



India **HIV/AIDS** Alliance

Strengthening Community Action on AIDS

A n n u a l R e p o r t

2017-2018



Our Mission

To support community action to prevent HIV infection, meet the challenges of AIDS, and build healthier communities.

Note: Programmatic data are till August 2017.

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of their HIV status.

Design by Sunil Butola

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Foreword



As a majority of the country celebrates the Supreme Court's historical judgement of the abrogation of Section 377, thereby making the members of the gay and trans community equal citizens, India HIV/AIDS Alliance, while joining in the celebrations, has an ongoing role to play; supporting community action to prevent HIV infection, meeting the challenges of AIDS and helping to build healthier communities.

The past year has been a roller coaster journey for me and for Alliance India. While we forged some newer relationships with ViiV Healthcare, FHI360 and USAID; unfortunately we also lost some important opportunities where we collectively invested with partners. Baby steps in area of corporate fundraising has forged relationships with Oracle and HSBC, through which we were able to influence lives of young people affected by and living with HIV. Our most important stakeholder after the communities we serve, remains Government of India. The close partnership with National AIDS Control Organisation (NACO) and State AIDS Control Societies across the country keep pushing us to do our best on one hand, and create necessary impact on the other.

In our national flagship programme, Vihaan, we completed a mark of over a million people and an estimated 3 million associated partners and families of people living with HIV (PLHIV), including children who were provided care and support services. Nationally, the Samarth programme has been successfully accepted as an effective prevention programme for men who have sex with men, transgender and hijra people who have not been covered by any prevention programmes of NACO. Community-centric and led approaches to HIV programming that respond to holistic needs of transwomen and hijras are highlighted by Wajood and Prayas programmes. But one of the most effective and successful methodology that the Nirantar programme demonstrated was community feedback and monitoring through a community score card method.

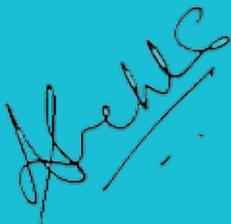
Shrinking resources have also led to creative solutions. For example this year, Vihaan Care and Support centers adopted provision of differentiated care and support for PLHIV to reach the national treatment objective of retention of PLHIV in HIV care.

The changes have affected every walk of life. We need to step outside the boxed prevention approaches and turn our attention towards expanded need-based services such as reproductive and sexual health services, particularly for women in sex work. We are learning about that in our Ujwala programme. Innovations, evidence based advocacy and community capacity building have been the corner stones of India's HIV response, as we practice in Harm Reduction in Asia and Hridaya programmes for people who use drugs. This kind of advocacy will continue the momentum in the ever changing socio-political scenario and its effects on harm reduction services.

The experience from End AIDS India has been satisfying. The idea that four linking partners and International HIV/AIDS Alliance work together for innovative financing of HIV, is in itself quite exciting.

This journey of successfully supporting community action would not have been possible without the dedication and sincerity of our noteworthy panel of the Board of Directors, who at each step, lent their support through their experience, guidance and mentorship. As a journey of co-travellers, all of us at Alliance India office strive to make it a happy place to work – since we are very convinced that the process that gives pleasure, often yielding good results. The most important resources which Alliance India prides itself on are the people who contribute immensely to the organisation. I strongly believe that there is no mission that this team of dedicated, committed, capable and clever people collectively cannot achieve.

It gives me great pleasure and pride to share our annual report of the past year, which details our programmes, the achievements and the learnings. You will realise how proud I feel as I step into my office and feel the positive energy of the hard working team each day.

A handwritten signature in black ink, appearing to read 'Sonal Mehta', with a horizontal line underneath it.

Sonal Mehta
Executive Director
India HIV/AIDS Alliance



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Vihaan

144,622 people living with HIV served, 122,240 people referred to social welfare schemes

- **1,09,627 new PLHIV clients registered during the year.**
- **18,104 number of sexual partners and family members referred for testing and found out results.**

“Vihaan” (a Sanskrit word meaning dawn’s first light) is a national care and support programme aimed at providing holistic care and support services to all people living with HIV (PLHIV). The new phase of the programme initiated from January, 2018 will continue till March 2021. The overall goal of the Vihaan programme is ‘to improve the survival and quality of life of PLHIV’. Vihaan programme since 2013 has been complimenting the national treatment programme with peer led care and support services. The Vihaan consortium is led by Alliance India and state-level PLHIV networks and NGOs that in turn partner with district-level PLHIV networks and other organisations to deliver care and support services.

Vihaan is supported by The Global Fund for AIDS, Tuberculosis and Malaria.

Linked to high-burden ART centres (typically having more than 1,500 active care clients), care and support centres (CSCs) serve as a comprehensive unit for supporting the PLHIV on treatment adherence, positive living and creation of an enabling environment. CSCs focus on PLHIV retention in HIV care as well as on educating, supporting and linking the community with health care services (with special focus on intensified case finding of TB symptomatic cases amongst PLHIV and HIV testing of their family members) and social welfare schemes. The facilities provide space for PLHIV to enhance their knowledge and skills, and to bolster each other through support-group meetings and counselling.

Building on the lessons learnt that one size does not fit all, the CSCs have now adopted provision of differentiated care and support complimenting the national treatment objective of retention of PLHIV in HIV care. Differentiated care is a client-centred approach that simplifies and adapts HIV services across the cascade in accordance to the preferences and expectations of various groups of PLHIV while reducing the extra burden on the health system.

Key Achievements

- Re-alignment of CSCs and linkages with ART centres where all 547 functional ART centres across India are covered by 300 CSCs serving to all active PLHIV registered in HIV care. In addition, 10 TG specific CSCs are sanctioned of which 6 have been established by March 2018. The remaining 4 are in the process of selection.
- The focus has been shifted to prevention of LFU/MIS cases and retention in HIV care by adopting differentiated care and support services to differentiated groups of PLHIV. Hence the CSC guidelines have been revised in consultation with NACO and other partners. Following which, all SR and SSR teams have been orientated on the revised CSC guidelines.
- Mission Sampark – a drive aiming at firming up the traceable LFU cases and the active PLHIV who are yet to be initiated on treatment and accordingly contacting them and putting them on ART at the earliest. This drive will be completed by end of June 2018.
- Responding to one of the key emerging needs of adolescence and young people living with HIV and their siblings who are affected by HIV, a skill building initiative has been taken up with support from Oracle to provide skill building training on different identified trades. More than 3000 students in the age group of 15 – 25 years attended the orientation to this initiative at 100 CSCs across India. Of these, nearly 1500 students expressed their willingness to undergo the training. Moreover, 243 training institutes were sensitised. All these efforts resulted in 267 students getting enrolled in different skill building trainings.

A dream come true for a mother

Rakesh Sabat, the only son of Sunita Sabat has been developing his hearing and speaking ability by continuous Audio Therapy. This was possible with the active interventions of CSC-SEWAK, Rourkela. In the year 2016 Sunita got herself registered at this CSC and at the time of her registration, she revealed that she is a widow and has a child. As per protocol, her child was referred for a HIV test and found sero negative. During that time, she was supporting her family by working as a daily wage worker. In her subsequent sessions of counselling she revealed that she was feeling helpless because her son was unable to hear and speak after immense efforts from her side. The staff at the CSC decided to get in touch with the competent officials under Rashtriya Bal Suraksha

Karyakram Yojana, so that they could guide them towards the best possible course of action.

