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GEN EQUAL

FELLOWSHIP PROGRAMME

ENABLING GENDER-RESPONSIVE AND LATERALISED HIV PROGRAMMING IN DELHI

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BACKGROUND

INDIA CARRIES THE WORLD'S SECOND-LARGEST BURDEN OF HUMAN IMMUNODEFICIENCY VIRUS (HIV). IN DELHI, HIV PREVALENCE (0.31%) EXCEEDS THE NATIONAL AVERAGE (0.21%)[1], disproportionately affecting Key Populations (KPs), including People Who Inject Drugs (PWID), Hijra/ Transgender persons (H/TG), Men who have Sex with Men (MSM), and Female Sex Workers (FSWs). Among these groups, young people aged 18–29 years face heightened vulnerability due to intersecting gender, age, socio-economic and structural barriers[2,3,4,5,6].

Delhi's rapid urbanisation, high population density, and significant migration further contribute to these vulnerabilities. Young Key Populations (YKPs), especially those living in informal settlements, experience multiple and overlapping vulnerabilities, including stigma, discrimination, gender-based violence, homelessness and digital exclusion[7].

Urban gender norms and structural conditions in Delhi shape HIV vulnerability and access to services among YKPs. Young women and female sex workers face violence, unsafe working environments, limited ability to negotiate safer sex, and reduced privacy when accessing health services[8,9]. Young MSM frequently conceal their identities due to stigma and fear of harassment, which restricts timely access to HIV prevention and care[10,11]. Hijra and transgender persons continue to experience discrimination in education, employment and healthcare, pushing many into high-risk livelihoods and limiting access to respectful and competent health services despite existing legal protections[12,13]. Young PWID, particularly young women and gender-diverse individuals, face compounded stigma related to both drug use and gender norms. This often results in low uptake of harm-reduction services and increased vulnerability to exploitation and unsafe sexual practices[14]. At the same time, dominant urban masculinities, shaped by economic insecurity and norms that encourage risk-taking, discourage young individuals from seeking preventive care or acknowledging vulnerability[15,16]. Together, these intersecting gendered, age-related and structural factors intensify the risk of HIV acquisition and transmission among YKPs in Delhi and limit their effective engagement with health services[17,18,19].

There is, therefore, a critical need to strengthen gender-responsive, youth-led and community-driven approaches that address the social determinants of health, integrate HIV with broader health and psychosocial support services, and enable YKP to meaningfully shape the HIV response[20,21,22].

IN THIS CONTEXT, INDIA HEALTH ACTION TRUST (IHAT) IS IMPLEMENTING THE GENEQUAL FELLOWSHIP PROGRAMME, DESIGNED TO STRENGTHEN YKP's LEADERSHIP AND AGENCY.

The programme aims to equip Fellows selected from key populations with the knowledge and skills to lead the design and implementation of a gender-responsive HIV intervention using program science[23], lateralisation[24] and gender integration[25] approaches.

