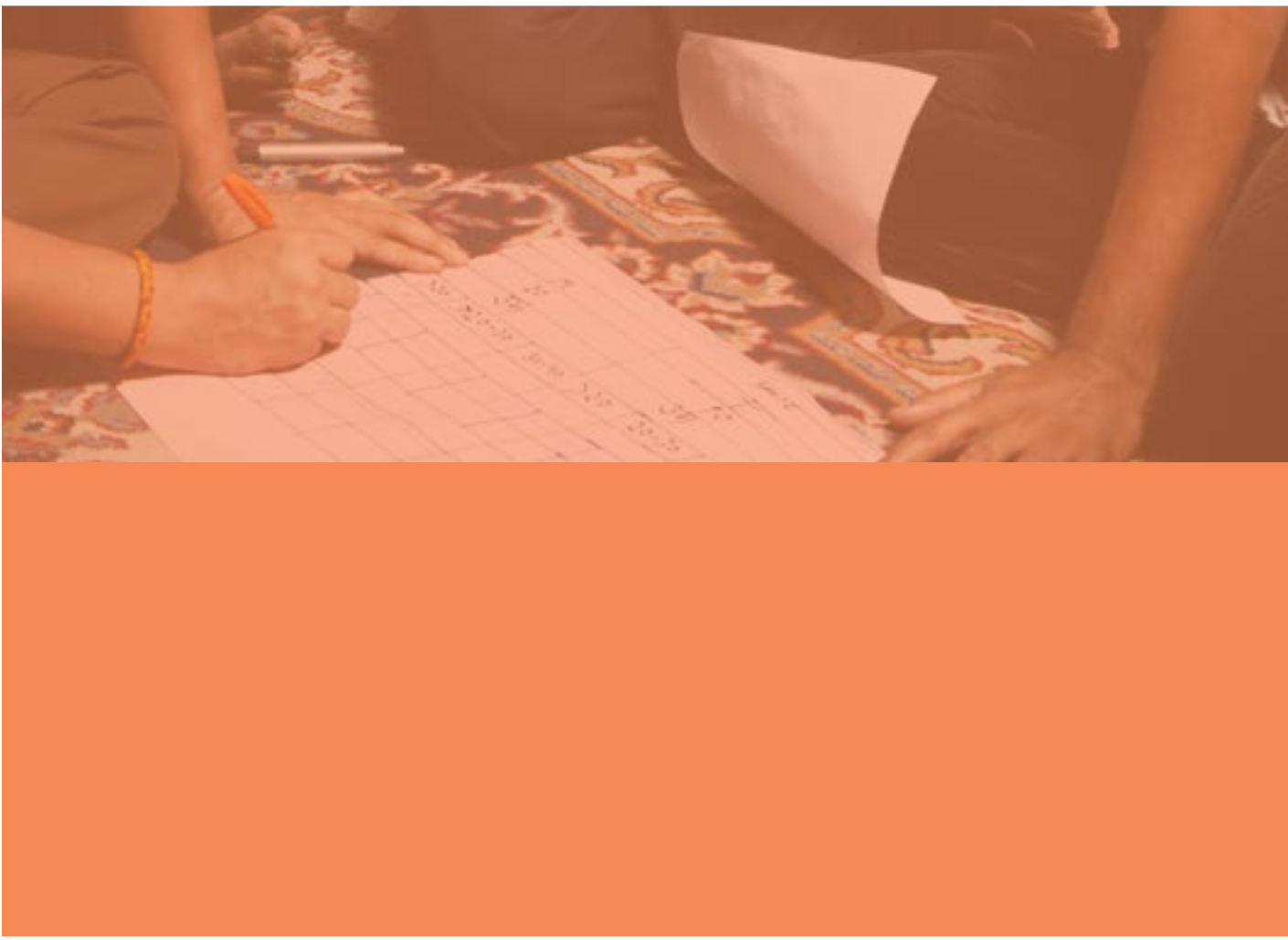
Early intervention and youth-specific services will improve HIV prevention efforts for younger MSM. Changing counterproductive laws and policies is also necessary. Continuous advocacy with policy makers should be a regular part of HIV interventions. Combining expanded services with advocacy for responsive policies should be the basis of an improved model for HIV prevention and empowerment for sexual minorities of all ages in India.

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Contacts

Rohit Sarkar: rsarkar@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org



www.allianceindia.org



Law Enforcement Violence Against MSM, Transgenders and Hijras in India

Findings from the Pehchan Midline Survey

Authors

Kaushik Biswas¹, Naveen Mattipalli¹, Balaji Uberhande¹, Anindita Biswas¹, Abheena Aher¹, Shaleen Rakesh¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance

Violence by law enforcement is a common experience for MSM, transgender and hijra communities. More than a third of those studied faced police violence in the last six months.

Issues

HIV prevalence among MSM in India remains disproportionately high at 4.43% as compared with overall national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras (collectively 'MTH'). Pehchan conducted a midline study to understand risk and behaviour patterns, stigma, discrimination and violence faced by target populations.

Method

A mixed method of evaluation was used. A cross-sectional study sampled 601 MTH subjects (30% transgender and hijras) covering 23 districts across six states among CBOs which had provided

services for over six months under Pehchan. Probability Proportion to Size (PPS) method and systematic random sampling was used. 72 focus group discussion (FGD), 79 key informant interviews (KIs), 24 in-depth interviews (IDIs) were conducted as part of the qualitative process.

Results

More than one-fourth (27%) MTH reported that they have faced problems from police/law enforcement agencies for being a MTH. Overall, 36% MTH (n=216) faced violence from police authorities in the last six months. 32% of transgenders and hijras (TGH) were discriminated against based on Section 377 compared to 18% MSM ($p<0.001$). 38% TGH reported being harassed at public settings compared to 24% MSM ($p<0.001$), 28% TGH faced blackmail, forced sex or extortion compared to 14% MSM ($p<0.001$). Overall 13% reported unjustifiable arrests and 14% MTH were denied legal redressal. MTH Violence also varied across states: 71% respondents reported facing police violence in Andhra Pradesh whereas only 10% reported facing similar violence in West Bengal.

Lessons Learnt

The study suggests that the cases of violence against MTH populations are very common. This is even higher with TGH compared to MSM populations such as being teased in public or excluded from social gatherings. They were also harassed by law enforcement authorities and faced discrimination in health care settings. The incidence of violence also varies across states and for different subgroups of MSM populations as well. Attention should be paid in addressing state-specific concerns. Pehchan has developed an advocacy strategy working with police and law enforcement authorities in programme states.

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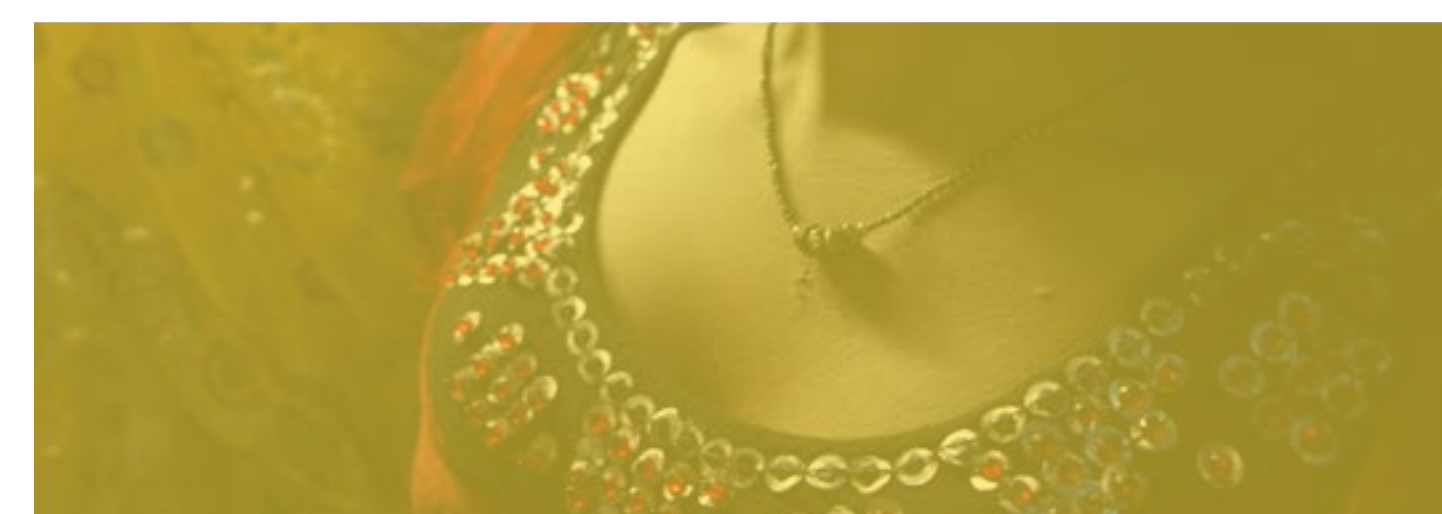
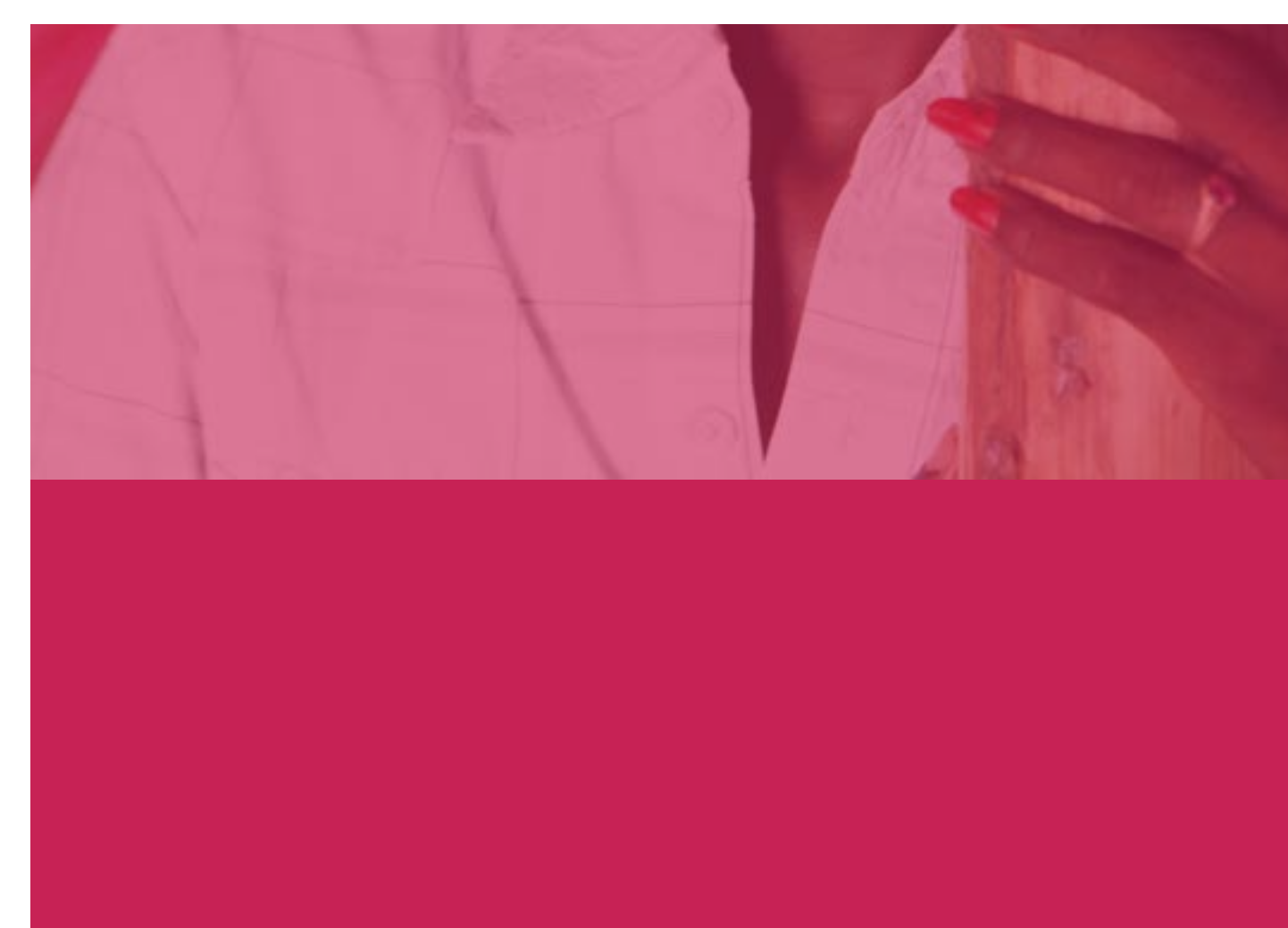
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Contacts

Kaushik Biswas: kbiswas@allianceindia.org
Abhina Aher: aaher@allianceindia.org

PEHCHAN
पेचण

India HIV/AIDS
Alliance



www.allianceindia.org



The Litmus Test

External Data Quality audit helps strengthen organisational systems and processes: Experience from Global Fund-supported Pehchan program



Authors

Kaushik Biswas¹, Naveen Kumar Mattipalli¹, Anindita Biswas¹, Abheena Aher¹, Balaji Ubarhande¹, Shaleen Rakesh¹, James Robertson¹

¹India HIV/AIDS Alliance

Systematic capacity building, mentoring, and monitoring contribute to better data quality in community-based HIV prevention programme settings.

Issues

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan program in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Program and reach 453,750 MSM, transgender and hijras using a community-driven and rights-based approach. Large and complex grants pose challenges to ensure the highest standards of data quality. Additionally, the baseline and midline studies indicate low education levels and lack of related work experience among these groups. In order to address challenges in maintaining data quality, Pehchan introduced the concept of external Data Quality Audit (DQA) to strengthen organizational capacity on monitoring and evaluation.

Method

The DQA assessed the capacity of management systems and the quality of data maintained

by implementing partners on two parameters, i) Assessment of data management and reporting systems, ii) Verification of reported data for key indicators at selected sites. A total of 79 Sub Recipient (SSRs) and 6 Sub Recipient (SRs) were audited for this purpose in 3 phases using Non replacement sampling method. Based on gaps identified, systematic technical support and customized capacity building was provided to the organisations to build their capacities.

Results

Data completeness errors reduced from 38% to 11%, data accuracy errors reduced from 56% to 14%, recording errors decreased from 11% to 3%, data reporting errors reduced from 11% to 5% and adherence to systems improved from 56% to 89% over three rounds of audit and capacity building. Compliance levels improved by 30% during two phases of DQA assessments. The result also shows a changing culture of doing M&E amongst the community based organisations implementing the programme in terms of maintaining the documentation and record keeping system.

Lessons Learnt

Systematic capacity building, mentoring, and monitoring contribute to better data quality in community-based HIV prevention program. The process has helped the program establish a seven dimensional (accuracy, reliability, precision, completeness, timeliness, integrity, confidentiality) data quality assurance system within the programme. This activity also resulted in a positive cultural change of working with data across all Pehchan partners. Overall, the process helped in increasing the confidence in the data reported to the donor and ensured a 'A' grant rating from the Global Fund.

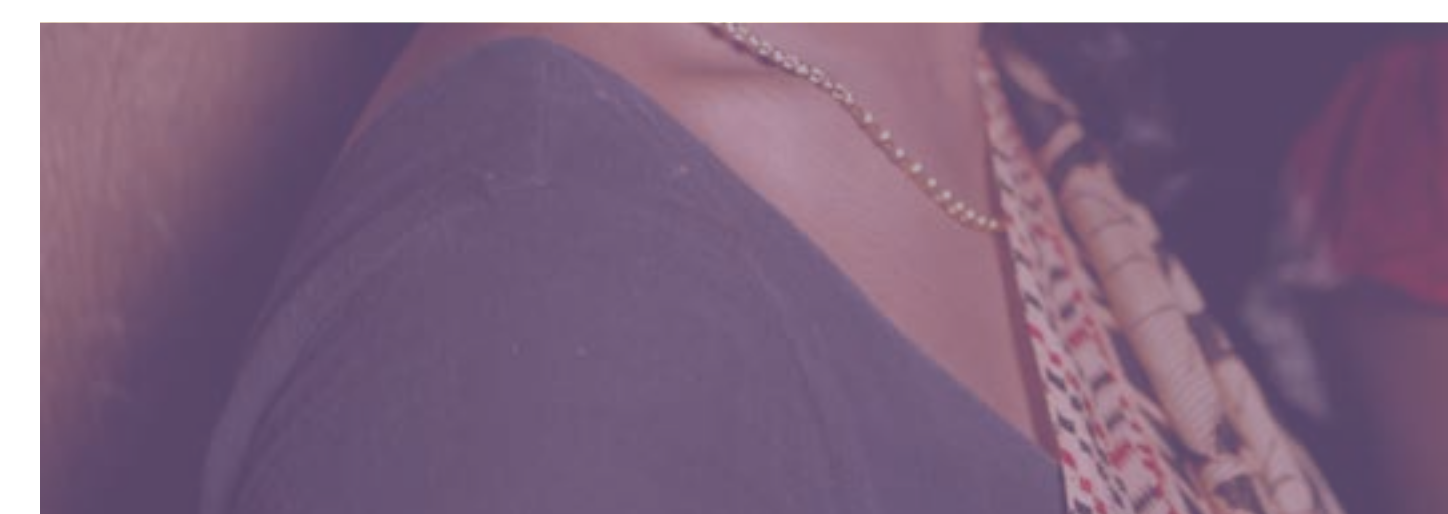
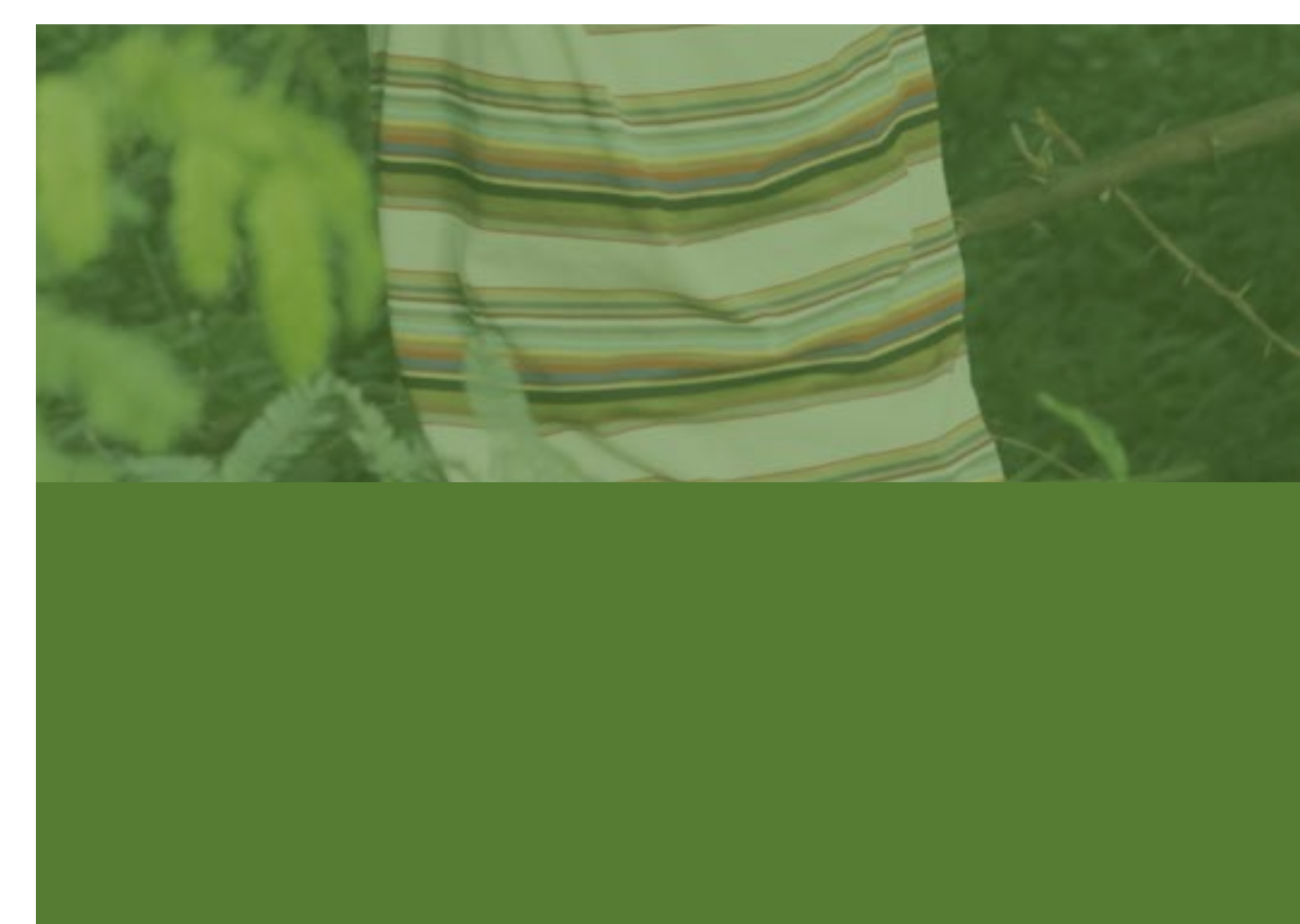
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Contacts

Kaushik Biswas: kbiswas@allianceindia.org
Anindita Biswas: abiswas@allianceindia.org

India HIV/AIDS
Alliance



www.allianceindia.org



Using Technology to Improve Monitoring and Evaluation in HIV Interventions for Sexual Minorities in Andhra Pradesh, India



Authors

Rajkumar Chauhan¹, Vijay Nair¹, Vishnu Prasad Rao¹, T. Sravan Kumar¹, K. Bala Krishna¹, James Robertson¹, P. Prabhakar¹

¹India HIV/AIDS Alliance

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras (collectively 'MTH'). To build M&E capacity in programme CBOs, staff were initially trained on simple Excel formats developed for the M&E system. This approach has helped MTH staff with limited education understand the system and its objectives and gain needed capacity. Technical support was also provided through an online package to overcome any challenges.

Results

Special training was conducted with 18 community members on the Pehchan M&E system, and these trained personnel now work as M&E Officers in the projects. A total of 24 Project Managers also benefitted from training and online support. Pehchan in Andhra Pradesh has achieved error-free reporting in the last three quarters, contributing to the Global Fund's "A" grant rating of the programme.

Lessons Learnt

M&E packages designed with the capacity and potential of beneficiary populations in mind are likely to be embraced by programme staff from these groups. Simple Microsoft Office-based programmes and rigorous training on the same helps introduce M&E systems to these populations. This is a cost-effective approach, and community members gain confidence working with these tools and have expressed interest in learning more computer skills.

Acknowledgements

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Contact

Raj Kumar Chauhan: rkchauhan@allianceindia.org
Vijay Nair: vnair@allianceindia.org

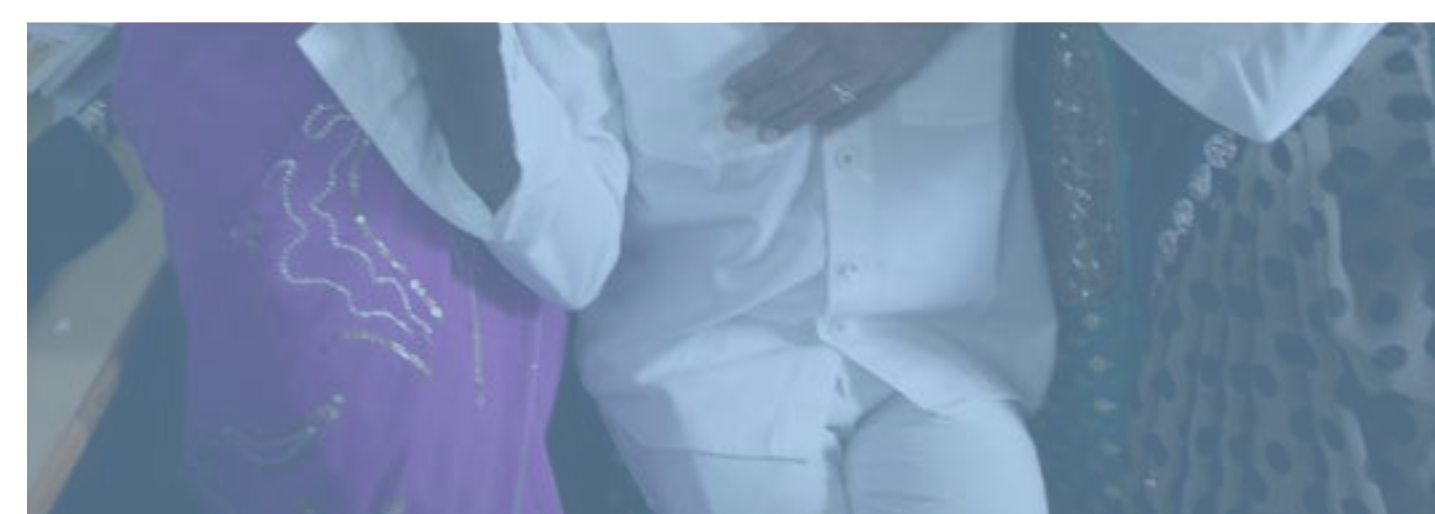
Simple monitoring and evaluation packages designed in Microsoft Office are cost-effective, and easy to use.

Background

India's National AIDS Control Organisation (NACO) supports a Targeted Intervention (TI) HIV prevention strategy that includes a robust monitoring and evaluation (M&E) system, but community-based organisations (CBOs) often lack capacity to engage with it fully. The current system requires manual data collection in the field. The use of computer software to analyse data and draw inferences is minimal. NACO's recently introduced TI software is more friendly, but CBO personnel often have to depend on technical support to facilitate its use. The development of community-friendly M&E system was considered a priority.



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Factors Reducing Condom Use by Young MSM, Transgenders and Hijras in India

Findings from Pehchan



Authors

Balaji Ubarhande¹, Naveen Kumar Mattipalli¹, Kaushik Biswas¹, Anindita Biswas¹, Shaleen Rakesh¹, James Robertson¹

¹India HIV/AIDS Alliance

Method

A mixed method evaluation was adopted in which a cross-sectional study sampled 601 MSM, transgenders and hijra subjects (30% TG/H) in 23 districts across six states in programme CBOs which had provided services for at least six months. Probability Proportion to Size (PPS) method and systematic random sampling was used. Qualitative data collection techniques included 72 focus group discussions (FGDs), 84 key informant interviews (KIs), 24 in-depth interviews (IDIs) and 5 case studies. Descriptive and correlation analysis was done using SPSS.

Results

Consistent condom use in the age group of 18-24 years remains at 53% among MSM and 57% among transgender and hijras during last anal sex with regular male partners. This is low compared to other age groups. Reported condom use during the last anal sex with non-regular male partners however was 61% among MSM and 64% among the transgender and hijras. [See Graph] 53% of young MTH reported sexual violence compared to other age groups (25-34 years: 41%; 35-44 years: 5%; 45 and above: 2%). Services accessed by the 18-24 age group as reported include 35% receiving basic counselling and 43% accessing free condoms and HIV education.

