Transgender voices, transgender power: Improving health and preventing HIV through community-led interventions and strengthened systems

Experience from the Pehchan program in India

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Background
With 8.82% HIV prevalence, transgender women and hijras have the highest HIV prevalence among key populations in India. The National AIDS Control Programme earlier counted transgender/hijra people under the MSM umbrella and they did not receive specific services responsive to their needs. The government-funded Targeted Intervention programme had limited opportunity for community-led efforts, capacity building and advocacy around transgender issues.

In April 2014, the Supreme Court of India gave formal recognition to transgenders as the Third Gender and highlighted that steps must be taken to ensure their access to health, education and livelihood opportunities. Unfortunately, not much has been done so far.

Description
India HIV/AIDS Alliance initiated the Global Fund supported Pehchan programme to build the capacity of 200 community-based organisations working with sexual and gender minorities (CBOs) in 18 states of India. Of more than 430,000 registered clients, the programme served 32,871 transgender women and 16,263 hijras in the last five years. Through a community-led approach model, Pehchan has provided a range of services which includes intensive outreach, referral and provision of community-specific sexual health services, counselling, violence mitigation and linkages to social entitlement schemes. Advocacy for transgender rights has also been done through events at the state and national level.

Through December 2015, the programme registered 580 transgender/hijra individuals for ART. Pehchan established twelve exclusive transgender/hijra CBOs that were then linked with Government services. A total of 1,137 cases of violence against the community were reported, and 1,032 individuals received support for violence mitigation. Along with HIV intervention mapping, a national transgender/hijra strategy document was formulated for the government as a part of the programme. A total of 2,315 transgender women, and 2,015 hijras were linked with social entitlement schemes.

Lessons Learned
Though a rights-based approach, Pehchan was able to improve transgender access to sexual health services and advocate their rights. The National AIDS Control Organization supported its efforts to develop a transgender-specific Targeted Intervention strategy. Advocacy events at both state and national level saw participation from a range of stakeholders, including government officials, political figures, media and community leaders. Such events helped build support on transgender issues, influencing changes in attitudes and policies.

Conclusions
Community-led and need-based approach of Pehchan has complemented the National AIDS Control Programme. It has been instrumental in enhancing access to sexual health services and fostering an enabling environment for transgender/hijras in India. Learnings from Pehchan are now being used by Alliance India in implementing a new transgender/hijra specific programme called Wajood. Operating in five Indian states, Wajood focuses on transgender/hijra sexual health, crisis mitigation, social welfare and access to social entitlements.

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