Sunita was directed to the Rehabilitation Centre, following the suggestion by the resource person, for her son. The CSC facilitated this process so that Rakesh could be taken to Rourkela for therapy almost immediately. The therapist took great care of the child and the CSC staff ensured that regular visits were made. After continuous sessions, Rakesh started to faintly hear and began to utter words. Sunita was ecstatic upon hearing her son say 'maa' for the first time. Similar to this situation, the CSC has organised a programme in which 42 children living with HIV were mobilised to receive different services.

ACHIEVEMENTS

January to August 2018



84,139 people linked with social welfare schemes.



94,287 LFU cases reported back to ART centre.



3,91,804 people provided with TB screening.





Samarth

9539 men who have sex with men, transgenders and hijras screened for HIV, of which 7842 people screened for the first time in their lives

- **Samarth has been able to intervene with male sex workers, TGH in sex work, MTH with regular substance use, dera TGH and rural MTH through innovative strategies.**
- **Male sex workers in gay spas of Delhi were also reached out where high levels of HIV positivity was observed.**
- **Identified and linked 227 people living with HIV with treatment services.**

Samarth, which means “empowered” in many Indian languages, is a project based on the principle of strengthening ‘Test-Treat-Adhere-Prevent’ cascade for MSM, transgender and hijra (MTH) population in India. Recognised as a successful ‘community led HIV testing’ model for National AIDS Control Programme, Samarth has established 7 community led HIV testing clinics in high concentrated metro cities. The programme project creates safe spaces to expand HIV testing for 10,800 MTH in three years, with specific focus on people who are yet to be covered by any HIV services. Samarth provides evidence to national programme that there still remains a very number vulnerable and marginalised communities to HIV that can be reached out by community based models that are efficient and effective.

The Samarth programme and clinics are primarily funded by Elton John Aids Foundation.

Samarth programme, while reaching to the unreached population for HIV testing and motivating them for periodic testing, also emphasises on partner and spouse testing also. Through collectivisation and sensitisation events, the project addresses the stigma and violence faced by MSM and TG population that hinders them from accessing health service facilities.



Key Achievements

- Samarth programme adopts innovative strategies to reach MTH with 'unique vulnerabilities' correlating with multiple variables (location, age and others). Samarth has been able to intervene with male sex workers, TGH in sex work, MTH with regular substance use, dera TGH and rural MTH through innovative strategies.
- Peer led intervention at workplace and community health camps were conducted in high concentrated pockets of the high risk MTH.

Building the bridge for safer families

Mala, a young Kothi (effeminate MSM) was identified reactive by the Samarth's Delhi clinic in May 2018. After initial counselling and support, she revealed she was married and shared her fear that she might have infected her wife.

Considering the risk, the counsellor and clinic manager of Samarth's Delhi clinic motivated Mala to introduce her wife to them as friends and ensured to maintain confidentiality. After a week-long rapport strengthening process, Mala invited both the counsellor and clinic manager to her home and introduced them to her wife.

Sneha Sharma (TG counsellor of Samarth Delhi Clinic) built a rapport with the wife and shared information on safer sex and HIV testing for a healthy life. Overcoming the initial hesitation, the wife agreed to visit the clinic with Sneha and reported HIV non-reactive in the screening test.

As the next step, both Mala and her wife were given counselling sessions for safer sex and regular check-ups. Eventually, with motivation from the Samarth team, Mala shared her HIV status with her wife and at present her wife is her primary care giver.

ACHIEVEMENTS

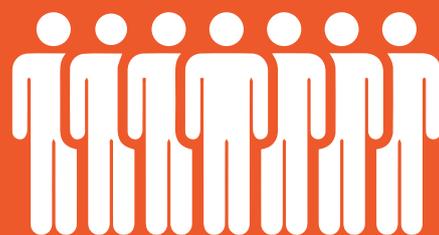
January to August 2018



Provided screening test to 7626 MSM and 1913 TGs.



Cumulatively reached 7842 MTH population (82.2% of total 9539 registration) who have not been tested for HIV ever in their life.



1697 lost to follow up clients reabsorbed under HIV prevention-care-treatment cascade.





Hridaya

5437 people who inject drugs (PWID) and 1058 of their female sex partners reached with essential harm reduction services

- **Data comparison of baseline and end of 2017- average monthly new PWID reach per site has increased from 9 to 20 of delivering the additional services of harm reduction. Similarly, HIV testing (360 to 497 per month) and OST initiation (28 to 48 per month) service uptake has increased.**
- **5437 PWID and 1058 female sex partners reached with essential harm reduction services; 821 home visits and 1493 IPC sessions conducted to generate demand for uptake of OST and ART.**
- **97 PLHIVs registered at ART center and 119 (including previously registered PLHIVs) initiated ART.**

Community support and enabling environment is extremely critical for HIV prevention and care for PWID. Hridaya is designed to complement the capacity and fill in the implementation gaps in the targeted intervention programmes for PWID. Through its strategic approach, Hridaya complements the existing HIV prevention programme of the Government of India and supports the delivery of effective, innovative, community-based HIV harm reduction services to PWID and their concerned others.

Hridaya is implemented by India HIV/AIDS Alliance, as a part of Alliance Integrated Harm Reduction Programme of International HIV/AIDS Alliance Brighton, supported by Government of Netherlands and SIDA, Swedish International Development Cooperation Agency.

The approach of the programme is:

- Mentorship - Catalytic assistance to increase uptake of NSP, ART and OST.
- TI Plus - Direct support to reach hidden and hard to reach population and link to services.
- Enabling Environment - Sensitising and engaging law enforcement on community led models.

- Community System Strengthening - Formation of local and state drug user forums.
- Capacity Building - Cluster level capacity building for frontline workers.
- Differential service delivery - Establishing secondary outlets for distribution of needle/syringe and Satellite OST centres.

Key Achievements

- Contributed significantly to generate demand for NSP, OST and ART services among PWID.
- Capacitated TIs and front line workers by supporting field level implementation and by providing periodic guidance. Cluster on-site hands on trainings and skill building exercises were conducted to further infiltrate into geographical areas and networks.
- Created enabling environment by sensitising and engaging law enforcement on harm reduction programme.
- Conducted capacity building and sensitisation activities for state officers and staffs/peers on harm reduction to enhance knowledge on harm reduction approach.

A Helping Hand

Tahir is a drug user from a village in Uttar Pradesh. Born to hard working parents, he had a fairly normal childhood. Unfortunately, cigarettes and ganja entered his life, soon giving way to harder drugs and injections. Gradually, his world started closing in and he became an easy target for humiliation and ridicule by his family and

society. He came in contact with the project and joined in as a volunteer. Now we find Tahir, a former drug user, to be a dedicated frontline worker helping out his peers. "There was something in working for my friends/peers which attracted me and I like spending time with them," he says.



ACHIEVEMENTS

January to August 2018



303 PWID initiated OST.



86 PWID and 10 spouses/partners referred for TB screening and services.



Advocacy with law enforcement officers in Lucknow, 98 senior police officers participated from 65 districts of Uttar Pradesh.