Lessons Learnt

Consistent condom usage among the young MSM, transgender, and hijra group's remains low, and sexual violence is high as compared to older age groups. Sexually active younger age groups explore different types of sex with both male and female partners. Experience of sexual violence affects condom use. Pehchan has developed prevention messaging for MSM, transgender and hijra audiences to address specific needs of each group and has undertaken advocacy initiatives addressing these issues.

Acknowledgements

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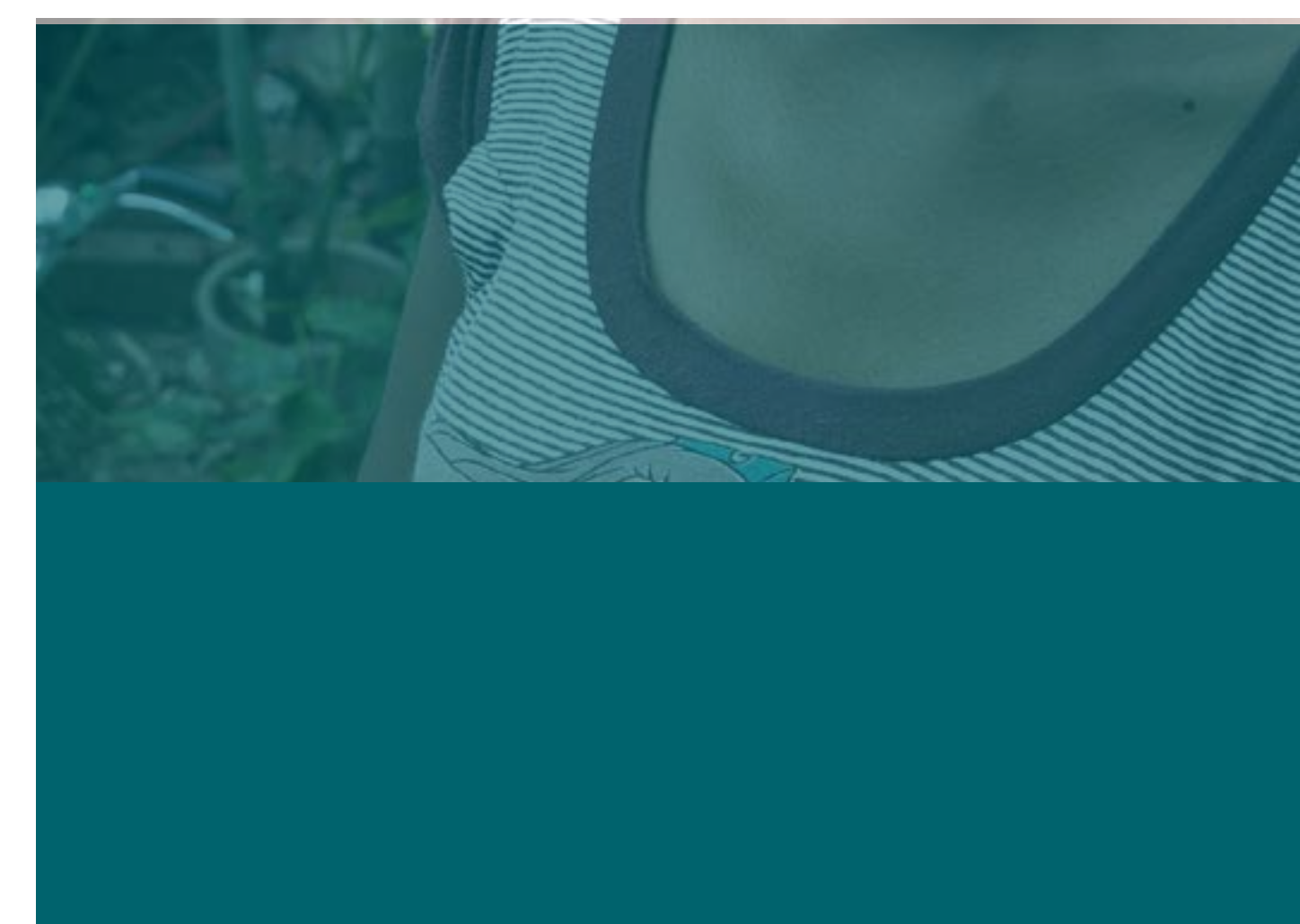
Contact

Balaji Ubarhande: bubarhande@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org

Experience of sexual violence affects condom use. Advocacy initiative and prevention messaging for MSM, transgenders and hijras should be targeted to address their specific needs.

Background

HIV prevalence in India among MSM stands at 4.43% and among transgenders at 8.82% in comparison to the national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras using a community-driven and rights-based approach. Pehchan conducted a midline study to understand the impact of the Pehchan programme in the field and to determine the effectiveness of the programme strategy on priority areas like condom use, risk reduction, and sexual behaviour.



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Building a Responsive Client Management Information System (CMIS) for MSM and Transgender CBOs in India

Authors

Balaji Ubarhande¹, Naveen Kumar Mattipalli¹,
Kaushik Biswas¹, Anindita Biswas¹,
Shaleen Rakesh¹, James Robertson¹

¹India HIV/AIDS Alliance

Pehchan's CMIS is playing a key role in decision-making and planning, thus helping to guide managers in effective programme implementation.

Background

HIV prevalence among MSM in India remains disproportionately high at 4.43% as compared with the overall national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with five organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgender and hijras using a community-driven and rights-based approach. To enable CBOs plan and track services to MSM, transgender and hijras, a comprehensive Client Management Information System (CMIS) which informs programme implementation, measures performance and supports planning has been developed, but capacity gaps among CBO staff to manage information systems and low education levels have needed to be addressed.

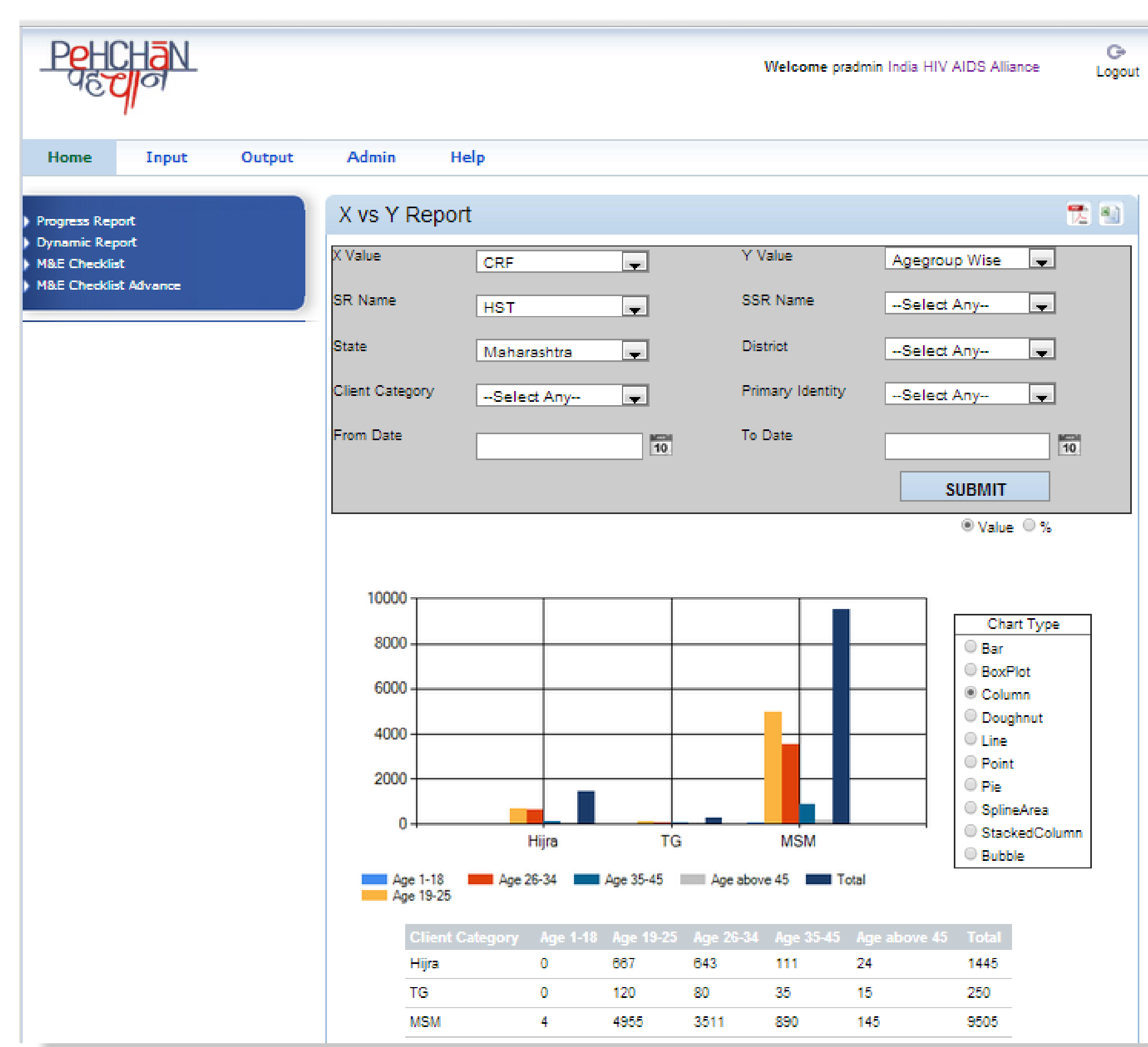
Method

Understanding the complexity of the programme and lack of technical capacity of CBOs on computerised information systems and documentation, Alliance India developed a comprehensive user-friendly web-based CMIS to track every client registered under the programme. This approach contributes to improved programming by generating accurate and timely information on field-level implementation. Intensive support to implementing partners was provided through capacity building, online technical guidance, regular site-visits and mentoring to ensure that quality information is captured and utilized for planning and monitoring service delivery to MTH.

Results

More than 200 community-based organisations are using the Pehchan CMIS application across 17 states of India. In total 3,475 staff have been trained on managing CMIS operations and through September 2013, 1,32,504 clients' data have been entered into the system. Generation of client life cycle reports indicate the outcome of services being provided under the programme, and these data are being used to support decision making, programme planning and dissemination of results to stakeholders, especially government thereby helping to improve the impact and efficiency of the programme.

Interface of Pehchan CMIS



Lessons Learnt

CMIS is playing a key role in decision-making and planning at different stages of the programme and guiding managers in effective programme implementation. Pehchan's investment in a robust system has contributed meaningfully to planning and strategy design for better service delivery and advocacy.

Acknowledgements

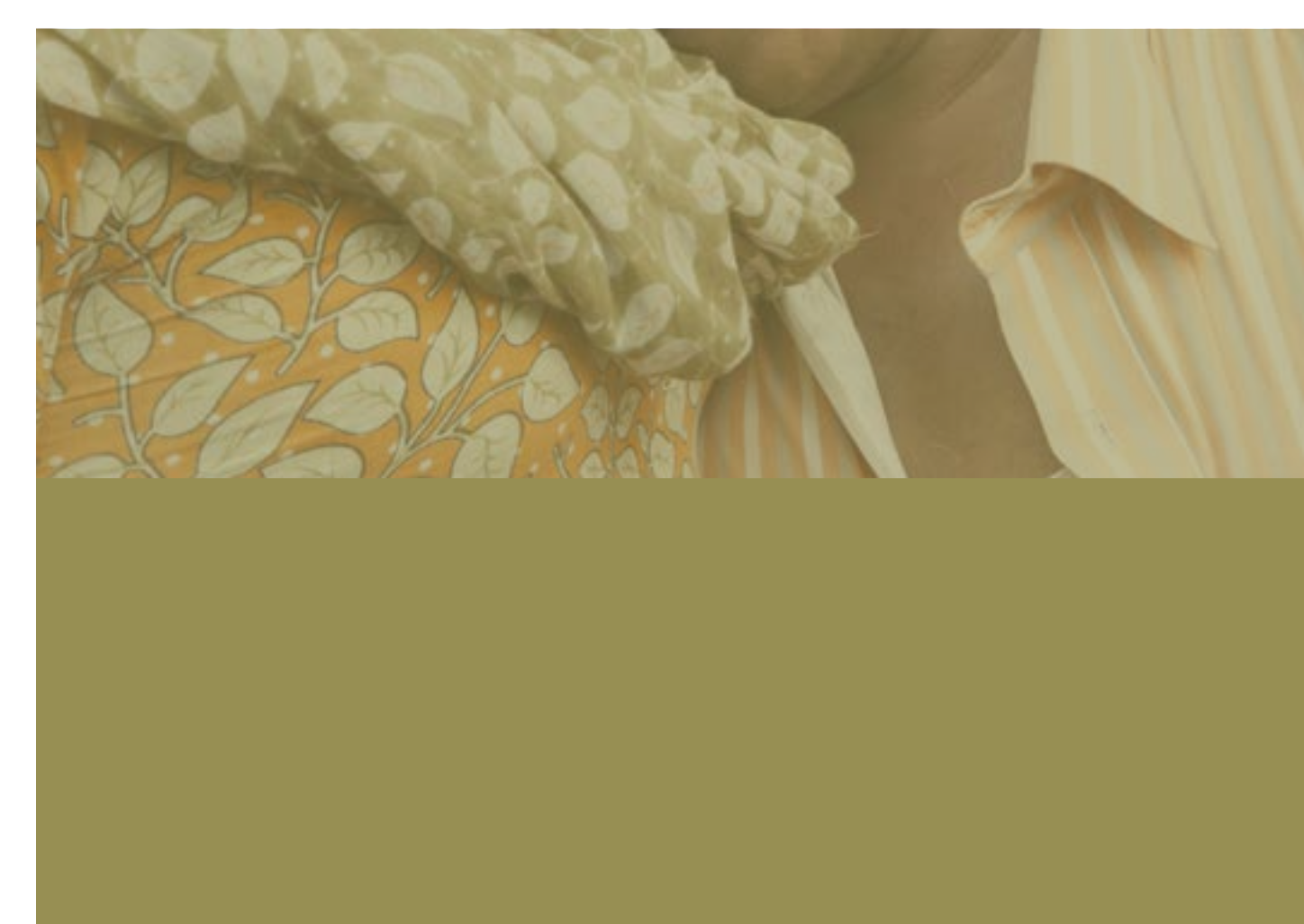
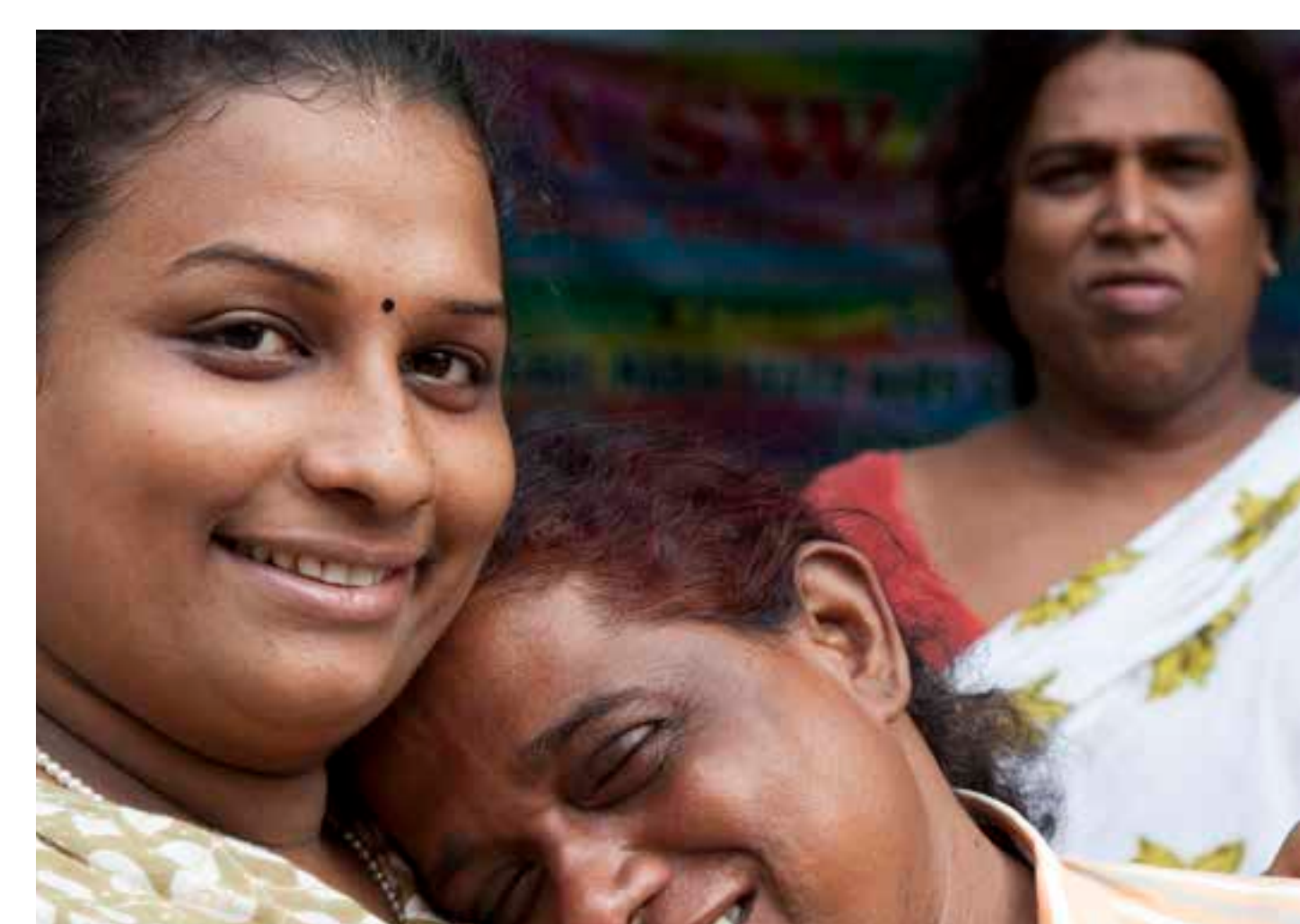
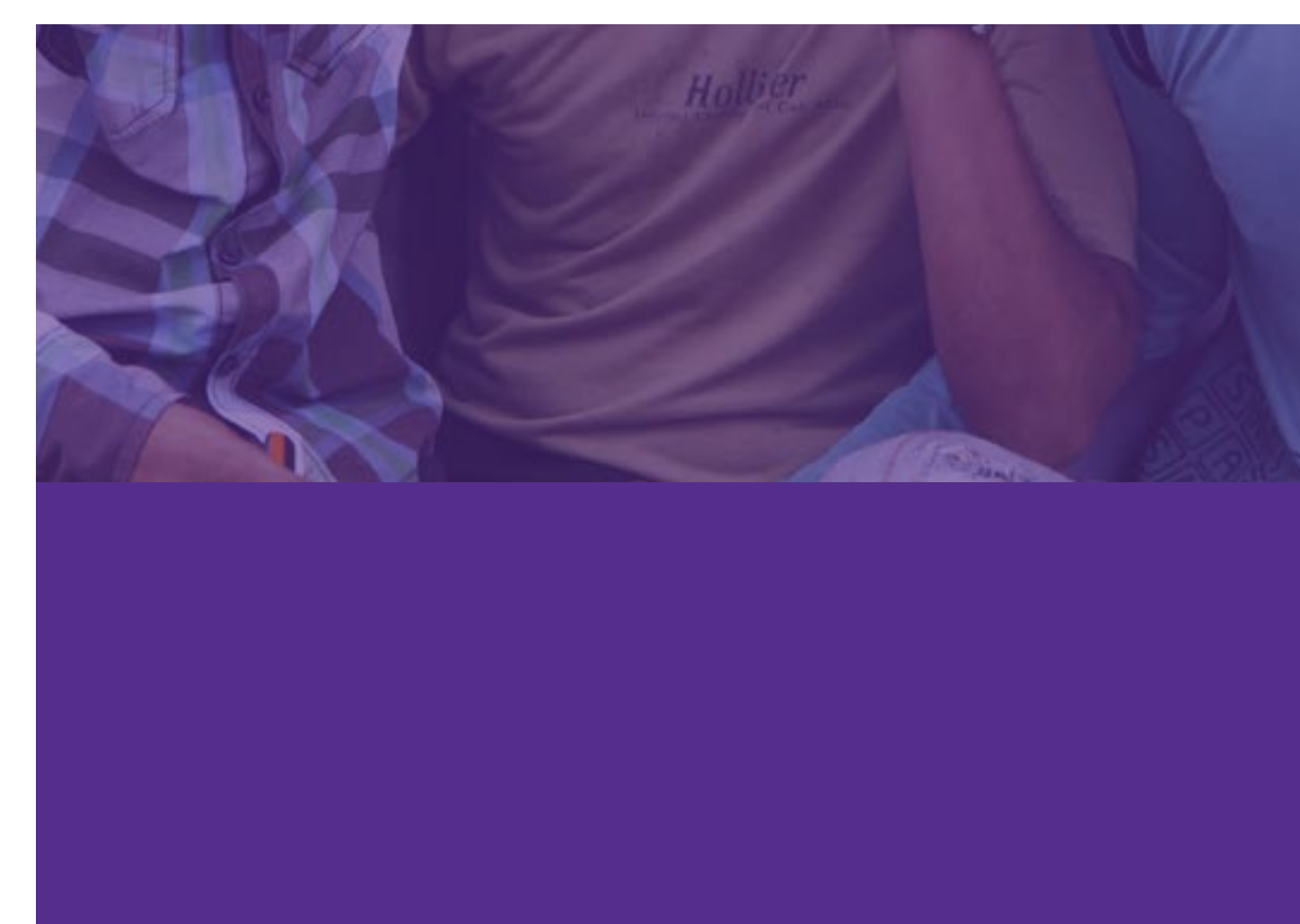
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Contact

Balaji Ubarhande: bubarhande@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org

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India HIV/AIDS
Alliance



www.allianceindia.org

More at Risk

Enacted stigma and violence increases HIV vulnerability of India's transgenders and hijras

Authors

Naveen Kumar Mattipalli¹, Kaushik Biswas¹,
Balaji Ubarhande¹, Anindita Biswas¹,
Shaleen Rakesh¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance

External stigma, along with sexual, physical and emotional violence, contributes to increased HIV vulnerability of MSM, transgender and hijra communities.

Background

HIV prevalence among MSM in India remains disproportionately high at 4.43% as compared with overall national prevalence of 0.3%. India HIV/AIDS Alliance in consortium with four other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras using a community-driven and rights-based approach. Pehchan conducted a midline study to understand demographics, behaviour patterns and needs of the target populations.

Method

A mixed method of evaluation was used. A cross-sectional study sampled 601 MSM, transgender and hijra (MTH) subjects (30% transgender and hijras) covering 23 districts across 6 states among CBOs which had provided services for at least six months under Pehchan. Probability Proportion to Size (PPS) method and systematic random sampling was used. 72 focus group discussions (FGDs), 84 key informant interviews (KIs), 24 in-depth interviews (IDIs) were conducted as part of qualitative process. Active engagement from MTH community members was sought in all steps of the study from design to data collection till report finalisation.

Results

One-third of transgender and hijra (TGH) respondents indicated sex work as their primary occupation and another 40% as secondary occupation. Consistent condom use with regular and non-regular partners of TGH during last anal sex was reported at 59% and 75% respectively. There is a high level of enacted stigma experienced in healthcare settings by TGH clients; one-fifth of TGH in comparison to 6% of MSM reported longer waiting hours to be attended by a healthcare professional as most providers did not want to treat them. [See Table.]

Forty-two percent of TGH reported facing problems with police and law enforcement personnel; a majority of them experienced being harassed (68%), detained (64%), threatened (57%) and sexually abused (50%). Overall 7% of TGH studied reported being HIV positive.

Stigma Experienced in Healthcare Setting in Last 12 Months	
Had to wait longer to be attended by doctors	20%
Received less care/attention than other patients	19%
Denied treatment	13%
Unnecessarily referred on to another provider or another facility due to disinterest in treating	14%
Senior health care provider pushed case to a junior provider	11%
Scolded or blamed	13%
Sample size	181

Lessons Learnt

While behavioural risk is much higher among TGH, external stigma along with sexual, physical and emotional violence contributes to increased HIV vulnerability of these communities. Pehchan has conducted operations research on MTH-friendly health services and advocates to create a supportive and enabling environment for TGH to access healthcare and other services by sensitizing providers and developing crisis response mechanisms.