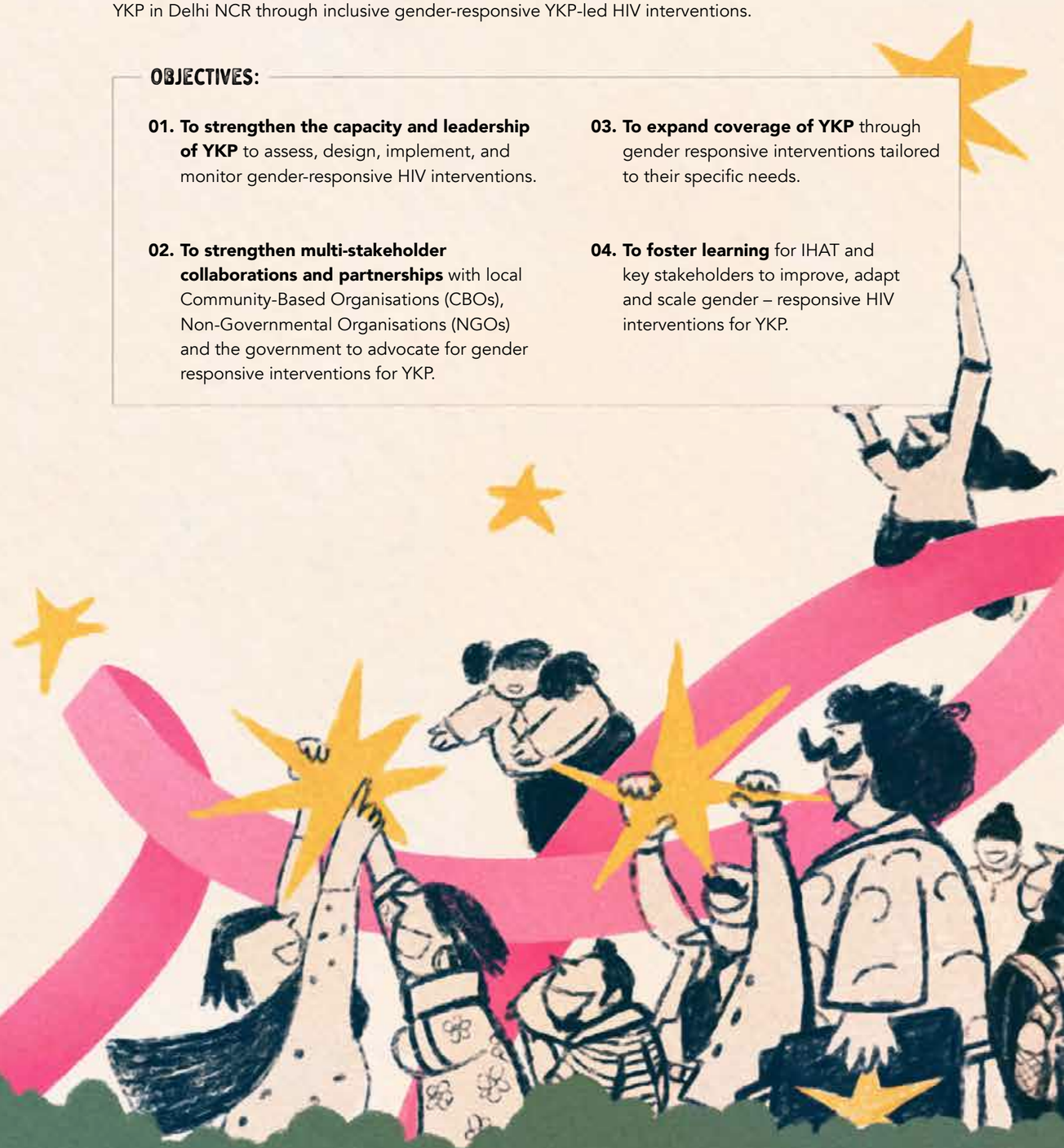
SCAN HERE
FOR REFERENCES

AIM & OBJECTIVES

The GenEqual Fellowship Programme aims to improve the health and well-being of YKP in Delhi NCR through inclusive gender-responsive YKP-led HIV interventions.

OBJECTIVES:

01. **To strengthen the capacity and leadership of YKP** to assess, design, implement, and monitor gender-responsive HIV interventions.
02. **To strengthen multi-stakeholder collaborations and partnerships** with local Community-Based Organisations (CBOs), Non-Governmental Organisations (NGOs) and the government to advocate for gender responsive interventions for YKP.
03. **To expand coverage of YKP** through gender responsive interventions tailored to their specific needs.
04. **To foster learning** for IHAT and key stakeholders to improve, adapt and scale gender – responsive HIV interventions for YKP.



STRATEGIC APPROACHES

To achieve the objectives in a structured and evidence-informed manner, the programme will employ the following strategic approaches:

01. PROGRAM SCIENCE

- Systematically applies theoretical and empirical scientific knowledge to improve the design, implementation, and evaluation of programmes.
- Uses research and monitoring data and evidence to inform and strengthen interventions, and conducts research that is embedded within programmes.
- The approach prioritises improving outcomes at the population level, rather than focusing only on individual-level interventions.
- Promotes continuous learning by using programme data, implementation experience, and research findings to refine and strengthen interventions over time.

02. LATERALISATION

- Maps overlapping and interconnected health and non-health vulnerabilities of the affected population by collating community knowledge and lived experiences.
- Moves beyond siloed programming to address the broader health and social needs of KPs through integrated and flexible interventions.