Harm Reduction Advocacy in Asia (HR Asia)

Leading policy advocacy on legal rights, institutional capacity building, leadership development and generation of strategic information

- **Engaged with ASEAN Health Cluster 2 in partnership with Ministry of Health, Malaysia, UNAIDS RST, International HIV/AIDS Alliance and Regional Partners ANPUD and IDPC. Advocated for implementation of harm reduction among PWID in ASEAN at the 3rd meeting of the AHC 2.**
- **HRI developed module for 10by20 Harm Reduction Funding Advocacy Workshop at the IAS conference Amsterdam, 2018, with ANPUD, Rumah Cemara and Ozone team.**
- **Stakeholder Dialogue to advance engagement and review India's progress on commitments towards UN General Assembly Special Session on the World Drug Problem-2016, 25th June 2018.**

The Project, *Harm Reduction Advocacy in Asia*, aims to maximise impact of investments that help break the cycle of transmission of HIV among people who inject drugs (PWID) in concentrated epidemics by addressing legal, policy and health system barriers that impedes access to services. The project creates a platform to engage with regional mechanics such as ASEAN and SAARC, national and provincial governments and other key stakeholders imperative to create an enabling environment to increase access to essential HIV and harm reduction services in the region.

The programme works to build networks that engage with national and state-level governments, state and local law enforcement officials as well as health care workers to expand their understanding for the delivery of a comprehensive package of services for HIV and harm reduction.

The HR Asia project is implemented in 7 countries - India, Nepal, Cambodia, Vietnam, Thailand, Indonesia and Phillipines supported by the The Global Fund for AIDS, Tuberculosis and Malaria.

Key Achievements

- Developed country advocacy papers to advance engagement with country level policy makers on legal and policy reform.
- Implemented harm reduction funding tracking study and developed briefing reports to advocate for sustainable funding for harm reduction interventions.
- Developed community based treatment implementation guidelines for Thailand and Cambodia.
- Introduced regional fellowship programme to develop civil society leadership in harm reduction and drug policy advocacy.
- Established technical working groups and national harm reduction committee in Thailand and Cambodia to develop and monitor policy implementation including advocacy position.

Strengthening Community Network in India

Asian Network of People who Use Drugs (ANPUD), technical partner of the programme, conducted a Regional Training of Trainers on Organisational Development and Advocacy with participants selected based on their roles, experience and commitment including one female participant from each partner country. The training aimed to understand the challenges, identify the opportunities and learn from the experiences towards building a strong community based network of people who use drugs, to enhance and broaden the advocacy skills to conduct targeted country level advocacy.

As a follow up, Indian Drug Users' Forum (IDUF) convened a national level strategic planning meeting in December 2017 at New Delhi, supported by ANPUD. During this meeting, focus areas for network strengthening and resource mobilisation were identified and deliberated upon in the context of current funding opportunities within the

country and the region. Through intensive discussions and brainstorming sessions the network developed a five year IDUF Strategic Planning Framework for 2018 – 2022.

As one of the main outcomes of the meeting, through the India support, IDUF has established a secretariat office with core staff. Systems pertaining to financial and legal compliance, accountability framework, as well as robust communication systems both within IDUF as well as through social media platforms will be put in place. The support provided is aimed at ensuring strengthening of IDUF members to lead, manage and sustain the network, increase visibility, increase engagement of WUD in decision-making, enhance capacities and skills of second-line leadership to ensure meaningful involvement of people who use drugs by representation in national committees and forums to increase access to essential HIV, Viral Hepatitis C and harm reduction services for PUDs in India.

Nirantar

Developing capacity in civil society organisations to improve access to HIV services and reduce vulnerability among key populations

- **13303 health care providers sensitised in 150 facilities for smooth access to health services.**
- **108 HCP follow-up committees formulated post sensitisation with 784 members on board (including head of the medical institutes, health care providers, TI functionaries, SACS representatives and community leaders).**
- **Around 84 TIs started to report in TI data Management Tool (TMT) with minimum errors.**

Our Nirantar (meaning 'relentless' in Hindi) programme is enhancing capacities of civil society organisations and other local institutions to improve access to quality HIV prevention, care and treatment continuum for approximately 1,20,000 key populations in Chhattisgarh, Odisha and Madhya Pradesh. Working with 128 targeted interventions (or TIs which is primary prevention programme for key populations), Nirantar has unwaveringly strengthened HIV prevention programme's response by identifying gaps in service uptake. This was done through analysis of existing data and by creating Geographical Information Systems (GIS) for client tracking and monitoring of service uptake, building capacities of frontline workers through a mentorship programme for efficient coverage and reducing risk and vulnerability of KPs by sensitisation of key departments and linking them to sustained health and social welfare departments. Members of the KP groups in the states of Chhattisgarh, Odisha and Madhya Pradesh have joined hands with Nirantar teams at state level and sensitised healthcare service providers across facilities at district level and community led HCP follow-up committees are functional to sustain these efforts. Further, to strengthen community voices, 3 state level advocacy forums are also capacitated; it is a representation of community leaders from sex workers, transgender, MSM, PWID and PLHIV communities and KPs are engaged to create community feedback mechanisms, by generating a community score card.

The programme works by partnering with National AIDS Control Organisation, State AIDS Control programme, civil society organisations, public health service delivery and other local institutions, to magnify the HIV response in the 3 states. Nirantar is supported by Centers for Disease Control and Prevention under President's Emergency Fund for AIDS Relief (PEPFAR) programme.

Key Achievements

- Results reveal that a combination of factors including the involvement of interface NGOs, coupled with increased sensitisation and engagement (through HCP follow-up committee) of health providers and community groups, and mentoring - contributed to improved awareness and knowledge about HIV and KPs in the targeted districts.
- To sustain programme efforts, facility based follow up committees were constituted with the engagement of KP, in hospital settings and in broader communities.
- Community scorecards were developed in many districts as a process for establishing community-monitoring system for providing feedback and improving quality of health services. Real-time monitoring of health services makes them need-based with better utilisation.

The key is SENSITIVITY

Elene, a peer educator and transgender, shared her experience when she brought her peer, Radha to get tested for HIV. "I escorted Radha to the hospital for HIV testing. During the initial review with the doctor, he insisted on doing some test to confirm her sexuality." Elene adds, "This is not all acceptable, even though lab technicians and counsellors in the ART centres are trained, the discrimination begins once the client has tested positive."

Bearing this issue in mind, Nirantar facilitated the formulation of follow up committees at health care settings. Chaired by hospital heads, it brought together KPs, health institutions and NGOs to pursue a common goal of ensuring uninterrupted health services for KPs.

"I have been a staff nurse for more than 10 years and have always worked with transwomen; we call them Kinnar here in Chhattisgarh. But we were not confident of calling them by their names or identities and nor were they comfortable while interacting with us in OPD. We used to address them as *wah, uskaa* on the hospital card and we also never wrote male or female or third gender in the column determining sex of patient. However, post participating in the sensitisation sessions undertaken by Nirantar programme, I am clear about how to address them and I wonder why we didn't think about this earlier."

-Uma, staff nurse, Maharani Hospital, Jagdalpur

ACHIEVEMENTS

January to August 2018



75 TIs prioritised and given mentoring support, thus capacitating around 800 front line workers and reaching out to nearly 30,000 KPs.



72 community scorecards developed, with 1526 community members and 466 health care providers, across three states.