Acknowledgements

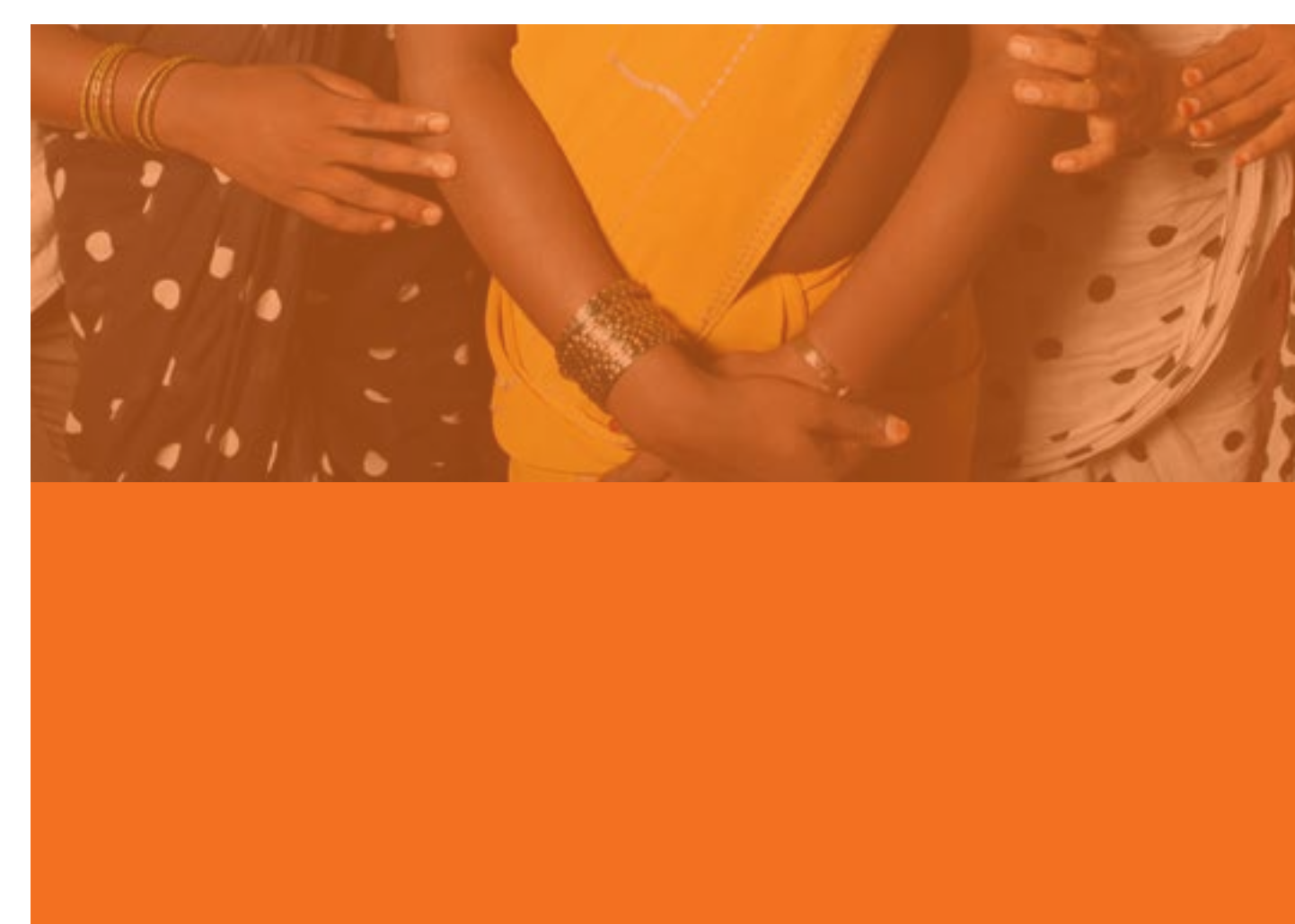
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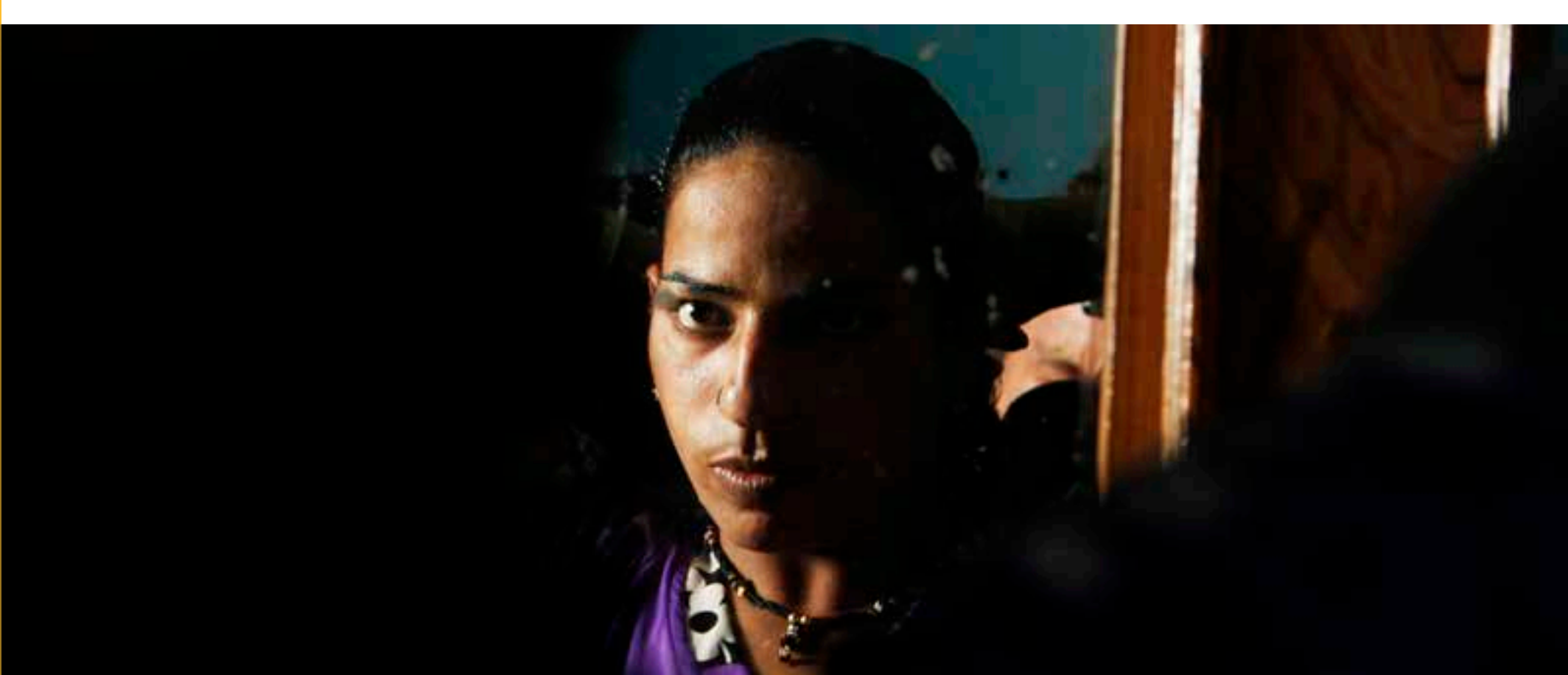
Naveen Kumar Mattipalli: nmattipalli@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org

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Alliance



www.allianceindia.org



Building a Cadre of Transgender and Hijra Master Trainers

A targeted initiative by Pehchan in India



Authors

Harjyot Khosa¹, Sonal Mehta¹, Simran Sheikh¹,
Abhina Aher¹, James Robertson¹

¹India HIV/AIDS Alliance



While the education and professional development of many transgenders and hijras have been disrupted, it is essential not to underestimate the “trainability” of these groups.

Background

The Government of India estimates HIV prevalence among transgenders at 8.82% (NACO, 2012), and transgender and hijra vulnerability to HIV is gaining increased attention due to community advocacy and increased understanding by government and development partners about the challenges facing these highly marginalized populations.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras. Pehchan is actively collaborating with the Government of India to develop targeted responses for transgenders and

hijras. As India prepares to scale up interventions for these groups, the need to develop training capacity within these communities will help ensure that these efforts are welcomed and understood by beneficiaries and responsive to their real needs.

Results

Building on the principle of ‘nothing for us without us,’ Pehchan has involved transgender and hijra communities as equal partners in the HIV response. To increase impact of capacity building initiatives for these groups, 26 transgender and hijra community members were trained as master trainers and technically capacitated on diverse aspects like legal rights, leadership & governance, positive living and life skills education. Training included enhancement of ‘soft skills’, introducing them to various training techniques and helping them understand the competencies required to become an effective trainer. While developed to expand the pool of trainers available to Pehchan, these transgender and hijra master trainers are also being directly utilized by government as a technical resource in trainings organised at national and state level to support their expanded strategy to address the needs of these groups.

Lessons Learnt

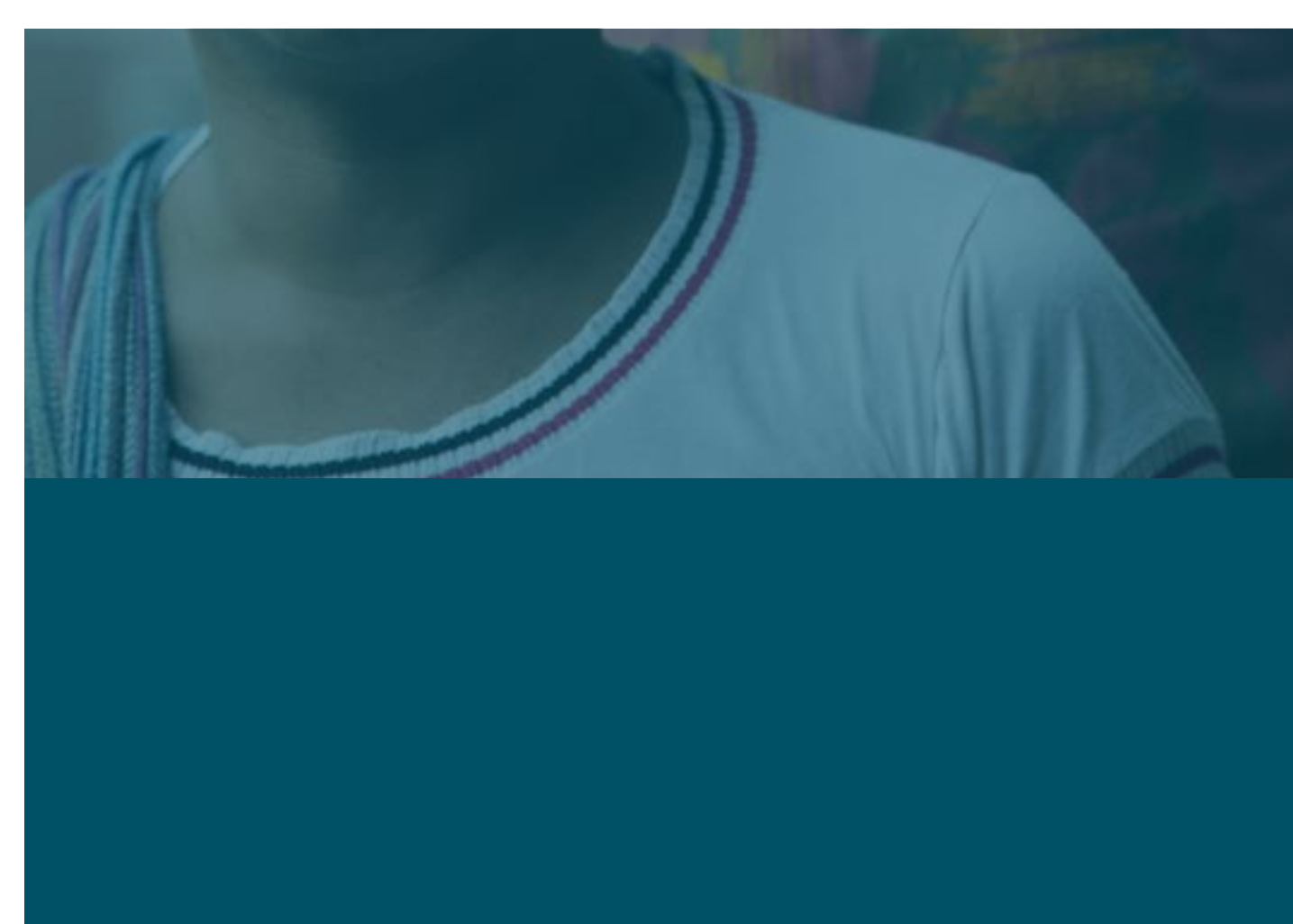
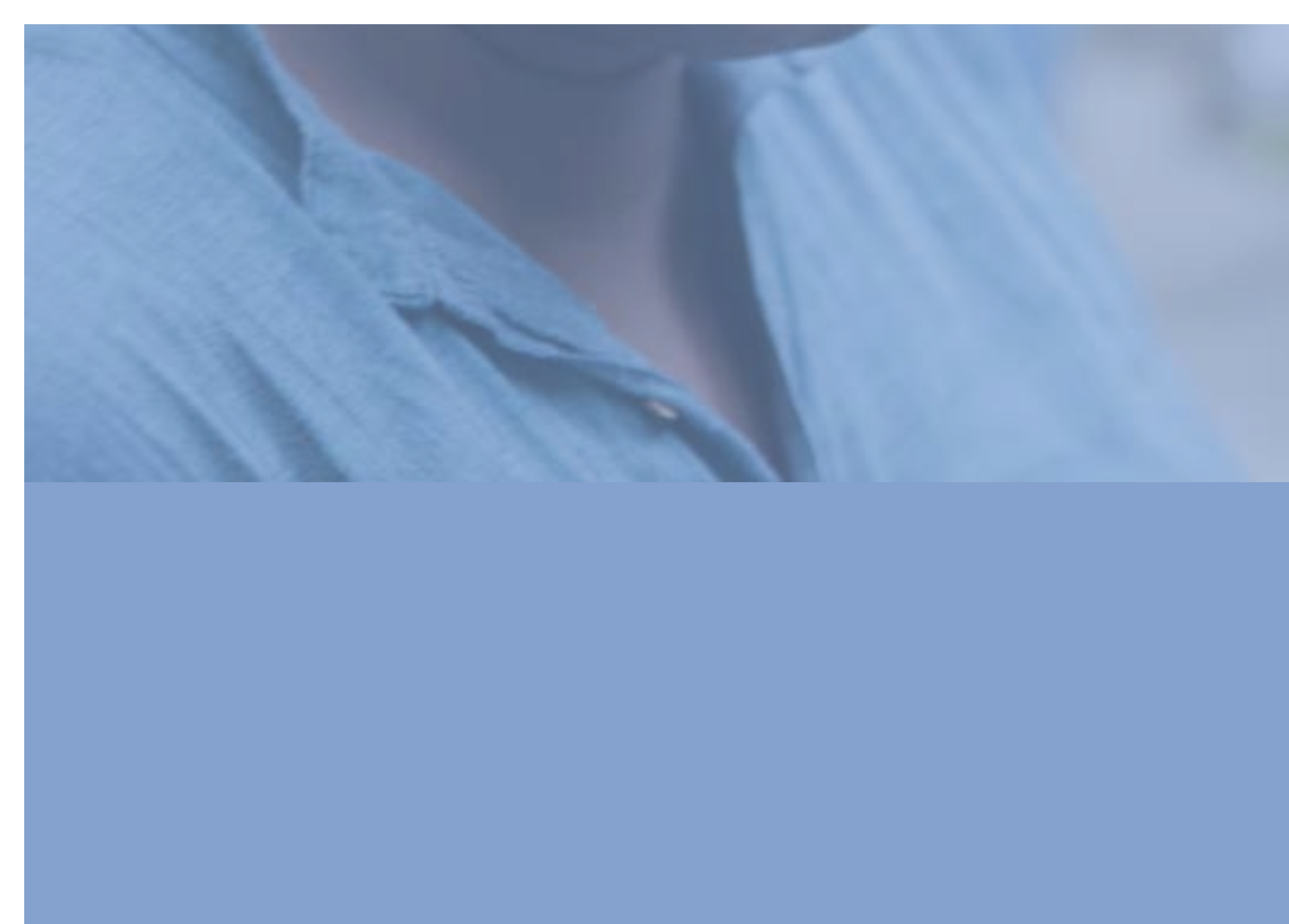
While the education and professional development of many transgenders and hijras have been disrupted, it is essential not to underestimate the “trainability” of these groups. Community-centric approaches have real value in HIV programming, and with sustained and responsive support, these groups rise to the challenge.

Acknowledgements

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Contact

Harjyot Khosa: hkhosa@allianceindia.org
Abhina Aher: aaher@allianceindia.org



www.allianceindia.org



Together We Fight

Addressing discrimination against MSM, transgender and hijra communities in India

Authors

N Vunghoihkim¹, Harjyot Khosa¹, Abheena Aher¹,
Simran Shaikh¹, Yadavendra Singh¹, Yashwinder
Singh¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance

Discrimination often comes from ignorance. By involving affected communities, an enabling environment can be created to overcome stigma and discrimination.

Background

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras (collectively 'MTH'). Capacity building of MTH community members is key to strengthening programme CBOs. Training modules were developed on several thematic areas to help build capacity of CBO staff.

Unfriendly and non-cooperative societal behaviour toward MTH individuals hinders delivery of these trainings. Finding suitable training venues has been one of the greatest challenges. Approximately 50% of venues turned down the opportunity to provide training spaces for Pehchan. There are instances of ill-treatment and unfriendly behaviour towards

MTH communities by staff of training venues. Even medical professionals are reluctant to provide medical check-ups to MTH members.

Method

Alliance India realises sensitisation of staff of the hospitality industry, law enforcement, media, and medical professionals on MTH issues can help overcome these challenges. National and regional training centres of Pehchan conducted several formal and informal sensitisation workshops for staff of the hospitality industry during the pre-training phase in 2011. Pehchan staff along with travel logistics partner visited selected venues to assess the feasibility of training at each. A one-day sensitisation workshop was also held for staff of travel logistics partner. Advocacy workshops for media, law enforcement, medical professionals involving MTH CBO staff of Pehchan was also conducted across the country.

Results

- > Out of 35 venues where trainings were done, 12 are recognised as friendly places by MTH communities.
- > Medical professionals connected to these hospitality units and programme areas are available on call to treat MTH patients if need may rise.
- > 169 trainings of different Pehchan training modules have been conducted to date.
- > 3,284 CBO staff has been trained through March 2013.

Lessons Learnt

Discrimination often comes from ignorance. If handled carefully, by involving members from affected communities, stigma and discrimination can be overcome and an enabling environment created.

Acknowledgements

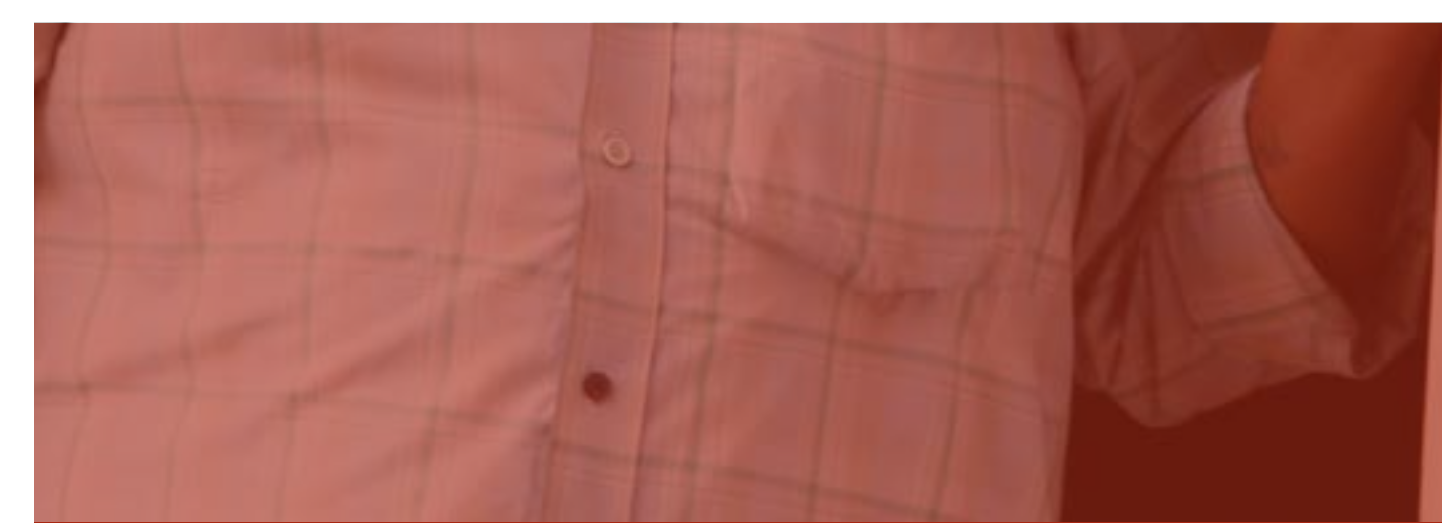
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Contact

N Vunghoihkim: nkim@allianceindia.org
Harjyot Khosa: hkhosa@allianceindia.org

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Alliance



www.allianceindia.org



Beyond Business as Usual

Helping Corporations Discuss HIV/AIDS Stigma and Discrimination: Experiences from Levi Strauss & Co.

Authors

Pemu Bhutia¹, Joanne Lim Pousard², Joydeep Sen¹, Shaleen Rakesh¹, James Robertson¹

¹Alliance Regional Technical Support Hub (South Asia Hub),
²Levi Strauss & Co

Promoting HIV/AIDS awareness in the workplace educates employees and helps encourage and sustain zero discrimination.

Background

Promoting HIV/AIDS awareness in the workplace has emerged as an important opportunity for the private sector as part of their corporate social responsibility (CSR) activities. Levi Strauss & Co (LS&Co.) Employee HIV/AIDS Programme aims to improve access to HIV/AIDS prevention, treatment, and care for employees and dependents around the world. In 2012, LS&Co partnered with Alliance Regional Technical Support Hub (South Asia Hub) to promote a confidential and supportive work environment, free from HIV discrimination, for LS&Co. employees in 10 Asian countries. Current models on NGO-private sector partnerships for promoting HIV/AIDS Education & Workplace usually involve 2-3 days training/workshops. This joint venture between LS&Co and South Asia Hub overcame challenges of managing employees' time to attend trainings/workshops and minimising costs as well.

Method

South Asia Hub acted as an intermediary with local NGOs in 10 Asian countries (Japan, South Korea, India, Hong Kong, China, Philippines, Taiwan, Indonesia, Malaysia and Singapore) to provide training to LS&Co. employees in each country. The Hub's role was to coordinate, build and support each NGO's technical skill to convey the training curriculum, and the Hub then gathered qualitative insights and quantitative metrics to support the programme's M&E plan. Technical support by the Hub included providing mentoring through emails and telephonic conversations. Online orientation on the one-hour training curriculum was also provided to the NGOs. The Hub also provided coordination support to NGOs to link-up with local Human Resources department of LS&Co. to conduct one hour face-to-face trainings.

Results

- > In total, 883 employees of LS&Co. in 10 countries in Asia were oriented on HIV/AIDS at the workplace during June-December 2012 through the initiative.
- > Post-training, there has been an increase in employee engagement in promoting HIV/AIDS at the workplace among Levis employees of 10 Asian countries from 45% in 2011 to 51%.
- > HIV/AIDS knowledge increased from 55% in 2011 to 71%.

Lessons Learnt

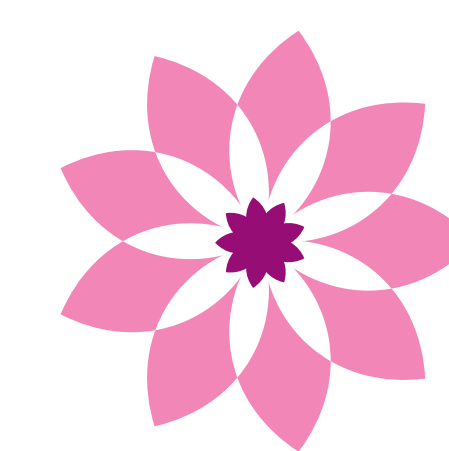
Transfer of skills and knowledge through a cascading approach demonstrates cross-learning among everyone involved. Corporate employees who receive orientation on preventing epidemics like HIV/AIDS if retained can become great resources in promoting sustainable zero discrimination.

Acknowledgements

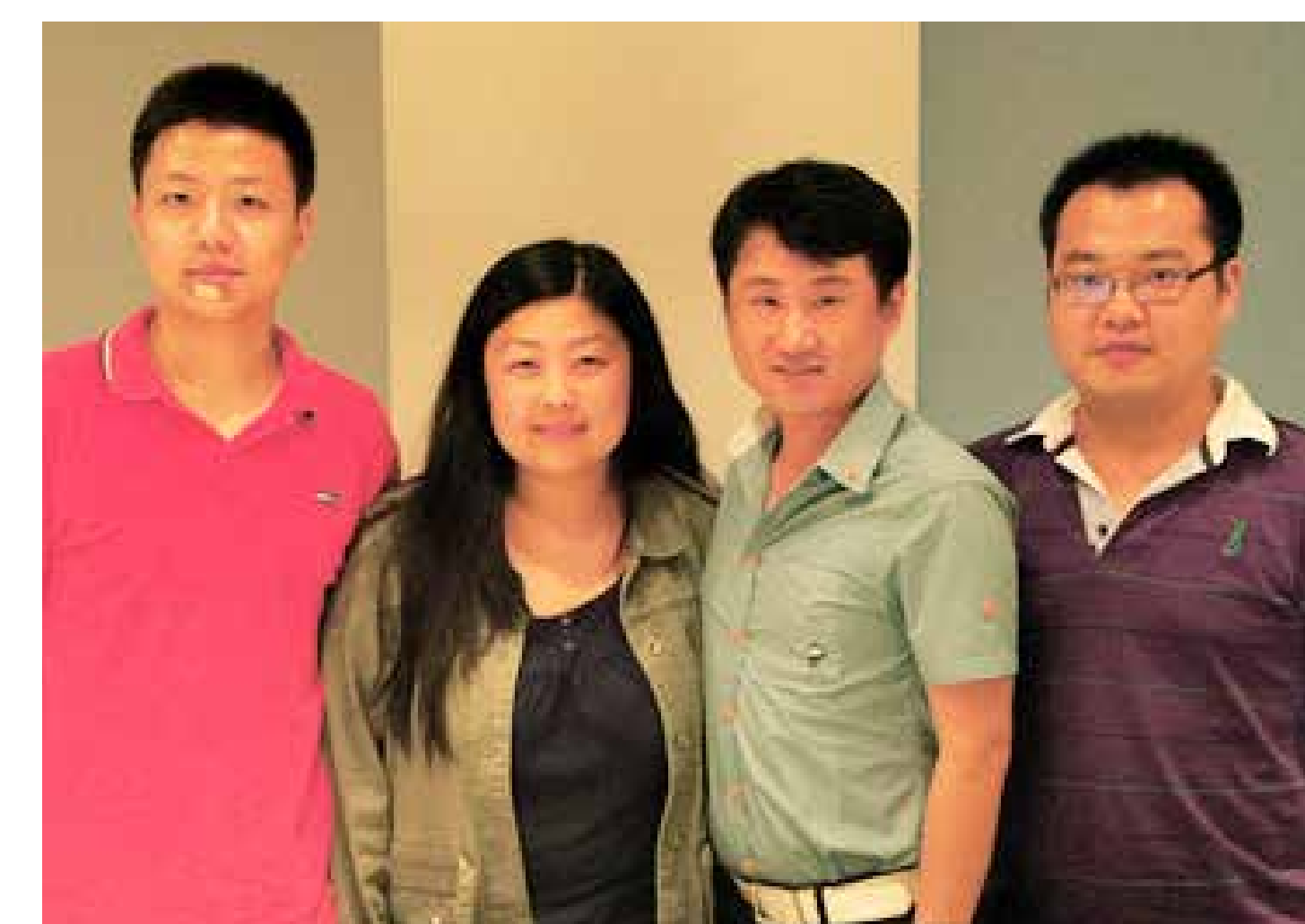
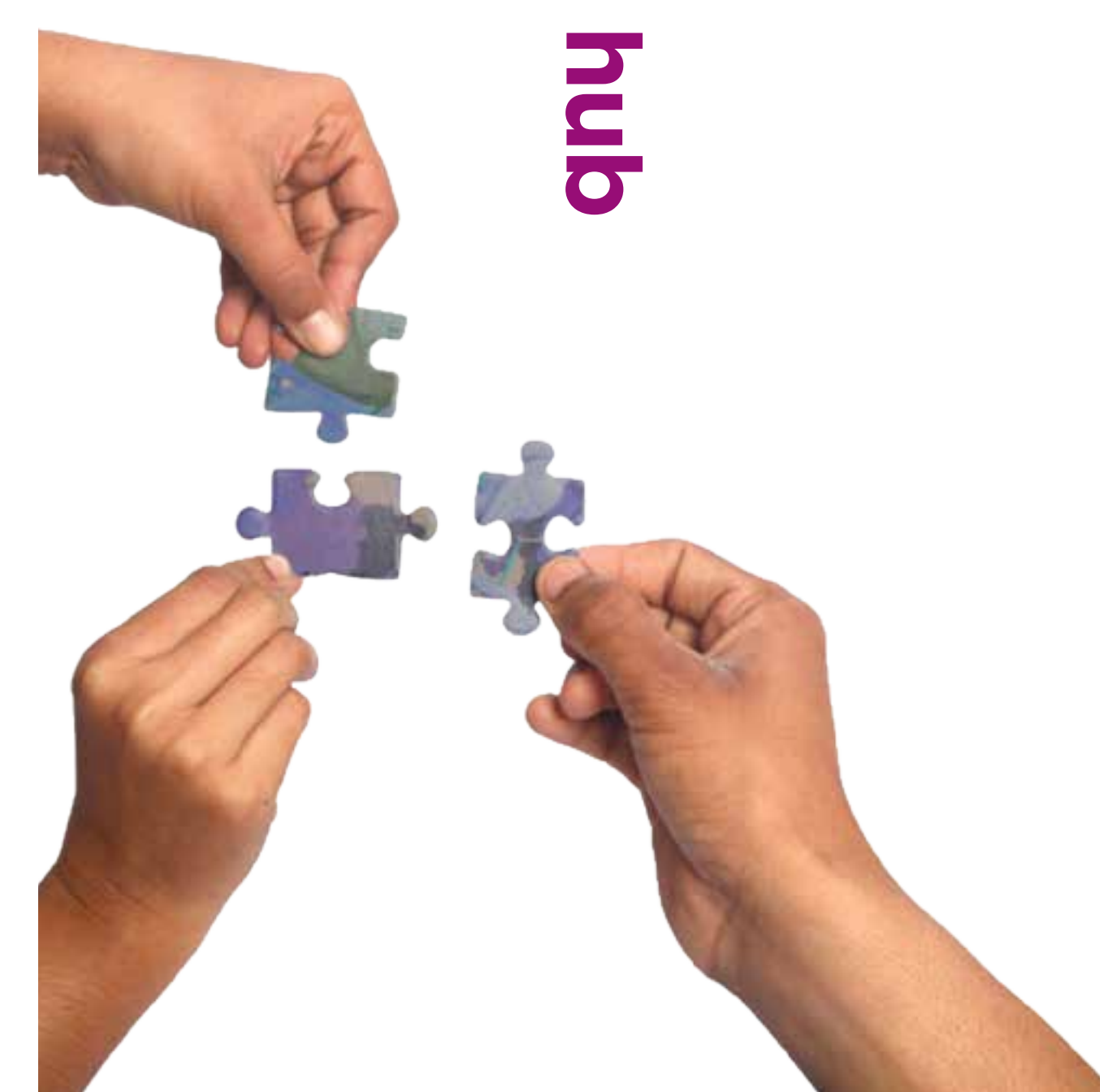
Alliance Regional Technical Support Hub for South Asia would like to thank **Levi Strauss & Co.** for the opportunity to provide technical support, to their leadership efforts in HIV/AIDS.