03. GENDER INTEGRATION

- Uses gender analysis to identify and address gender and intersectional inequalities that influence HIV vulnerability, access to services and programme outcomes.
- This approach provides a structured way to understand how gender and power shape the problem, and then to design an appropriate response.

OPERATIONAL MODEL

The GenEqual fellowship programme's current cohort began with 12 young fellows representing diverse YKPs, including FSW, MSM, TG individuals and PWID. The selection process was participatory and gender-responsive, combining in-person and virtual interviews to reduce geographic and financial barriers. Community experts were engaged at multiple stages to ensure identity-sensitive and experience-based assessment, and consensus-based decision-making was used to promote fairness and shared ownership of final selections. As highlighted earlier, the cohort was selected to reflect the full diversity of YKP. As part of the fellowship programme implemented by IHAT, the Fellows are associated with community-based organisations and NGOs working with their respective key population groups to facilitate community engagement, local coordination and learning. Fellows representing the FSW community are associated with Navjyoti Development Society; Fellows representing the MSM community with Basic Foundation; Fellows representing the PWID community with Society for the Promotion of Youth and Masses (SPYM); and Fellows representing transgender communities, including transwomen and transmen, with Rajmala Welfare Society and Transgender Welfare Equity and Empowerment Trust (TWEET) Foundation. IHAT acknowledges the support extended by these organisations in facilitating the Fellows' engagement with the respective communities. IHAT continues to manage and implement the fellowship programme and its activities. Over the course of the fellowship, the Fellows and the CBO/NGO supervisors are undergoing a structured capacity-strengthening process to develop knowledge, skills, and leadership in gender-responsive HIV programming.

TOGETHER WITH CBOs/NGOs, FELLOWS CO-DESIGN, IMPLEMENT, AND EVALUATE GENDER-RESPONSIVE HIV INTERVENTIONS THAT ADDRESS THE DIVERSE NEEDS AND PRIORITIES OF YKPs IN THE URBAN CONTEXT.

GOVERNANCE STRUCTURE

A governance structure for the fellowship has been established to ensure that the programme operates in a coherent, accountable, and results-oriented manner. The programme engages multiple stakeholders, partners, and technical experts, requiring strong coordination among them to ensure alignment, efficiency, and effective implementation. Hence, the coordination mechanism comprises of two complementary structures designed to enable effective implementation of GenEqual. These two structures include:

A. WORKING GROUP

The Working Group supports GenEqual in the overall implementation of this programme in alignment with the programme's Theory of Change. It provides critical feedback and overall guidance for GenEqual as follows:

1. Technical inputs for the programme
2. Review periodical programme updates
3. Foresee challenges and guide the team to address these challenges
4. Brainstorm and arrive at solutions for challenges encountered throughout the implementation phase
5. Help address queries raised by GenEqual technical advisory panel
6. Help improve project outcomes