Supported the formation of state advocacy forums, with 28 active key population community members.



Piloted community based screening for HIV testing with 877 KPs in Odisha at 4 TIs. Now 21 TIs started community based screening and a total screened 7851 KPs.



Strengthened Social Protection Schemes (SPS) facilitation at 124 TIs by sensitising nodal officers at state, as well as district level. 88 SPS help-desks created at TI level.





Linkages

688 healthcare providers sensitised on stigma and discrimination issues faced by MTH. 125 targeted intervention staff trained on gender and violence issues to further support key populations at the field level

- **6509 MSM & TGs reached**
- **2275 MTH tested**
- **101 MTH on ART**

The goal of the global Linkages project is to accelerate the ability of governments, key population (KP) organisations and private-sector providers to collaboratively plan, deliver, and optimise services that reduce HIV transmission among KPs and extend life for those who are living with HIV.

The project has 3 result areas:

Result 1: Increased availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for KPs.

Result 2: Demand for comprehensive prevention, care, and treatment services among KPs enhanced and sustained.

Result 3: Strengthened systems for planning, monitoring, evaluating and ensuring the quality of programmes for KPs.

Linkages project implemented by India HIV/AIDS Alliance in collaboration with FHI 360 is focusing on first two result areas (IR1 and IR2) in 6 priority districts in Andhra Pradesh (Guntur, East Godavari and Vijaywada) and Maharashtra (Mumbai, Thane and Pune) with 6000 KPs.

Key Achievements

- The project has successfully managed to implement the project in the rural outreach to unreached and hidden MSM and TG population. These included various new sub population identities as well such as Jogiti, Waghya Murli (cult based community indulging in high risk activities), fishermen MSM and MSMs who are indulging in sex work.

- Situational assesment has been conducted with women in sex work operating through virtual sex work in Mumbai to understand vulnerability patterns, profile of needs and HIV service gaps.
- Community based testing has been implemented in Maharashtra and Andhra Pradesh successfully reaching the population through clusters operating during late hours.
- Local politicians like MLA and Municipal Corporator (Kakinada, Andhra Pradesh) have been involved in advocacy for social entiltements (idenity proof, gender transition certificates, skill development and social schemes) of transgenders.
- World AIDS Day Leadership Awards have been awarded recognising the efforts of youth leaders, CBOs and networks in their contribution to address HIV issues.
- Situational assessment of structural barriers has been done focusing on violence and stigma discrimination issues addressed under targeted intervention run by State AIDS Control Societies.
- Stigma redressal committees (7 in Andhra Pradesh high burden health care facilities) have been formed to address the stigma and discrimination issues specific to key communities as an outcome of health care providers' sensitisation on stigma and discrimination with support of community mentors.

The legality and the identity- LINKED

When Andhra Pradesh government approved the scheme to provide a pension (INR 1,500 per month) and certificates linked to multiple welfare schemes for TGs above the age of 18, Linkages staff had multiple meetings with the TG communities and conducted sensitisation meetings with government officials and local politicians on the socio economic vulnerabilities of TGs. Social welfare officers and doctors were especially sensitised on NALSA landmark judgement recognising the rights of TGs in 2014.

As a result, 104 transgenders were facilitated access to government certificates recognising them as transgenders, making them eligible for the monthly pensions. They were qualified to apply for loans for livelihood options. Out of 19 TGs who applied for subsidised loans of up to one lakh rupees, six applicants were selected for the final round of verifications who would get a minimum amount of INR 1, 00,000/- for starting businesses like beauty parlor, stationery shops, saree shops, tiffin services, embroidery and sari fall stich centres and mobile recharge corners.



January to August 2018

S No.	Indicators	Achievement
1	Total MTH found positive	120
2	Total MTH enrolled for ART	116
3	Total number of transgenders linked and issued with gender certificates	125
4	Number of HCP sensitised	688
5	Number of TOTs conducted on HCP and gender violence	02
6	Number of Health Care Settings covered through stigma and discrimination related trainings	40
7	Number of TIs covered through gender and violence related trainings	20
8	Number of community sabhas conducted with MTH populations	60
9	Organisational Assessment done	12

77 TIs under 6 PEPFAR cluster districts (Thane, Pune Mumbai, Krishna, Guntur and East Godavari) are being capacitated to strengthen the current response to address structural barriers including stigma and violence faced by key populations. 31 trainings will be conducted for all the TIs to strengthen the crisis response committees and address the issues of gender and violence faced the key populations.

Based on the findings of the baseline stigma assessment undertaken by Linkages which indicates that within ICTC and HIV services in the targeted six districts there still remain many myths and misconceptions among the staff related to the KP which act as a barrier to their access to sensitive and quality services. India HIV/AIDS Alliance has developed an in-depth training curriculum to build capacity of the HCP staff. In addition, all ICTCs counsellors from approximately 600 ICTCs in the 6 PEPFAR districts will be sensitised during the monthly review meetings called by the District AIDS Prevention and Control Unit (DAPCU). Alliance will support the formation of a stigma redressal committee within the high-volume ART facilities to address reported issues of S&D.

Furthermore Linkages programme will be strengthening organisational development, leadership and governance capacities of community based organisations as an investment to strengthen community response to HIV in these geographies.



Wajood

6000 transgender and hijras empowered through sexual health and human rights

- **Various Wajood camps and centres linked members of the TGH community to hospitals.**
- **By the end of Phase I, 217 TGH community members had access to social entitlements. That included legal identification documents, Aadhar cards and passports.**

Wajood (meaning 'identity' in Hindi) focuses on overcoming the challenges among Transgender and Hijra (TGH) populations that increase the social and health risks.

Wajood, in its second phase, is built on the experience from working in Phase I of Wajood with 6000 TGHs to prevent new HIV infections, improve the uptake of services of sexual health and social entitlements by addressing crucial structural barriers that make them vulnerable to HIV also.

In Phase II, Wajood focuses on reaching out to 4000 additional TGH community members to prevent and mitigate gender based violence and improve the awareness and access to sexual health services, utilising and consolidating a variety of approaches tested out earlier in the programme such as providing social protection support and referrals to safe feminisation processes as an entry point to increase uptake of HIV services. Traditionally, where it has been a taboo to talk about sexual health, the TGH population have now started accessing sexual health services.

Wajood Programme is supported by Amplify Change.

Key Achievements

- Members of the TGH community had access to sexual health services like feminisation process including laser, counselling on SRS and STI testing because of the various Wajood camps and centres that further linked them to hospitals.
- 135 TGH have successfully availed government approved micro-finance schemes as an additional source of income.



Paving the untrodden path

Belonging to the Kolar District of Karnataka, Ashwini had faced several troubles and difficulties because of her sexuality since childhood. She was forced to leave her education in the 9th Grade because of constant teasing and harassment by her teachers and peers. In her quest to find her identity, she found refuge within the hijra community in Bangalore and left her family.

After being involved in sex work and begging for around 10 years in Mumbai and Bangalore, Ashwini found her true calling by getting associated with the Pehchan programme, the largest HIV intervention and human rights programme implemented in by India HIV/AIDS Alliance. In 2013 she was selected as a community representative under this initiative.