Contact

Pemu Bhutia: pbhutia@southasiahub.org
Joydeep Sen: jsen@southasiahub.org



alliance regional
technical support hub
SOUTH ASIA



www.southasiahub.org

Capacity Building of Frontline Workers in Sexual and Reproductive Health for People Who Inject Drugs (PWID)

Experience from India

Hridaya
Harm Reduction in India

Authors

Pemu Bhutia¹, Joydeep Sen¹, Shaleen Rakesh¹,
G. Charanjit Sharma², Francis Joseph²,
A. Viswanathan², James Robertson¹

¹Alliance Regional Technical Support Hub (South Asia Hub),
²India HIV/AIDS Alliance

Building capacity of frontline workers on SRH issues helps make these services more accessible to PWID and their spouses.

Background

The number of People Who Inject Drugs (PWID) in India is estimated by the government to be 177,000 (NACO, 2012), of which 144,000 are reached by Harm Reduction (HR) programming. National HIV prevalence of PWID is currently 7.8 % (NACO, 2012). SRH needs of PWID and spouses are also not addressed contributing to poor health conditions. HR interventions should include SRH-related treatment and care services, particularly because many PWID are unaware of their SRH rights and needs. To fill these gaps, it is important to build capacity of frontline workers (female outreach workers and peer educators) of NGOs/CBOs on SRH issues so that they can assist in making SRH-related services accessible to PWIDs and their spouses. India HIV/AIDS Alliance under its project Community Action for Harm Reduction (CAHR), known as 'Hridaya' in India, aims to reach PWID and their spouses with SRH-related services along with HR programming in Haryana and Uttarakhand. In 2012, Hridaya outsourced

this capacity building component on SRH for PWID to Alliance Regional Technical Support Hub (South Asia).

Method

South Asia Hub's capacity building process consisted of desk research and literature reviews on SRH along with community consultations with PWID and their spouses to assess their SRH problems and issues. The development of the SRH training manual was based on findings from these processes, and this manual served as the basis of training of frontline workers of partner NGOs.

Results

- > 71 PWIDs and their spouses were involved in community consultations.
- > 93 frontline workers of 35 NGOs were trained on SRH issues of PWID further transferring the gained knowledge to fellow-workers including PWID.
- > There was a 51% increase in understanding about SRH issues of PWID by among frontline workers. This was assessed through pre/post training questionnaires on various SRH components.
- > Post-training, 354 PWID and their spouses have been referred to various SRH-related services in Bihar, Haryana and Uttarakhand.

Lessons Learnt

Capacity building of frontline workers on SRH needs of PWID helps to improve access by PWID to SRH-related services. The developed capacity of partner NGOs will be available to PWID community even after the project ends.

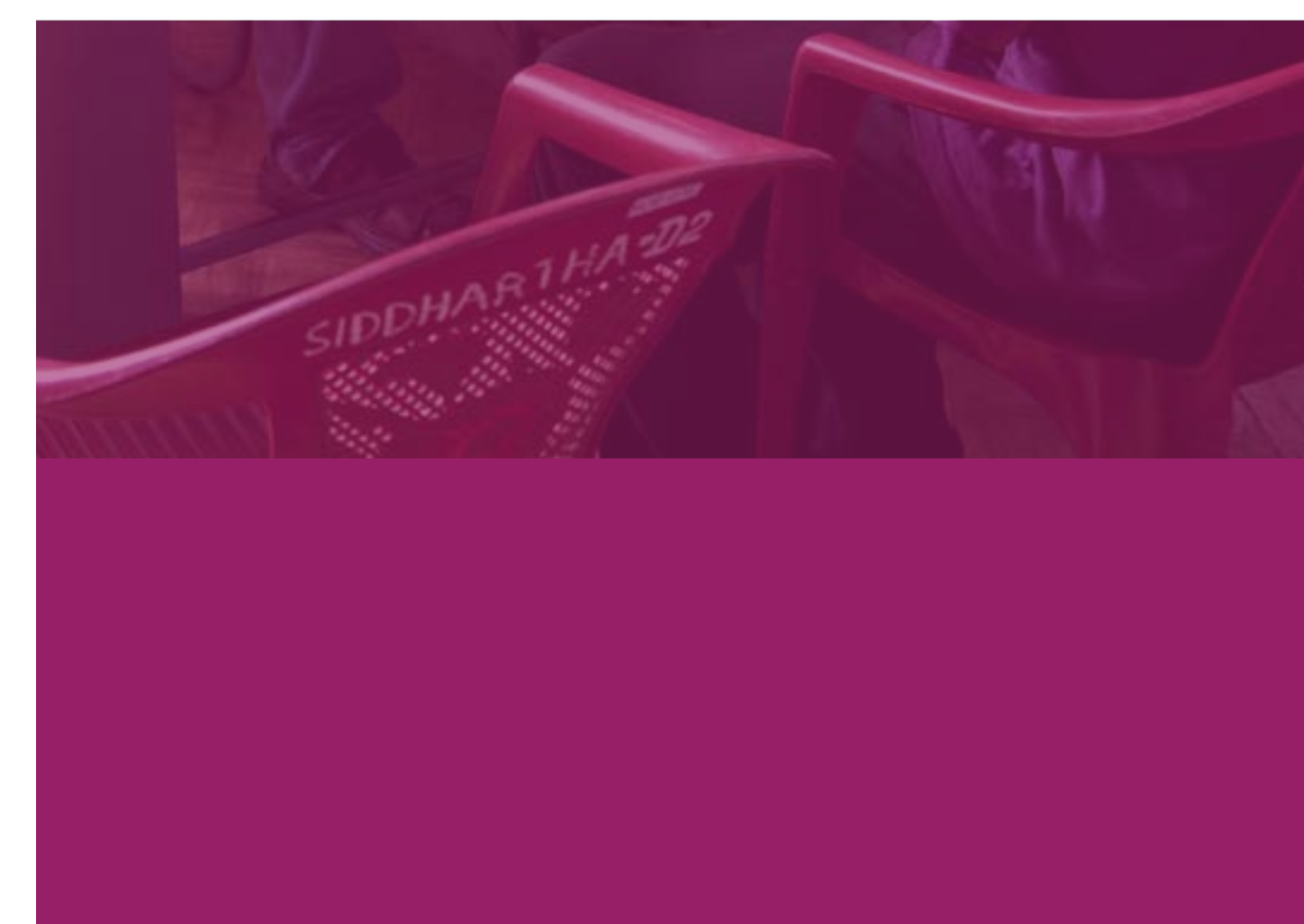
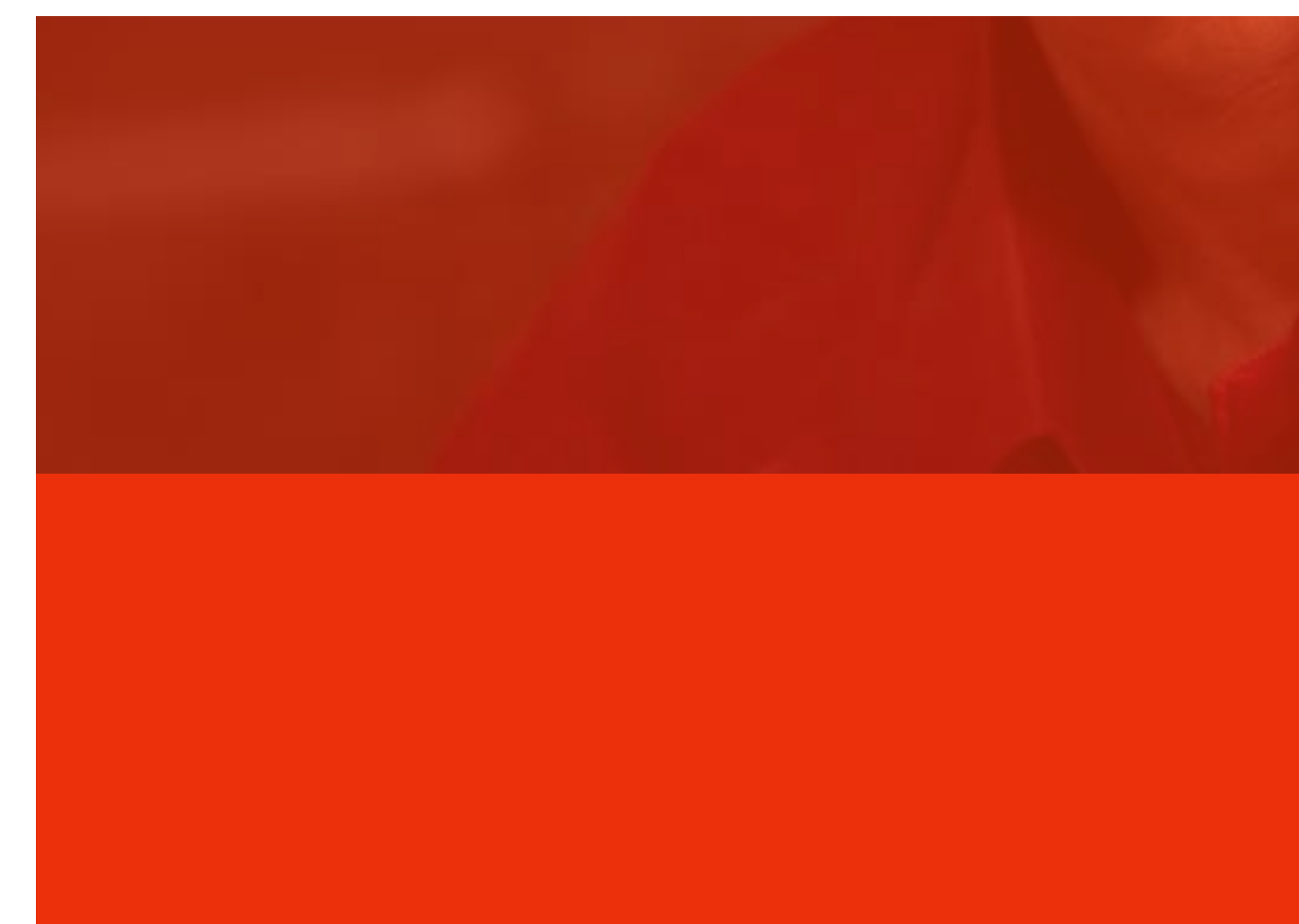
Acknowledgements

Alliance Regional Technical Support Hub for South Asia would like to thank **India HIV/AIDS Alliance** for the opportunity to provide technical support to the Hridaya programme funded by the Ministry of Foreign Affairs, Government of Netherlands through the Community Action on Harm Reduction project.

Contact

Pemu Bhutia: pbhutia@southasiahub.org
Joydeep Sen: jsen@southasiahub.org

 **alliance regional
technical support hub**
SOUTH ASIA



www.southasiahub.org

Visible yet Vulnerable

Managing care and support needs of transgenders living with HIV in India

Authors

Simran Shaikh¹, Abhina Aher¹, Yadavendra Singh¹, Rohit Sarkar¹, Yashwinder Singh¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance

Community-led programming for transgenders and hijras living with HIV increases uptake and ensures impact.

Background

Transgenders are increasingly prioritized in India's response to the HIV epidemic. Alarming HIV prevalence in the (male to female) transgender community is observed, ranging from the official government estimate of 8.82% to 41% in some areas. These data indicate an immediate need for care and support initiatives targeting transgenders. Until recently, transgenders were considered under the larger umbrella of men who have sex with men (MSM), rather than acknowledging them as a distinct gender identity with specific intervention needs. Multiple stigma, gender discrimination and limited resources discourage transgender community members living with HIV from accessing care and support services. Low ART adherence, high substance abuse, low self-esteem, self-stigma, community discrimination and associated gender violence increase the vulnerability of most transgenders.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras. Pehchan's service population is more than 15% transgenders and hijras, and the programme is actively collaborating with the Government of India to develop targeted responses for these groups, including care & support.

Results

Working through community-based organizations (CBOs) to ensure community ownership, Pehchan has incorporated a holistic range of health-related service offerings, including specific counseling needs on mental health, positive living, psychosocial support and relationships. The programme also provides an emergency support for transgender living with HIV and addresses critical issues of disclosure and multiple stigmas through special support group meetings for this group. Healthcare providers at ART centers, HIV testing centers and community support centers have been sensitized on transgender issues.

Lessons Learnt

A community-led programme approach providing a holistic range of health services for vulnerable transgender and hijras populations helps motivate access and uptake, contributing to improvements in overall health and wellbeing. Addressing the specific needs of transgenders and hijras living with HIV is helping improve the health system's capacity to serve the needs of these vulnerable population and improving their HIV treatment outcomes.

Acknowledgements

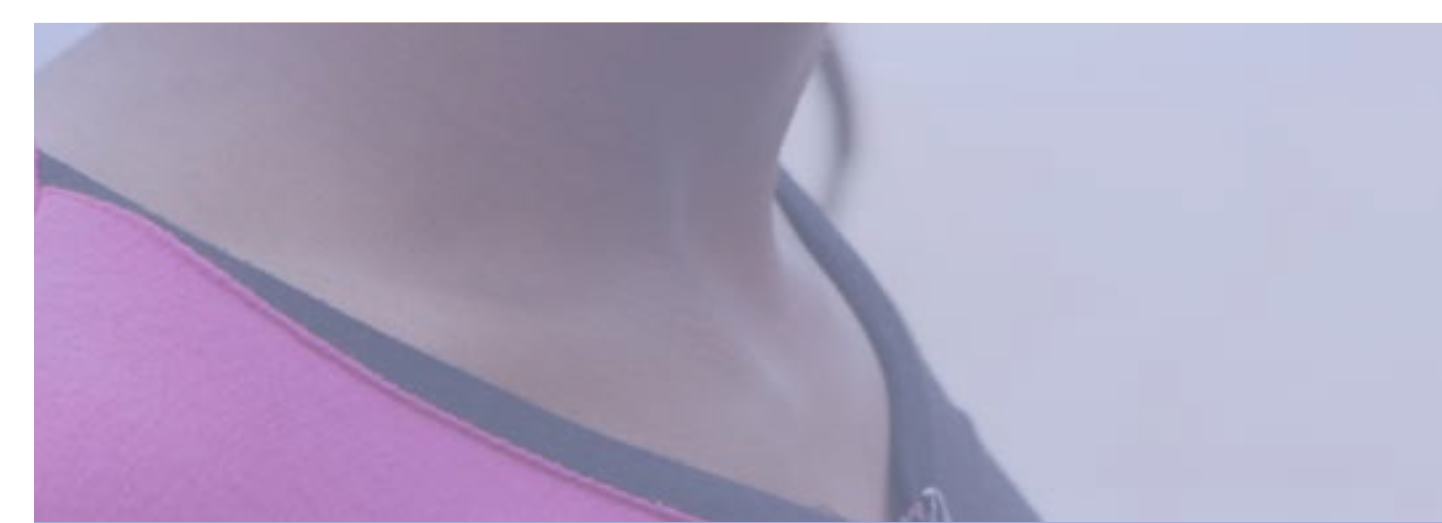
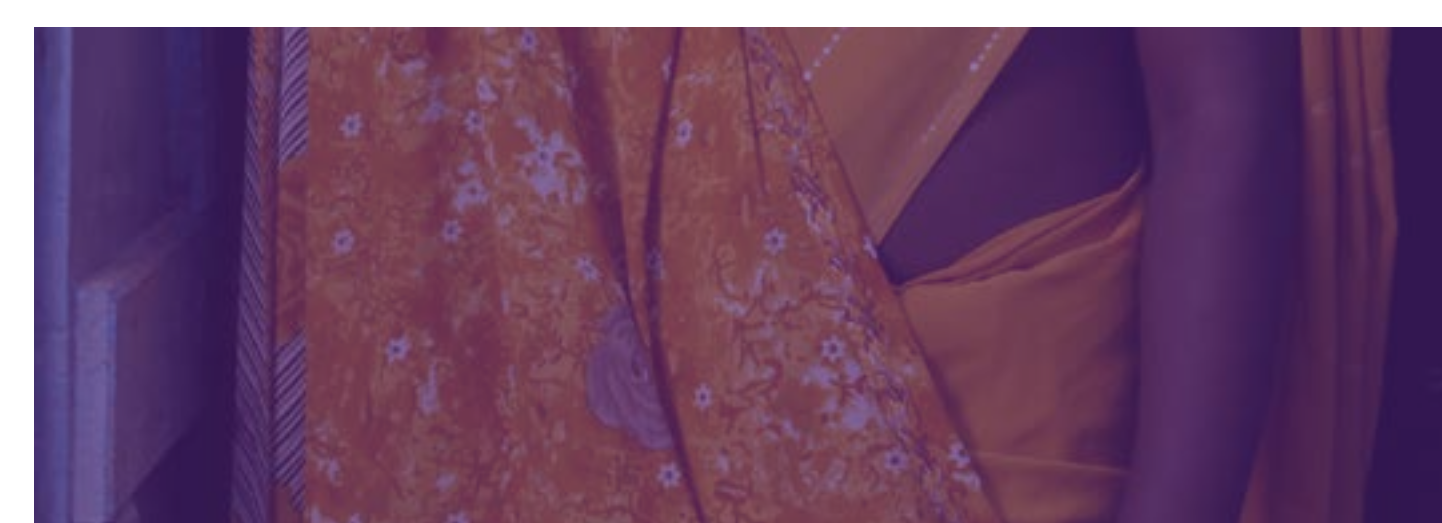
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Contact

Simran Shaikh: sshaikh@allianceindia.org
Abhina Aher: aaher@allianceindia.org

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India HIV/AIDS
Alliance



www.allianceindia.org



Targeting Transgenders

Expanding HIV responses to reach India's transgender and hijra communities

Authors

Abhina Aher¹, Simran Shaikh¹, Sonal Mehta¹,
James Robertson¹

¹India HIV/AIDS Alliance

Partnership between government and civil society is essential for the development of large-scale transgender HIV and health interventions.

Background

Transgender and hijra vulnerability to HIV is gaining increased attention from the Indian government. The most recent official national HIV prevalence estimate for transgenders is 8.82% (NACO, 2012), however other studies show up to 41% in certain areas. While reliable population estimates are not available, research suggests that transgenders in India may number as many as 750,000. Until recently, transgenders were considered a subcategory of MSM in the Indian national HIV strategy (NACP III), rather than a distinct gender identity.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs

to serve as effective partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras. Pehchan is actively collaborating with the Government of India to develop targeted responses for transgenders and hijras.

Results

To date, 13 exclusive transgender CBOs have been developed. Overall 15% of the population served by Pehchan is transgender or hijra. More than 50 transgenders and hijras were capacitated through exclusive Training of Trainers (TOTs) and have been added to the national resource pool of trainers on HIV. A national road map for transgenders wellbeing was developed through the national 'Hijra Habba' consultation. Pehchan has undertaken operational research feminization practices among transgenders. Crisis response systems have been established to address violence against this population. The first ever transgender population mapping has been supported by Pehchan CBOs in 17 states, and the programme's oversight systems include seats reserved for transgenders. Linkages to social entitlements, legal support, and life skills education have been provided to improve the quality of life of transgenders. With input from Pehchan, India's upcoming national AIDS strategy (NACP IV) will now consider transgender populations as a separate group and offer a transgender HIV prevention model for the first time.

Lessons Learnt

While significant challenges remain, the active engagement of government in partnership with civil society has been essential to the development of large-scale transgender HIV and health interventions in India. Further scale-up will be required to reach all vulnerable transgenders and hijras.

Acknowledgements

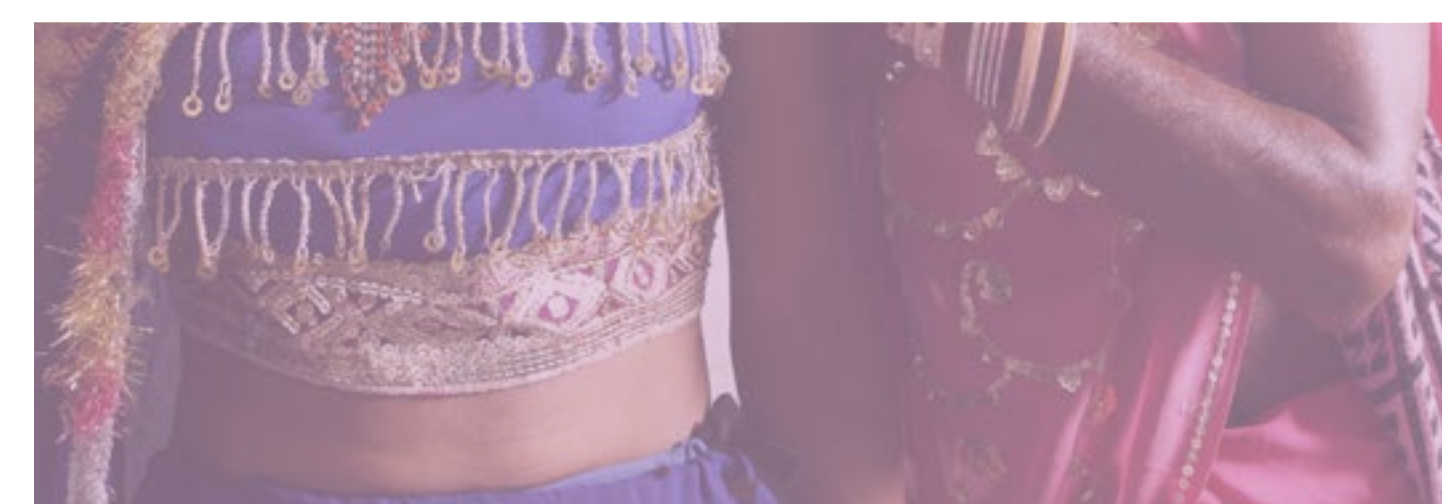
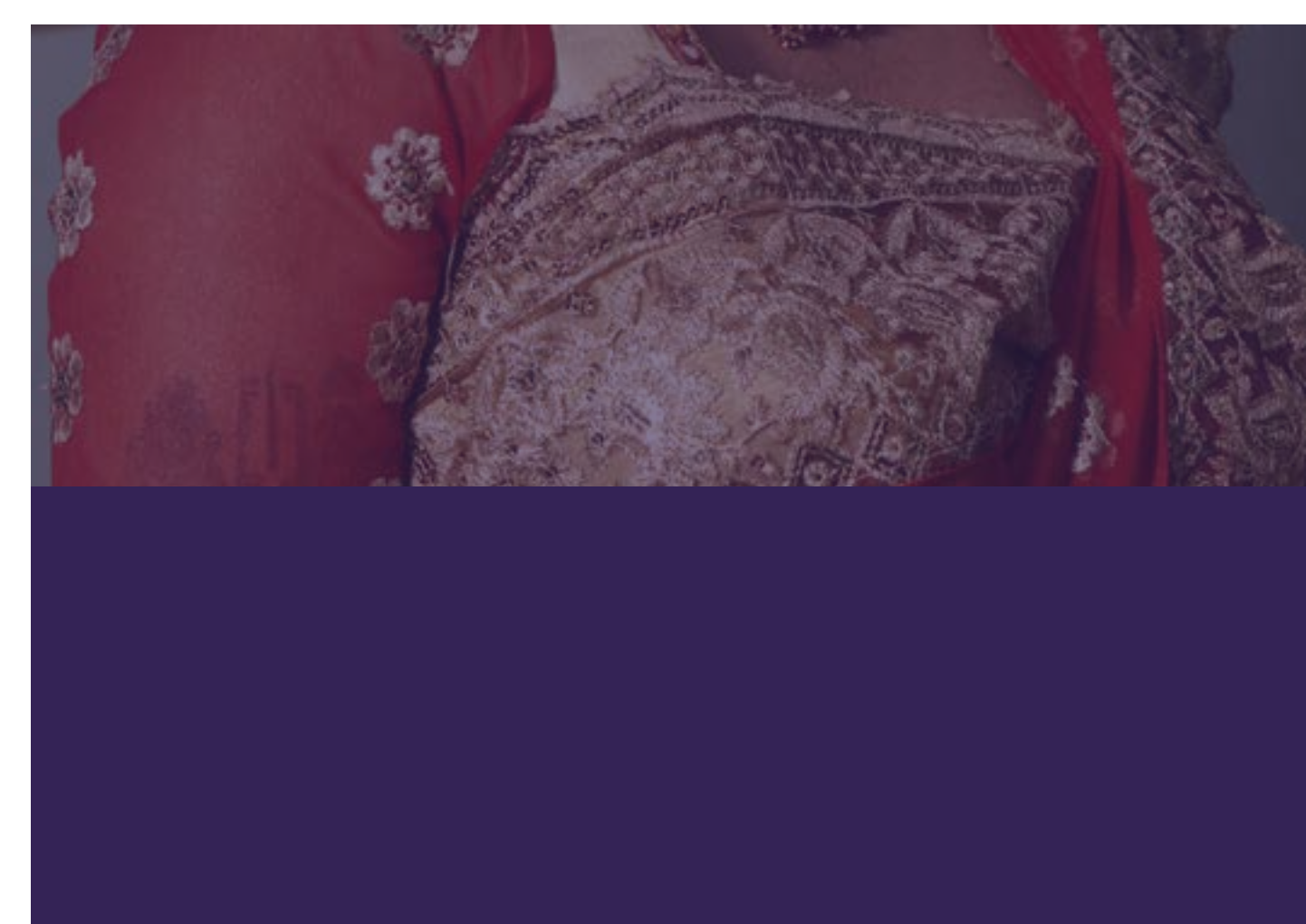
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Contact

Abhina Aher: aaher@allianceindia.org
Simran Shaikh: sshaikh@allianceindia.org

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पेचन

India HIV/AIDS
Alliance



www.allianceindia.org



Moving Targets

Impact of mobility on STI and HIV vulnerability among MSM in Andhra Pradesh, India

Authors

Parimi Prabhakar¹, Ramakrishna R.¹, Renuka P.S.¹, Saroj Tucker¹, and James Robertson¹

¹India HIV/AIDS Alliance

Addressing the specific needs of mobile MSM will improve HIV and STI prevention programming.