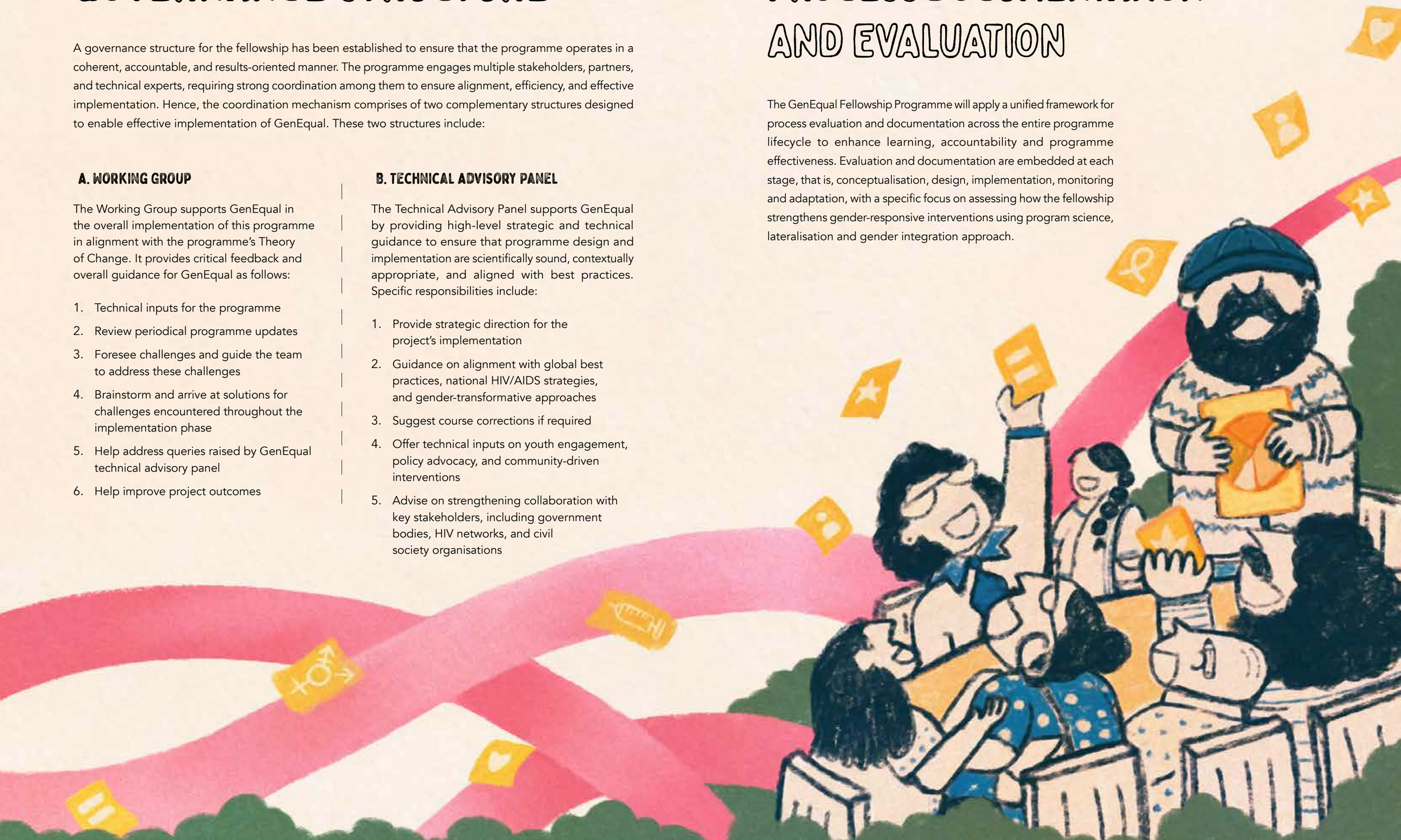
B. TECHNICAL ADVISORY PANEL

The Technical Advisory Panel supports GenEqual by providing high-level strategic and technical guidance to ensure that programme design and implementation are scientifically sound, contextually appropriate, and aligned with best practices. Specific responsibilities include:

1. Provide strategic direction for the project's implementation
2. Guidance on alignment with global best practices, national HIV/AIDS strategies, and gender-transformative approaches
3. Suggest course corrections if required
4. Offer technical inputs on youth engagement, policy advocacy, and community-driven interventions
5. Advise on strengthening collaboration with key stakeholders, including government bodies, HIV networks, and civil society organisations

PROCESS DOCUMENTATION AND EVALUATION

The GenEqual Fellowship Programme will apply a unified framework for process evaluation and documentation across the entire programme lifecycle to enhance learning, accountability and programme effectiveness. Evaluation and documentation are embedded at each stage, that is, conceptualisation, design, implementation, monitoring and adaptation, with a specific focus on assessing how the fellowship strengthens gender-responsive interventions using program science, lateralisation and gender integration approach.



THEORY OF CHANGE

THE PROBLEM?

HIV programmes for key populations have expanded significantly in India and Delhi; however, they largely rely on target-based approaches and insufficiently address the intersecting gender and age-related barriers that limit YKPs' access to and use of HIV services.

ASSUMPTIONS

1. HIV among KP remains a critical health issue in urban centres, particularly in Delhi NCR.
2. Empowering YKP to lead responses to their own needs can be an effective strategy.
3. YKP are especially vulnerable to HIV due to a combination of structural, social, economic, and behavioural factors.
4. Addressing gender and intersectional inequalities and barriers is essential to mitigate the risks and vulnerabilities faced by YKP.