In 2016, Ashwini began her new journey with Sangama Trust in Wajood project as Community Mobiliser in Kolar district where she successfully organised several advocacy activities on needs and issues of TGH community. Ashwini has been a strong influencer in revising the budget for the Transgender Policy in Karnataka that influenced employment opportunities. Moreover, she is the first transgender woman to work for the weekly newspaper, 'Hi Kolar', as a District Reporter.

Her family has accepted her and she now lives with her mother. Ashwini opined that after getting a job with India HIV/AIDS Alliance in the Wajood programme, not only has she received high regard from her peers, but is also happy and confident now.

ACHIEVEMENTS

State	Partners	District	Number Reached
Delhi	Basera Samajik Sansta	NCR	2250
Gujarat	Lakshya Trust	Vadodara	1000
Karnataka	Sangama	Bijapura and Kholar	3250
Andhra Pradesh	AIRO	Eluru	1750
Telangana	AIRO	Hyderabad	1750
Total			10000

Ujwala

Addressing sexual reproductive health needs of women in sex work as comprehensive approach to better uptake of HIV services and resulting outcomes for 4500 women

- **2570 women referred for HIV testing and follow up**
- **222 women provided access to social and economic entitlements**
- **50 sensitisation meetings with health care providers of ICTC, PHC, ART centres**

Ujwala (meaning bright in Hindi), funded by the MAC AIDS Fund is based on the learnings from Abhaya (2013-2016). The programme aims to expand the scope of HIV prevention projects (TI) to a comprehensive gambit of sexual reproductive health services to women in sex work. In addition, it aims to understand and respond to the rapidly changing sex work environment in India, moving beyond the traditional sites and reaching to women in sex work who solicit sex virtually and in beauty parlours that remain unreached by HIV programme. The main focus of the programme is to:

1. Mitigate and prevent gender based violence (GBV) against women in sex work and,
2. Strategically provide sexual reproductive health services (SRH) with the aim to improve the uptake of HIV services (including prevention, testing, treatment, care and support).

Key Achievements

- A breakthrough happened in reaching the virtual network by following a gatekeeper approach. With help of creative techniques such as sending GIF messages and help lines, gatekeepers were reached, who then were able to connect to a wide network of women. After almost 6 months of frustrating work, we have been able to penetrate a network of about 500 women who work through 27 key gatekeepers in Delhi.
- In the city of Ahmedabad in Gujarat, innovative and unconventional methods were adopted by the implementing partners to reach out to women engaged in sex work through beauty parlours and spas. This population was not covered by the national targeted intervention (TI) programme, but required services. The approach focused on increasing demand of services within identified existing women in sex work and, reaching out to the hidden population in new sex work sites. Through regular follow up and successful advocacy, 34 beauty parlour owners were sensitised which allowed the women to access free condoms, SRH awareness and referrals and HIV services.

Safety first

“I am 18 years old and live in a brothel along with my other friends. We often struggle to access safe abortion services as it is always a challenge to keep our identities secret” – Geeta (Delhi)

Geeta (name changed), 18, came to Delhi in search of a livelihood from Uttar Pradesh. The man who got her to Delhi, sold her to a pimp following which she became a sex worker. Geeta was unhappy with the circumstances and longed to go back home. Once she earned enough money to return home, she went back and was received well. Upon seeing how money made a difference in her life, Geeta decided to come back to Delhi and continue sex

work, without anyone's knowledge. An outreach worker (ORW) during regular outreach at the brothel learned that Geeta had missed her period. Upon inquiries, Geeta did not seem too concerned as she had always had an irregular cycle. However, a brief check-up confirmed Geeta's pregnancy. With the help of the ORW, Geeta approached the nearby health facility for an abortion but was denied access as the doctor wanted the consent of her parents due to her age. The ORW tried to reason with the doctor by drawing on the MTP act which states that the consent of parents is not required for an adult. Nonetheless, all efforts were in vain and ultimately the local leader was approached by the ORW whose intervention and consent allowed Geeta access to a safe abortion.



ACHIEVEMENTS

3105

Women in sex work reached with HIV and SRH services

1005

Newly identified with unmet needs for SRH and HIV, further linked to TI programmes

25

Pregnant women accessing PPTCT and follow up services

36

Supported to resolve GBV

156

Sensitisation meetings held with local leaders, gatekeepers, pimps and madams

17

IUD- Copper T services

48

Abortion services

84

Emergency contraception pills

200

Screened for cervical cancer testing

96

Treated for STIs

354

Accessed gynaecological services





Pankh

Phase I (2016-2017); Phase II (2018-2019)

Responding to the needs of female injecting drug users on addressing the intimate partner violence and gender based violence they face

- Completed 125 (63%) baseline survey out of target of 200.
- Conducted session I for 96 WUD and session II for 79 against the target of 100.
- Referred 30 WUD (24% of enrolled) for HIV testing and 6 (20%) were found positive. Further 5 were linked with ARTC

WINGS (Women Initiating Goals for Safety) programme was piloted in Pune in partnership with Sahara Aalhad, a local NGO, with an aim to identify and understand the scenario on gender based violence including intimate partner violence (GBV/IPV) against women who use drugs (WUD) with help of a screening, brief intervention and referral to treatment module to design and support individual safety plans against GBV. Locally the WINGS project was named as Pankh (wings in Hindi). Based on the success of the pilot, Pankh has been scaled up as WINGS Phase II and implemented in diverse settings in 3 states of India, namely Maharashtra, Manipur and New Delhi.

The project has been funded by International HIV/AIDS Alliance.

The approach of the programme was:

- Reaching out to more WUD, exclusively to female injecting drug users and opioid users from diverse settings.
- Setting up a control arm and active arm for doing a comparative analysis to further validate the feasibility of the WINGS module that can be further recommended for integration at the national level by WINGS intervention.
- Addressing the violence that the WUDs are facing and also providing support for increasing uptake of treatment and care services.

The end of the project result will be used for policy advocacy at the national level to ensure meaningful participation of WUD, increase resource allocation for WUD friendly harm reduction services and also to integrate SRH and GBV prevention services.

At the conclusion of the project in Phase I, the findings from the intervention left us shaken with a glaring picture of the lives of WUD. From amongst the 48 WUD, almost all were victims of forced sex, 5 of them were repeatedly gang raped but were ignored by the law enforcement agencies. Many had gone through intimate partner violence of extreme nature; their physical and psychological abuse was pathological and continuous. Informal sex work to support their drug or alcohol dependence further adds to their vulnerability.

Key Achievements

(Since inception in 2016 till August 2018)

- WUD reported significantly fewer incidents of verbal and physical GBV post intervention, both from intimate partners and others.
- There were also significant increases in linkages to safety services against GBV over the 3-month follow-up period.
- The WINGS counselling sessions brought positive changes in the lives of the WUD.

Unchain me!

Babi, an 18 year old girl, lives with her family on the streets of North-East Delhi; she along with her parents and siblings, would pick rags through the day. A couple of years ago, due to peer influence she started sniffing glue (dendrite) and gradually developed the habit of taking drugs – orally and through injections. Over time, Babi became dependent on drugs and her behavior too had changed. Babi would engage in sexual encounters with male injecting drug users (IDUs) in exchange for drugs. She also started to keep away from home for weeks without informing her parents.