Background

Mobility is recognized as an important risk factor for HIV and STI transmission from high to low prevalence areas in India. While studies conducted on female sex workers (FSWs) demonstrate high HIV prevalence among those who are mobile, no data has been available on men who have sex with men (MSM) in India concerning the impact of mobility on sexual behaviour and HIV vulnerability. With funding from the Bill & Melinda Gates Foundation's Avahan India AIDS Initiative, India HIV/AIDS Alliance has supported HIV prevention programming for FSWs and MSM in 14 districts of Andhra Pradesh since 2004.

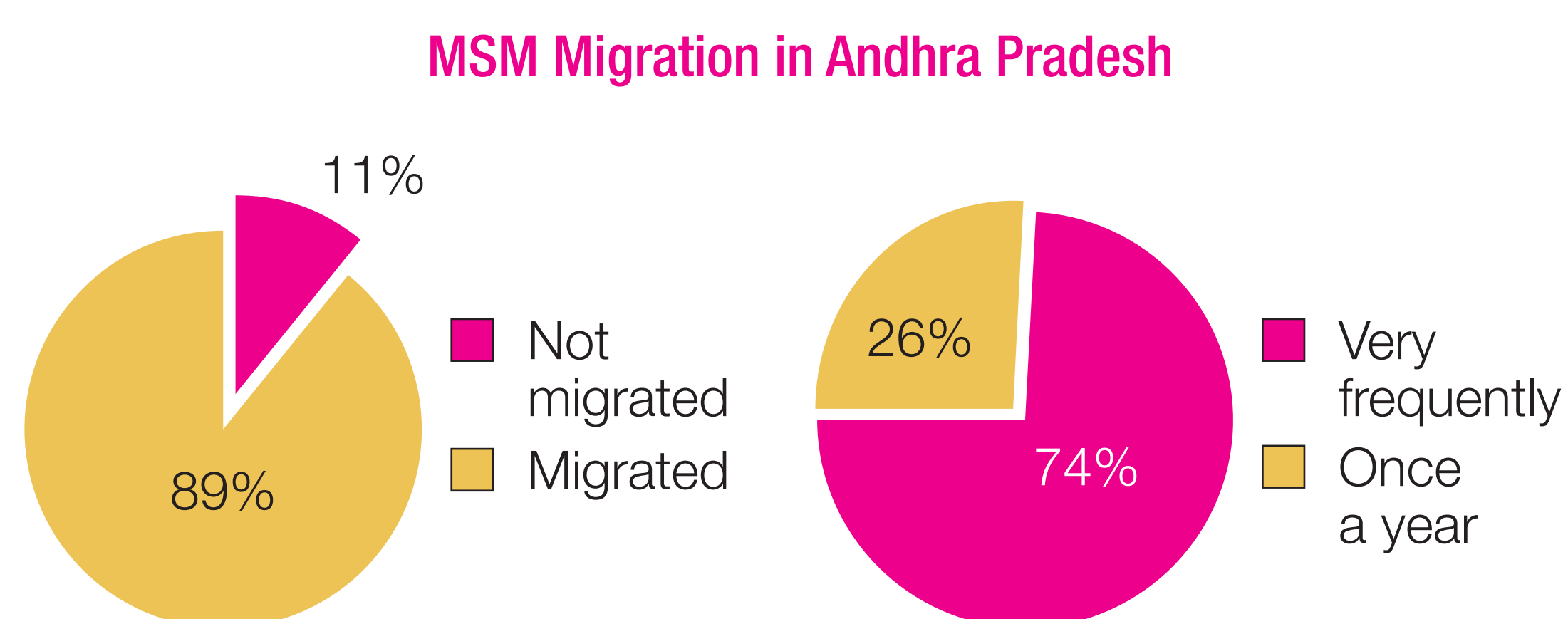
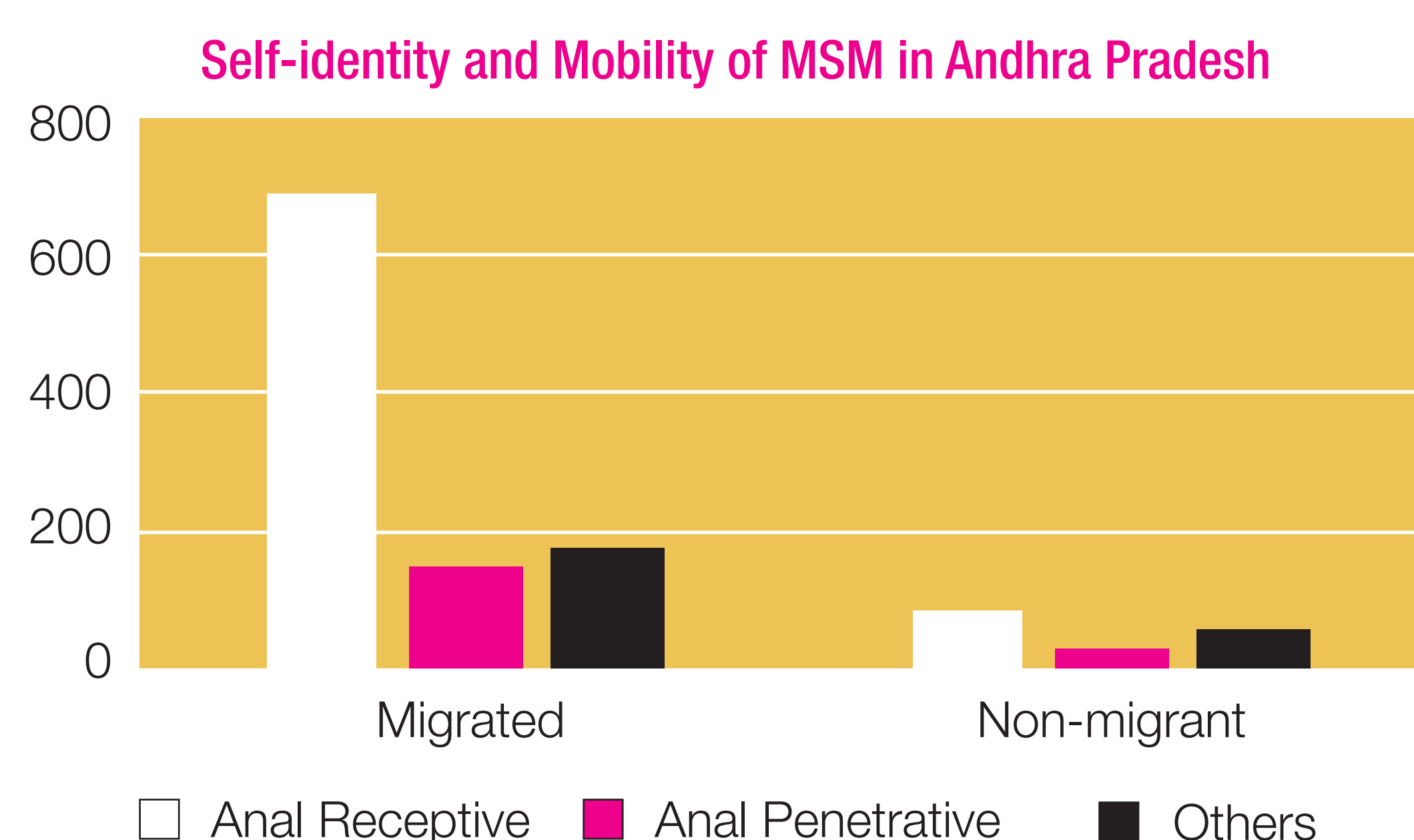
Method

This study was conducted to understand the relationship between mobility and risk for HIV and sexually transmitted infections (STIs) among MSM in Andhra Pradesh. A cross-sectional behavioural survey was conducted among MSM in three districts during 2010-11. Time-location cluster sampling was used to select MSM for the survey. Total sample size was 1,200. Survey assessed participant demographics, sexual and health-seeking behaviours, and mobility. Mobility was classified as frequent (daily, weekly, and monthly) and infrequent (yearly).

Results

Eighty-eight percent of MSM studied reported traveling outside their current place of residence at least once in the past year for sex work.

Of these, 74% travel very frequently for sex work. Self-identified MSM who are anally receptive are more likely to travel frequently compared to anally penetrative MSM (65% vs. 23%; $P < 0.001$). MSM who travel frequently were more likely to: have 10 or more partners (38.4% vs. 31%; $P < 0.05$); pay for sex with another man or with a transgender/hijra (78.6% vs. 21.6%; $P < 0.003$); have low condom use with regular female partners (13.4% vs. 16.5%; $P < 0.05$); have a history of STIs in the past year (24% vs. 19%; $P < 0.05$); and not disclose their HIV status (21% vs. 14.6%; $P < 0.05$). [See Graphs.]



Lessons Learnt

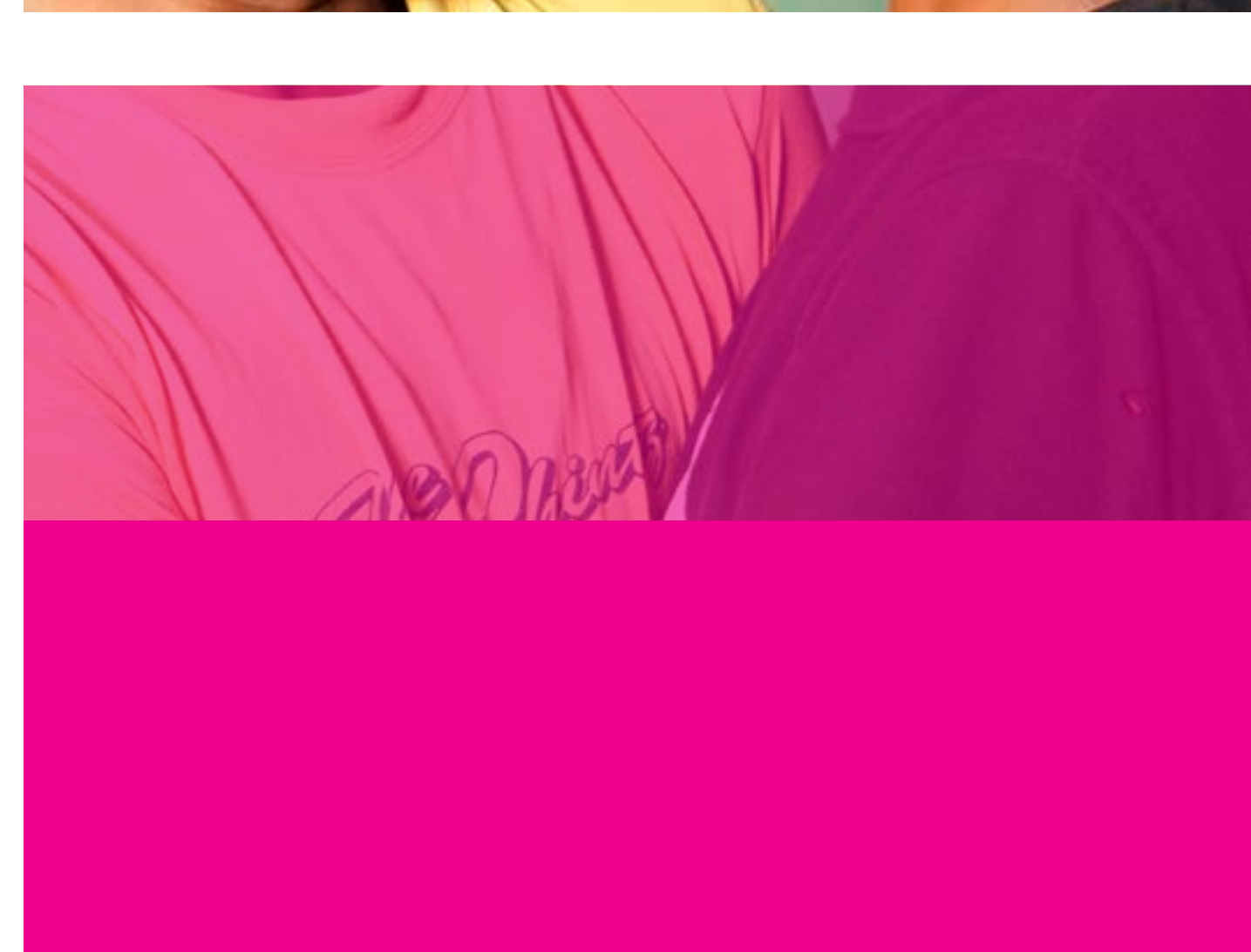
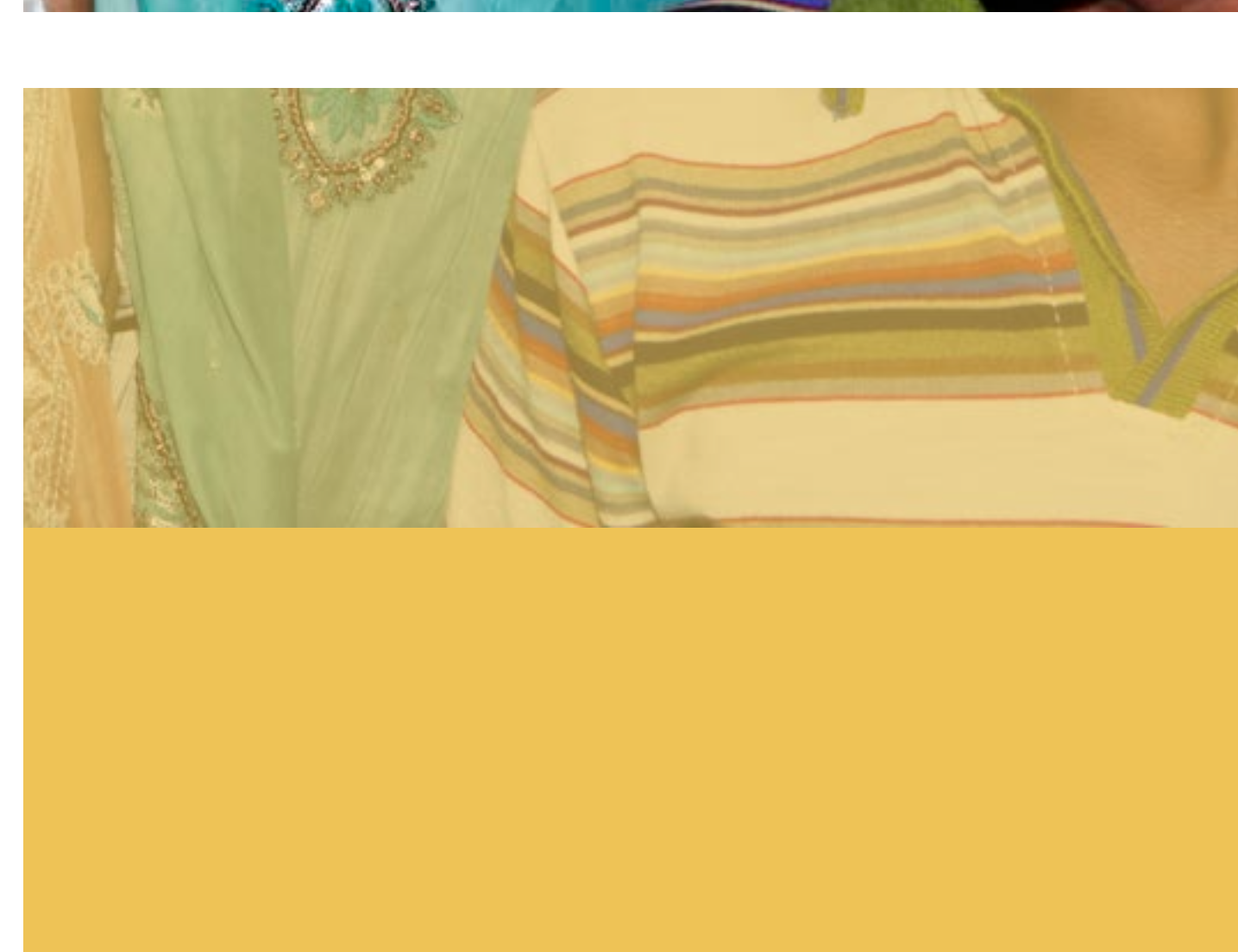
Findings indicate that mobility and frequency of travel are high among MSM in Andhra Pradesh. High partner change, high STI prevalence, non-disclosure of HIV status, and low condom use with female partner necessitates approaches addressing the specific needs of mobile MSM to improve HIV and STI prevention programming for this group.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **Bill & Melinda Gates Foundation** for its support of Avahan in Andhra Pradesh. Alliance India acknowledges the valuable collaboration with our Andhra Pradesh State AIDS Control Society that has contributed to the success of these efforts.

Contact

Dr. P. Prabhakar: pprabhakar@allianceindia.org
R. Ramakrishna: rkrishna@allianceindia.org



www.allianceindia.org



Advanced Counselling Enhances Healthcare Uptake by MSM and Transgenders in Andhra Pradesh, India

Authors

Vijay R. Nair¹, Dr. P. Prabhakar, Vishnu Prasad Rao, T. Sravan Kumar, K. Bala Krishna, Raj Chauhan, James Robertson

¹India HIV/AIDS Alliance

Advanced counselling by Pehchan facilitates increased utilization of government-supported services by community members who are often reluctant to avail them.

Background

Men who have sex with men (MSM), transgenders and hijras (MTH) are reluctant to avail government health facilities due to psychological and psychosocial issues often associated with sexually-passive 'Kothi'-identified community members. Support is needed to help this vulnerable and underserved population avail early testing for HIV prevention, care, support and treatment services in government settings.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras (MTH). Pehchan introduced advanced counselling services for MTH in 24 CBOs in Andhra Pradesh. Specially trained community counsellors provide counselling to address the issues on psychosocial needs, treatment adherence, mental health and trauma & violence. Clients were tracked for repeat counselling and supported to access HIV-related services.

Results

13,257 MTH were counselled, of whom 7,506 were counselled for Pre-Test support, 6,918 for Post-Test, 3,854 for repeat counselling, 618 for psychosocial support, 1,529 on mental health, and 300 on trauma & violence. As a result, 6,918 went for an HIV test; 174 which were found positive and voluntarily registered with ART centers. 153 started ART. 3,075 Kothis brought their partners and 2,159 of them were also tested for HIV. 29 of these tested positive, and 9 are now availing government ART services. Pehchan counselling services helped identify 9,764 MTH who had not previously engaged with the government's Targeted Intervention HIV prevention services.

Lessons Learnt

Counselling is the backbone of any HIV/AIDS intervention and hence counselling that responds to the community's requirements needs to be developed and scaled-up. Advanced counselling by Pehchan has helped supplement and increase utilization of government-supported Targeted Intervention services in Andhra Pradesh.

Acknowledgements

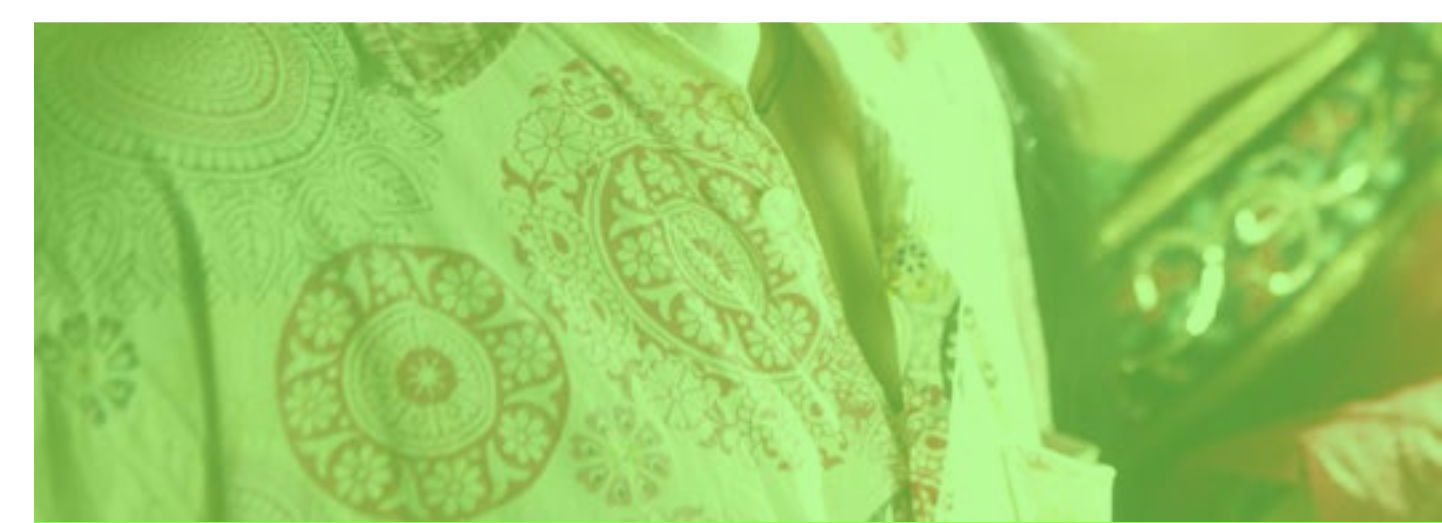
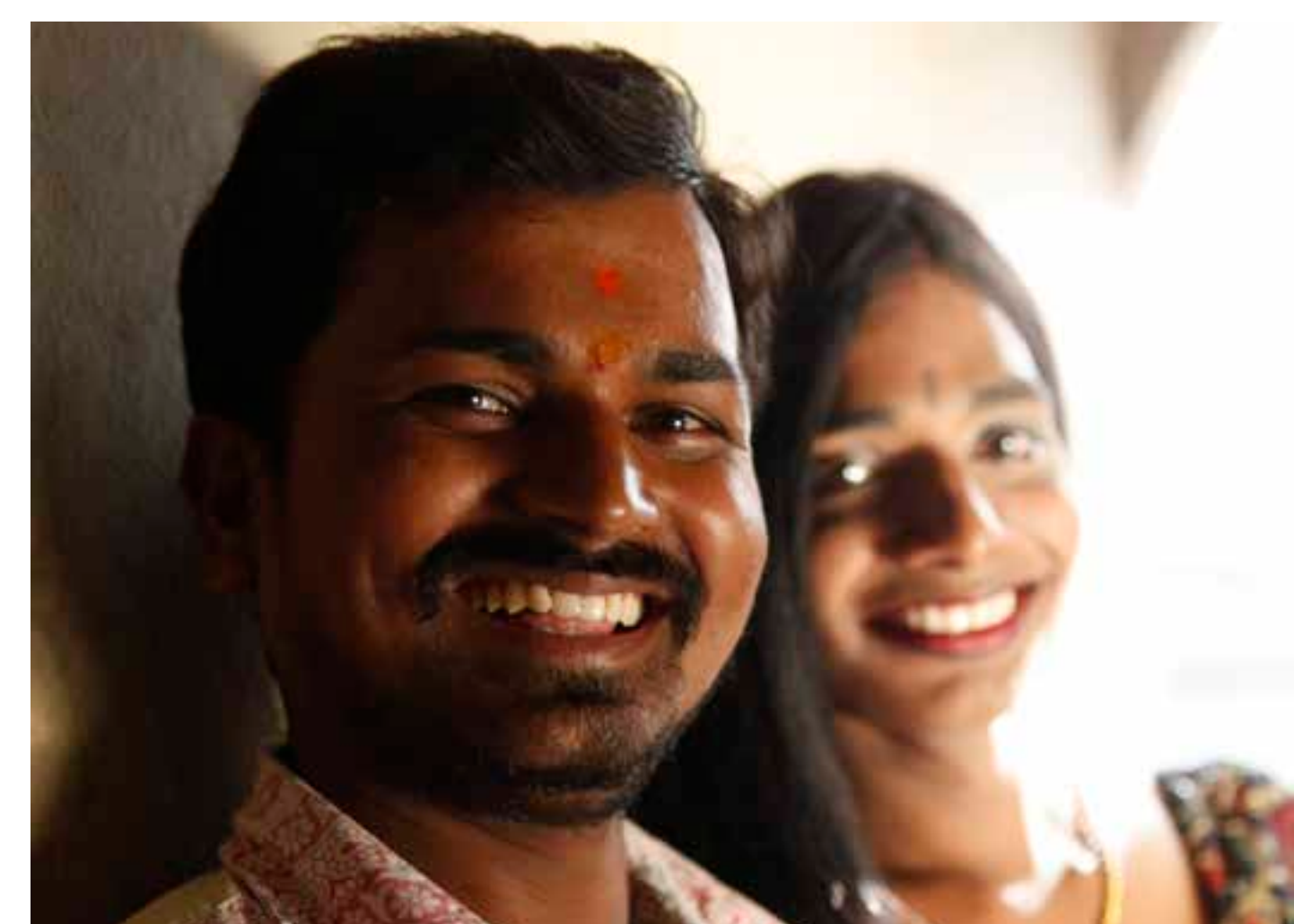
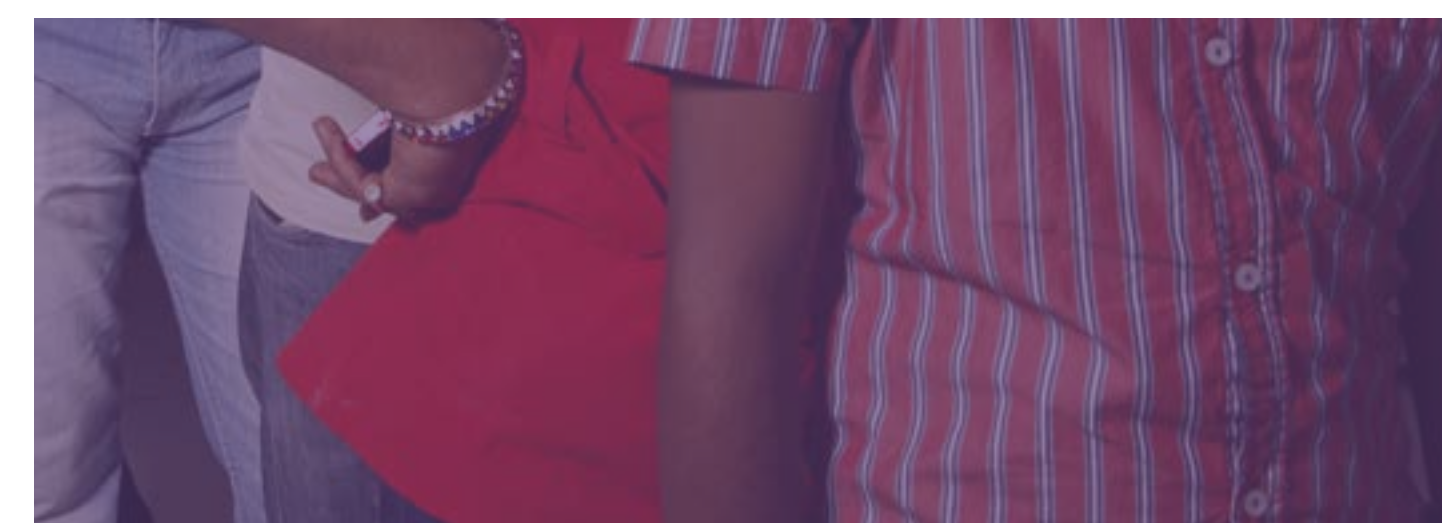
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Contact

Vijay Nair: vnair@allianceindia.org
Abhina Aher: aaher@allianceindia.org

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पहचान

India HIV/AIDS
Alliance



www.allianceindia.org

Resource Mobilisation to Increase Sustainability of MSM and Transgender CBOs in Andhra Pradesh, India

Authors

T. Sravan Kumar¹, Dr. P. Prabhakar¹, Vijay Nair¹, Vishnu Prasad Rao¹, K. Bala Krishna¹, Raj Chauhan¹, James Robertson¹

¹India HIV/AIDS Alliance

Training in resource mobilisation benefits MSM, transgender and hijra communities towards becoming self-sustainable.