INTERVENTION ACTIVITIES

1. Identification and selection of YKP fellows
2. Train and mentor YKP Fellows to assess, design, implement, and monitor gender-responsive HIV programmes through structured capacity-building, mentorship, and peer-learning platforms.
3. Build partnerships with CBOs, NGOs, and other stakeholders to support advocacy for gender-responsive HIV interventions for YKP.
4. Co-design and implement gender-responsive HIV interventions applying program science, lateralisation and gender integration approach, tailored to the needs of YKP
5. Document and share lessons, best practices, and evidence from YKP-led interventions to support IHAT and partners to develop programme science–driven, gender-responsive interventions at scale.

SHORT-TERM OUTCOMES

Capacity Building
Increased capacities of Fellows from YKP to lead gender responsive interventions for YKP.

Strengthened Collaborations
Strengthened partnerships and multi-stakeholder collaborations on YKP programming

Increased Number
Increased number of gender-responsive interventions for YKP designed and implemented using program science, lateralisation and gender integration approach.

Improved Documentation
Improved documentation of learning, evidence, and best practices for gender responsive YKP programming

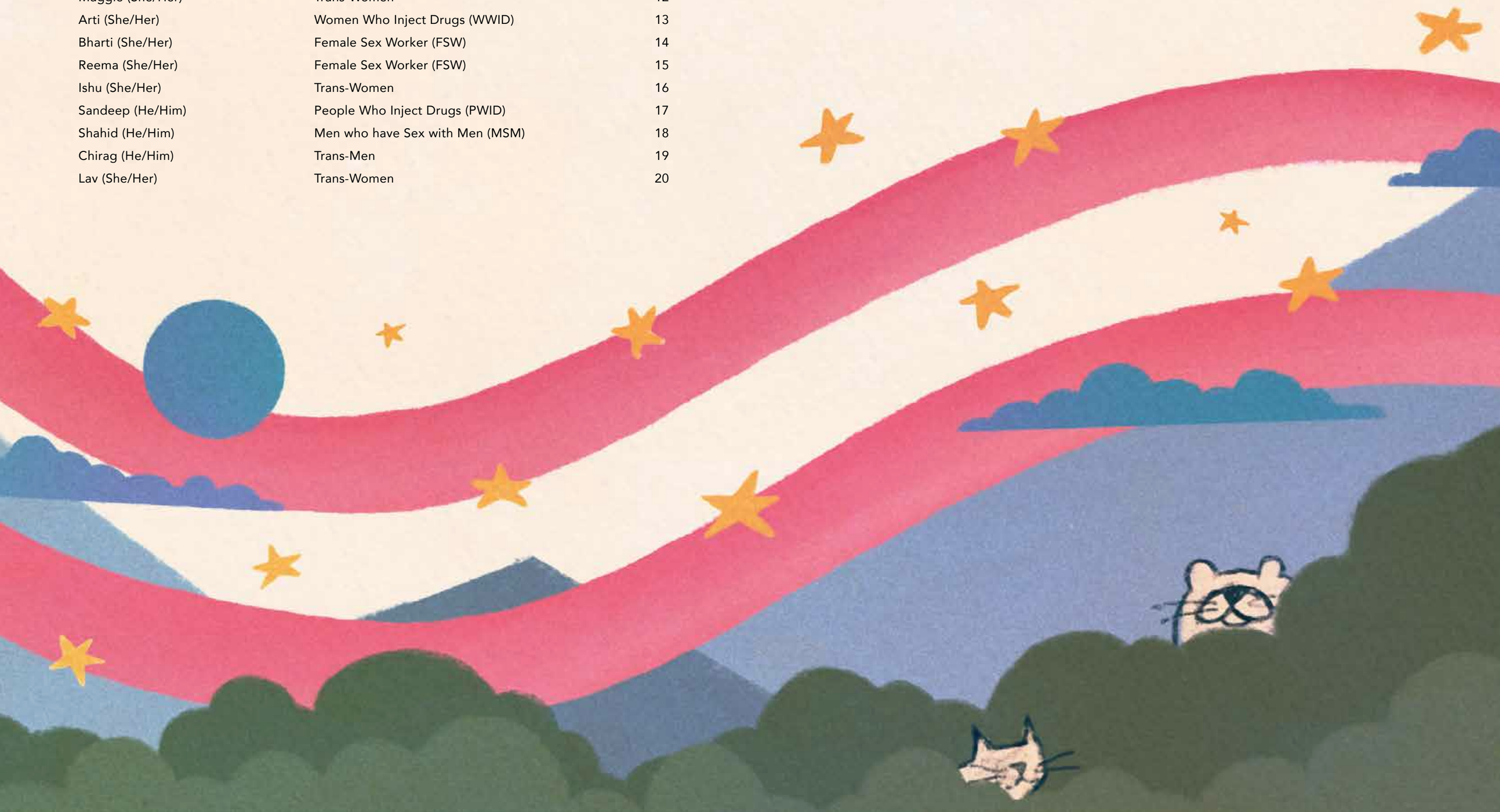
LONG-TERM OUTCOMES

1. Increased capacity and leadership of YKP in programme design and decision-making.
2. Improved coordination and advocacy among CBOs/NGOs and stakeholders for gender-responsive HIV programmes.
3. Expanded coverage of YKP through gender-responsive, YKP-led HIV interventions
4. Enhanced use of documented evidence and best practices to improve, adapt, and scale gender-responsive HIV programmes for YKP.

IMPACT