Astonished with her mood swings, Babi's mother intervened and discovered that Babi was injecting drugs; the mother then reached out to the outreach workers (ORWs) of WINGS project for help. The ORWs met Babi early morning in one of the hotspots where she was injecting drugs. Initially, Babi was quite reluctant to even speak with the ORW, but after several meetings the ORW was successful in enrolling her under the WINGS intervention. Babi started to visit the WINGS drop-in centre (DIC) on a regular basis. During an intervention session, it was discovered that Babi shared the same needle and syringe with multiple IDUs. Looking at her

high risk behaviour, the WINGS staff counselled her to go for HIV and TB testing.

It was decided that Babi would accompany an ORW and visit the ICTC (Integrated Counselling and Testing Centre) for HIV testing where she would also be tested for other infections. However, on the day of testing, Babi did not show up at the usual hotspot to meet the ORW. The ORWs struggled to locate her. Finally, the WINGS team located her at her residence and were shocked to know that her parents had kept her chained in one corner of the slum hut. She was in pain due to withdrawal symptoms as she had not taken drugs since morning.

The WINGS team had to provide a lot of counselling to the family and finally they agreed to let Babi visit WINGS DIC and undergo testing for diagnosis and treatment. The test result from the ICTC centre found that Babi was HIV positive and also HEP C positive. Now she is linked with the ART centre and will soon be referred to the nearest opioid substitution treatment centre (OST).

Never losing hope, WINGS team at the field is determined to improve the quality of life of many girls like Babi.

ACHIEVEMENTS

Phase I



19 WUD tested for HIV with
5 women put into ART.



2 WUD placed in drug
rehabilitation centers.



5 WUD helped to apply for
legal ID cards.



2 women non-compliant on
antiretroviral therapy. More than 65%
adherence has been achieved and their
adherence is now less than 98%.

ACHIEVEMENTS

Phase II

The outcome of the project during March 2018 to August 2018 is as below:

- 20 WUD disclosed their HIV status as positive at the time of enrollment.
- 16 WUD were referred for SRHR/opportunistic infection/abscess and wounds.
- 16 WUD were referred for TB test but none of them were found positive.
- 2 WUD were referred for HCV test and both were found positive and treatment was initiated for one.
- 7 WUD were enrolled for detox and 2 WUD were linked with OST.



End AIDS India

10,500 individual financial donors reached; 66,000 volunteer associations

- **Campaign spread in 11 cities including all major metros of the country namely Delhi NCR, Chandigarh, Jaipur, Surat, Vadodara, Pune, Mumbai, Chennai, Bangalore, Kolkata and Hyderabad.**
- **More than 1000 donors have pledged for long term monthly support.**
- **Actively reached almost 500,000 individuals yearly, sensitising them and spreading awareness on HIV response.**

End AIDS India is a campaign which aims to reach Indians across the globe on the issue of raising awareness and reducing funding gaps on HIV and AIDS. The campaign envisions India with zero new HIV infections, zero AIDS-related deaths, zero stigma and discrimination of people affected by HIV and therefore an accelerated response to HIV in India today. It is a collaborative campaign hosted by India HIV/AIDS Alliance in partnership with Humsafar Trust, Lepira Society, Vasavya Mahila Mandali and International HIV/AIDS Alliance. The seed funding to the campaign has been done by International HIV/AIDS Alliance.

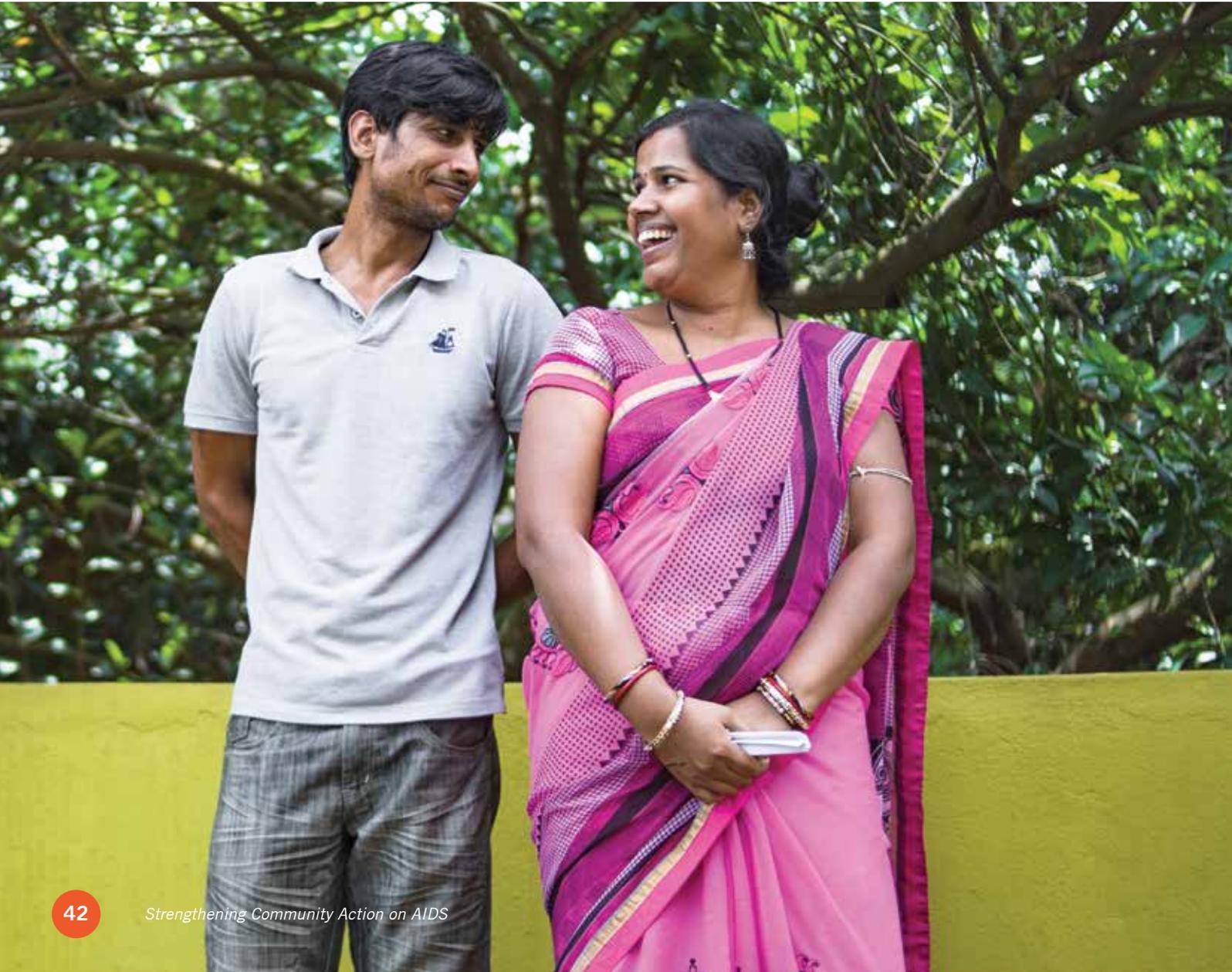
While considerable efforts have been made by the government, NGOs and many agencies, the international funding of India's National AIDS Control Programme has dried up severely posing a serious threat of the recurrence of new HIV cases. A significant decline in funding threatens to reverse the considerable gains achieved in the past. Also, over the last decade, India has emerged as a key developing economy globally, but ironically, that poses as a challenge, as international donors feel and believe that India does not require additional support. Hence, it is imperative to catalyse domestic fundraising and reach out to fellow Indians across the globe, urging them to stand with the cause.