Background

In Andhra Pradesh, India, most HIV programming for key affected populations are managed by NGOs, not by community-based organizations (CBOs) set up by these vulnerable groups. These NGOs have not taken steps to strengthen existing CBOs which has impacted the effectiveness of HIV interventions. This lack of support has demotivated the community and undermined efforts mobilise the community as a force for its own development. Development of resource mobilisation (RM) skills were identified as a key priority for self-sustainability of these CBOs.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Programme and reach 453,750 MSM, transgenders and hijras (MTH). Pehchan was initiated in Andhra Pradesh in October 2010 in 24 MTH CBOs that will take the overall programme forward. With Pehchan support in the state, these CBOs have also created a RM road map towards self-sustainability through different strategies to generate income. Twelve field trainings on RM were conducted, along with 157 interface meetings with 27 donors and stakeholders to promote community needs.

Results

120 MTH including board members of the CBOs were provided support to develop RM strategies, and all 24 Pehchan CBOs in the state were prepared to undertake RM activities. All mobilised cash resources to observe World AIDS Day in their respective districts. Two CBOs were supported by World Vision with seed money for income generation, and two successfully secured land from the state government. All 24 CBOs initiated efforts to avail social schemes for their beneficiary populations. Three CBOs were able to get other donor grants.

Lessons Learnt

There is an urgent need to make MTH communities learn techniques of RM for self-sustainability as international donor resources are becoming harder to access. Rigorous handholding support, capacity building and encouragement help CBOs think creatively to successfully mobilise resources.

Acknowledgements

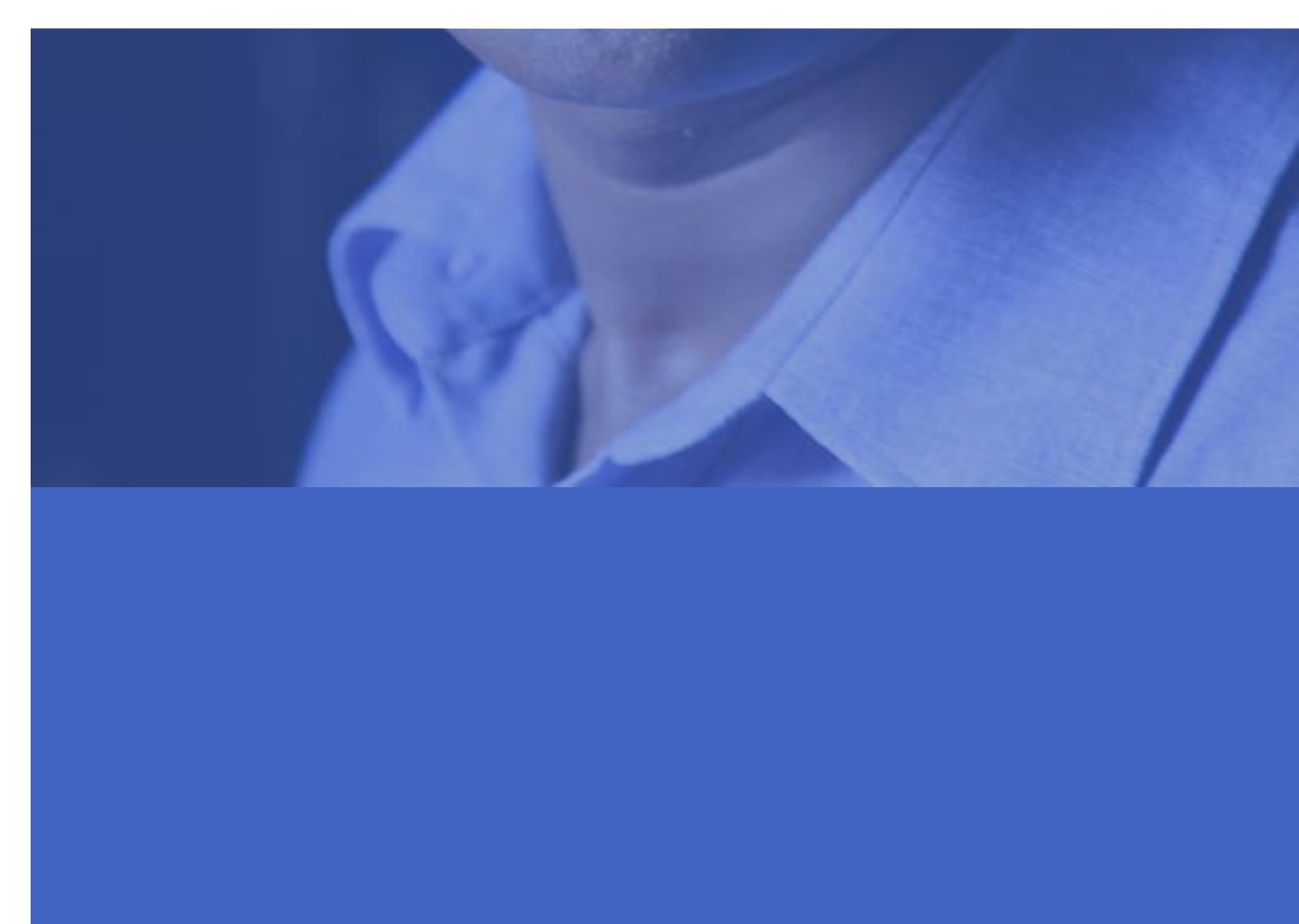
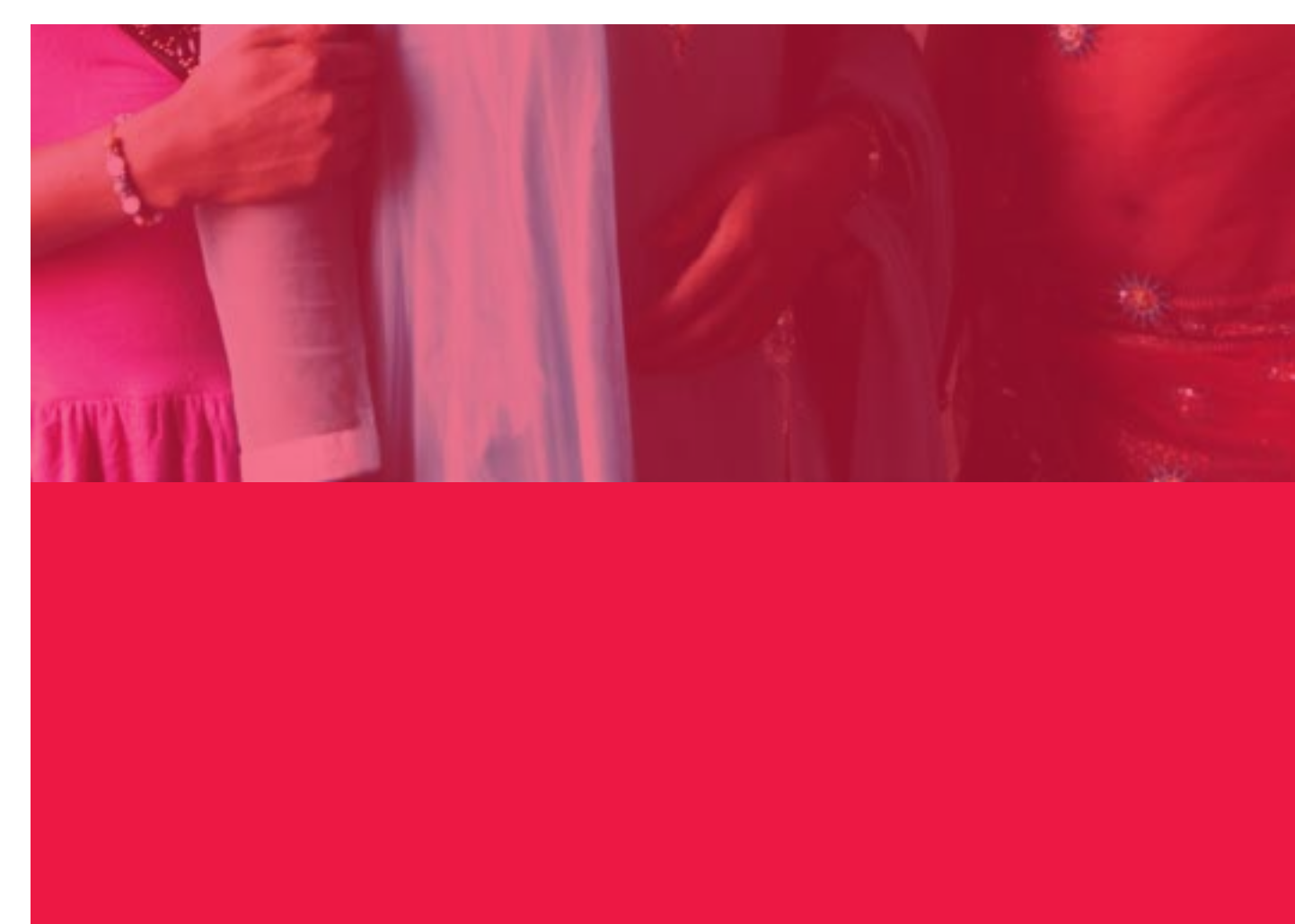
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Contact

T. Sravan Kumar: tsravankumar@allianceindia.org
Abhina Aher: aaher@allianceindia.org

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India HIV/AIDS
Alliance



www.allianceindia.org



Power in Our Hands

Increasing involvement by sexual minorities in HIV programme oversight in India

Authors

Simran Shaikh¹, Abhina Aher¹, Yadavendra Singh¹, Rohit Sarkar¹, Yashwinder Singh¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance

Involving community in governance and oversight results in greater ownership and higher impact of HIV interventions for sexual minorities.

Background

The Government of India's HIV programming for men who have sex with men (MSM), transgenders and hijras (MTH) has faced challenges in the past as the target audience has been considered a 'beneficiary' rather than a key stakeholder. This approach has provided limited opportunities for MTH communities to be involved at the strategy planning and policy level creating a top-down approach toward HIV interventions.

Method

India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build the capacity of 200 CBOs

to serve as effective partners with the National AIDS Control Programme (NACP) and reach 453,750 MSM, transgenders and hijras. Pehchan brings in the community as a 'partner' by creating proactive governance and oversight systems and an advisory management structure called the Community Advisory Board (CAB) in each state. The CAB is primarily a voluntary advisory body with non-executional powers but high credibility and consultative value. CAB members are elected on an annual basis with support and involvement of the state government stakeholders. CAB members have at least 3-5 years of experience working in HIV programmes. Each CAB has at least one MSM member and one from transgender communities, as well as one community member living with HIV. Recommendations and concerns raised by the CAB are channelled to the programme's State Oversight Committees (SOCs) and other associated oversight bodies.

Results

To date, 17 CABs have been established with quarterly meetings over the first ten programme quarters. Negotiations to strengthen programme implementation have taken place in four Pehchan states under the effective leadership of each respective CAB. The CAB election process was completed through a ballot box process in all 17 states. The CAB's role has evolved over time from technical support to programme governance, capacity building and crisis support systems.

Lessons Learnt

The CAB mechanism has helped Pehchan demonstrate that HIV interventions can achieve higher impact and greater ownership within the target community when they engage MTH community stakeholders themselves in governance and oversight of the programme.

Acknowledgements

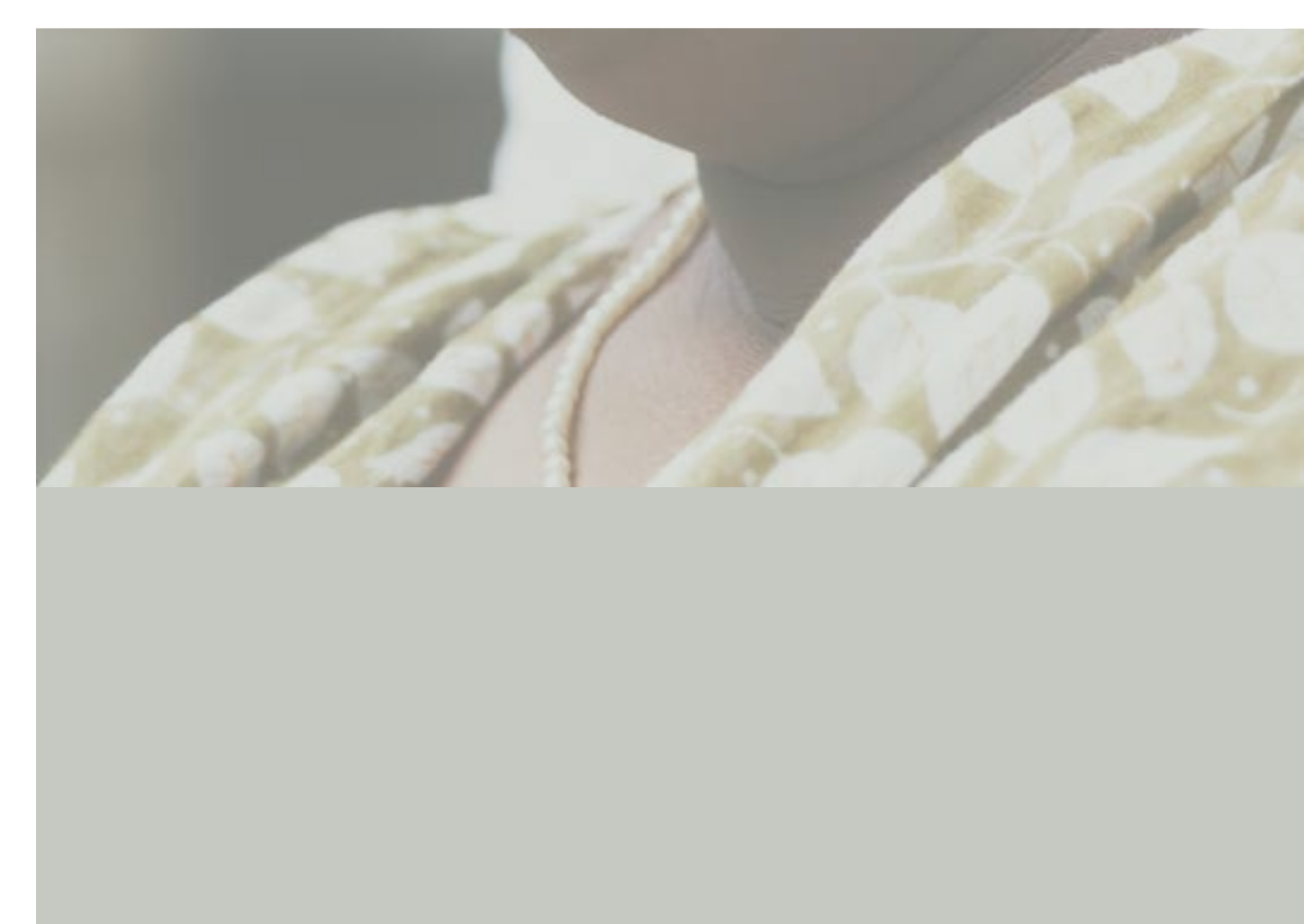
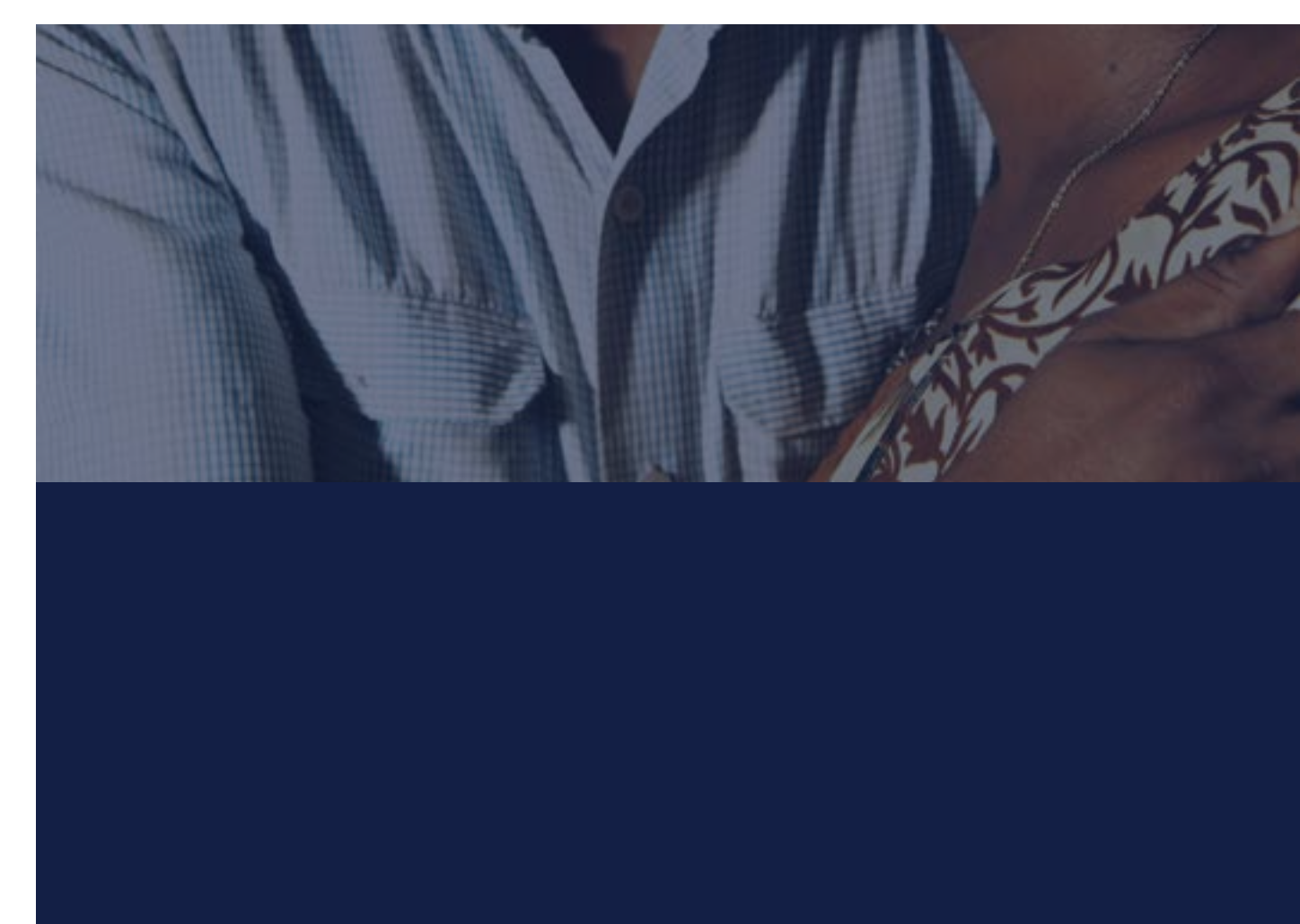
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Contacts

Simran Shaikh: sshaikh@allianceindia.org
Abhina Aher: aaher@allianceindia.org

PEHCHĀN
पेहचान

India HIV/AIDS
Alliance



www.allianceindia.org



Tracking Organisational Development of Sexual Minority CBOs in India Using Pehchan's 'CBO Cycle'

Authors

Abhina Aher¹, Rohit Sarkar¹, Simran Shaikh¹, Yashwinder Singh¹, Girish Kumar P.², Yadavendra Singh¹, Kaushik Biswas¹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance, ²Pehchan North Region Office (PNRO)

Systematic capacity building and routine monitoring improves technical capacity of CBOs and builds stronger organisational systems and leaders.

Background

Surveillance shows disproportionate HIV prevalence among high-risk groups in many parts of India. (NACO, HIV Sentinel Surveillance 2010-11). Government-funded Targeted Interventions (TIs) for HIV prevention have to date reached 50% of the estimated population of men who have sex with men (MSM), transgenders and hijras (collectively, 'MTH'). Several states and remote districts in India have remained untouched by HIV programming for the MTH community. India HIV/AIDS Alliance in consortium with five community-focused organizations implements the Global Fund-supported Pehchan programme to address the MTH outreach gap to strengthen HIV prevention in India.

Method

The overall objective of the programme is to build the capacity of 200 CBOs to serve as effective partners in the National AIDS Control Programme's (NACP) prevention strategy and reach 453,750 MSM, transgenders and hijras. Over the period of two years of programme implementation, Pehchan has evolved a strong mechanism called 'CBO Cycle' to systematically monitor

and strengthen the organizational capacity of MTH CBOs. The 'CBO Cycle' model tracks progress from the initial community mobilization meetings and the organizing of 'proto-CBOs' towards the formal establishment and capacity building of CBOs towards receiving funding support from the government for HIV prevention activities. The mechanism ensures the involvement of the MTH community, ownership and engagement by government stakeholders, and sustained handholding support by Pehchan consortium partners to develop strong CBO systems that lead to contractual partnerships with government.

Results

Between 2010 and 2012, 90 CBOs have been established in remote and underserved districts. To date, 37 CBOs have received handholding support for more than one year and are positioned to approach the government for HIV funding. Kinnar Bharati, a CBO in north Delhi for transgender and hijra communities, was the first to receive TI funding from government, and 13 more CBOs have applied for similar support.

Lessons Learnt

Systematic capacity strengthening, routine monitoring and hand-holding support through Pehchan's 'CBO Cycle' mechanism has ensured that MTH CBOs have the organisational systems, leadership and technical capacity needed to serve as reliable contracted partners with the Government of India and can mount effective community-led HIV prevention interventions.