Improved health and well-being of YKP in Delhi NCR through inclusive gender-responsive YKP led HIV interventions.

MEET THE COHORT



ABHINANDAN (HE/HIM)

Abhinandan represents the People Who Inject Drugs (PWID) community. He is a public health professional with over 10 years of experience in HIV/AIDS programmes and community outreach.

"PWID ko basic resources paane mei dikkat aati hai, jiske kaaran wah apna potential fulfill nahi kar paate hain. Mujhe lagta hai ki sabhi logon ko, har haalat mein, samaan izzat, mauke, aur ek behtar jeevan milna chahiye, jo mai iss fellowship se PWID ko dilwana chahta hun."

MAGGIE (SHE/HER)

Maggie is a community mobiliser skilled in outreach, advocacy and digital engagement, representing the trans-women community.

"Mai trans-women ke liye inclusive mental health provision, aur healthcare systems banana chahti hoon. Apne anubhav aur prayason se, main apni community ke vikas ke liye sakaratmak yogdan dena chahti hoon."

ARTI (SHE/HER)

Arti represents Women Who Inject Drugs (WWID), a further marginalised group within PWID community. She has over 1 year of experience as a BPO telecaller in Gurugram, handling customer communication and processing legal documents.

"Through my lived experiences, I can understand the issues faced by WWID. They face stigma and discrimination due to multiple intersectionalities. So, I joined this fellowship to give them a platform or chance, to make the lives of WWID better."

BHARTI (SHE/HER)

Bharti represents the Female Sex Worker (FSW) community and is a dedicated social worker with over four years of experience in outreach, counselling and community support.

"I joined GenEqual to strengthen my ability to advocate for the FSW community, amplify our voices, and work alongside my community to create meaningful change."

REEMA (SHE/HER)