The campaign is poised towards engaging with individuals and corporates in India. The campaign is slowly emerging as an important catalyst in the society with more and more people joining the movement over the years.

Key Achievements

- From a monthly start of 75 donors support in Jan 2016 our average by 2017 was 400 supporters monthly.
- The campaign reached 11 cities including all major metros of the country namely Delhi NCR, Chandigarh, Jaipur, Surat, Vadodara, Pune, Mumbai, Chennai, Bangalore, Kolkata and Hyderabad.
- Google supported us with a grant of 10,000 USD monthly which helped us increase our reach digitally thus reaching approximately 200,000 individuals.
- There has been a 30% growth of the campaign from 2016.
- We were able to digitally set up mechanisms for online giving and enhanced donor servicing which included customised emails and online based donor management softwares.
- Over 500,000 individuals were engaged during the year through various mediums like direct marketing, social media and other digital campaigns.

The campaign is growing stronger every year and is developing itself as a strong proponent to sensitise a substantial portion of society towards people living with HIV (PLHIV) by sharing their stories of hope to build a stigma-free and healthier India.



Human Resources

At Alliance India, we promote a vibrant work atmosphere and have an empowered human resource with ample space to air their voices. We nurture an open and transparent working culture, and staff participation is ensured through their views that are taken into consideration in decision making. Our management team is conscientious about information sharing and ensures that important information is shared with staff at all levels.

Our position as a pioneer organisation in the HIV sector enables us to attract and retain some of the best available talents in the sector who add value to the implementation of our various programmes. We recruit and nurture talent in our organisation through a well thought out process, giving emphasis to capacity building and providing internal growth opportunities for the whole staff.

Our core value of diversity and inclusion truly reflects the work force we nurture in the organisation. The 'equal opportunities policy' is imbibed in our routine systems and it is ensured that our team is aligned to this core value right from their inception in the organisation. Our highly diversified work force exemplifies our commitment towards the community we work with. We recognise that people from communities can add value and passion in all our programme initiatives and thus give preference to suitably qualified and experienced women candidates, people living with HIV and from marginalised populations including transgender, hijra, MSM (men who have sex with men) and drug users.

We understand the need for relevant professional exposure and learning opportunities for our team and treat it with importance. Aligning our aim to inculcate a learning culture in the organisation, we organise internal learning sessions for our team where cross learning is encouraged, along with speeches from eminent stakeholders from development sector periodically.

The staff turnover ratio for the year stood at 13%. The turnover ratio remained very positive this year and this reflects the conducive work environment we provide to our staff.



Social Media Campaigns

"Main RJ Rahul. Mujhse dosti karoge?"

ALLIANCEINDIA.org

YOUNG, POSITIVE AND HAPPY!

Anurag Pandey, 21 year old from Allahabad, Uttar Pradesh, has completed a six-month training programme in Logistics Management. He also encourages his peers to join this programme. He is hardworking and smart. He also happens to be living with HIV.

#InternationalYouthDay ALLIANCEINDIA.org

National Solidarity Event
THE LAW ISN'T SIGHT

Love doesn't discriminate. Why should you?

ALLIANCEINDIA.org

Recognise and respond to someone who might be overdosing

#InternationalOverdoseAwarenessDay ALLIANCEINDIA.org

To be or To BE criminalised

ALLIANCEINDIA.org

International Day for the Elimination of Violence against Women

Stop violence against women

ALLIANCEINDIA.org

#zerodiscrimination ALLIANCEINDIA.org

Let us celebrate diversity and respect each other's rights.

Due to violence, women have resorted to drug use. Due to drug use, women have become targets of violence.

ALLIANCEINDIA.org

Tomorrow is a big day for us!

ALLIANCEINDIA.org

YOUNG, POSITIVE AND HAPPY!

Sanjay, 19 year old from Bangalore, Karnataka, is a storekeeper in retail firm. He is hardworking and smart. He also happens to be living with HIV.

#InternationalYouthDay ALLIANCEINDIA.org

HURA HABBA

We won because we were

Born This

September 11th 2018
Select CITYWALK, Saket

ALLIANCEINDIA.org

Gender is not black and white

ALLIANCEINDIA.org

Our Donors

Our work is not possible without the generosity and commitment of our donors. We are grateful to each of them. In the fiscal year 2017-18, India HIV/AIDS Alliance received support from:

The Global Fund to fight AIDS, Tuberculosis and Malaria

Elton John AIDS Foundation

Government of Netherlands*

International HIV/AIDS Alliance

Centers for Disease Control and Prevention, President's Emergency Fund for AIDS Relief (PEPFAR)

FHI 360

Amplify Change

MAC AIDS Fund

Oracle

ViiV Healthcare

Global Giving

** through contracts with the International HIV/AIDS Alliance*



Our Board

India HIV/AIDS is overseen by a seven-member board that defines our direction and ensures our policies and strategies reflect our mission and values. Board members come across India and are selected for their relevant experience and expertise in a range of disciplines including HIV, sexual & reproductive health, human rights, governance, management, finance, resource mobilisation, research, advocacy and communications. Our Board meets three times each year.

Dr S Y Quraishi, Chairman

Dr Quraishi is India's former Chief Election Commissioner. He has also served as Secretary of Youth Affairs & Sports and as Director General, NACO.

Dr Shalini Bharat, Member

Dr Bharat is the Director of Tata Institute of Social Sciences (TISS). Dr Bharat teaches and conducts research in HIV/AIDS, reproductive health, gender and family studies.

Dr Saroj Pachauri, Member

Dr Saroj Pachauri MD, PhD, DPH is a Population Council Distinguished Scholar. She initiated work on HIV and AIDS when there was little acknowledgment of the problem in India and no government programme was in place.

Dr Sanjay Patra, Member

Dr Patra is currently Executive Director of Financial Management Services Foundation (FMSF), a nonprofit organization that undertakes financial monitoring and capacity building of development organizations in South Asia (India, Nepal, Bangladesh, Sri Lanka and Pakistan).

Ms. Madhu Bala Nath, Member

Ms. Madhu Bala Nath is the India Country Representative for Engender Health, which works to promote quality reproductive health and family planning services by strengthening India's public health system.

Mr Roy Wadia, Member

Mr Wadia is a communications and advocacy consultant, with a special focus on HIV/AIDS and public health issues. His consultancy currently assists a variety of clients, including WHO, UNAIDS, UNDP, and other international and India-based organisations.

Mr Aman Nath, Member

Mr. Aman Nath is an Indian writer, hotelier, and architectural restorer. In June 2016, Mr. Nath and five others filed a writ petition in the Supreme Court of India challenging Section 377 of the Indian Penal Code. This resulted in the 2018 landmark judgment in which the Supreme Court unanimously declared the law unconstitutional "in so far as it criminalises consensual sexual conduct between adults of the same sex".