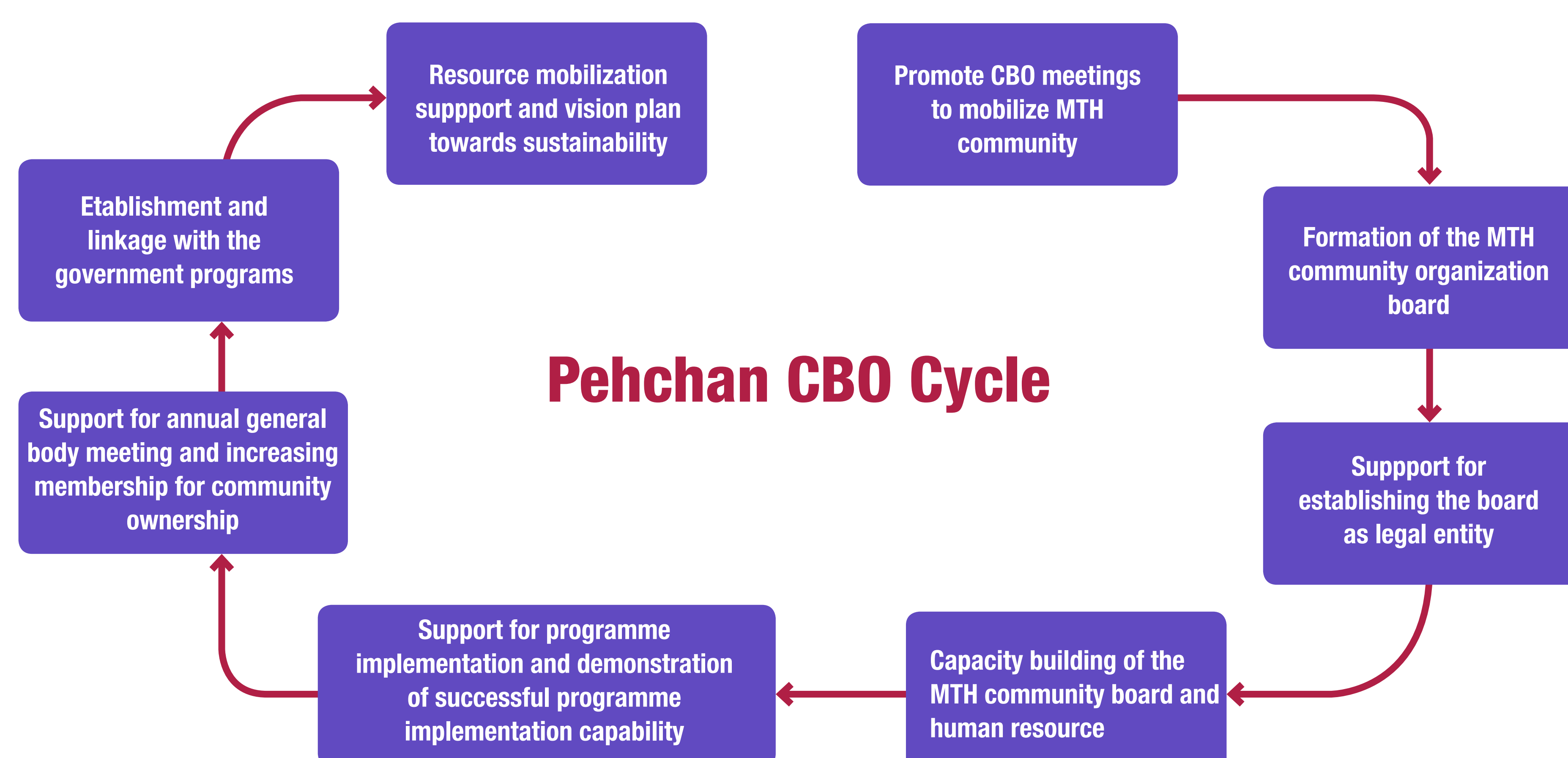
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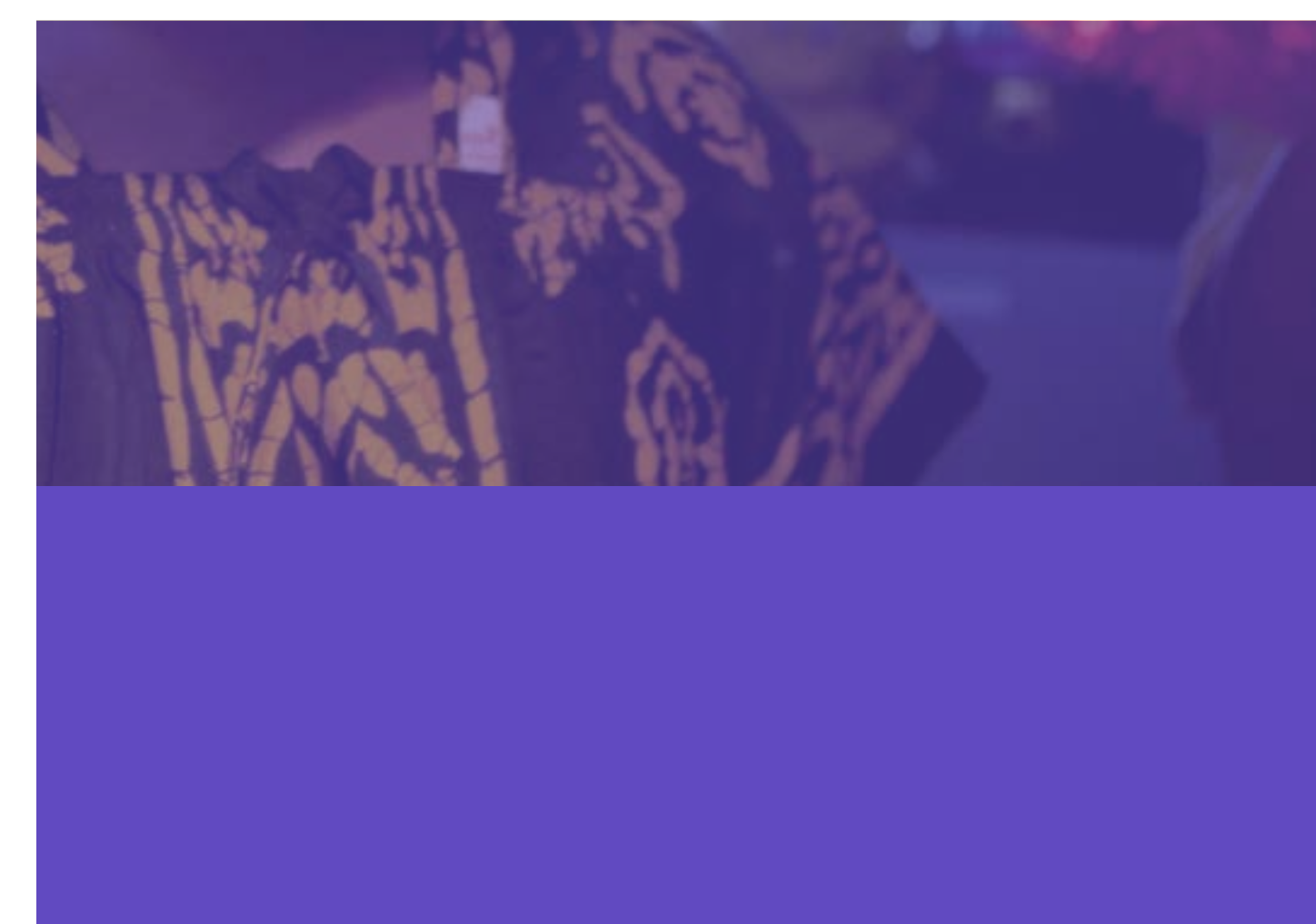
Abhina Aher: aaher@allianceindia.org

Yadavendra Singh: ysingh@allianceindia.org



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India HIV/AIDS
Alliance



www.allianceindia.org

Paving the Pathway

PLHIV community consultations enhance national care and support programme in India

Authors

Satirtha Chakraborty¹, Kaushik Biswas¹,
Balaji Ubarhande¹, Naveen Mattipalli¹,
A. Viswanathan¹, Shaleen Rakesh¹,
Sonal Mehta¹, James Robertson¹

¹ India HIV/AIDS Alliance

Consultations ensured strong community engagement and helped secure the active participation of PLHIV networks in the scale up of India's new care & support model.

Background

India HIV/AIDS Alliance is the principal recipient (PR) for a three-year, Global Fund-supported national programme providing care & support to PLHIV. The programme—known as 'Vihaan', which means dawn's first light in Sanskrit—Care & Support Centres (CSCs) are to be established in 350 district-level locations across 31 states and union territories of India with the goal of improving survival and ensuring quality of life of PLHIV. Part of India's new national HIV strategy (NACIP IV), CSCs will provide information on care and support, adherence education, health referrals, and linkages to social welfare schemes. It will be a safe place for PLHIV (including women, children, female sex workers, men who have sex with, transgender, hijras and people who use drugs) and their affected families.

Method

Nine regional consultations covering 28 states and three Union Territories took place during March 2013. Representatives from government nodal agencies working for AIDS control, representatives from NGOs and CBOs, PLHIV networks from across India and other stakeholders were invited for an overview of the project and an introduction to the partner selection process, as well as create an opportunity to capture diverse perspectives from participants on the proposed activities under the new model.

Results

Altogether 577 participants attended the consultations. Out of these, 30 were from government organisations, 286 from different NGOs and CBOs, and 261 from PLHIV networks. The consultations generated discussions around strategies and operational aspects of programme roll-out. The nature of community involvement, ownership and accountability was discussed in detail.

Lessons Learnt

The consultations paved the way for Vihaan programme implementation. Consultations helped facilitate the transition process from the older Community Care Center model to the new CSCs. Specialized service provisions for affected populations were identified, and the role of PLHIV networks in care and support were discussed. The meetings encouraged PLHIV networks to apply to manage and implement Vihaan at state and district levels, and the process has helped ensure strong community participation in the scale up of India's new care & support model for PLHIV.

Acknowledgements

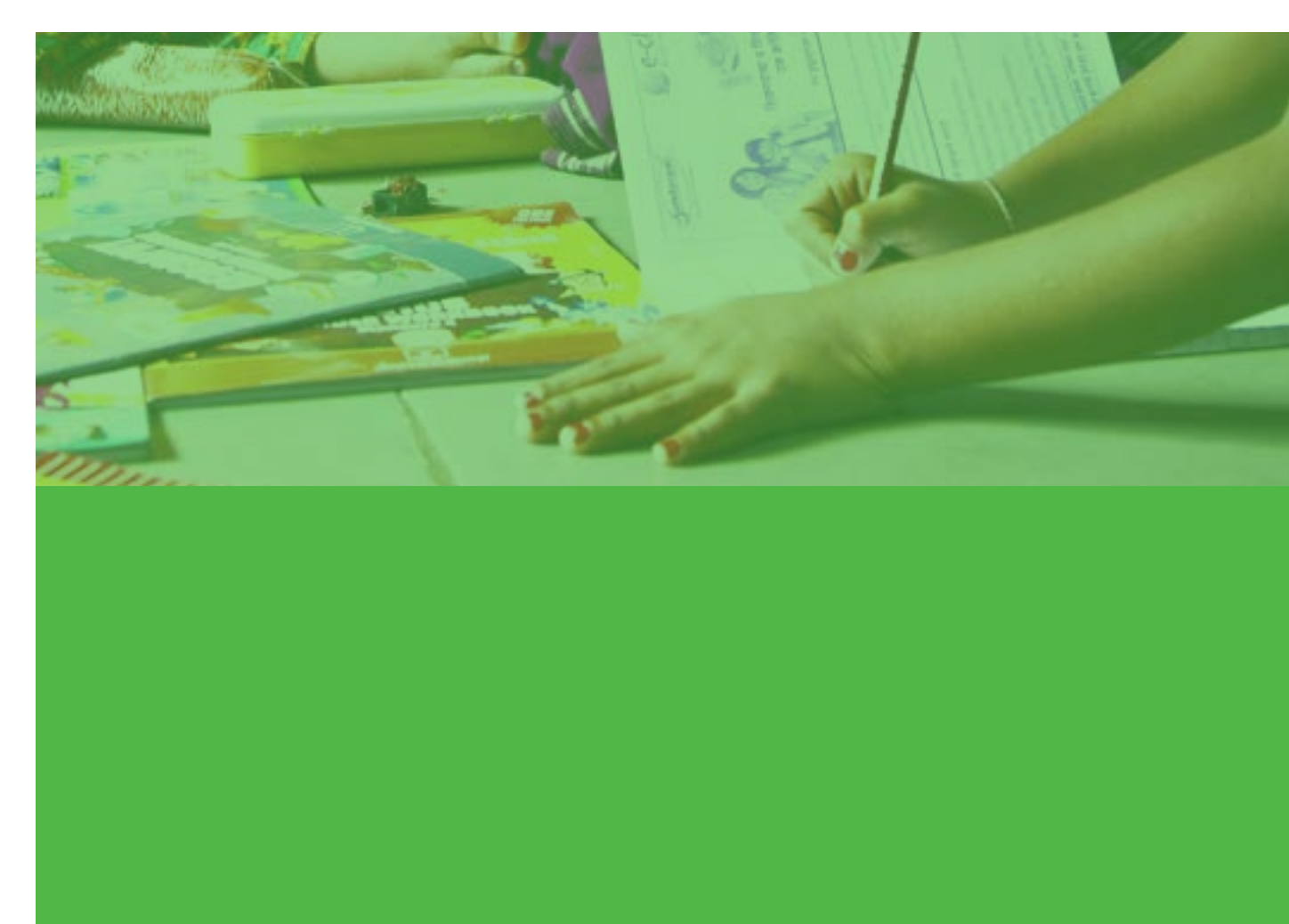
India HIV/AIDS Alliance would like to thank the **Global Fund to Fight AIDS, Tuberculosis and Malaria** for their support of Vihaan. Alliance India acknowledges the valuable collaboration with India's National AIDS Control Organisation for their many contributions to the success of these efforts. Vihaan is implemented in partnership with 17 sub-recipient organisations and currently 285 sub-sub-recipients in 31 states and union territories. More than 80% of Vihaan partners are PLHIV networks at state and district levels.

Contacts

Satirtha Chakraborty: schakraborty@allianceindia.org
Kaushik Biswas: kbiswas@allianceindia.org

Vihaan
Care & Support

India HIV/AIDS
Alliance



www.allianceindia.org

Cervical Cancer Awareness in Women Living with HIV

Findings from the Koshish baseline in India

Koshish

Authors

Viswanathan Arumugam¹, Kaushik Biswas¹, Kumkum Pal¹, Sonal Mehta¹, Shaleen Rakesh¹, James Robertson¹

¹India HIV/AIDS Alliance

Women living with HIV are more vulnerable to cervical cancer. Detected early, cervical cancer can be treated.

Background

With expanded access to antiretroviral treatment (ART) and subsequent increased longevity, PLHIV have an opportunity to live longer, fulfilling lives and plan their future, including decisions about sex, sexuality and the possibility of starting or expanding families. Evidence from India suggests that a comprehensive approach to sexual and reproductive health and rights (SRHR) for PLHIV has been lacking and that current responses have not sufficiently addressed vulnerability or the impact of improved sexual and reproductive health among PLHIV. As part of this Koshish project, Alliance India conducted baseline study to understand SRHR issues of PLHIV, including awareness and accessibility to cervical cancer testing and treatment.

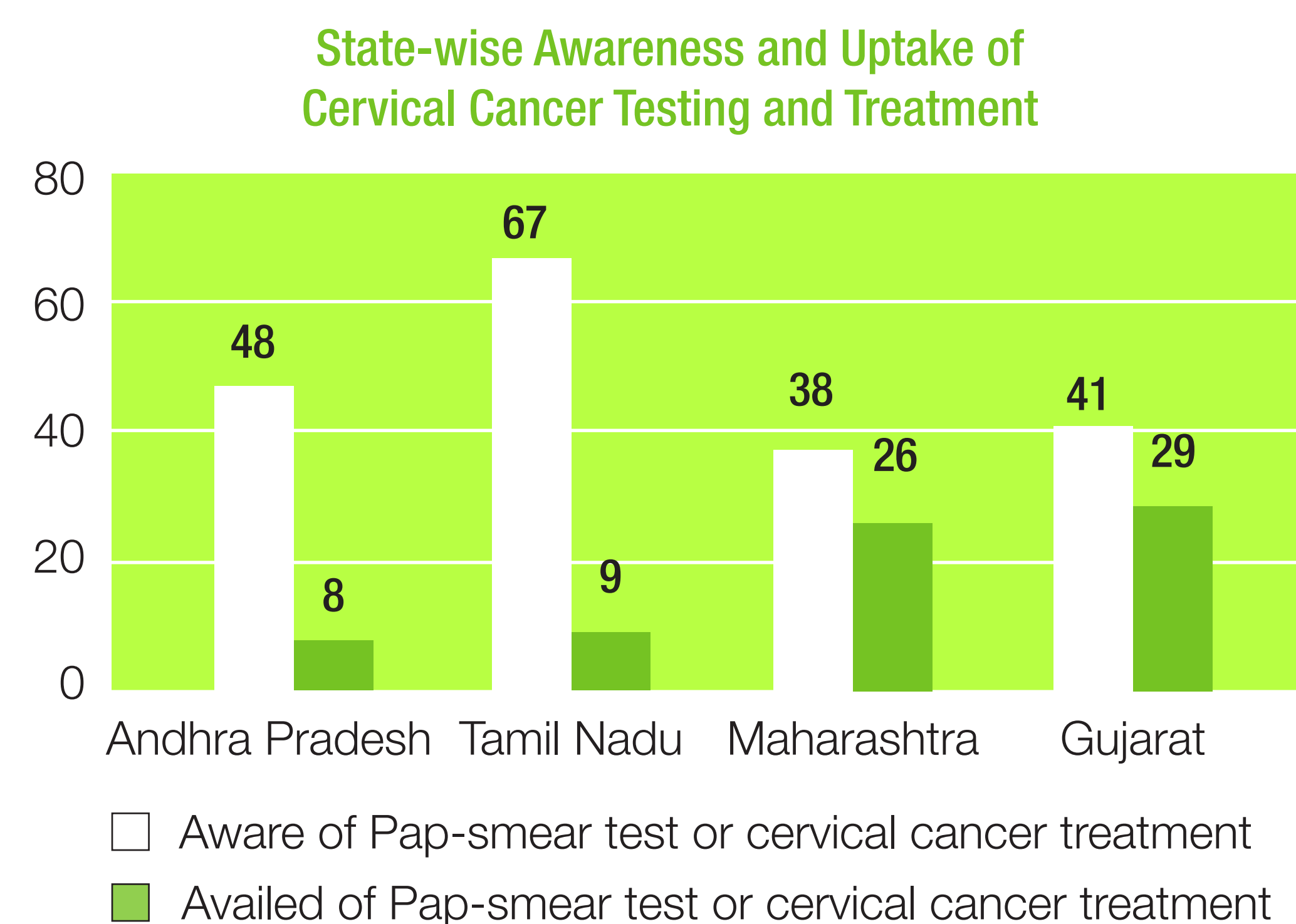
Method

401 women living with HIV were interviewed from from states: Andhra Pradesh, Gujarat, Maharashtra and Tamil Nadu. Respondents were selected using systematic random sampling from client listings with partner NGOs and CBOs. A structured questionnaire was used for data collection. Data were collected on awareness of cervical cancer and knowledge of cervical cancer testing (Pap smear) and treatment.

Results

Mean age of the respondents was 32; 51% were widows; 37% studied only to primary level or lower; 60% were from urban setting; and 21% were housewives or daily labourers. Overall, 57% of respondents were aware of more than eight SRH services. 49% of respondents had awareness either of testing or treatment for cervical cancer. [See Graph].

Only 8% had undergone either Pap smear testing or cervical cancer treatment. Respondents who studied less had low awareness on testing or treatment ($p < 0.05$). Respondents living in the rural areas were more aware than those living in urban areas but utilisation of services was higher among those in urban settings ($p < 0.07$).



Lessons Learnt

Cervical cancer is a major issue for women living with HIV. The Koshish baseline study findings suggests that awareness and access to services remains a challenge across states. Education levels and rural/urban location play major roles in knowledge and access of cervical cancer testing and treatment. Special focus should be given in developing education efforts to increase WLHIV awareness of this issue and expand access to Pap smear testing in more locations.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **European Union** for its support to Koshish. Alliance India is grateful for the contributions to the programme by the state lead partners (CHETNA, MAMTA, PWDS and VMM), our state level PLHIV network partners (G SNP+, NMP+, TNWN+ and TNP+), district-level PLHIV networks and community-based organisations across the four implementation states.

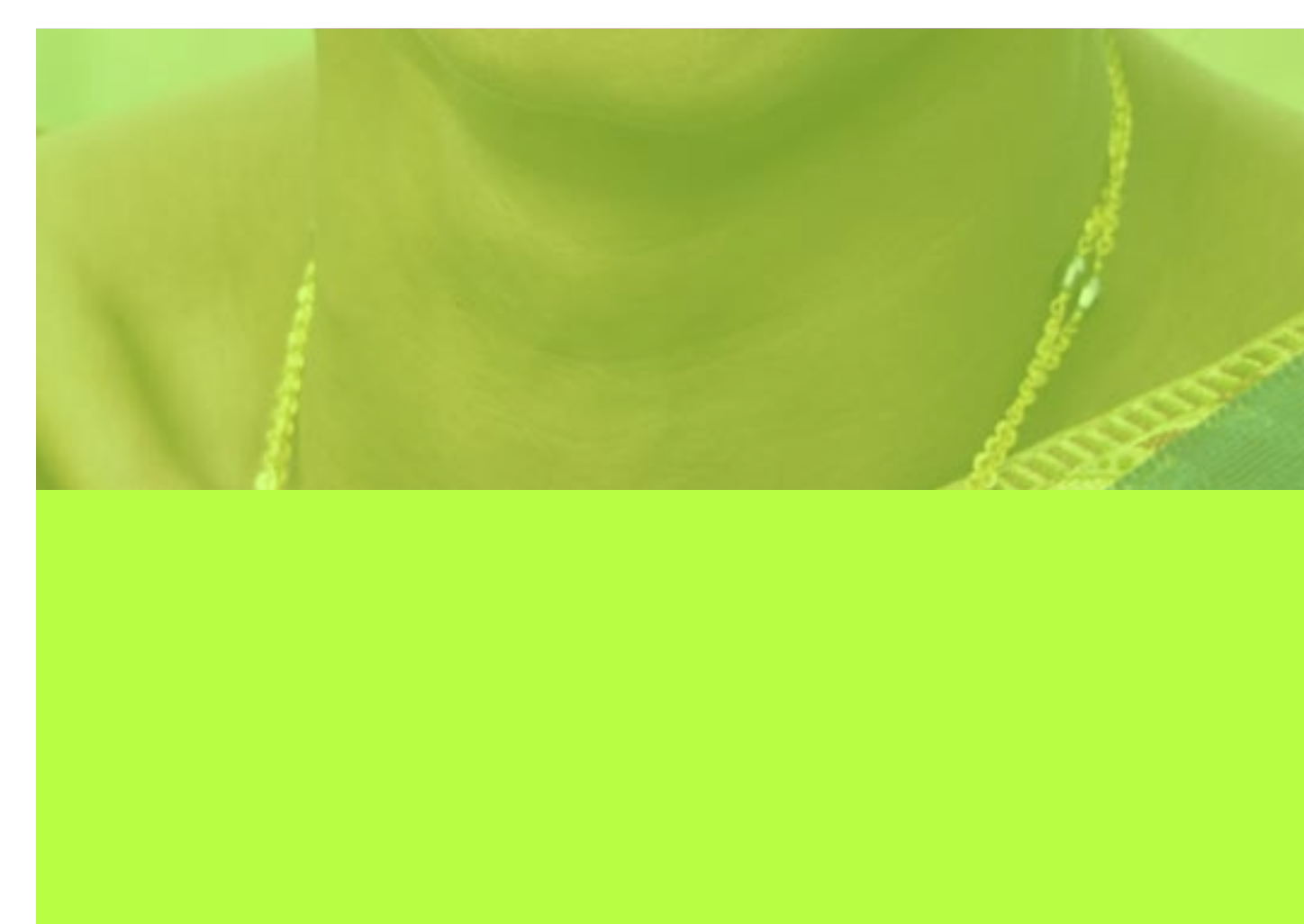
Contacts

Viswanathan Arumugam: aviswanathan@allianceindia.org
 Kumkum Pal: kpal@allianceindia.org



This project is funded by the European Union.

India HIV/AIDS
Alliance



www.allianceindia.org



Factors Influencing SRH Service Uptake by PLHIV

Findings from the Koshish baseline study in India

Authors

Viswanathan Arumugam¹, Kaushik Biswas¹, Kumkum Pal¹, Sonal Mehta¹, Shaleen Rakesh¹, James Robertson¹

¹India HIV/AIDS Alliance

A comprehensive approach to sexual and reproductive health for PLHIV has been lacking. The SRH service package needs to become more responsive to their specific needs.

Background

With expanded access to antiretroviral treatment (ART) and subsequent increased longevity, PLHIV have an opportunity to live longer, fulfilling lives and plan their future, including decisions about sex, sexuality and the possibility of starting or expanding families. Evidence from India suggests that a comprehensive approach to sexual and reproductive health and rights (SRHR) for PLHIV has been lacking and that current responses have not sufficiently addressed vulnerability or improved sexual and reproductive health among PLHIV. With support from the European Commission, India HIV/AIDS Alliance (Alliance India) is implementing the Koshish project that supports the development of advocacy skills in PLHIV networks in four states to promote better SRHR for vulnerable communities living with HIV. As part of this project, Alliance India carried out a study of PLHIV to understand issues related to their SRH and service accessibility.

Method

The study was carried out among 753 PLHIV respondents (352 men and 401 women) from four states: Andhra Pradesh, Gujarat, Maharashtra and Tamil Nadu. Respondents were selected using systematic random sampling from client listings with partner NGOs and CBOs. A structured questionnaire was used for data collection. Data were collected on 16 SRH services and nine types of SRH rights violations along with socio-demographic characteristics.

Results

53% of respondents were female; 61% from urban/city/town; and 13% illiterate. 58% of respondents were aware of more than eight SRH services, and awareness was higher among females ($p=0.05$). 23% had not availed a single SRH service, and 54% availed 1-4 services, mainly maternity services. [See Table.] Gender and living place (region and area) of the respondents were significantly associated with utilisation of SRH services ($p<0.05$). Females responded higher utilisation of SRH services (by self and partner) when compared with males. SRH utilisation is higher among those living in rural areas when compared with urban areas. Overall SRH service utilisation varies across study states, ranging from 65% to 87%.

SRH Services	Awareness (%)	Utilisation (%)
Delivery care	87.6	64.4
Counselling on birth spacing	79.5	18.9
Post-natal care (Breast feeding, nutrition)	87.1	62.7
Antenatal care (during pregnancy before giving birth)	86.9	64.9
Pregnancy planning counselling	63.2	17.7
Contraceptive information/Counselling	71.6	19.5
Medical termination of pregnancy (abortion)	73.0	8.9
STI screening	71.4	17.4
STI treatment	68.0	16.1
RTI screening	47.7	10.2
RTI treatment	47.1	8.4
Pap-smear test	36.5	2.5
Cervical cancer treatment	37.2	2.1
Amenorrhea treatment	35.5	2.9

Lessons Learnt

SRH services need to become more responsive to the specific needs of PLHIV. Sensitisation and advocacy activities to encourage SRH service utilisation by PLHIV are also needed urgently. Differences based on socio-demographic considerations including gender, rural/urban, and state/region should be considered in activity design, and further study is required to understand impact of these variations.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **European Union** for its support to Koshish. Alliance India is grateful for the contributions to the programme by the state lead partners (CHETNA, MAMTA, PWDS and VMM), our state level PLHIV network partners (G SNP+, NMP+, TNWN+ and TNP+), district-level PLHIV networks and community-based organisations across the four implementation states.