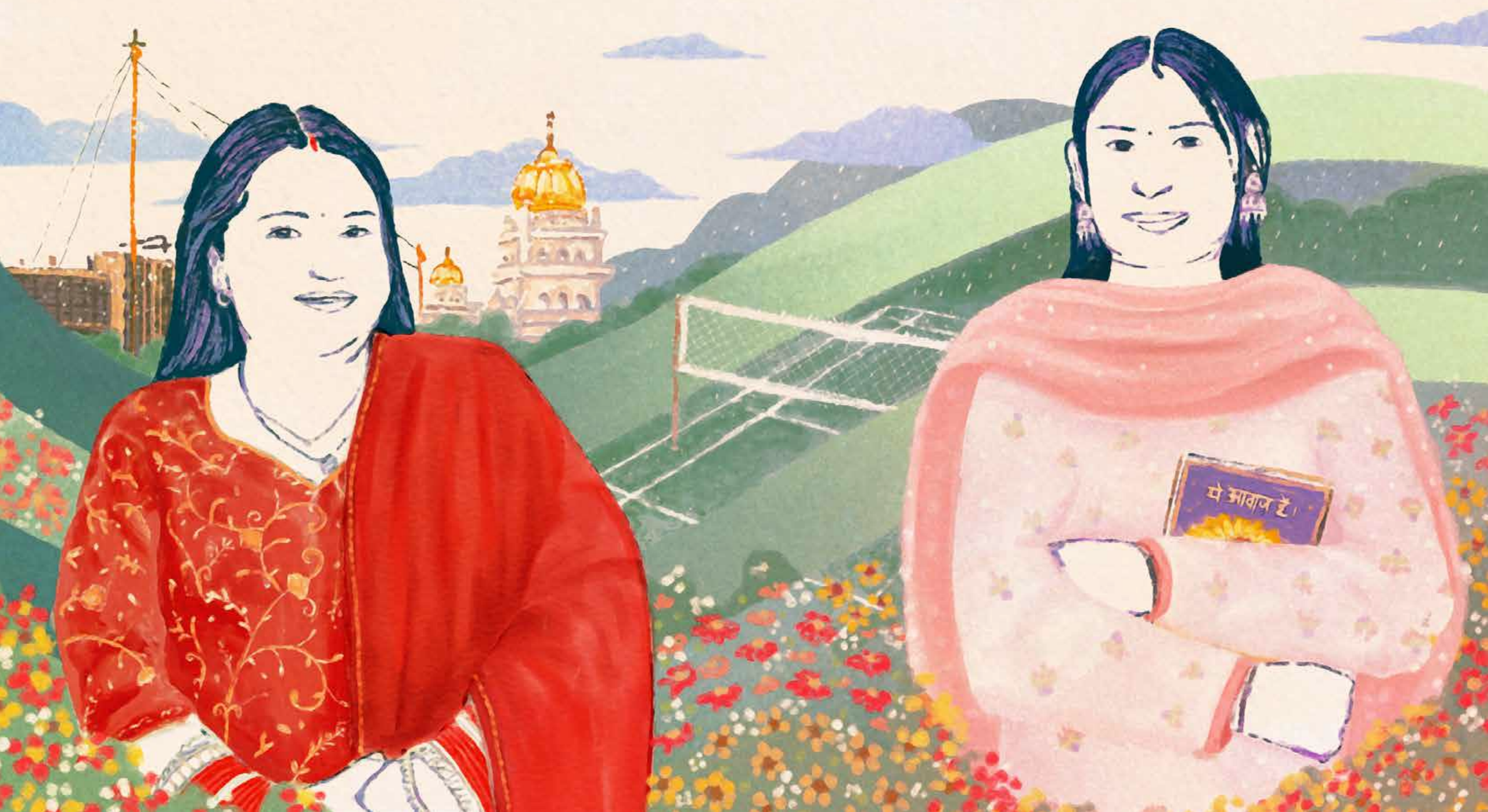
Reema represents the Female Sex Worker (FSW) community and is an experienced outreach worker with professional experience in targeted intervention (TI) projects and community support.

"Apni FSW behno ke saath ho rahe stigma aur adhikaron ki kami ko dekhkar badlav ki soch bani. GenEqual ne meri is ichha ko aage badhane aur use sakaar karne ka manch diya."

ISHU (SHE/HER)

Ishu represents the trans-women community, and is an outreach worker with experience in harm reduction and community support for vulnerable groups.

"My journey with GenEqual began with a desire to make a difference. Seeing the challenges in the transgender community, motivates me to work towards a more inclusive future."



SANDEEP (HE/HIM)