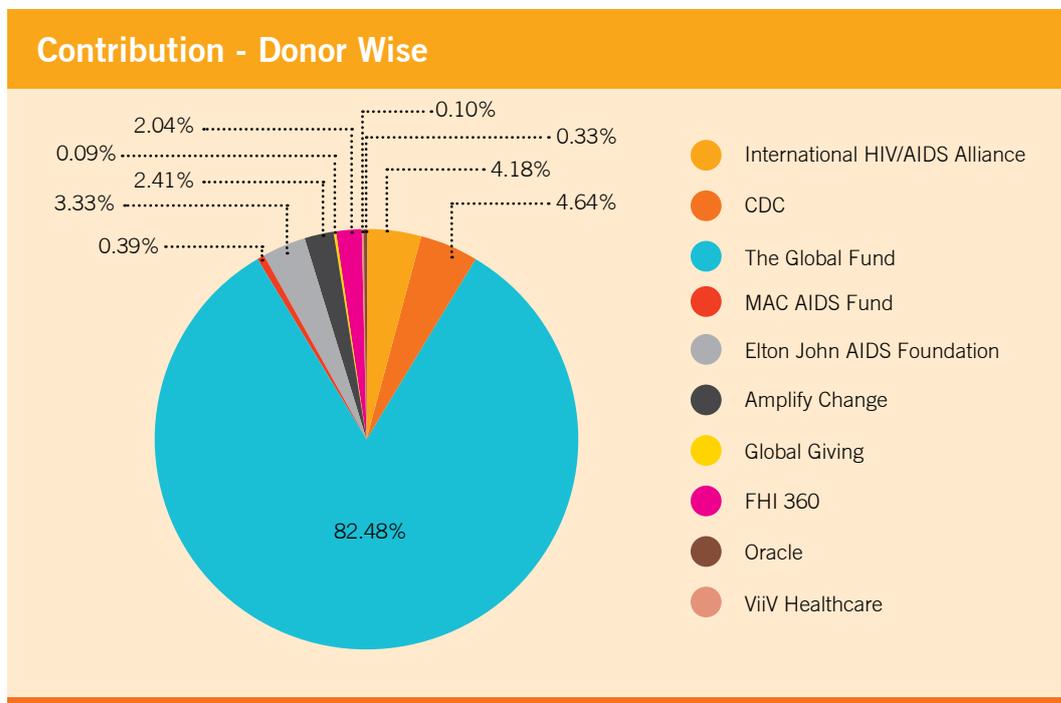
Financial Overview

For the period of April'17 to March'18

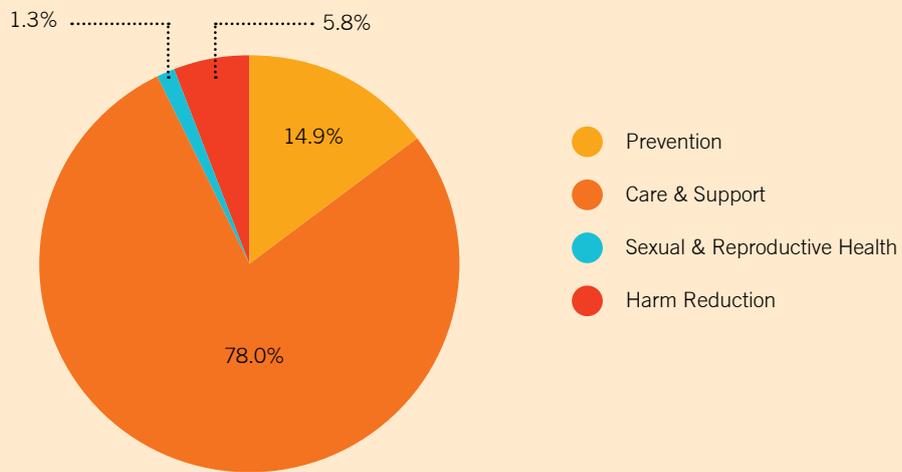
We are grateful to all our donors for their growing commitment to our work. Annual turnover for the year is INR 68.09 crores, supported by six donors. The support ranges from less than 1% to as high as 82% which reflects the scale of implementation and interventions. Small funding reflects innovations and pilot testing, while the large scale funding reflects pan-India operations with mainstream organisations at both national and state levels.

The grant funds is utilised for different projects that range from 1.3% to 78%. The distribution focuses on Prevention at 15%, Care and Support being largest at 78%, Sexual and Reproductive Health (1.3%) and Harm Reduction on Drug Use (5.8%). The large scale funding of 78% focuses on prevention of HIV/AIDS, and care and support for people living with HIV (PLHIV).

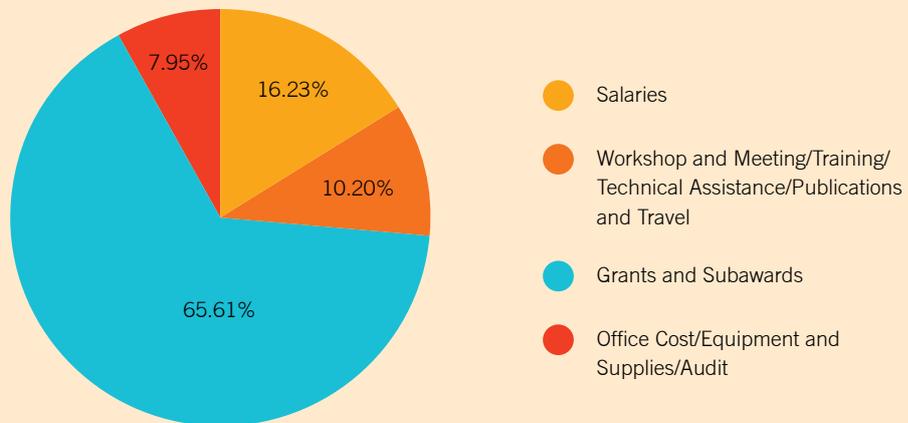
The application of funds reflects that major portion (65.61%) is being granted to implementation organisations at grass root level all over India. This is a reflection of our community-centric project implementation approach.



Application of Grants - Intervention Wise



Application of Grants - Cost Category Wise



Our Team

Leadership

Sonal Mehta (*Chief Executive*)

Sonal grew to the level of Chief Executive of Alliance India in October 2016, after serving in capacity of Director Programmes and Policy in the organisations for nine years. With three decades of experience in sexual health and development, Sonal guides Alliance India's mission of community action for ending AIDS with a lot of programmatic experience and management smartness.

Senior Management

Tushar Palorkar (*Director: Finance & Operations*)

Tushar carries with him nearly two decades of experience in the development sector. Over these years, Tushar has gained ample expertise in project and grants management especially along with grants operational in different countries. Tushar holds strong experience in administrative & financial management and legal compliances related matters.

Dr. Umesh Chawla (*Director: Policy & Programme*)

Dr. Umesh Chawla brings with himself more than 15 years of experience in programme design and implementation, results based management, technical expertise in public health and development with a special focus on HIV and supporting affected communities on inclusive policies and practices.







About India HIV/AIDS Alliance

India HIV/AIDS Alliance is a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national programme, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations affected by the epidemic. The organisation's programmes focuses on those most vulnerable to HIV, with a particular emphasis on marginalised populations including men who have sex with men (MSM), transgenders, hijras, sex workers, injection drug users (IDUs), youth, women and people living with HIV (PLHIV).

ALLIANCEINDIA.org

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