Contacts

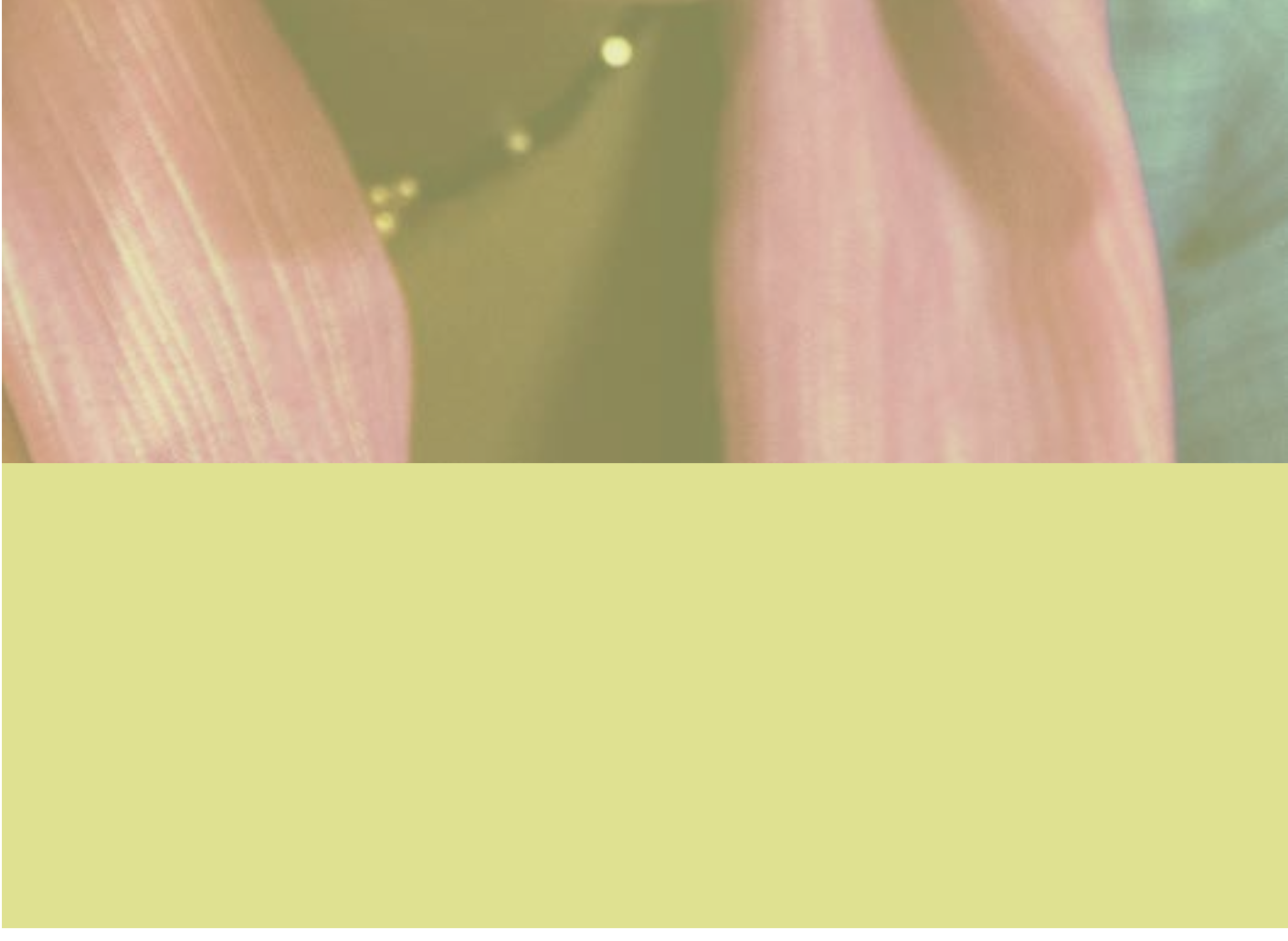
Viswanathan Arumugam: aviswanathan@allianceindia.org
Kumkum Pal: kpal@allianceindia.org



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Koshish

India HIV/AIDS Alliance



www.allianceindia.org

An Emergent Crisis

Addressing the Hepatitis C Epidemic in People Who Inject Drugs (PWID) in India

Authors

Francis Joseph¹, Viswanathan Arumugam¹,
G. Charanjit Sharma¹, Sonal Mehta¹,
James Robertson¹

¹ India HIV/AIDS Alliance

Method

Through Hridaya, the Community Action on Harm Reduction programme in India funded by the Government of the Netherlands, India HIV/AIDS Alliance is supplementing basic prevention services in 36 sites in four states: Bihar, Jammu, Haryana and Uttarakhand. Hridaya supports the expansion of harm reduction services to ensure more effective HIV prevention interventions for PWIDs, and it is the only programme in India that addresses HCV-related health needs of PWID. Hridaya disseminates information on HCV prevention and management through outreach teams directly to PWID in the field or at drop-in centres (DICs). HCV prevention information is shared through individual and group sessions and at DIC counselling sessions, which also identify clients and refer them for testing. Those found to be HCV-positive are further educated on self-care and positive prevention. The programme's outreach team works with spouses and families of PWID, explaining HCV risk and prevention in the context of injecting drug use. The goal is to reach 100% of the target population at each site.

Results

To date, a total of 1,572 PWID have been educated on HCV, and 107 have been tested for HCV through referrals, of whom 35 have tested positive (32%). Hridaya is also currently working with a total of 66 PWID co-infected with HIV and HCV.

Lessons Learnt

Increasing HCV infection in PWID is leading to greater community awareness about this epidemic. HCV is not addressed in India's National Harm Reduction Framework. Hridaya's work on this issue suggests that preventive measures for HCV need to be taken on 'war-footing' across the country. It is critical that community-led organisations implementing harm reductions programmes for PWID play a pivotal role in addressing HCV.

Acknowledgements

India HIV/AIDS Alliance would like to thank the **Ministry of Foreign Affairs, Government of Netherlands** for funding Hridaya through the Community Action on Harm Reduction project. Alliance India acknowledges the contributions of the Hridaya teams at SASO and Sharan as well as technical support from International HIV/AIDS Alliance and Alliance Ukraine. A special thanks to the PWID community members who were interviewed for the study.

Contacts

Francis Joseph: fjoseph@allianceindia.org

Viswanathan Arumugam: aviswanathan@allianceindia.org

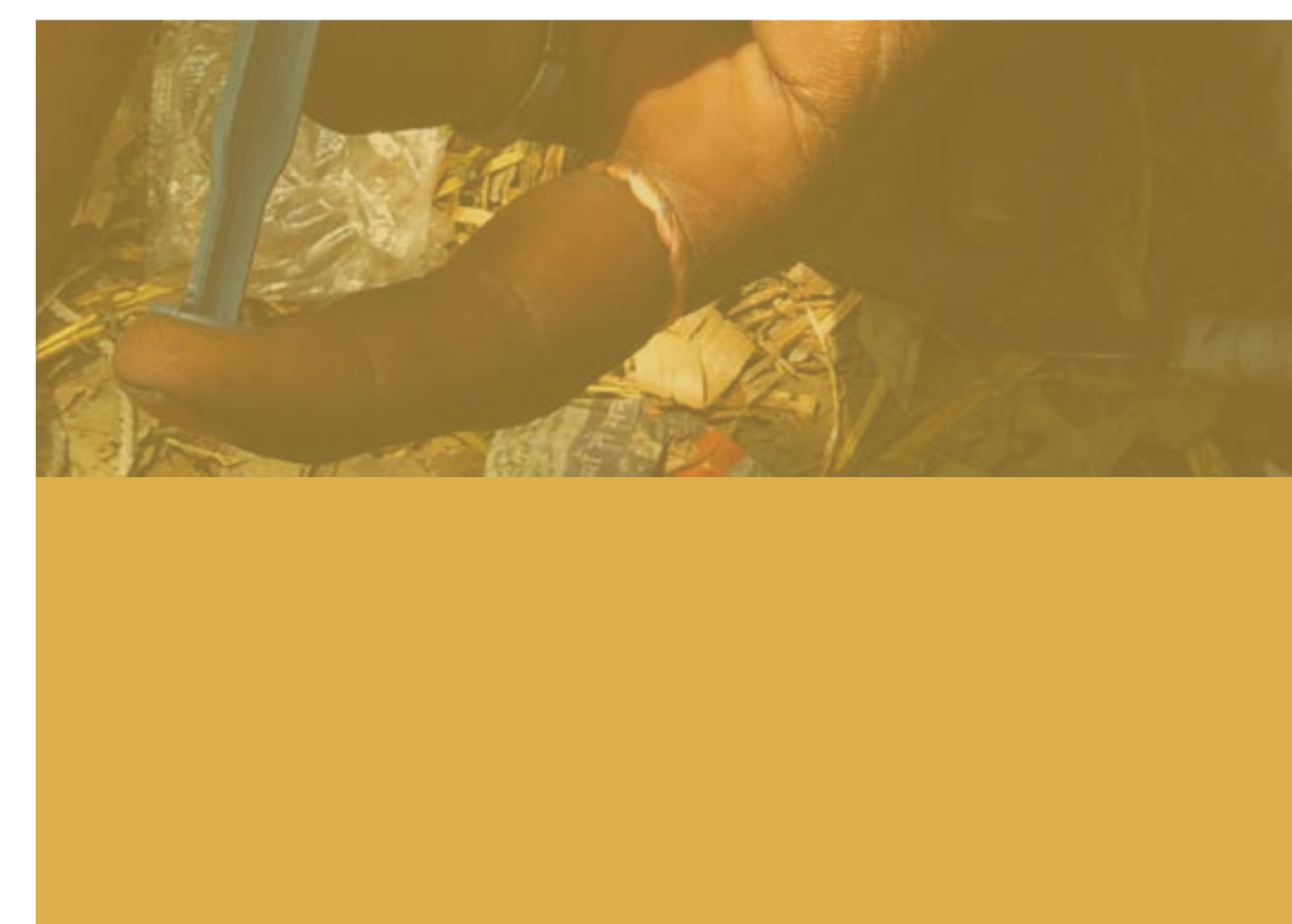
Community-led organisations implementing harm reduction programmes for PWID play a pivotal role in addressing Hepatitis C vulnerability.

Background

A growing epidemic of Hepatitis C (HCV) in India has emerged as a serious concern among development partners and civil society organisations. A World Bank study in 2008 revealed a high HCV prevalence among People Who Inject Drugs (PWID) in the country (Manipur 90%; Mizoram 73%; Kolkata 80%; and Delhi 36%). Advocacy by PWID networks and other development partners has led to an increase in awareness about HCV among service providers and government.

Hridaya
Harm Reduction in India

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By the Community, For the Community

Involving PWID in Assessment of Drug-using Patterns Assessment Studies

Authors

Francis Joseph¹, Viswanathan Arumugam¹,
G. Charanjit Sharma¹, Sonal Mehta¹,
James Robertson¹

¹ India HIV/AIDS Alliance

Leveraging the expertise of PWID community members is an effective way to facilitate research studies as it ensures access to target populations.

Background

In India's concentrated HIV epidemic, People Who Inject Drugs (PWID) continue to face disproportionately high HIV prevalence of 7.17% nationally. The country has adopted a strategy to respond to the needs of this population based on Harm Reduction principles. With the guidance of the National AIDS Control Organisation, PWID in India are reached through Targeted Interventions (TIs) implemented by NGOs in communities with high levels of drug use.

Method

Through Hridaya, the Community Action on Harm Reduction programme in India funded by the Government of the Netherlands, India HIV/AIDS Alliance is supplementing basic TI services in 36 sites in Bihar, Jammu, Haryana and Uttarakhand. Hridaya supports the expansion of harm reduction services to ensure more effective HIV prevention interventions for PWIDs. To understand the HIV situation for PWID in programme states, Alliance

India and partners undertook an assessment of drug-use patterns that included quantitative and qualitative studies of injecting drug use patterns and related-health issues. To facilitate outreach, 10 members of the drug-using community were selected with relevant qualifications and experience. Research experts conducted training on study methodology and data collection tools. Five teams were formed to maximize respective strengths of consultants. Each team had two members and was allotted an average of eight sites.

Results

Data were successfully collected across 36 sites in Bihar, Haryana, Jammu and Uttarakhand. A total of 1,091 semi-structured interviews were conducted, and 65 Focus Group Discussions with 452 PWID were completed, as were Key Informant Interviews with 34 health service providers, law enforcement personnel and other groups.

Lessons Learnt

Research with drug-using populations is challenging due to the complex nature of drug use, the stigma that surrounds it, and its criminalized status. Leveraging the expertise of PWID community members is an effective way to facilitate such studies. Engagement with community members from the planning phase helps ensure responsive research priorities, effective survey design, access to target populations, quality data collections, and increased utilization of findings to improve programming planning and implementation. Attention should be paid to monitoring the risk of relapse with former drug users as researchers in drug-using situations.

Acknowledgements

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Contacts

Francis Joseph: fjoseph@allianceindia.org

Viswanathan Arumugam: aviswanathan@allianceindia.org

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Alliance



www.allianceindia.org



Identifying Access Barriers for Transgenders Seeking Gender Transition Services in India



Authors

Yadavendra Singh¹, Dr Venkatesan Chakrapani²; Abhina Aher¹; Simran Shaikh¹; Sonal Mehta¹; Shaleen Rakesh¹; James Robertson¹

¹India HIV/AIDS Alliance, ²Centre for Sexuality, Health Research and Policy (C-SHaRP)

“If the government wants to do something for the hijra community then it must provide free SRS or at least emasculation services through government hospitals.”

– MtF transgender person who has undergone SRS, Delhi.

Background

Male-to-Female (MtF) transgendered people in India have high vulnerability to HIV. The national average of HIV prevalence among MtF transgendered people is 8.82% (NACO, 2012), which is several times higher than the HIV prevalence among the general population (0.3 percent in 2010-11). While some progress has been made in responding to HIV in this population, MtF transgender populations continue to face substantial barriers in accessing safe and affordable gender transition services.

Method

A qualitative study was conducted in seven cities. Study sites were selected to capture the range and diversity in experiences of different Indian transgender subgroups in accessing gender identity-related services. A total of seven focus

groups were conducted and 30 in-depth interviews with MtF transgenders, and 22 key informant interviews with healthcare providers, transgender community leaders and lawyers. A semi-structured topic guide was used to conduct focus groups and in-depth interviews. Experiences in accessing and using gender identity-related services and suggestions for improving services were captured.

Results

The following barriers to access and use of gender-identity related health services were identified:

Structural and legal	Healthcare system	Community level	Individual level
Healthcare providers are concerned about potential adverse legal consequences	Absence of free SRS and cross-sex hormonal therapy facilities	Preference of some hijra community members towards traditional Dai Nirvan	Lack of awareness of SRS and other modern feminization procedures
No national policy and practice guidelines	Limited knowledge and expertise	Active or passive resistance from senior hijra leaders	Inadequate resources to pay

Lessons Learnt

There is a near lack of gender identity-related services in even tertiary-level government hospitals and unaffordable costs for sex reassignment surgery in private hospitals. Lack of free or affordable services means many MtF trans people go to unqualified medical practitioners to undergo emasculation. Our findings strongly suggest the need to: 1) provide safe and affordable (or free) gender identity-related services in government health care settings; 2) train healthcare providers to provide non-discriminatory and culturally-competent gender identity-related services; and 3) ensure a supportive legal environment and policies to promote the health of transgender people in India.

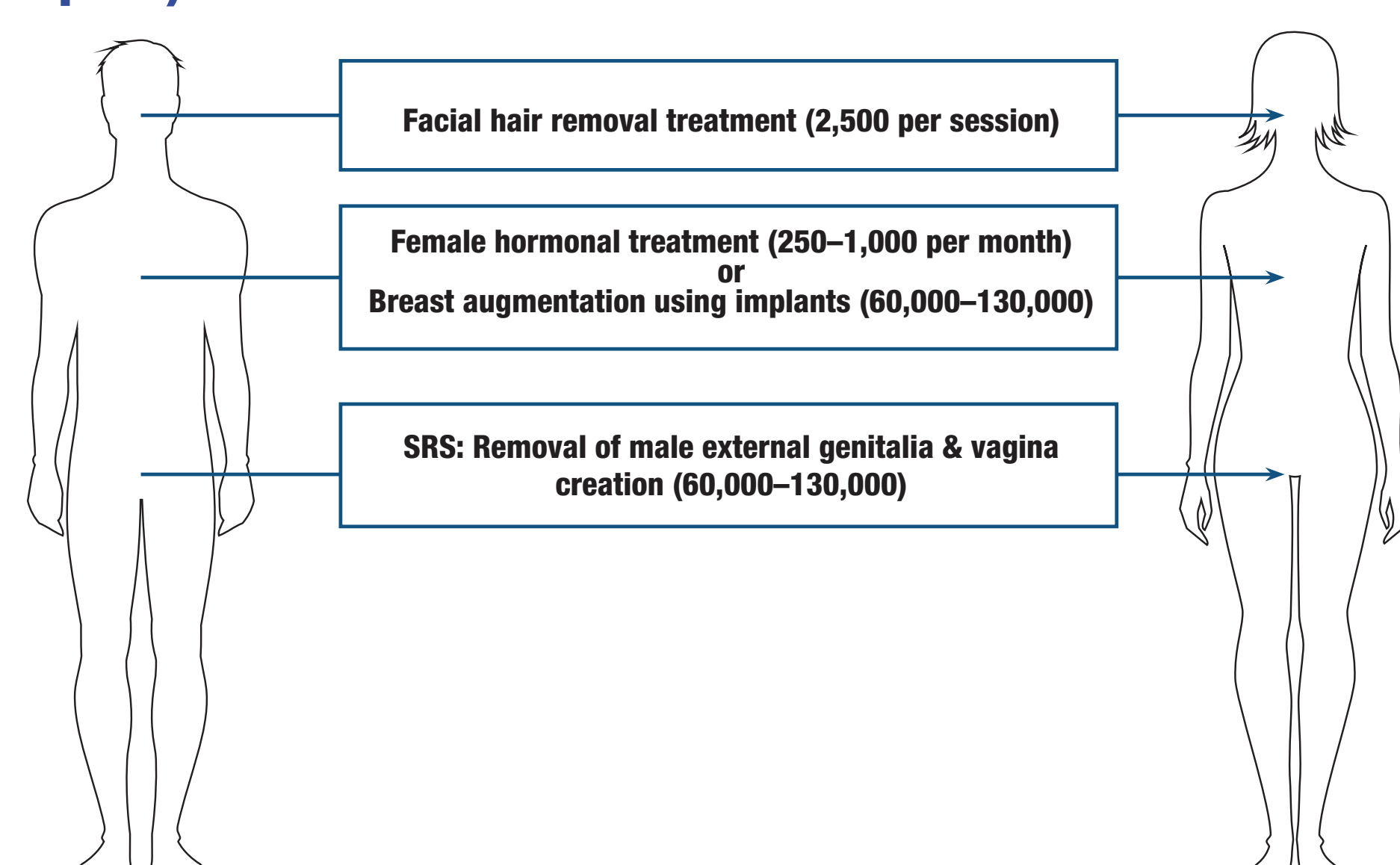
Acknowledgements

India HIV/AIDS Alliance would like to thank the **Global Fund to Fight AIDS, Tuberculosis and Malaria** for their support of Pehchan and acknowledges our vital and valuable collaboration with India's National AIDS Control Organisation. Alliance India celebrates the many contributions of the Pehchan teams at Alliance AP, the Humsafar Trust, PNRO, SAATHII, Sangama, and SIAAP to these efforts. This study was commissioned by Alliance India and implemented by C-SHaRP. Special thanks to the members of India's transgender and hijra communities and other stakeholders interviewed for this study

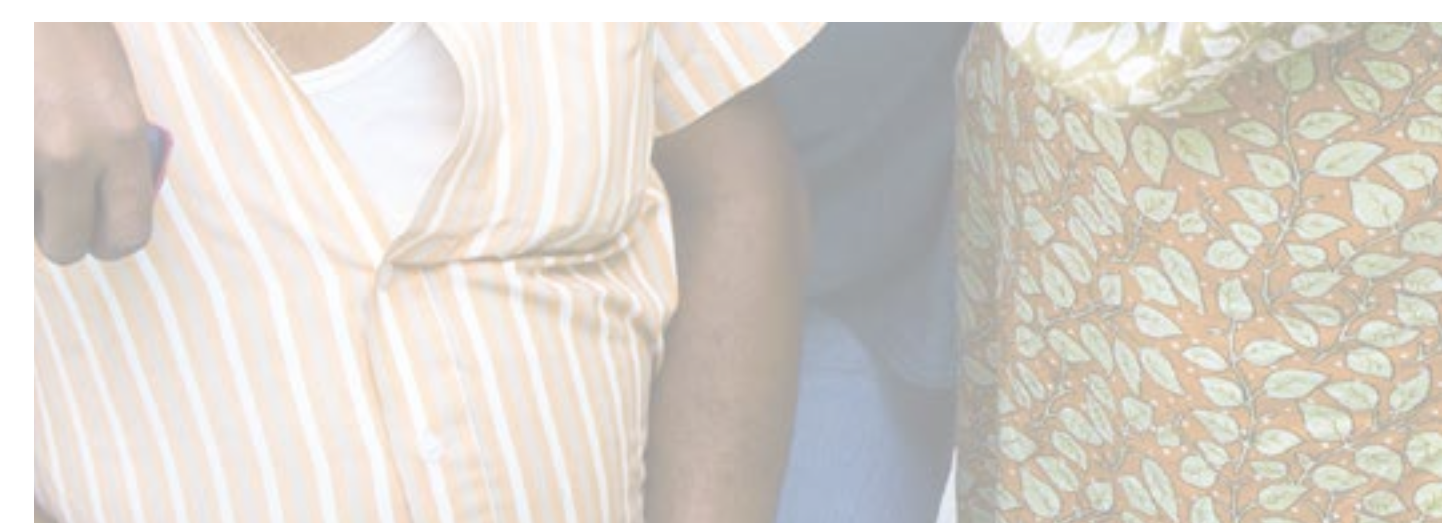
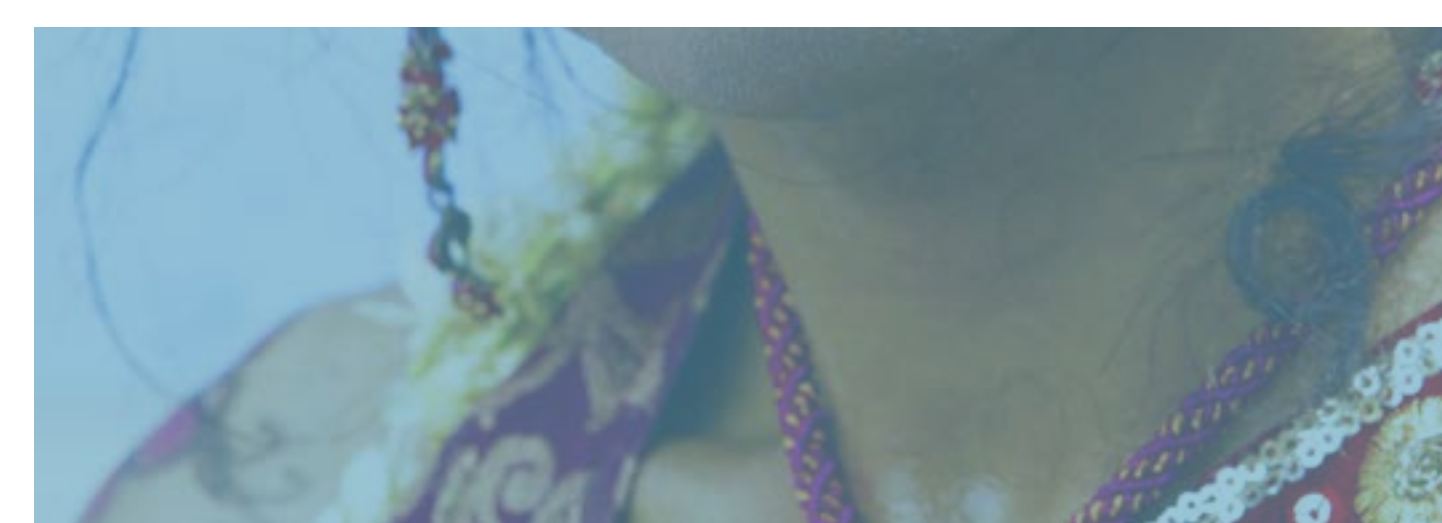
Contacts

Yadavendra Singh: ysingh@allianceindia.org
Abhina Aher: aaher@allianceindia.org

Costs associated with selected gender transition-related services among MtF transgender people (Costs in Indian Rupees)



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Community-led Advocacy to Address SRH Needs of People Living with HIV

Experience from the Koshish programme in India

Koshish

Authors

Kumkum Pal¹, Daxa Patel², Manoj Pardesi³, Padmavathy⁴, A. Ramesh Babu⁵, Pallavi Bhandarkar⁶, Shraddha Betai⁷, A. J. Sunder Singh⁸, G. Ramanujaiah⁹, Sonal Mehta¹, James Robertson¹

¹India HIV/AIDS Alliance, ²Gujarat State Network of People Living with HIV/AIDS (GSNP+), ³Network of Maharashtra People with HIV (NMP+), ⁴Tamil Nadu Positive Women Network (TPWN+), ⁵Telugu Network for people living with HIV/AIDS (TNP+), ⁶MAMTA - Health Institute for Mother and Child, ⁷Centre for Health Education, Training and Nutrition Awareness (CHETNA), ⁸Palmyrah Workers Development Society (PWDS), ⁹Vasavya Mahila Mandali (VMM)

(PLHIV). Through this project, coalitions (more than 20 agencies working with PLHIV and key populations) are advocating for improved HIV and SRHR policies and their implementation in four states: Maharashtra, Tamil Nadu, Andhra Pradesh and Gujarat. Feedback and community consultation mechanisms through district-level community groups are established to ensure that state-level advocacy messages and recommendations for SRHR/HIV programming and policies are informed by community needs. PLHIV representatives in each state work with Alliance India to ensure that national policy processes reflect priorities identified at state-level. Capacity and advocacy supported through Koshish will affirm the rights of PLHIV and help address diverse factors that limit PLHIV's access to SRH services.

Results

Across four states, 195 community consultations were held, where 2,080 PLHIV and 1,718 representatives from most at risk populations (MSM, sex workers, transgenders) were consulted to identify gaps in service delivery and policy at the district level. The findings from the community consultations have helped the state level advocacy coalitions to understand local realities and specific issues related to each community and its context. Community-led advocacy approach and strong partnership with community, CBOs and networks has resulted in bringing impactful changes by not only making services more accessible to affected communities but also by changing public service perspective, including financial, human resource and facility point of view.

Lessons Learnt

Effective PLHIV advocacy not only brings community voices to the forefront but also helps in minimising tokenism which leaves communities disempowered or uninterested.

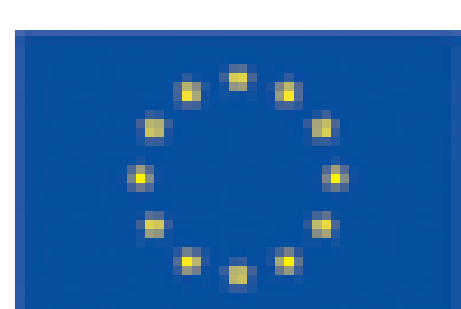
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Contacts

Kumkum Pal: kpal@allianceindia.org

Sonal Mehta: smehta@allianceindia.org



This project is funded by the European Union.

Advocacy designed with active involvement of PLHIV communities increases ownership and accountability.

Background

Evidence from India suggests that a comprehensive approach to sexual & reproductive health and rights (SRHR) has been lacking and that current responses are not sufficiently decreasing vulnerability and ill-health. Poor SRH is further exacerbated for those whose rights are violated due to stigma, discrimination and marginalisation.

Method

From 2011, India HIV/AIDS Alliance, with support from the European Union, has implemented Koshish, a state-level advocacy programme to realise the SRHR of people living with HIV



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