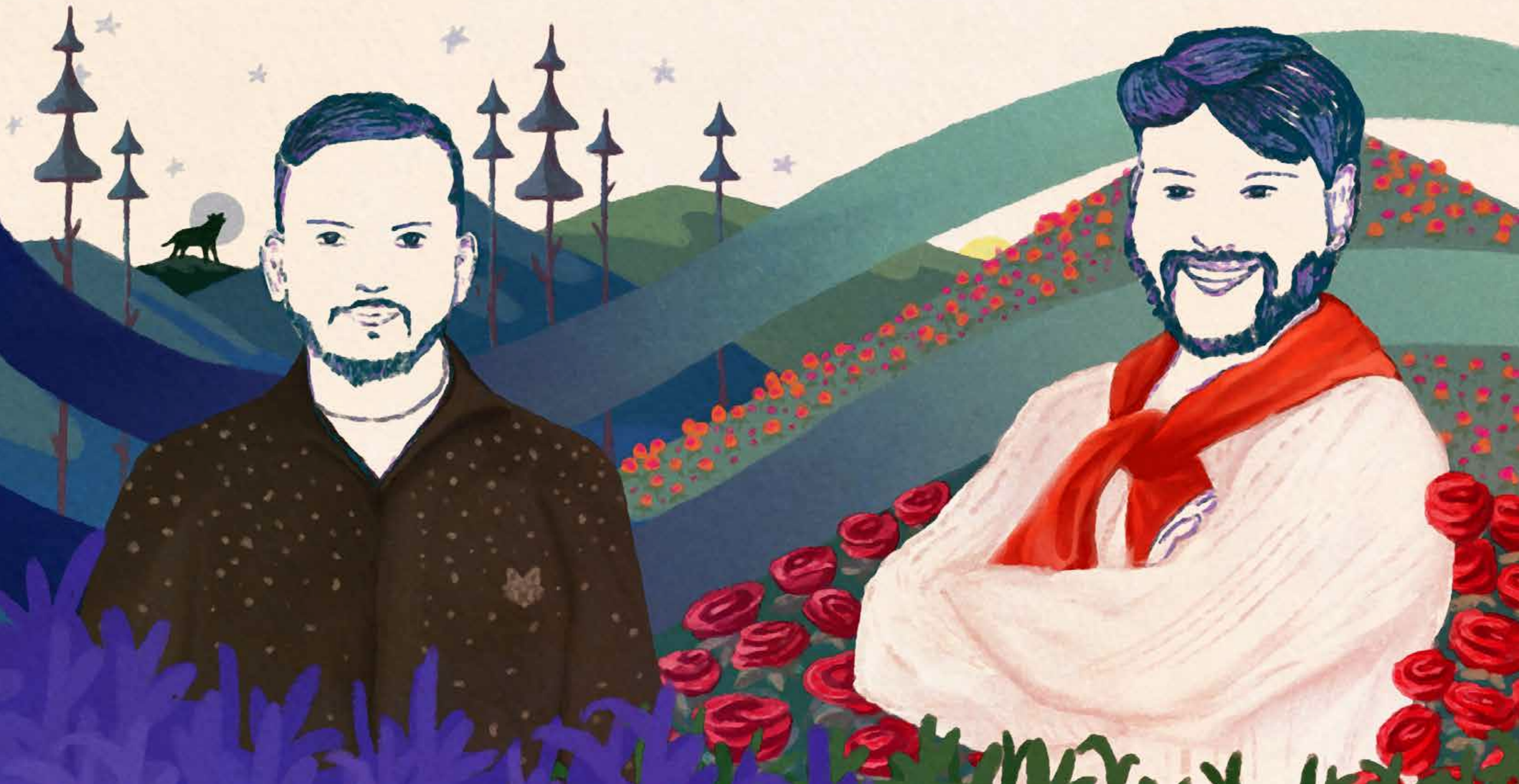
Sandeep represents the People Who Inject Drugs (PWID) community. He has experience in HIV/AIDS programming and community outreach, including work with the PWID community.

"Maine ye fellowship join kiya jab ye ehsas hua ki PWID community ko criminals ke tarah dekhaa aur treat kiya jata hai. Mujhe unki decision-making capacity aur empowerment ko badhava dena hai, aur ye fellowship mere is sapne ko poora karne ka mauka degi."

SHAHID (HE/HIM)

Shahid represents the Men who have sex with Men (MSM) community and has worked as an outreach worker for several years, supporting community mobilisation, access to health services and peer engagement.

"MSM community ke saath kaam karte hue maine bhedbhaav, health services tak pahunch ki mushkilein aur rozmarra ki chunautiyan dekhin. GenEqual ne in muddon ko samajhne ka mera nazariya aur gehra kiya."



CHIRAG (HE/HIM)

Chirag is a committed community worker supporting transgender communities with health and welfare services. He represents the trans-men community.

"Mujhe trans men ki visibility badhane aur gender aur sexuality ke beech ke antar ko samajhne aur samjhane par kaam karna tha. GenEqual ne mujhe apni community mein badlav lane ka mauka diya."

LAV (SHE/HER)

Lav is a psychology graduate with experience in cognitive neuroscience research and mental health support. She represents the trans-women community.

"I wanted to help my community, which has long struggled to access life-saving healthcare. GenEqual gave me the opportunity to contribute to long-term, transformative change."

BY THE COMMUNITY,
WITH THE COMMUNITY,
FOR THE COMMUNITY